

**IN THE MATTER OF THE ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

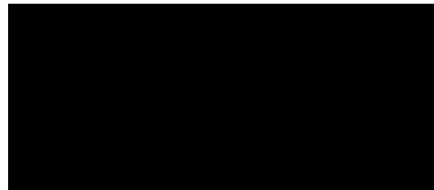
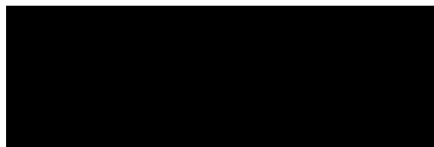
**ATTACHMENT MOB-6 TO STATEMENT OF DR MARK OAKLEY BROWNE**

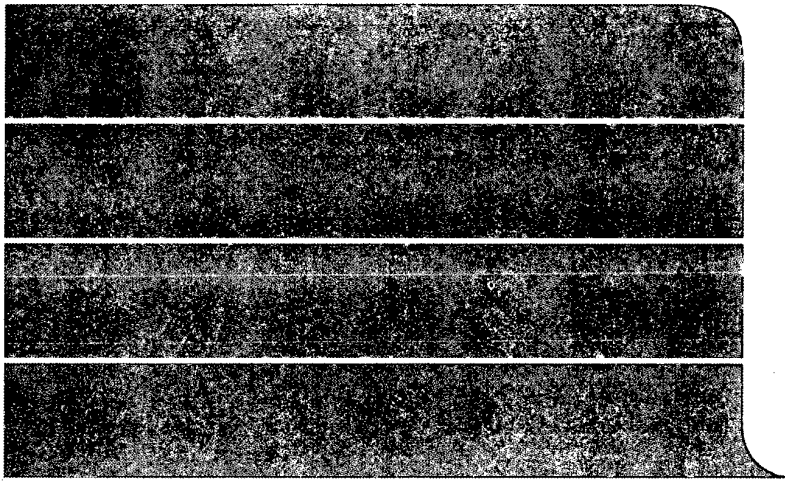
Date of document: 17 July 2015  
Filed on behalf of: State of Victoria  
Prepared by:  
Victorian Government Solicitor's Office  
Level 33  
80 Collins Street  
Melbourne VIC 3000



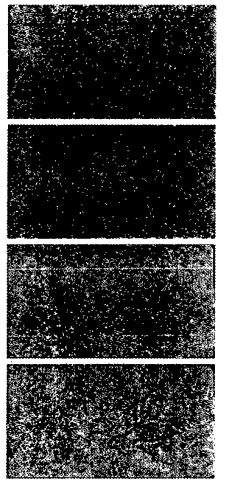
This is the attachment marked '**MOB-6**' produced and shown to **DR MARK OAKLEY BROWNE** at the time of signing his Statement on 17 July 2015.

Before me:





National  
practice  
standards  
for the  
mental  
health  
workforce  
2013



National  
practice  
standards  
for the  
mental  
health  
workforce  
2013

**Acknowledgement**

The revision of the National practice standards for the mental health workforce was funded by the Australian Government Department of Health.

Published by the Victorian Government Department of Health, Melbourne, Victoria, on behalf of the Safety and Quality Partnership Standing Committee.

This document is available as a PDF on the internet at <[www.health.gov.au](http://www.health.gov.au)>.

The *National Practice Standards for the Mental Health Workforce 2013* were endorsed by the Mental Health Drug and Alcohol Principal Committee.

© Copyright, State of Victoria, Department of Health 2013

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.

November 2013 (1310001)

---

# Contents

Acknowledgements	1
Preamble	3
Part 1: Introduction	4
Background	4
History and scope	4
Purpose and audience	4
Review process	5
Language	5
Mental health and involuntary care	6
<i>National Standards for Mental Health Services (2010)</i>	6
Principles of Recovery-Oriented Mental Health Practice	7
Alignment with complementary standards	7
Using the practice standards	8
Key principles	9
Part 2: Values and attitudes	10
Values	10
Attitudes	10
Part 3: National practice standards for the mental health workforce 2013	11
Overview	11
Standard 1: Rights, responsibilities, safety and privacy	12
Standard 2: Working with people, families and carers in recovery-focused ways	13
Standard 3: Meeting diverse needs	13
Standard 4: Working with Aboriginal and Torres Strait Islander people, families and communities	14
Standard 5: Access	15
Standard 6: Individual planning	16
Standard 7: Treatment and support	17
Standard 8: Transitions in care	18
Standard 9: Integration and partnership	18
Standard 10: Quality improvement	19
Standard 11: Communication and information management	19
Standard 12: Health promotion and prevention	20
Standard 13: Ethical practice and professional development responsibilities	20
Glossary	22
References and further reading	26

# Acknowledgements

We would like to thank the following people for their assistance with this project:

<b>Mr Etienne Scheepers</b> Chair, Project Steering Committee	Executive Director, Workforce Innovation and Reform, Health Workforce Australia
<b>Mr Marc Reynolds</b> Chair, Expert Reference Group	Manager Clinical Services Development, Mental Health Drug & Alcohol Office, New South Wales Ministry of Health
<b>Dr Lisa Brophy</b>	Director, Research Mind Australia and Senior research Fellow, The University of Melbourne, representing Australian Association of Social Workers
<b>Assoc. Prof. Kim Ryan</b>	CEO, Australian College of Mental Health Nurses
<b>Ms Carol Turnbull</b>	CEO, Adelaide Clinic, representing Australian Private Hospitals Association
<b>Dr Peter Norrie</b>	Director of Clinical Services and Chief Psychiatrist, Mental Health, Justice Health and Alcohol & Drug Services, Department of Health, Australian Capital Territory
<b>Ms Kali Paxinos</b>	Carer representative
<b>Ms Vrinda Edan</b>	Consumer expert, appointed by The National Register of Mental Health Consumers and Carers, MHCA
<b>Dr Murray Patton</b>	President Elect, Royal Australian and New Zealand College of Psychiatrists
<b>Ms Joy Pennock</b>	National Professional Representation, Occupational Therapy Australia
<b>Dr Sabine Hammond</b>	Executive Manager, Science and Education, Australian Psychological Society
<b>Mr Harry Lovelock</b>	Executive Manager, Strategic Policy and Liaison, Australian Psychological Society
<b>Ms Paula Zylstra</b>	Director, Private Mental Health Services, Mental Health & Drug Treatment Division, Australian Government Department of Health and Ageing
<b>Ms Robyn Milthorpe</b>	Director, Quality Improvement, System Improvement Branch, Mental Health & Drug Treatment Division, Australian Government Department of Health and Ageing
<b>Mr Robin Flynn</b>	Project Manager, Workforce Innovation and Reform, Health Workforce Australia
<b>Ms Ellen Cumberland</b>	Project Manager, Workforce Innovation and Reform, Health Workforce Australia
<b>Ms Tina Smith</b>	Senior Policy Officer, Workforce Development, Mental Health Coordinating Council representing Community Mental Health Australia
<b>Assoc. Prof. John Allan</b>	Chief Psychiatrist, Mental Health and Drug and Alcohol Office, New South Wales Ministry of Health
<b>Ms Tania Skippen</b>	Principal Program Advisor, Workforce Development, Mental Health and Drug & Alcohol Office, New South Wales Ministry of Health
<b>Ms Amy Shearden</b>	Senior Policy Officer, Mental Health Clinical Policy, Mental Health and Drug & Alcohol Office, New South Wales Ministry of Health
<b>Ms Frances Pagdin</b>	General Manager, Top End Mental Health Services Northern Territory Department of Health
<b>Dr Leanne Geppert</b>	Acting Director, Mental Health Plan Implementation Unit Queensland Health
<b>Dr William Kingswell</b>	Acting Executive Director, Mental Health Alcohol and Other Drugs Directorate, Queensland Health
<b>Mr Mark Shaddock</b>	Industry Partner, Training Packages, Community Services and Health Industry Skills Council
<b>Ms Dorothy Rao</b>	Manager, Training Packages, Community Services and Health Industry Skills Council

---

<b>Ms Charmaine Redding</b>	Team Leader, Workforce Development Unit, Statewide and Mental Health Services, Department of Health and Human Services, Tasmania
<b>Ms Catherine Schofield</b>	Director of Nursing, Mental Health, Department of Health and Human Services, Tasmania
<b>Assoc. Prof. Tracy Beaton</b>	Senior Nurse Advisor, Mental Health Drugs and Regions, Department of Health Victoria
<b>Ms Deborah Nelson</b>	Executive Director of Nursing, South Metropolitan Area Health Service, Mental Health Commission, Western Australia
<b>Ms Penny Tolhurst</b>	Secretariat Manager Mental Health Workforce Advisory Committee Secretariat
<b>Ms Simone Trembath</b>	Senior Project Officer Mental Health Workforce Advisory Committee Secretariat

---

We would also like to acknowledge the assistance of the Mental Health and Drug & Alcohol Office, New South Wales Ministry of Health in developing these revised standards.

Thanks are also extended to the many individuals and groups who provided comments and feedback on earlier drafts of this document

# Preamble

## Part 1: Introduction

The introduction introduces the practice standards, describes the history and the scope of the standards, and summarises the review process. The purpose of the practice standards and the target audience is explained, as is how the practice standards align with discipline-specific standards and the service standards.

## Part 2: Values and attitudes

The values and attitudes underpin how mental health practitioners apply their skills and knowledge in their work with people, families, carers and communities. The values and attitudes on which all workers are expected to base their practice are detailed in this section.

## Part 3: Practice standards

These standards are relevant to all members of the five disciplines working in mental health settings. The 13 standards cover the range of common skills and ways of working required of practitioners in the mental health workforce. Each standard includes indicators specifying how the required knowledge and skills must be applied to meet the required level of practice.



# Part 1: Introduction

## Background

Mental health services are an important part of the health system. At the centre of mental health service delivery is the engagement between the practitioner and the person using the service. While interventions such as biological and psychological treatments are important, empathy, understanding and expert knowledge are critical to successful outcomes.

Australian governments are committed to supporting and developing the mental health workforce that provides services to people with mental illness, and their families and carers. People who work in mental health are among the major strengths of the system. Supporting practitioners to develop their skills, knowledge and attitudes is an important element of service quality and improvement. It also contributes to worker satisfaction and retention. Working in mental health offers particular challenges and benefits, and the workforce has a vital role in improving health and social outcomes for the community.

## History and scope

This document is the successor to the *National Practice Standards for the Mental Health Workforce (2002)*, which applied to the following professions:

- Nursing
- Occupational therapy
- Psychiatry
- Psychology
- Social Work.

The *National practice standards for the mental health workforce 2013* (the revised practice standards) are intended to complement the discipline-specific practice standards or competencies of each of the professional groups, and to address the shared knowledge and skills required when working in an interdisciplinary mental health environment. They render explicit the shared capabilities that all mental health professionals should achieve in their work.

There have been considerable changes in mental health over the past 10 years, with increased service provision in the community, expansion of the non-government and private sectors, and greater focus on the role of the primary care sector in mental health. The practice standards apply to workers from the five disciplines in a range of healthcare settings including hospitals, community mental health services, and correctional facilities across metropolitan, regional and remote areas of Australia.

These practitioners are engaged in public, private and non-government services. The practice standards relate to mental health practice across the lifespan including services for children, young people, adults and older people.

Other disciplines and workers outside the five professions listed above are also an important part of the mental health workforce and may also find these revised practice standards useful.

## Purpose and audience

This revised set of standards is intended to strengthen the workforce and to outline the values, attitudes, knowledge and skills required when individual members of one of the five professions listed above work in a mental health service. Implementing the practice standards will promote a coordinated and consistent approach to professional development and service improvement.

### Entry-level practitioners and practitioners new to mental health

Recent graduates, and those who work with them, should use these standards. It is intended that workers will meet the requirements of the revised practice standards in their first two years of practice in mental health. The level of knowledge and skill of people entering the workforce may vary significantly, and will be affected by factors including experience and level of professional training. The transition from university to work, or from another area of health to mental health, is a time when experience in the sector should support new practitioners to synthesise theory and practice.

People from different disciplines and different backgrounds may take varying periods of time to meet the standards, depending on the nature of their training and experience.

### Experienced practitioners

More experienced practitioners should use the practice standards to review their practice against current expectations. Changes in the service system, community and national directions are important to contemporary practice. The practice standards will also be useful in supporting and supervising less experienced workers.

### Education and training providers and accreditation authorities

The revised practice standards provide a guide for education and training curricula. The aim of mental health curricula should be for students to achieve most of the practice standards by the time they complete their professional entry level course. Government, professional bodies, health services and education providers have a shared interest in developing competent beginning practitioners who can work safely and confidently in health services, including mental health services.

The practice standards can be used to promote collaboration with education providers in: undergraduate and postgraduate course development; pre-registration and undergraduate clinical placements; and supervision and research, and help build the existing and emerging mental health workforce.

### Mental health services

Additional postgraduate studies and continuing education in the workplace will assist to expand knowledge and skills over time. Service managers should be explicit regarding their expectations of workers, and have a responsibility to provide mental health practitioners with opportunities for appropriate education, training and support to meet the standards. It is anticipated that education providers will use the revised practice standards, the National Mental Health Standards 2010, and discipline-specific competencies and standards to ensure graduates are aware of the core knowledge, skills and attitudes required in current and future mental health service delivery.

### Review process

In November 2011, the Health Workforce Principal Committee (HWPC) endorsed a contained review to update the *National Practice Standards for the Mental Health Workforce* (2002). The Mental Health Workforce Advisory Committee (MHWAC) was funded by the Department of Health and Ageing to manage the review. Direct oversight of the project rests with a Steering Committee chaired by Health Workforce Australia (HWA). An expert group and project steering committee were formed early in 2012 to oversee the review, and included representatives from the National Mental Health Consumer and Carer Forum, professional bodies, government, the non-government sector and the private sector. A national consultation process was undertaken by Precision Consultancy, and this provided advice and feedback on the revised standards. Consultation included meetings in each state and territory capital city, meetings at rural towns (Cairns, Alice Springs and Orange), and six site visits to a mix of public, private, non-government, rural, metropolitan and remote services. Stakeholders had the opportunity to attend meetings, respond to an online survey, or submit a written submission.

This review has been informed by developments in mental health practice standards and competencies in other jurisdictions, including New Zealand's Let's get real and the NSW Health CAMHS competency framework.

### Language

Words and language are important in shaping ideas and framing concepts. This document draws on recovery approaches, and uses language descriptors such as person and people with lived experience, rather than terms such as consumers or service users. For similar reasons, these standards use the terms family and support networks to include family members, carers, partners, significant others, friends and anyone whose primary relationship with the person concerned is a personal, supporting and caring one. This approach draws on that of the National Recovery-Oriented Mental Health Practice Framework.

Many people find significant personal meaning in the terms consumers and also carers. Their preference for the use of these terms is respected.

## Mental health and involuntary care

Some people experience mental health services on an involuntary basis. This can create tension regarding upholding human rights. Where this is the case, practitioners must ensure the relevant Commonwealth, state or territory mental health legislation is observed. Moving to less restrictive care and minimising the use of involuntary treatment is the desired aim and the importance of upholding the principles, values and attitudes outlined in this document remains.

## National Standards for Mental Health Services (2010)

While the practice standards relate to the skills, knowledge and attitudes expected of those who work in mental health services, the *National Standards for Mental Health*

*Services* (2010) (service standards) apply to the setting in which mental health care is provided. The revised service standards cover 10 areas outlined in the table below, and also include recovery principles. The 10th standard relates to the delivery of care, and includes a recovery standard.

The two sets of standards are intended to work together to support the ongoing development and implementation of good practices and to guide continuous quality improvement in mental health services. The service standards should ensure systems and processes are in place at an organisational level to provide optimum support for people using the service and their families. The practice standards should ensure mental health professionals' work practices demonstrate person-centred approaches and reflect nationally agreed protocols and requirements. As such, the two sets of standards are intended to provide a foundation for the sector.

National practice standards 2013	National standards for mental health services 2010
Standard 1: Rights, responsibilities, safety and privacy	1. Rights and responsibilities
	2. Safety
Standard 2: Working with people, families and carers in recovery-focused ways	3. Consumer and carer participation
	6. Consumers
	7. Carers
Standard 3: Meeting diverse needs	4. Diversity responsiveness
Standard 4: Working with Aboriginal and Torres Strait Islander people, families and communities	
Standard 5: Access	10. Delivery of care (supporting recovery, access, entry, assessment and review, treatment and support, exit and re-entry)
Standard 6: Individual planning	
Standard 7: Treatment and support	
Standard 8: Transitions in care	
Standard 9: Integration and partnership	9. Integration
Standard 10: Quality improvement	8. Governance, leadership and management
Standard 11: Communication and information management	
Standard 12: Health promotion and prevention	5. Promotion and prevention
Standard 13: Ethical practice and professional development responsibilities	

## Principles of recovery-oriented mental health practice

The *National Standards for Mental Health Services* (2010) principles of recovery-oriented mental health practice state that:

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

*It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery— hope, healing, empowerment and connection—and external conditions that facilitate recovery—implementation of human rights, a positive culture of healing, and recovery-oriented services. (Jacobson and Greenley, 2001 p. 482)*

The purpose of principles of recovery-oriented mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.

*(Commonwealth of Australia, 2010 p. 42)*

Six principles are identified that ensure recovery-oriented mental health practice. These are:

- uniqueness of the individual (which includes empowering the individual to be the centre of care)
- real choices (which includes achieving a balance between duty of care and support for an individual to take positive risks)
- attitudes and rights (which includes listening to, learning from and acting on communications from the individual and their carers)
- dignity and respect
- partnership and communication (which includes acknowledging each individual is an expert on their own life, and that recovery involves working in partnership with individuals and their carers)
- evaluating recovery (which includes measuring outcomes on a range of indicators in addition to health and wellness, such as housing, employment and social relationships).

## Alignment with complementary standards

The practice standards address core elements of common mental health practice across the five disciplines. They are intended to complement the valuable discipline-specific contributions of each profession, and to address the shared knowledge, skills, values and attitudes required when working in an interdisciplinary mental health service.

The practice standards should be used in conjunction with the service standards and the discipline-specific standards, competencies or curricula that apply to the individual practitioner's profession.

The discipline-specific documents that may apply include, but are not limited, to the following.

### For psychologists

The Australian Psychological Society's:

- *Code of ethics*
- *Ethical and practice guidelines and procedures*

### For social workers

The Australian Association of Social Workers':

- *Australian Social Work Education And Accreditation Standards (2012)*
- *Code of Ethics (2010)*
- *AASW Practice Standards For Mental Health Social Workers (2008)*

### For occupational therapists

The Australian Association of Occupational Therapists':

- *Code of Ethics (revised 2001)*
- *Australian Minimum Competency Standards For New Graduate Occupational Therapists 2010*

The Occupational Therapy Board of Australia's:

- *Code of conduct for registered health practitioners (2012)*

### For Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists':

- *position statements*
- *clinical practice guidelines*
- *ethical guidelines*
- *Code of conduct*
- *Code of ethics*

### For Nurses

The Australian College of Mental Health Nurses':

- *Standards of Practice for Australian Mental Health Nurses: 2010*

The Nursing and Midwifery Board of Australia's:

- *Code of Ethics for Nurses in Australia (2008)*
- *Code of Professional Conduct for Nurses in Australia (2008)*
- *National Nursing Competency Standards for the Registered and Enrolled Nurses*

### Using the practice standards

The practice standards are aimed at: individual professionals; agencies and services; the five national professional bodies representing psychiatry, psychology, social work, nursing and occupational therapy; and education and training providers. It is the responsibility of individuals, services and professional bodies to encourage the incorporation of the practice standards into routine practice.

In conjunction with the service standards and discipline-specific mental health competencies and standards, the following provides advice regarding the potential value and contribution of the standards.

### Develop standards of practice

The practice standards offer a practical framework to provide direction for professionals entering or working in mental health services. They inform individual practitioners of the common skills, knowledge and attitudes they need to work within an interdisciplinary team environment or other form of mental health service. They also provide a benchmark for improving the quality of practice in mental health care and offer a tool for service providers and managers in relation to organisational management, supervision, business planning and performance development.

### Guide professional development, including clinical supervision when appropriate, and mentoring and continuing education

The practice standards are a useful tool in supervising practice, and they can also be used in mentoring. They can assist individual practitioners to identify their own level of knowledge and skill to practice in mental health, and their need for continuing education and professional development. The practice standards can be used to encourage reflection on attitudes towards people with mental illness, their family and carers.

### Assist recruitment and retention

The practice standards can provide a framework for recruitment and retention of mental health practitioners and as a guide for managers and supervisors preparing job descriptions, undertaking staff selection processes, and identifying supervision and professional development needs.

### Accredit services

Using the practice standards in conjunction with the service standards can assist mental health services to develop or review their education and training strategies, ensuring practitioners work towards achieving the practice standards. This may assist services in gaining accreditation.

### Develop undergraduate and postgraduate curriculum

The practice standards provide a useful framework from which universities and educational institutions can develop curriculum content relevant to current and future mental health practice at undergraduate and postgraduate levels. Professional bodies can work with education and training providers, and accreditation authorities, to support uptake of the practice standards within curricula for psychiatry, psychology, nursing, social work and occupational therapy.

### Complement other practice and competency standards

The practice standards complement the practice and competency standards developed by each of the national professional bodies. They also complement the competency standards developed by the Community Services and Health Industry Skill Council for people with other qualifications, skills and expertise working in a range of mental health service settings.

### Key principles

These key principles are consistent with national policy and requirements for delivering mental health treatment, care and support in Australia, and are embedded in the practice standards.

Mental health practitioners:

- promote an optimal quality of life for and with people with mental illness
- deliver services with the aim of facilitating sustained recovery
- involve people using services in all decisions regarding their treatment, care and support and, as far as possible, the opportunity to choose their treatment and setting
- recognise the right of the person to have their nominated carer involved in all aspects of their care
- **learn about and value the lived experience of people using services, and their family or carers**
- recognise the role played by carers, as well as their capacity, needs and requirements, separate from those of the person receiving services
- **recognise and support the rights of children and young people affected by a family member with a mental**

illness to appropriate information, care and protection

- support participation by people and their families and carers as an integral part of mental health service development, planning, delivery and evaluation
- tailor mental health treatment, care and support to meet the specific needs of the individual
- **in delivering mental health treatment and support impose the least personal restriction on the rights and choices of people, taking into account their living situation, level of support within the community, and the needs of their family or carer**
- are aware of and implement evidence-informed practices and quality improvement processes
- participate in professional development activities and reflect what they have learnt in practice

## Part 2: Values and attitudes

Values and attitudes inform the way that mental health services are delivered and received. Individual practitioners have their own personal beliefs and values; however, there are specific values on which all workers are expected to base their practice. These values are a declaration of what the mental health workforce holds to be important principles and what individuals strive to practice each day. Mental health practitioners are expected to understand, reflect on and use their own values and beliefs in a positive way at work.

The following values and attitudes underpin how mental health practitioners apply skills and knowledge when working with people, families, carers and communities.

### Values

#### Respect

All people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Mental health practitioners respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation.

#### Advocacy

Concern for the welfare of others guides the work of mental health practitioners. They strive to uphold the human rights of people, families and carers, including full and effective participation and inclusion in society. Mental health practitioners support the individual, and others (including children) who may be affected by the illness of a family member.

#### Recovery

Mental health practitioners support and uphold the principles of recovery-oriented mental health practice articulated in the National Standards for Mental Health Services 2010.

#### Working in partnership

Mental health practitioners foster positive professional and authentic relationships with people, families, carers, colleagues, peers and wider community networks. Safe and professional boundaries are maintained. Mental health practitioners work constructively to resolve tensions that may arise between partners in care. The professional diversity that can exist within teams is respected and valued and there is always endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice. Mental health practitioners believe that quality service provision is enhanced and underpinned by effective working relationships within the service, with partner agencies and communities.

#### Excellence

Mental health practitioners are committed to excellence in service delivery, and also to personal development and learning. This is supported through reflective practice, ongoing professional development and lifelong learning.

#### Attitudes

Attitudes are an established way of thinking or feeling that are typically reflected in a person's behaviour, for example, a positive attitude towards employing people with a disability. Attitudes involve the interaction of beliefs, feelings and values, and a disposition to act in particular ways. Our attitudes help us to define how situations are seen, as well as define what is expected in behaviour towards a situation, person or object.

In working with people, carers and families, mental health practitioners are expected to be:

- respectful
- compassionate, caring and empathic
- ethical, professional and responsible
- positive, encouraging and hopeful
- open-minded
- self-aware
- culturally aware
- collaborative

# Part 3: National practice standards for the mental health workforce 2013

1. Rights, responsibilities, safety and privacy
2. Working with people, families and carers in recovery-focused ways
3. Meeting diverse needs
4. Working with Aboriginal and Torres Strait Islander people, families and communities
5. Access
6. Individual planning
7. Treatment and support
8. Transitions in care
9. Integration and partnership
10. Quality improvement
11. Communication and information management
12. Health promotion and prevention
13. Ethical practice and professional development responsibilities

## Overview

### **Standard 1: Rights, responsibilities, safety and privacy**

Privacy, dignity and confidentiality are maintained, and safety is actively promoted. Mental health practitioners implement legislation, regulations, standards, codes and policies relevant to their role in a way that supports people affected by mental health problems and/or mental illness, as well as their families and carers.

### **Standard 2: Working with people, families and carers in recovery-focused ways**

In working with people and their families and support networks, mental health practitioners support people to become decision-makers in their own care, implementing the principles of recovery-oriented mental health practice.

### **Standard 3: Meeting diverse needs**

The social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice.

### **Standard 4: Working with Aboriginal and Torres Strait Islander people, families and communities**

By working with Aboriginal and Torres Strait Islander peoples, families and communities, mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve social and emotional wellbeing.

### **Standard 5: Access**

Mental health practitioners facilitate timely access to services and provide a high standard of evidence-based assessment that meets the needs of people and their families or carers.

### **Standard 6: Individual planning**

To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners facilitate access to and plan quality, evidence-based, values-based health and social care interventions.

### **Standard 7: Treatment and support**

To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners deliver quality, evidence-informed health and social interventions.

### **Standard 8: Transitions in care**

On exit from a service or transfer of care, people are actively supported by mental health practitioners through a timely, relevant and structured handover, in order to maximise optimal outcomes and promote wellness.

### **Standard 9: Integration and partnership**

People and their families and carers are recognised by mental health practitioners as being part of a wider community, and mental health services are viewed as one element in a wider service network. Practitioners support the provision of coordinated and integrated care across programs, sites and services.

### **Standard 10: Quality improvement**

In collaboration with people with lived experience, families and team members, mental health practitioners take active steps to improve services and mental health practices using quality improvement frameworks.



### Standard 11: Communication and information management

A connection and rapport with people with lived experience and colleagues is established by mental health practitioners to build and support effective therapeutic and professional relationships. Practitioners maintain a high standard of documentation and use information systems and evaluation to ensure data collection meets clinical, service delivery, monitoring and evaluation needs.

### Standard 12: Health promotion and prevention

Mental health promotion is an integral part of all mental health work. Mental health practitioners use mental health promotion and primary prevention principles, and seek to build resilience in communities, groups and individuals, and prevent or reduce the impact of mental illness.

### Standard 13: Ethical practice and professional development responsibilities

The provision of treatment and care is accountable to people, families and carers, within the boundaries prescribed by national, professional, legal and local codes of conduct and practice. Mental health practitioners recognise the rights of people, carers and families, acknowledging power differentials and minimising them whenever possible. Practitioners take responsibility for maintaining and extending their professional knowledge and skills, including contributing to the learning of others.

### Standard 1: Rights, responsibilities, safety and privacy

**Privacy, dignity and confidentiality are maintained, and safety is actively promoted. Mental health practitioners implement legislation, regulations, standards, codes and policies relevant to their role in a way that supports people affected by mental health problems and/or mental illness, as well as their families and carers.**

#### The mental health practitioner:

1. Provides care, treatment and support for people and families within the boundaries prescribed by: law; professional, national and local requirements; and codes of ethical practice

2. Recognises and supports a person's capacity to exercise self-determination
3. Applies the principles of state, national and international standards on human rights and responsibilities
4. Complies with state or territory legislation related to treating mental illness, safety, child protection, privacy and confidentiality
5. Recognises when mental health legislation may apply and engages assistance of senior mental health staff or other associated professionals in implementing relevant treatment and care
6. Organises the provision of involuntary treatment and care: only when indicated; in compliance with state/territory legislation; in the least restrictive environment; and for the minimum duration required
7. Provides information to people, their families, and carers on their rights and on legislation that may impact on their rights
8. Develops meaningful professional and therapeutic relationships while maintaining safe and professional boundaries
9. Conducts effective mental state assessments and risk assessments, and develops individual plans that consider people and their environments throughout the care continuum
10. Prevents, minimises and safely responds to agitation, aggression and other challenging behaviours using de-escalation, harm minimisation and negotiation
11. Promotes an environment that protects people from financial, sexual, psychological and physical abuse and exploitation while receiving mental health care, and reports incidences of abuse, neglect or violence to appropriate authorities
12. Assesses the care and mental health needs of the person's family and, when children or other dependents are involved, ensures appropriate plans have been put in place for their care
13. Complies with service procedures that relate to service user and staff safety and privacy, taking into account risk as well as considerations such as age, gender, developmental and other sociocultural requirements

14. Follows local relevant procedures and systems for reporting and responding to critical incidents and incidents of concern, taking into account systemic and practice issues that can be addressed
15. Follows service procedures in relation to safety, privacy and confidentiality in shared care arrangements and transfer of care
16. **Actively support people who have vulnerability or experiences of trauma through ensuring processes support people with mental illness and other staff by reducing the likelihood of re-traumatising actions and processes**
8. Uses language that demonstrates respect for the person, family and carers at all times
9. Facilitates family and carer involvement, addressing barriers and supporting connections with the person
10. **Identifies the needs of family members and carers in circumstances where the person has chosen to exclude their involvement in his/her treatment and care and supports interventions to meet these needs**
11. Works with family and carers in such a way that they feel heard, informed to the extent possible and supported
12. Assists people and families and carers to contact appropriate peer advocates and consultants
13. Encourages feedback on service delivery, policy and planning from people and their families and carers
14. Facilitates social inclusion, social connectedness and engagement of people in activities that offer meaning, satisfaction and purpose to the person, such as recreation, education and vocation
15. Provides information in a format that is accessible to educate people, family members and carers on mental health issues and conditions, physical and comorbid health conditions, mental health services, **other support services and self-help organisations**

## Standard 2: Working with people, families and carers in recovery-focused ways

**In working with people and their families and support networks, mental health practitioners support people to become decision-makers in their own care, implementing the principles of recovery-oriented mental health practice.**

### The mental health practitioner:

1. Works with people and their families and carers as partners
2. **Engages in practice that reflects that the person exists within a context of family, significant people, community and culture**
3. Applies the principles of self-determination and supports people and their family members and carers in being decision-makers in their recovery processes
4. Expresses hope and optimism, applying a strengths-based approach and valuing the person's and their family's/carer's knowledge and perspectives
5. **Demonstrates respect for family members and carers' roles, acknowledging diverse family capacities, experiences, value systems and beliefs**
6. Identifies the impact of the person's mental health needs on their family and carers, including partners, significant others, children, parents and siblings, and supports referrals and interventions to help meet these needs
7. Engages with families and carers in treatment, care and decision making to the extent possible and supported by the person

## Standard 3: Meeting diverse needs

**The social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice.**

### The mental health practitioner:

1. Acknowledges and articulates diversity among people, carers, families and communities in areas including age, gender, class, culture, religion, spirituality, disability, power, status, gender identity, sexuality, sexual identity and socioeconomic background
2. Facilitates care, treatment and support in a manner that demonstrates respect for the diversity of people, families and carers, and the cultural and social context in which they live

3. Recognises that a positive, secure cultural identity is a protective factor for the mental health and wellbeing of the person, family and carers
4. Respectfully uses culturally appropriate assessment instruments and techniques, where available and appropriate, and demonstrates awareness of the way in which cultural issues may impact upon appropriateness of assessment, care and treatment
5. Determines if there are cultural considerations that, if taken into account, could assist the person and family/carers to feel more comfortable during service contact
6. Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks
7. Facilitates service delivery in a manner that accords respect for people's individual qualities, abilities and diverse backgrounds, and takes into account their age, gender identity, sexuality, sexual identity, ethnic group, gender and social, cultural and religious backgrounds
8. Supports the delivery of equitable care and promotes equality of opportunity
9. Articulates the extent and limits of their own cultural understanding and seeks cultural advice or support if needed
10. Communicates effectively with the person and, where relevant, with family members and/or carers through the assistance of Aboriginal and Torres Strait Islander health and/or mental health professionals, interpreter services and bilingual counsellors
11. Liaises and works collaboratively with culturally and linguistically appropriate care partners such as religious ministers, spiritual leaders, traditional healers, local community-based organisations, Aboriginal and Torres Strait Islander health and mental health workers, health consumer advocates, interpreters, bilingual counsellors and other resources where appropriate

#### **Standard 4: Working with Aboriginal and Torres Strait Islander people, families and communities**

**By working with Aboriginal and Torres Strait Islander peoples, families and communities, mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve social and emotional wellbeing.**

##### **The mental health practitioner:**

1. Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present day grief, loss and trauma and its complexity
2. Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history
3. Uses culturally sensitive language and preferred terminology in line with current policy directives
4. Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander peoples
5. Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives
6. Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks
7. Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities
8. Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community

## Standard 5: Access

**Mental health practitioners facilitate timely access to services and provide a high standard of evidence-based assessment that meets the needs of people and their families or carers.**

**The mental health practitioner:**

### Contact

1. Supports a positive and respectful experience of the service, creating an environment that sets the person at ease
2. Clearly explains processes, service parameters and the constraints of confidentiality to the person and their support networks
3. ~~Gathers and collates information relevant to service access, taking into account issues related to safety, consent and confidentiality, including but not limited to~~
  - ~~o possible migration and refugee history~~
  - ~~o exposure to torture and trauma~~
  - ~~o the impact of cultural adaptation, integration and marginalisation~~
  - ~~o housing~~
  - ~~o support networks~~
  - ~~o the history of engagement with community supports or services~~
  - ~~o recent stresses, losses or changes (for example, in family relationships and structure, financial circumstances, carer employment or other significant losses)~~
4. Identifies the particular needs and responsibilities of people who are carers for others, particularly those caring for children and young people, in relation to: prioritising; their ability to attend the service; and meeting the identified support needs of dependents
5. Provides information to the person and their support network about services and resources able to be offered including type, setting and timeframes

### Entry to service

6. Determines if the person is aware of any referral and its purpose

7. Through seeking advice from senior staff when required, accurately assesses new referrals in a timely manner, applying service acceptance criteria, referring where necessary to appropriate services within or external to the mental health service system
8. Collaborates with people to generate an initial recovery plan that addresses key risk issues
9. ~~Advocates for the person's and their family's or carer's needs with relevant services, including accommodation, health, education, family and community services, aged care providers and others~~
10. Expresses to families and carers, within the bounds of confidentiality, an awareness of the impact of the person's presentation on the family and community
11. Where appropriate documents, records and communicates any assessment, brief case formulation and/or initial management plans in a clear summary for team members and the person and family or carers
12. Conducts brief interventions at the initial contact where appropriate, for example, psycho-education and agreed safety strategies
13. ~~Where appropriate conducts a developmentally relevant risk assessment, taking into account mental state, suicidality, self-harm, violence and risk of harm to others~~
14. Recognises the effects of intoxication and withdrawal from alcohol and other drugs and facilitates or conducts appropriate screening or assessment when necessary
15. Clearly documents the person's legal status and takes this into account in individual care planning

## Standard 6: Individual planning

To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners facilitate access to and plan quality, evidence-based, values-based health and social care interventions.

### The mental health practitioner:

1. Clearly explains the right to confidentiality and related limitations and constraints; as well as the proposed structure of the interview, assessment or individual planning session, and flexibly negotiates aspects of this when possible (for example, who will be in the room, who wishes to be seen first)
2. Evaluates the person and family's readiness to engage with services, including real or perceived barriers to accessing services
3. Collaborates with the person, as appropriate to their developmental level and capabilities, and family or carers and other service providers to develop an individual care plan that includes clear identification of the problem, actions and timeframes
4. Attends to the person's advance statement or other document that states their preference regarding treatment and care, especially during periods when their competency is compromised
5. Appropriately identifies and uses assessment tools including age-specific, discipline-specific and culturally relevant assessments, commensurate with experience
6. Takes into consideration confidentiality and other legal and ethical concerns, for example, child protection, where appropriate when providing the person and family or carers or other service providers with a copy of the care plan
7. Conducts and documents a comprehensive mental health assessment including a mental state examination
8. Conducts and documents a comprehensive, trauma-informed assessment that allows differentiation of mental health conditions from normal ageing changes, cognitive impairment, substance use or physical illness
9. Conducts or facilitates a relevant and timely physical assessment and examination, and demonstrates an understanding of the impact on care planning, including on possible shared care arrangements
10. Completes and records a multidimensional assessment of the person and their family or carers, including the following domains:
  - biological
  - social
  - psychological
  - cultural
  - spiritual
11. Identifies gaps in assessment information and its potential impact on formulation, completing information gathering where possible
12. Applies a knowledge of developmental tasks and life stages when conducting assessments, including life stage transitions such as changes relating to school or work, housing, life partners and bereavement
13. Assesses for triggers, including age-related triggers, for suicidality and risk of harm to self and others, for example, relationship breakdown, school stressors and bereavement
14. Identifies both risk and protective factors within the person's family and extended environment
15. Sensitive explores issues related to drug and alcohol use (including prescription medications), exposure to trauma, grief/loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships
16. Assesses empathy, attunement and fit by observing verbal and non-verbal interactions within the presenting family or care unit
17. Recognises bias that may exist in information presented by the person's family, carers and partner agencies when assessing and developing a formulation
18. Reflects to the person that their story is valuable and has been heard, while taking into account the information and perspectives provided by others, which may or may not be contradictory to the person's perspective

19. Actively seeks and incorporates preferences and expertise in providing mental health care
  20. Where appropriate, independently or with assistance develops and articulates a comprehensive case formulation and identifies and applies relevant ICD/DSM classifications
  21. Identifies the possible impacts of a family member's or caregiver's disability, mental health or drug and alcohol problems on the person and other family members
  22. Demonstrates an understanding of the effects of hospitalisation (for example, geographical distance, transport issues, parenting, retraumatisation) on the person and family by considering this in care planning
    - motivational
    - systemic
    - psychoeducation
    - psychodynamic
    - psychopharmacological
5. Articulates an understanding of common interventions, including medications, commensurate with role and experience
  6. Delivers treatments and interventions using a recovery and family-focused approach, along the spectrum from prevention through to tertiary treatment
  7. Recognises when to ask senior practitioners or peers for assistance in working with people and families; operates within their own scope of practice; and refers on when needed
  8. Delivers treatments, interventions and support work in the most appropriate formats, which may include
    - sessions with individuals
    - group work
    - family or systems interventions
  9. Enquires about, recognises, works with and develops the person's and family or carer's strengths and experience of what works and what does not work
  10. Works flexibly at the person's pace and with their priorities and schema, facilitating engagement throughout the course of intervention
  11. Assists people and families or carers to see things from the other's perspective, and to develop shared understandings
  12. Supports the person in parenting or caring roles where relevant, promoting effective parenting or care strategies relevant to the needs of dependents
  13. Monitors people for evidence of appropriate and sufficient response to treatment interventions including medication, and for symptoms of possible side-effects, then communicates the results to the team or medical practitioner as appropriate
  14. Observes the dynamics of transference and countertransference processes and uses these to guide practice, seeking supervision and support if required to facilitate positive outcomes

## Standard 7: Treatment and support

**To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners deliver quality, evidence-informed health and social interventions.**

### **The mental health practitioner:**

1. Advises the person and their family or carer of their right to informed consent for treatment and of their right to refuse treatment
2. Discusses the range of treatment, care and support options available with the person and, where appropriate, their families and carers, identifying potential benefits and risks pertaining to experimental or controversial treatment and care, or treatment and care with an undeveloped evidence base
3. Plans, implements and monitors a range of engaging, evidence-informed, safe and effective intervention strategies chosen with the person and family or carers, and consistent with experience, professional background and roles within the interdisciplinary team
4. Identifies a range of culturally and developmentally appropriate interventions that may derive from but not be limited to the following approaches
  - cognitive
  - behavioural
  - interpersonal
  - attachment-based

15. Provides or facilitates management, including self-management, of the person's physical healthcare needs including detrimental use of licit or illicit substances
16. Reviews the person's status and updates their individual care plan with the person and family or carers as appropriate, consistent with progress and changing needs

## Standard 8: Transitions in care

**On exit from a service or transfer of care, people are actively supported by mental health practitioners through a timely, relevant and structured handover, in order to maximise optimal outcomes and promote wellness.**

### The mental health practitioner:

1. Prepares people and families/carers for exit from the service or transfer of care
2. Adheres to policies and procedures regarding transfer of care, with a focus on recovery and health promotion
3. Regularly reviews the transfer of care plan with the person and family/carers in respect to clinical status, the person's and family or carer's wishes and estimated date of transfer
4. Assesses the person, completes relevant outcome measures and obtains feedback from the person and family to support decision making related to planning for transfer of care
5. Clearly identifies and follows through on roles and responsibilities in partnership or shared care arrangements, including engaging in assertive follow-up
6. Provides the person and, with the person's informed consent, their family/carer and relevant agencies with information to support transfer of care
7. Provides clear documentation using designated forms and documents in a timely manner to the service where the person is being transitioned or referred, and consistent with privacy requirements

## Standard 9: Integration and partnership

**People and their families and carers are recognised by mental health practitioners as being part of a wider community, and mental health services are viewed as one element in a wider service network. Practitioners support the provision of coordinated and integrated care across programs, sites and services.**

### The mental health practitioner:

#### Between agencies

1. Develops and applies a current local knowledge of other service providers and their roles, and works with the person, families and carers to make appropriate referrals
2. In partnership with the person, identifies important issues that require collaboration and integration of care from different agencies, for example, accommodation
3. Demonstrates current knowledge of service access criteria, procedures and protocols for partner agencies, including approximate waiting times
4. Communicates effectively with other organisations and service providers including advocating on behalf of people, carers and families
5. Obtains and documents required consent where applicable to share information with other agencies
6. Coordinates or participates in interagency case conferences and fosters networks
7. As identified in collaboration with the person, promotes access to physical health care, and other identified services, including general practitioners and the wider primary healthcare sector
8. Demonstrates skills in negotiating a complex service network on behalf of people, families and carers

#### Within an agency or team

9. Contributes discipline-specific skills and knowledge to interdisciplinary team practice
10. Participates in interdisciplinary case conferences including partner agencies and other key stakeholders

11. Demonstrates respect for team members, recognising diversity may exist between and within professions in approaches to mental health practice
12. Communicates effectively across disciplinary and professional boundaries, using language that can be understood by all members of the interdisciplinary team
13. Identifies important issues for and with the person, for example, physical, occupational or spiritual needs that require collaboration or integration of care from different disciplines within the team
14. Involves other team members in care and support for the person, family and carer where appropriate
15. Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities
16. Clearly articulates their professional expertise and contribution to the team or service while valuing the person's lived experience

## Standard 10: Quality improvement

**In collaboration with people with lived experience, families and team members, mental health practitioners take active steps to improve services and mental health practices using quality-improvement frameworks.**

**The mental health practitioner:**

### Service improvement

1. Participates in quality improvement processes
2. Facilitates service access to support improved health outcomes for priority groups (for example, Aboriginal people, children at risk and groups disadvantaged by geographical location, socioeconomic circumstances, disability or other limiting factors)
3. Seeks resources and equipment to improve service delivery
4. Supports and contributes to organisational systems and a culture that respects the rights of people, family and carers
5. Uses tools and outcome measures to support, record and monitor improvement in practice and takes steps to address problems in practice

6. Supports working in partnership with people and carers at a service planning and evaluation level to enhance outcomes and ensure greater participation at all levels
7. Contributes to a positive, accountable and solution-focused culture that encourages acknowledging and engaging with colleagues facing ethical dilemmas, with a quality-improvement focus that includes learning from mistakes

### Research and evaluation

8. Demonstrates familiarity with current research and evaluation in mental health
9. Applies and integrates current evidence and knowledge to practice, focusing on improvements in outcomes
10. Critically analyses and interprets data and research appropriate to level of experience
11. Shares information, contributing to the workforce knowledge base and actively participates in knowledge dissemination activities

## Standard 11: Communication and information management

**A connection and rapport with people with lived experience and colleagues is established by mental health practitioners to build and support effective therapeutic and professional relationships. Practitioners maintain a high standard of documentation and use information systems and evaluation to ensure data collection meets clinical, service delivery, monitoring and evaluation needs.**

**The mental health practitioner:**

### Communication

1. Establishes a positive rapport with people, families and carers, adapting a communication style and using age-appropriate mediums to facilitate engagement
2. Uses culturally appropriate non-verbal communication, including eye contact and body posture
3. Demonstrates active listening skills and advanced interpersonal skills



4. Communicates verbally and in written documentation in a well-formulated, concise and clear way
5. Provides timely written feedback or correspondence to people, families/carers, referrers and other appropriate, involved professionals

#### Information management

6. Informs the person, families and carers about information exchanged related to their care
7. Fulfills reporting requirements in a timely manner
8. Legibly and thoroughly, completes designated forms for documentation and reporting
9. Uses current available technology to facilitate timely communication and effective service delivery
10. Maintains contemporary skills in using information technology and related practices, for example, electronic records
11. Adheres to professional and ethical requirements when using social media
12. Treats personal information obtained in a professional capacity as private and confidential

## Standard 12: Health promotion and prevention

**Mental health promotion is an integral part of all mental health work. Mental health practitioners use mental health promotion and primary prevention principles, and seek to build resilience in communities, groups and individuals, and prevent or reduce the impact of mental illness.**

#### The mental health practitioner:

1. Develops and implements strategies across the mental health spectrum that recognise the current status of people's wellbeing to
  - address the social determinants of health, risk and protective factors
  - reduce stigma and discrimination
  - promote and build mental health and resilience across the lifespan

- raise awareness across populations and communities on mental health and wellbeing, mental health problems, mental disorders and comorbidity in order to prevent onset across the lifespan
2. Creates opportunities for improvement in physical health, exercise, recreation, nutrition, expression of spirituality, creative outlets and stress management
  3. Implements mental health promotion practice embedded in international and national population health models
  4. Applies culturally relevant and appropriate health promotion and primary prevention approaches to people from diverse backgrounds
  5. Works with people, families and carers to understand what might trigger periods of illness, and what helps to prevent or resolve these periods
  6. Provides appropriate, culturally relevant mental health literacy resources and education and support materials to people, families and carers
  7. Develops effective partnerships with key stakeholders.
  8. Implements assessment and intervention strategies for health-compromising behaviours, particularly as they relate to mental health outcomes

## Standard 13: Ethical practice and professional development responsibilities

**In the provision of treatment and care practitioners are accountable to people, families and carers, within the boundaries prescribed by national, professional, legal and local codes of conduct and practice.**

**Mental health practitioners recognise the rights of people, carers and families, acknowledging power differentials and minimising them whenever possible. Practitioners take responsibility for maintaining and extending their professional knowledge and skills, including contributing to the learning of others.**

**The mental health practitioner:**

1. Demonstrates legal, ethical and accountable mental health practice and ethical decision making that remains open to the scrutiny of people with lived experience, peers and colleagues
2. Participates in professional development relevant to their role and professional interests
3. Actively participates in lifelong learning and professional development for themselves and others, including supervision and peer review when appropriate
4. Engages in reflective practice
5. Effectively uses evaluation, research and feedback from supervisors, colleagues, people, family members and/or carers to review practice
6. Exercises self-care for good mental health and wellbeing
7. Seeks to practise new skills, use new knowledge and integrate new learning into daily work activities
8. Works within their scope of practice and seeks assistance where necessary
9. Complies with policies and procedures for reporting potential breaches of codes of conduct, impairment and incompetence
10. Complies with policies and procedures and relevant accreditation requirements for quality service delivery

# Glossary

**Access** The ability of people to obtain required or available services when needed within an appropriate time.

**Accreditation** In this document refers to academic course accreditation which ensures that the education and training leading to registration as a health practitioner is rigorous and prepares graduates to practice a health profession safely. The accreditation authority may be a committee of a national board, or a separate organisation (AHPRA 2012).

**Advance care plan** Describes a person's future preferences for medical treatment in anticipation of a time when they are unable to express those preferences because of illness or injury. They are most commonly used in situations towards the end of life; however, they are increasingly being used in the mental health area as a means to enable supported decision making and greater respect for people's preferences in relation to mental health treatment and care.

**Appropriate care** Intervention or action provided is relevant to the person's needs and is based on established standards.

**Care plan** A written statement that states the nursing and other interventions to be undertaken, the health outcomes to be achieved and the review of care that will occur at regular intervals. See also Individual plan.

**Carer** A person who has a caring role for a person with a mental health problem or mental illness. They could be family, a friend or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent, and may vary over time according to the needs of the person and carer.

**Community** How the community is defined depends on the purpose, structure and type of service. The community may be determined by a target population, such as people and/or clinicians who access the service or, in the case of public services, a defined catchment area.

**Competency** An observable quality of a health professional, integrating multiple components such as knowledge, skills, values and attitudes. Since competencies are observable, they can be measured and assessed to ensure acquisition by a professional. Competencies can be assembled like building blocks to facilitate progressive development (National Health Workforce Planning & Research Collaboration 2011).

**Confidentiality** Restricting access to personal information to authorised people, entities and processes at authorised times and in an authorised manner.

**Consent** An agreement based on an understanding of the implications of a particular activity or decision and the likely consequences for the person.

**Consumer** A person who uses or has used a mental health service.

**Disability** A concept of several dimensions relating to an impairment in body structure or function, a limitation in activities (such as mobility and communication), a restriction in participation (involvement in life situations such as work, social interaction and education), and the affected person's physical and social environment.

**Diversity** A broad concept that includes age, personal and corporate background, education, function and personality. Includes lifestyle, gender identity, sexuality, sexual identity, ethnicity and status within the general community.

**Evaluation** Judging the value of something by gathering valid information about it in a systematic way and by making a comparison. The purpose of evaluation is to help the user of the evaluation to decide what to do, or to contribute to scientific knowledge.

**Exit** When the person no longer requires treatment, support or any other service from the mental health service, and there has been a last review of the case with peers and the case is closed. Exit is prepared for in a collaborative manner with the person. This may be referred to as discharge in some services.

**Individual plan** It is a written summary of a person's goals and strategies. The plan may vary in length, depending on the types of needs and the time it may take for these needs to be met.

**Incident** An event or circumstance that led to, or could have led to, unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage.

**Informed consent** Consent obtained freely, without coercion, threats or improper inducements, after questions asked by the person have been answered, after appropriate disclosure to the person, adequate and understandable information in a form and language demonstrably understood by the person.

Such answers and disclosures must be sufficient to enable the person to make a fully informed decision based on all relevant factors including the nature of treatment involved, the range of other options and the possible outcomes and implications, risks and benefits for the person and others.

In the context of mental health, this means that the person provides permission for a specific treatment to occur based on their understanding of the nature of the procedure, the risks involved, the consequences of withholding permission and their knowledge of available alternative treatments.

**Integration** According to the needs of people, continuity of care is maintained over time and across different levels of services.

**Interdisciplinary team** Care or a service given with input from more than one discipline or profession.

**Intervention** An activity or set of activities aimed at modifying a process, course of action or sequence of events, to change one or several of their characteristics such as performance or expected outcome.

**Involuntary Treatment** Refers to a person being treated for their illness without their consent, in two ways, either in hospital or in the community. This may occur when mental health problems or disorders result in symptoms and behaviours that lead to a person's rights being taken away or restricted for a period of time.

**Legislation** The body of laws made by Parliament. These laws consist of Acts of Parliament and Regulations, Ordinances and/or Rules, which are also called subordinate or delegated legislation.

**Mental health** Mental health refers to the capacity of individuals and groups to interact with one another in ways that promote subjective wellbeing, optimal development and the use of mental abilities (cognitive, affective and relational), and the achievement of individual and collective goals consistent with the law.

**Mental health problems** A disruption in the interaction between the individual, the group and the environment, producing a diminished state of mental health.

**Mental health professional** A person who offers services for the purpose of improving an individual's mental health or to treat mental illness. These professionals include (but are not limited to) psychiatrists, clinical psychologists, clinical social workers, occupational therapists and psychiatric nurses. See also Practitioner(s).

**Mental health promotion** Action to maximise mental health and wellbeing among populations and individuals. Mental health promotion is concerned with promoting wellbeing across entire population groups for people who are currently well, for those at risk, and for those experiencing illness.

**Mental health services** Refers to services in which the primary function is specifically to provide clinical treatment, rehabilitation or community support targeted towards people affected by mental illness or psychiatric disability, and/or their families and carers. Mental health services are provided by organisations operating in both the government and non-government sectors, where such organisations may exclusively focus their efforts on mental health service provision or provide such activities as part of a broader range of health or human services.

**Monitor** To check, observe critically, measure or record the progress of an activity, action or system on a regular basis to identify change.

**Non-government mental health sector** Private, not-for-profit, community-managed organisations that provide community support services for people affected by mental illness and their families and carers. Non-government organisations may promote self-help and provide support and advocacy services for people who have a mental health problem or a mental illness, and their carers, or have a psychosocial rehabilitation role. Psychosocial rehabilitation and support services provided by non-government community agencies include housing support, day programs, pre-vocational training, residential services and respite care.

**Outcome** A measurable change in the health of an individual, or group of people or population, that is attributable to interventions or services.

**People** The term 'People' refers to anyone who is currently using, or has previously used, a mental health service and includes people who have accessed general health services for a mental health problem. For the purposes of this statement, this term includes those with emerging or established mental illness for which they have not yet sought treatment, or for whom treatment has not yet been provided.

**Personal and health-related information** Any information or an opinion about a person whose identity is apparent or can reasonably be ascertained from the information or opinion. Personal information can include a person's name, date of birth, address, telephone number, family members or any other information that could allow the person to be identified.

Health-related information includes symptoms or observations about the person's: health; prescriptions; billing details; pathology or other test results; dental records; Medicare or health insurance numbers; admission and discharge details; genetic information; and any other sensitive information about things such as race, sexuality or religion when it's collected by a health service. In the context of these standards, personal and health related information, where it can lead to the identity of the person, is considered in the same way.

**Practice** Any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to providing direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession (AHPRA 2012).

**Practitioner(s)** A practitioner is someone who engages in an occupation, profession, religion, or way of life. In the context of this document practitioner(s) include (but are not limited to) psychiatrists, clinical psychologists, clinical social workers, occupational therapists and psychiatric nurses. See also Mental health professional.

**Prevention** Interventions that occur before the initial onset of a disorder.

**Professional boundaries** Professional boundaries in nursing and midwifery are defined as 'limits which protect the space between the professional's power and the client's vulnerability' (Peterson 1992).

**Quality improvement** Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to people.

**Recovery** A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability. See also discussion in this document on page 8.

**Recovery-oriented mental health practice** Refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations (Commonwealth of Australia 2012).

**Rights** Something that can be claimed as justly, fairly, legally or morally one's own. The term can also refer to a formal description of the services that people can expect and demand from an organisation.

**Risk** The chance of something happening that will have a (negative) impact. It is measured in terms of consequence and likelihood.

**Risk assessment** The process of identifying, analysing and evaluating a risk.

**Safety** Freedom from hazard.

**Seclusion** The act of confining a patient in a room when it is not within their control to leave. It should not be confused with the practice of time out, where a patient is requested to seek voluntary social isolation for a minimum period of time.

**Self-determination** The right of all people to 'freely determine their political status and freely pursue their economic, social and cultural development' (article 1 of the International Covenant on Civil and Political Rights). Self-determination is a collective right (belonging to a 'people' as a group) rather than an individual right.

**Service provider** A person, usually with professional qualifications, who receives remuneration for providing services to people who have a mental health problem and/or mental illness.

**Services** Products of the organisation delivered to people or units of the organisation that deliver products to people.

**Social inclusion** Contemporary concepts of disadvantage often refer to social exclusion. Social inclusion refers to policies that result in the reversal of circumstances or habits that lead to social exclusion. Indicators of social inclusion are that all Australians are able to: secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.

**Social and emotional wellbeing** An holistic Aboriginal definition of health that includes: mental health; emotional, psychological and spiritual wellbeing; and issues impacting specifically on wellbeing in Aboriginal and Torres Strait Islander communities such as grief, suicide/self-harm, loss and trauma.

**Stakeholder** Individuals, organisations or groups that have an interest or share in services.

**Standard** Degree of excellence etc. required for a particular purpose; measure to which others conform or by which the accuracy or quality of others is judged (Oxford n.d.).

**Support services** Direct services and interventions provided for a person with a mental health problem and/or mental illness and associated disability aimed at reducing handicap and promoting community tenure, for example, assistance with cooking and cleaning. Support services do not necessarily have a treatment or rehabilitation focus.

**Transition of care** A set of actions designed to ensure coordination and continuity of care as patients transfer between services. Transitions of care occur in real time, during weekends and overnight, and are usually short lived and often involve clinicians that do not have an ongoing relationship with the patient. They occur when a patient is leaving a health service, or being transferred to a different institution or level of care, and generally consist of one or more clinical handovers. The process ends only when the patient is received into the next clinical setting. Transition of care is heavily involved in the processes of admission, referral and discharge and is considered a unique and distinguished process from any other healthcare setting (ACSQHC 2012).

**Treatment** Specific physical, psychological and social interventions provided by health professionals aimed at reducing impairment and disability and/or the maintenance of current level of functioning.

**Values** Principles and beliefs that guide an organisation and may involve social or ethical issues.

**Wellbeing** The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.

## References and further reading

- Australian Commission on Safety and Quality in Health Care 2012, *Safety and quality improvement guide standard 6: Clinical handover (October 2012)*, ACSQHC, Sydney.
- Australian Health Practitioner Regulation Agency (AHPRA) 2012, AHPRA definitions, viewed 6 July 2012, <<http://www.ahpra.gov.au/Support/Glossary.aspx#P>>.
- Australia, National Mental Health Education and Training Advisory Group, National Education and Training Initiative, National Mental Health Strategy 2002, *National practice standards for the mental health workforce*, Department of Health and Ageing, Canberra, viewed, <[www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servpri.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servpri.pdf)>
- Australian Health Disaster Management Policy Committee 2009, *Fourth national mental health plan – an agenda for collaborative government action in mental health 2009–2014*, Department of Health and Ageing, Canberra, viewed, <[www.health.gov.au](http://www.health.gov.au)>.
- Australian Learning and Teaching Council, University of Wollongong, Curtin University of Technology, University of Technology, Sydney, University of South Australia, Queensland University of Technology 2010, *The development of a pre-registration nursing competencies assessment tool, for use across Australian universities*, Australian Learning and Teaching Council, Surry Hills, viewed, <<http://www.altc.edu.au/project-development-undergraduate-uow-2007>>.
- Australian Health Ministers Advisory Council, viewed [http://www.ahmac.gov.au/cms\\_documents/AdvanceCareDirectives2011.pdf](http://www.ahmac.gov.au/cms_documents/AdvanceCareDirectives2011.pdf)
- Commonwealth of Australia 2010, *National standards for mental health services 2010*, Australian Government, Canberra.
- Commonwealth of Australia 2012, *National recovery-oriented mental health practice framework 2012*, p. 12.
- Department of Health (2011) *No health without mental health: a cross-government mental health outcomes strategy for people of all ages* [e-book] Department of Health, London, viewed, <[www.dh.gov.uk/mentalhealthstrategy](http://www.dh.gov.uk/mentalhealthstrategy)>.
- Forrest S, Mathieson A 2011, *The 10 essential shared capabilities for mental health practice: learning materials (Scotland)*, NHS Education for Scotland, Edinburgh.
- Health.gov.au 2007 Advance directives/statements/care planning, viewed 17 December 2012, <<http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-carer-toc-mental-pubs-i-carer-3-mental-pubs-i-carer-3-4>>.
- National Health Workforce Planning and Research Collaboration 2011 *Exploring the literature: competency-based education and training & competency-based career frameworks*, HWA, Canberra.
- MH-KIDS & New South Wales 2011, *NSW Child and adolescent mental health services (CAMHS): competency framework*, NSW Ministry of Health, North Sydney.
- National Institute for Mental Health in England 2004, *The ten essential shared capabilities: a framework for the whole of the mental health workforce*, Department of Health, London.
- New South Wales 2008, *Working with Aboriginal communities: a guide to community consultation and protocols*, Board of Studies NSW, Sydney.
- New Zealand 2008, *Let's get real: real skills for people working in mental health and addiction*, Ministry of Health, Wellington.
- Purdie N, Dudgeon P, Walker R 2010, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Australian Institute of Health and Welfare, Canberra, viewed, <[http://www.ichr.uwa.edu.au/files/user5/Working\\_Together\\_book\\_web.pdf](http://www.ichr.uwa.edu.au/files/user5/Working_Together_book_web.pdf)>.
- Royal Australian and New Zealand College of Psychiatrists 2012, Australian Indigenous mental health, viewed, <<http://indigenous.ranzcp.org/content/view/11/12/>>.

Shepherd G, Boardman J, Slade M 2008, *Making recovery a reality*, Sainsbury Centre for Mental Health, London.

Standard [Def. 1]. (n.d.). *Oxford Dictionaries Online*. In Oxford Dictionaries, viewed 19 December 2012, <<http://oxforddictionaries.com/definition/english/standard>>.

World Health Organization (WHO) 2012, *WHO gives countries tools to help stop abuse of people with mental health conditions*, viewed, <[http://www.who.int/mediacentre/news/notes/2012/mental\\_health\\_20120615/en/index.html](http://www.who.int/mediacentre/news/notes/2012/mental_health_20120615/en/index.html)>.



