

## WAYS OF WORKING TOGETHER

Again, welcome to Uspace! We would like to share ideas on how we can work with you to ensure you get the best from your stay. To help us do this we have written up some Ways of Working Together. In its short form, it is a list of rights and responsibilities so that everyone knows what to expect of one another. In its detailed form it is a guide on how to relate to one another, especially when tricky dilemmas come up. At times these ideas will look, feel and act as rules as these ideas do set expectations of behavior. And, how we act on these ideas in relation to any one individual may vary because each person is unique. When we see you struggling to engage, we will TALK with you to find ways of helping you get the most from your treatment experiences.

### Participating

We ask you to accept and participate in any reasonable treatment throughout your stay. Your treatment will consist of individual consultations with a psychiatrist, nurse interventions, participation in the group program, allied health assessment interview and individual work as required. Your psychiatrist may also invite family members into your treatment process. Other treatment services may be required during your stay and/or referrals to new treating services will be made – all of which will be done in consultation with you.

#### 1. **Creating ways to participate.**

Here are some thoughts from young people who have been in Uspace:

**Listen to the therapist, but also to other's stories.** "One of us said "come open minded." She said, "I have found it is important to listen here; to listen to the therapist but also to other's stories. I mentioned listening to other's stories because when you come here you can feel alone. However, I came to a realization that I am not particularly alone when I listen to other's stories. I think it's so important to listen."

And, **keep going, keep moving forward.** "One of us spoke about the importance of simply moving forward; "there's nothing you can do except continue to keep going, to keep moving forward." I would say set little goals. It's all the little pieces that make the big picture. And I think participate in the groups. I tell myself "I'm here to get better, I might as well participate."

Listening, talking and being in the group are some ways of participating. Asking question and practicing your concentration are other ways to get something from groups.

If/when you have difficulties engaging in groups or any other aspect of our program we will ask to talk to you. If you consistently present as "not being in the mood", feel unwell, are tired coz you didn't sleep last night, or you have visitors coming, or have some fears about being in a group, or beliefs that no one in the group likes you etc we will get the message that you are having a hard time engaging in the treatment process. Hence we will talk to you about how to get through such difficulties so that you can work toward your goals. We will be similarly concerned about your participation if we notice you are staying up very late (e.g. on computers, watching TV, reading etc), spending excessive amounts of time in your room, not accessing staff for support etc. Again, we will seek to talk to you to enhance your participation.

## **2. Let's all be one time to all group sessions.**

Please be on time for all groups. It is easy for lateness to become a habit and the group time is limited therefore each session is precious. Each day has a theme so information will get missed if you are late or if you miss groups. We understand that lateness and/or non-attendance may be communicating your struggle to engage or manage strong emotions about being in groups – our task is to help you with this so that you can participate fully.

## **3. Ways to stay in the group session.**

Attendance of the groups is essential so that we can give you all sorts of information and help you use this knowledge. The groups are an opportunity to get information, to practice skills and to feel supported. And we know the groups can stir up anxiety as well as other emotions. If this is the case, and the facilitator hasn't noticed, please let them know so they can help you choose how to best respond to your needs and practice coping skills. And here are some ideas from young people:

- In order to get the most out of being here I have found it useful to learn how to switch my mind off to things that are going on in my head when in the group. What has helped me do this includes telling myself it is so important to try not to zone out when something's on my mind. I tell myself "you're here to get better." If I stay in bed all day or stay isolated – I can do that stuff at home. And I would also say another way I stop myself from zoning out includes thinking about all the people helping me or imagining the "new me" in the future and remembering that he can only get there by trying. I also think "if I can't deal with it here, how will I be able to deal with it out there?"
- "Some of us spoke about feeling we will be a burden if we ask for help. We have ways of dealing with this worry. One of us said "I've been very afraid when I'm in a bad spot. I don't want to bother people. I don't want to call and be a pain. But I have come to realize that some people can feel quite special that you turn to them for help, that they are your trusted person. This idea can get rid of the fear that I'm bothering them. If I put myself in their shoes, I think they might like it, they might get a boost."
- Another one of us said, "The first time I had a panic attack I felt really bad to ask for help. I kept apologizing. Yet I realize that when I was outside of here that I asked my best friend for help but she's got her own shit going on. And so I thought I should ask people who are there to help, I should ask them for help."
- And another comment, "Sometimes I'm worried about being a burden to people, so even if they ask me how I'm going, I lie. I say *yeah I'm good* or *no, that's fine*. But I've kind of learnt to express how I'm feeling. When I'm hurt or mad with my friends I usually don't talk to them for a couple of days. However recently I said what hurt and my friend apologized right away."

## **4. Talking in groups.**

Do your best to talk in groups. Almost everyone will be feeling anxious and the best way to deal with that is to tell the group – name it, if possible describe it, talk about it. Sometimes in group when you talk about some of your stuff and/or when you hear about other people's stuff, overwhelming and distressing emotions may be felt. The facilitator and others in the group will help. At times you will notice your choice to not say things in the group setting and instead ask for an opportunity to talk in an individual setting – e.g. with your Psychiatrist, a nurse or therapist.

Relating with Care

## **5. Friendships in Uspace.**

We would like to offer you the idea of "therapy friends". Hopefully, your interactions with your peers on the unit will be respectful and friendly. There is a chance friendships will form with some of your peers.

We ask you to be mindful in our ways of relating in this setting so as not to form “special” relationships as they risk interfering with getting the most from the therapy. It can also affect everyone else in the unit. Some more ideas on this topic from young people who have been here:

“We have lots of ideas about making friends here in Uspace:

- One of us said that she’s come to realize that people come and go here and when they leave sometime you have to deal with the sadness. What she has tried to do then is get close but not too close. She would suggest *sure make friends, but I have found it useful to not go too far in relying on just one person. And try not to feel bad if it doesn’t work out with one person.*
- Another of us has learnt to try not to take on other people’s problems too much. She has found its more than okay to sit with people’s problems – in fact most support she has had in Uspace has been

from the young people. Yet she has noticed sometimes others’ problems can pull her down. She would suggest that you get the nurses or other staff involved when it’s just you supporting someone and you’re worried. She said *it shouldn’t be just you having to deal with your worries for someone else.*

- One of us spoke about the importance for her of friendships being about common interest and not the struggles – *it helps to make sure that your friendships in Uspace are based around common interests and not about your struggles and the reason you’re in here. In my last admission I formed friendships with people around things in common and we never went deeply into the circumstance behind the struggles. Now our friendships are good. We will eventually form friendship around the struggles too but it was that it was not up front.*
- Another of us mentioned that friendships are important for her in getting by - *I have connected with the people around me because I need to make friendships to get by. Friendships are about support but it’s to do about feeling wanted too. I would advise to make friends for the sake of support and in knowing like-minded people.”*

## **6. Practicing help-seeking.**

It is possible during your stay you will notice others when they are distressed and offer assistance and/or you may be approached for support. It is very important that when this happens you inform the staff. Help-seeking is a shared process and it is both necessary and appropriate to call on assistance of staff. It will teach you and the person you are helping the skills of help-seeking. Not helping in this way, as we are sure you know, can have some dire consequences.

## **7. Another practice of helping one another.**

In this treatment setting our task is to help reduce your struggles with self-harm behaviours and suicidal ideation. And because of the sensitivity of these experiences we ask all patients to not talk with others about suicide & self-harm with one another outside sessions. If you become involved in such conversations please inform staff immediately. Thank-you.

## **8. Treating one another’s information respectfully.**

This guideline is about confidentiality. It’s about talking about one another’s experiences respectfully and to protect against the tendency to gossip. As one patient recently articulated: *It’s OK to talk about what the group was about, outside of the group session; but not what individual people said and the various responses.* We are confident you know and understand this responsibility.

## **9. Sexual relationships are not permitted.**

IT’S SIMPLE – we mean NO SEX, no canoodling, nor hand holding, no snogging that is, NOT EVEN ANY KISSING and all that stuff. No snuggling up with someone else whilst watching a movie. This is about personal and relational safety. It’s also about keeping a focus on your treatment. And, we need to practice safety AND we need to support each individual to engage in an experience that has the

intention to work out the tricky & often complicated stuff of the mind . . which is interacting with other minds . . . so we need to not make things even more complicated . . and sex stuff gets complicated, especially in hospital settings.

**10. Keeping your space your own.**

We believe it's really important that you feel safe and comfy in your room. Hence we ask & insist you don't go into one another's room. This is one strategy we have to practice being safe.

**11. Aggression and violence will not be tolerated.**

It is necessary for us to provide a safe place. Any instances of verbal or physical aggression will not be tolerated.

**12. Showing consideration**

We ask you to be considerate of others throughout your stay. In particular, respect other patients, their visitors, staff and property with respect. We will also ensure televisions, music devices etc will be turned off in communal areas at 11pm and during group times.

Being kind to self

**13. Routine, habits & stuff**

It is typical for us to develop some unhelpful habits, as experiences of mental ill-health intrude on our mind. Our sleep suffers, our self-care goes out the window in that we might not shower, wash clothes, keep our living space in order. We don't feel like eating so we don't or we eat too much crappy stuff. And exercise? ARgh!! So, whilst at Uspace you will be supported to re/engage in your self-care – we will help you get outa bed!! To eat routinely . . . to exercise, socialise, to keep your living space in order and to get to bed and sleep at a reasonable time.

**14. Patients are asked to not engage in deliberate self-harm**

In this setting we have much understanding of the various forms and functions of self-harm behaviour. And we accept some people may be ambivalent regarding changing such behaviours. In this treatment context, our intention is to support individuals to develop new and adaptive skills. On admission we will remove all risk objects and conduct searches as required. When it is learnt that a person has engaged in deliberate self-harm an individual plan will be developed collaboratively to facilitate the learning and practice of adaptive skills. As per #1 of the Ways of Working Together Agreement, if you do not engage in this treatment process a counselling process will be implemented. At times discharge may be indicated.

**15. Technology Hygiene**

This is not about how to keep your mobile clean nor does it refer to computer keyboard cleaning skills!!? Rather, technology hygiene is our reference to learning to not be so sucked into the vortex of technology!?? This can be relevant to those who struggle to be parted from phones, ipads, computer games, FB, tumblr, online shopping and/or the entire series collection of "the big bang theory", "the vampire diaries", "dr who" etc. So, with this in mind IF we see someone being sucked into their technology of choice we will invite ourselves and that person into a conversation about changing that behaviour. Heads-Up: If the use of technology occurs when humans like to be sleeping our intervention will come with greater passion!!

AND, young people who have been at Uspace want to remind us of:

- *At times FB is interesting and at times the motivational bullshit is good to read. And I quite like seeing the silly posts. I also use FB to keep up with social events that are happening. But at*

*other times it can destroy you – “you don’t look good”, “you haven’t achieved that” . . . I used to be a gym junkie and used to follow people who were exercising. Now I can’t exercise so I don’t follow them on FB.*

- *I’ve used social media for good things. I had an illness through high school and I really struggled with it. Through social media my friend linked me up with someone who had the same illness. It was very good.*

Many of us (young adults) have thought about the use of FB and social media:

- One of us mentioned that she has found it useful to try to limit FB. She said *“I went on FB, saw people’s lives and then compared my life negatively to what I saw. I have also seen at times everything I’ve missed out on by being here. And I found it is useful to not broadcast where you are if you do use FB.”*
- Another of us said *“I don’t post notices of statuses on FB. I do use FB chat usually so I have kept using in here otherwise people will wonder what’s been happening. So I keep using FB chat so that things sound normal. It’s also a good way to stay in touch. I guess I would feel like I’m missing out on more if I didn’t know anything of what others are doing.”*

#### **16. Dress code?! And other things of appearance**

We have a DRESS CODE. In context of our unit being a public place [as against your lounge room/bedroom] we need to ask you to dress with dignity and in a manner that does not offend others – so this might mean you censor the messages on your t-shirts or skin (this might seem over the top . . . some tattoos might be best covered?) . . . lastly no wearing of PJ’s after breakfast. Please and thank you.

#### **17. No substance use.**

Please don’t use and do not keep in your possession substances – alcohol, prescribed & over the counter medication, cannabis or any other illicit drugs or misused substances. If you present to us intoxicated/under the influence of drugs and/or alcohol at any time during your admission we will be thinking about what you are trying to say to us through the behaviour (e.g. maybe you are not taking the treatment process seriously or perhaps you are very overwhelmed by something of the experience). Because an individual’s behaviour becomes disinhibited whilst under the influences of substances the safety to self and others is our immediate concern. Once safety is established, and at the earliest appropriate opportunity, you will be counselled. Discharge may be indicated.

#### **18. Tobacco Smoking**

As Uspace is a health care facility, under the law we are a smoke free environment. Our commitment to public health generally, and specifically the health of those under our care, we advocate for cessation of tobacco. Consequently, cigarettes are not to be brought onto the ward. If you are someone who smokes cigarettes we will talk to you about how not smoking is managed throughout your stay.

\_\_\_\_\_  
Young Person

\_\_\_\_\_  
Uspace Clinician

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Date