The period following discharge is a pivotal transition period, particularly for those with a mental illness, such as Jim ( ). The fore mentioned services have been thoroughly researched by the author, with input from Father the Parish Priest of the Holy Trinity Greek Orthodox Church in Hobart, to ensure culturally safe care is implemented. These services should empower the Jim to be autonomous driver in his healthcare journey, by helping to identify strengths and elevate stressors by providing tailored support to both Jim, and his family . The report will initially focus on discharge services applicable to Jim's case, then discuss essential components, such as strengths-based approaches, culturally safe care, transfer of care and ethical and legal considerations that should be cogitated during the discharge process by Jim's nurses.

Discharge Planning for Jim and his family:

Expert opinion, as well as strength-based and patient-centred movements argue the importance of considering the preferences of the patient and family when coordinating services ( ). The following subheadings address potential services that could be implemented upon Jim's discharge. However, these services should all be discussed with Jim, Amara and their family members to ensure they remain autonomous, with collaborative partnerships formed with both the treating hospital team, and community services ( ).

Home care packages:

Comprehensive assessments are provided by the ( ) to determine eligibility for services such as home care packages ( ). The assessment and subsequent services are designed to provide individually tailored and coordinated services, thus meeting

the daily care needs of individuals so they can remain in their home ( ). If approved by , Jim and Amara can choose the care provider ( ), with the fore mentioned services relieving some of the pressured required of Jim so he can focus his attention on caring for Amara. As stated, he does not want a stranger caring for his wife, therefore, by having the domestic chores attended to, his preferences can be respected whilst receiving some additional support. Unfortunately, advises there is often a delay in the approval process, with the maximum wait expected to surpass 12 months from the application date, due to the high demand for home care packages ( ). Therefore, short term services will need to be considered for Jim and Amara.

Personal Care and Domestic Support:

Short term services providing meal preparation, as well as, domestic and personal care, can be accessed via Anglicare for Jim and Amara ( ). As discussed with helpline service, their lifestyle packages are an affordable option for those without funding, with assistance accessed for $5 per day, with a cap of $10 per week for those aged over 65, receiving a pension ( ). Furthermore, the personal care packages provide an extensive list of services that can be easily adjusted should Amara's care needs alter in acuity, or should Jim be unavailable to assist with her care needs ( ).

Greek Community Care Services and Commonwealth Home Support Program:

As cited in appendix two, Jim and Amara can access culturally safe in-home support with funding from the Greek Community Care Services and Commonwealth Home Support program ( ). The services covered include:

- Home Cleaning;
- Washing and ironing;
- General household support such as meal preparation or bill paying (2017).

Short-term assistance for clients recovering from an acute episode may be offered for up to 2 hours per week ( ). Alternatively, eligible clients may be aided up to 53 hours, elected either weekly or fortnightly ( ).

Mental Health referral for Jim:

. can be made by a doctor or other health professionals, with consent from the patient (The Tasmanian). The service determines eligibility, with community teams based in each region and day centres located in the south (Service 2017). Similarly, home visits can also be accessed when required, or Jim and his family can access advice via the helpline service ( ). Further consideration regarding Jim's consent will be discussed later in the report.

referral for Angela and her son:

Aimed at providing individualised care and support for people with a disability, the reform would be a great support network to Angela, and in turn Jim ( ). Jim has taken on the responsibility for supporting and

caring for all members of his family, with the pressure affecting his mental health. Similarly, Angela is unable to help her father due to the demands of having an autistic son therefore extra support for her will be beneficial for the whole family.

Additionally, appendix one refers to several free community services that can be accessed by Jim and his family. With funding approval for home care uncertain, these services will provide the family with an external support network, aimed at offering Jim and Angela respite ( ). Similarly, many of the services were chosen so Jim and Amara could receive culturally safe care in the community.

Strengths Based Approach:

Strengths-based nursing can be defined under four key principles:

- Person/family centred care
- Empowerment
- Health Promotion and healing, and
- Collaborative partnerships ( )

( ) define personal resources in the elderly as the individual's subjective experience of the strategies or qualities that are needed to maintain their independence. For example, older persons cite psychological factors, such as having a purpose in life, or being useful to others is an essential resource or strength, in the ageing process ( ). When considering this phenomenon, Jim can be characterised as an individual whose driving force is to keep his independence and not to have conditions imposed upon him by other health professions. Rather than focusing on this as a negative, Jim's strength and determination can be developed as a positive capacity or

strength ( ). Rather than treat Jim as a passive individual, nursing staff can collaborate with him to identify which areas he would feel comfortable receiving help, or areas of Amara's care where trained nursing staff may be more appropriate, such as her medication management ( ).

Similarly, when applying a strengths-based approach, external resources such as community networks or community services should be considered (Gottlieb 2014). Although the case study states Amara only made a few friends in the Greek community, by considering what support services could be available to the family such as interaction with the Greek Orthodox Church and as referenced in the appendix one and two. Such interactions could provide Jim and Amara with a key support networks, outside of the family, with continuous access to culturally appropriate support and services (2014).

Culturally Safe Care:

Culturally safe care must be defined by the recipient receiving the care, with mutual respect, shared meaning and knowledge, so both health professionals and patients can work together with dignity ( ). Centrality of family is a key component of Greek culture, with older migrants are often reluctant to access formal care such as home help due to long-established cultural norms ( ). Therefore, when considering Jim's discharge planning, the whole family should be considered, not just Jim himself. However, this approach cannot be implemented without collaboration with the family unit (2013). Whilst nursing staff can help introduce the family to beneficial services, true partnerships and ethical collaboration cannot be achieved without informed consent (2011). Therefore, information regarding these services must be supplied in a

culturally appropriate manner. *"A Guide to Community Services for the Greek Speaking Community in Tasmania"* developed by the Greek Orthodox Church, is a resource written specifically for older individuals from Greek speaking backgrounds (Greek Orthodox Community of South Australia Incorporated (GOCSA) 2010). Aimed at allowing Greek migrants to make informed, autonomous decisions about their healthcare, the resource is aimed at increasing the Greek community's awareness of the relevant aged care and home services offered (GOCSA 2010). Available in both concise, easy to read Greek and English formats, it addresses language barriers faced by those from non-English speaking backgrounds such as Jim and Amara (GOCSA 2010).

Furthermore, The Greek Orthodox Community of South Australia Community Care Services have developed an iPhone application, *Let's Go Greek!* to assist service providers and nursing staff to communicate with Greek speaking clients (GOCSA 2017). With categories such as greetings, emotions, and dental and medical terms; for each English word, the application provides an accompanying image combined with its Greek translation, pronunciation and a sound file (GOCSA 2017). The application is free of charge, thus is easily accessible to nursing staff working with Jim and his family (GOCSA 2017). In addition, appendix two are pamphlets produced by GOCSA to assist Greek-speaking elderly to access and navigate health and community services (GOCSA 2017).

Transfer of care and shared data (ethical and legal considerations):

Principles of Shared Transfer of Care:

- Care centred on the person and their family;
- Services based on evidence-based research and clinical expertise;
- Equity; supporting access to the service that directly service the needs of the patient;

- Strengths-based approach to nursing care
- Strong inter-sector links and co-ordination;
- Interdisciplinary approaches to support holistic care

( ).

Transfer of care refers to the movement of patients, such as Jim, from different levels of care according to their clinical needs (2018). The share transfer of care program supports integrated, supportive care for the patient, their family and carers at the centre of their discharge plan ( ). Shared clinical data across care settings can allows for improve communication with greater collaboration across healthcare sectors such as acute care and community settings, whilst acknowledging the principles of shared transfer of care ( ). However, with complex situations such a Jim ethico-legal dilemmas can arise regarding the sharing and confidentially of collected healthcare data ( )

When implementing discharge services for Jim, as a generalised rule, his diagnosis should

under the and the

(

). Rather, to ensure and protect Jim's welfare, education should be provided to Jim regarding the benefits of the aforementioned services in relation to his symptoms and diagnosis ( ).

( ). Similarly, staff should educate Jim regarding the risk of reattempts in the first three months following suicide ( ). By doing so,

nursing staff can ensure Jim can make an informed about his discharge support (.

However, also in alignment with the ethical principle of ' , a referral to mental health services such as the should be made if Jim is determined a risk to himself or others (Tasmanian Health Service 2017). Such processes can be facilitated against the wishes of the patient, through the implementation of a community treatment order, under the (2013) (The Department o 2017). The can establish substitute decision making, should the individual be deemed incompetent to make their own treatment decisions because of their diagnosis, but need treatment to prevent harm to their own, or others safety (The Department of).

Appendix One: Volunteer/Community Services for Jim and his family

Service	**Target audience:**	**Location:**	**How to service will benefit the family or individual**	**Cost**
Greek Welfare Centre (Community Nurse) (Department of Health and				