



National Practice Standards for the Mental Health Workforce

Endorsed by the AHMAC National Mental Health
Working Group September 2002

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strategy

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September 2002

**National Mental Health Education and Training Advisory Group
National Education and Training Initiative
National Mental Health Strategy**

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Dedicated to Dr Margaret Tobin

These Standards are intended to be aspirational for all professions engaged in the provision of mental health services, to ensure the best possible outcomes for people with mental health conditions. Dr Margaret Tobin, as Director of Mental Health Services, South Australia, who died in the course of her duties, was an important contributor to the development of these Standards, and serves as a reminder to all of the importance of the pursuit of excellence in the implementation of the Standards.

Foreword

The Second National Mental Health Plan 1998–2003 is a joint statement agreed by the health ministers of the Commonwealth, State and Territory governments...to provide a clear framework for future activity in mental health reform.¹

The *Second National Mental Health Plan 1998–2003* highlights education and training for the mental health workforce as significant to the continued success of the mental health reform process. That document identifies service reform as one of the key challenges for staff working in community mental health services. The *Second National Mental Health Plan 1998–2003* states that:

Through in-service training and other processes, staff can be provided with the opportunity to develop and refine skills relevant to community mental health practice, such as making the links with necessary government, non-government and private sector health, support and other social services consumers require...²

In February 1999 the Commonwealth, in conjunction with the Australian Health Ministers Advisory Council National Mental Health Working Group (AHMAC NMHWG), released *Learning Together: Education and Training Partnerships in Mental Health*.³ This report identified five professions that make up the bulk of the mental health workforce:

- Mental health nursing
- Occupational therapy
- Psychiatry
- Psychology
- Social work.

During a series of workshops involving these professions, the report identified the common ground between all five disciplines working in the mental health sector and proposed that processes for collaboration be established between ‘the higher education sector, the Commonwealth and State Governments and the professional associations’.⁴

¹ Australian Health Ministers, *Second National Mental Health Plan, Mental Health Branch, Commonwealth Department of Health and Family Services, July 1998, Foreword.*

² *ibid.*, p. 21.

³ *ibid.*

⁴ *Learning Together: Education and Training Partnerships in Mental Health Service, Final Report, prepared by Deakin Human Services Australia with funding from the Commonwealth Department of Health and Aged Care under the National Mental Health Strategy, February 1999.*

The contribution and collaboration of the five professional groups are essential to quality mental health care. However, this does not replace the expertise of the different professions, and it is important to acknowledge their strengths as well as their limitations. Consumers of mental health services and their carers have the right to expect an appropriate mix of professional expertise in their treatment to achieve good mental health outcomes.⁵

In May 2000 the Commonwealth, in conjunction with the AHMAC NMHWG, established a National Mental Health Education and Training Initiative under the Second National Mental Health Plan 1998–2003, and the National Mental Health Education and Training Advisory Group (NMHETAG) was formed to progress the initiative. A review of national and international trends and initiatives found that while few countries take a high-level strategic approach to developing and sustaining a mental health workforce, some common trends could be identified. These were a strong emphasis on the development of standards of practice, and a need for training modules to improve attitudes, knowledge and skills. This review provided the impetus for the NMHETAG to develop the draft National Practice Standards for the Mental Health Workforce (the *Practice Standards*).

This document is the result of two years' work by the NMHETAG, including an extended consultation process with the five professional organisations, State and Territory Governments, education and training organisations, and consumers and carers. The AHMAC NMHWG endorsed this process. This document contains the twelve Practice Standards for those who work in mental health services within the professions of psychiatry, nursing, social work, psychology and occupational therapy. These core Practice Standards establish a two-year timeframe during which professionals can work towards meeting the requirements of the Practice Standards, from the time they begin work in a mental health service. This may occur on completion of a tertiary degree or may follow employment in a different area of health care.

The NMHETAG acknowledges that it will be extremely difficult for individual services to ensure that all staff meet all of the Practice Standards at any one time. Individual services will need to adopt flexible benchmarks and measurements of competency. Further guidance on this will be provided in the Implementation Strategy for the Practice Standards for the Mental Health Workforce.⁶

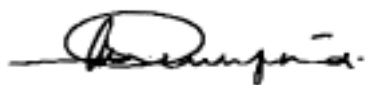
The Practice Standards also provide a guide for education and training curricula. The aim of mental health curricula should be for students to achieve most of the Practice Standards at the completion of the course. Continuing education in the workplace and/or additional postgraduate studies will expand on knowledge and skills over time. It is anticipated that education providers will use the Practice Standards, the National Standards for Mental Health Services and discipline-specific competency standards to ensure that graduates are aware of the core knowledge, skills and attitudes required in current and future mental health service delivery.

⁵ National Mental Health Promotion and Prevention Working Party, 2002.

⁶ Currently under development by the National Practice Standards Implementation Group

Of key importance is the premise that any health professional entering the mental health workforce, or completing undergraduate or postgraduate mental health courses, should have the opportunity to be educated by mental health consumers, their family members and carers about their

- ‘lived’ experiences of mental illness
- requirements for adequate services and support
- ability to work in partnership with mental health professionals.



Professor Harvey Whiteford
Chair
National Mental Health Education and Training Advisory Group
July 2002

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- Wendy Weir, Mental Health Consultant
- The professional disciplines and other professional organisations
- Consumers and carer groups
- The Australian Health Ministers' Advisory Council - National Mental Health Working Group
- State and Territory Mental Health Branches
- The Mental Health and Special Projects Branch of the Commonwealth Department of Health and Ageing
- Aboriginal and Torres Strait Islander organisations
- Non government organisations

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Overview

Standard 1: RIGHTS, RESPONSIBILITIES, SAFETY AND PRIVACY

Mental health professionals uphold the rights of people affected by mental health problems and mental disorders, and those of their family members and/or carers, maintaining their privacy, dignity and confidentiality and actively promoting their safety.

Standard 2: CONSUMER AND CARER PARTICIPATION

Mental health professionals encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care. They also actively promote, encourage and support the participation of consumers, family members and/or carers in the planning, implementation and evaluation of mental health service delivery.

Standard 3: AWARENESS OF DIVERSITY

Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice.

Standard 4: MENTAL HEALTH PROBLEMS AND MENTAL DISORDERS

Mental health professionals are knowledgeable about mental health problems and mental disorders and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work.

Standard 5: PROMOTION AND PREVENTION

Mental health professionals promote the development of environments that optimise mental health and wellbeing among populations, individuals and families in order to prevent mental health problems and mental disorders. They support and/or work with others to educate communities about mental health problems and mental disorders to increase awareness and reduce stigma. Where appropriate, mental health professionals participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders.

Standard 6: EARLY DETECTION AND INTERVENTION

Mental health professionals encourage early detection and intervention. They provide intervention to people displaying early signs and symptoms of mental health problems and mental disorders, to people developing or experiencing a first episode of a mental health problem or mental disorder; and to people who have experienced a mental health problem or mental disorder and are displaying early signs of a recurrence (relapse prevention).

Standard 7: ASSESSMENT, TREATMENT, RELAPSE PREVENTION AND SUPPORT

Mental health professionals provide or ensure that consumers have access to a high standard of evidenced-based assessment, treatment, rehabilitation and support services which prevent relapse and promote recovery. They monitor the appropriateness and effectiveness of interventions.

Standard 8: INTEGRATION AND PARTNERSHIP

Mental health professionals promote the integration of components of the mental health service to enable access to appropriate and comprehensive services for consumers, family members and/or carers through mainstream health services. They provide continuity of care through integration and partnerships with other health service providers and a range of other organisations to ensure the needs of consumers, family members and/or carers are met.

Standard 9: SERVICE PLANNING, DEVELOPMENT AND MANAGEMENT

Mental health professionals develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of coordinated, continuous and integrated care within the broad range of mainstream health and social services.

Standard 10: DOCUMENTATION AND INFORMATION SYSTEMS

Mental health professionals maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.

Standard 11: EVALUATION AND RESEARCH

Mental health professionals systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers. Where possible, they participate in or conduct research, to promote quality practice and seek funded educational opportunities to become conversant with current research.

Standard 12: ETHICAL PRACTICE AND PROFESSIONAL RESPONSIBILITIES

In meeting Practice Standards 1–11, mental health professionals adhere to local and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training.

How to use this document

This document should be used in conjunction with the *National Standards for Mental Health Services* and the discipline-specific practice standards, competencies or curricula which apply to your profession.

For **Psychologists** the discipline-specific documents that may apply include the Australian Psychological Society's

- Code of Ethics
- Ethical and Practice Guidelines and
- Procedures.

For **Social Workers** the discipline-specific documents that may apply include the Australian Association of Social Workers'

- Social Work in Mental Health Competencies (1999).

For **Occupational Therapists** the discipline-specific documents that may apply include the Australian Association of Occupational Therapists'

- Accredited Occupational Therapist Program
- Australian Competency Standards for Occupational Therapists in mental Health (1999), Australian Competency Standards for Entry-Level Occupational Therapists (1994) and
- Code of Ethics (revised 2001).

For **Psychiatrists** the discipline-specific documents that may apply include the Australian and New Zealand College of Psychiatrists'

- Position Statements; and
- Clinical Practice Guidelines.

The Australian and New Zealand College of Mental Health Nurses have a range of professional development activities. Discipline-specific documents which may also apply include the Australian Nursing Council's

- Code of Ethics for Nurses in Australia 1993
- Code of Professional Conduct for Nurses in Australia 1995 and
- National Nursing Competency Standards for the Registered and Enrolled Nurses.

A number of these documents already reflect elements of the *Practice Standards*. That means that some psychologists, social workers, occupational therapists, psychiatrists and mental health nurses should already meet some of the *Practice Standards*. Additionally, some professional bodies may choose to incorporate the *Practice Standards* within their own discipline-specific professional standards, competencies, and codes of ethics or position statements.

Introduction

Development and implementation of the practice standards

The National Mental Health Strategy provides a national agenda for mental health reform in Australia to improve health outcomes for consumers and carers. Service reform initiated by the first *National Mental Health Plan* has been particularly challenging for staff. It has highlighted the importance of ensuring that staff can acquire and maintain the skills to deliver services in new ways. In recognition of this, the *Second National Mental Health Plan 1998–2003* highlights the need for the introduction of education and training initiatives to ensure an appropriately skilled workforce.

In August 2000, the Commonwealth Department of Health and Ageing established the NMHETAG. The group agreed to the development of *Practice Standards* as a first priority.

It is acknowledged that health professionals from a range of disciplines, and with a range of qualifications and skills, provide mental health services. Many of these professionals work in teams, while others work in private practice and consult with, or refer to, other service providers. All contribute to the vast array of services and interventions required by people with mental health problems and mental disorders, and their family members and carers.

This document contains the twelve *Practice Standards*. These *Practice Standards* are specifically addressed to the following professions

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

The Practice Standards are intended to complement each of the professional groups' discipline-specific practice standards or competencies and address the shared knowledge and skills required when working in a multidisciplinary mental health environment.

The *Practice Standards* outline the knowledge, skills and attitudes required when individual members of these five professions work in a mental health service. However, there are others involved in service provision for people with mental health problems or mental disorders who may find these *Practice Standards* useful, including general professionals (for example, speech therapists), home and community care service providers, hospital staff providing acute care, and family and other carers.

The *Practice Standards* provide a realistic benchmark for the levels of practice mental health professionals working in mental health services will require in the 21st century. Many mental health professionals working in mental health services already meet the requirements of the

Practice Standards. Others need the opportunity to update their skills before they are able to satisfy all the requirements of the *Practice Standards*. It is anticipated that all mental health professionals will be able to meet these requirements **within two years of commencing work in a mental health service**. How to develop competencies and lines of accountability based on the *Practice Standards* will be a decision for the services themselves.

The level of knowledge and skills that could be expected from a mental health professional from one of the five targeted professions on first entering a mental health service and those which could be expected after two years in the workforce may vary greatly. The skill levels and strengths of professionals also vary, depending on their discipline, professional experience and degree of additional/continuing education and training.

The *Practice Standards* promote psychiatric rehabilitation, recovery and a 'human' approach to mental health service delivery by emphasising the involvement of consumers, family members and/or carers in service planning, delivery and evaluation. The *Practice Standards* embed the concepts of partnerships and collaboration in the delivery of services to consumers, family members and/or carers when they become involved in a mental health service.

The *Practice Standards* explicitly address *attitudes* as well as *knowledge* and *skills*. Some attitudes relate to every *Practice Standard* and are repeated within each individual *Practice Standard*. Although this is repetitive when reading the whole document, it is a deliberate strategy designed to make the *Practice Standards* easy to use. For example, it enables individual *Practice Standards* to be used as stand-alone documents where a professional may be competent in ten of the twelve *Practice Standards* but requires further education and training in the other two.

The adoption of the *Practice Standards* as core shared principles by each of the five professional disciplines is an important milestone. The attitude of health professionals towards consumers, family members and carers needs to encourage the pathway to rehabilitation, recovery and mental stability. Mental health professionals must take responsibility for their own knowledge, attitudes and skills to ensure that these do not adversely impact on the way they practise. There is also a need to acknowledge that all disciplines require continuing professional development and reflective learning to ensure that their knowledge and skills are up to date and in keeping with evidence-based practice.

The *Practice Standards* identify a need for awareness of diversity by individual professionals to provide care in a sensitive and appropriate manner to ensure that social, cultural, linguistic, spiritual and gender issues are respected. In particular, the care provided to Aboriginal and Torres Strait Islander peoples must seek to incorporate a holistic approach that encompasses spiritual, social and emotional wellbeing and issues related to land and way of life. Likewise, the importance of family and community identity networks to the mental wellbeing of people from cultural and linguistic backgrounds needs to be acknowledged. It is the responsibility of services to provide mental health professionals with opportunities for appropriate education and cultural awareness.⁷

⁷ Written submissions to the Mental Health and Special Programs Branch by the Aboriginal Health and Medical Research Council, NSW, dated 14 January 2002, and the Australian Transcultural Network, Parramatta, NSW, dated 20 February 2002.

Throughout the document reference is made to evidence-based practice. The definition adopted in these *Practice Standards* and described in the Glossary of Terms recognises that the best available evidence may come from scientific data integrated with professional expertise. It is important that mental health professionals value the range of available evidence and adapt their practices to keep up to date with the most valid treatment options.

Target Groups

The *Practice Standards* are intended to apply to five health professions that provide much of the workforce for mental health services. These professions are

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

However, other health professionals who work with mental health consumers, their families and/or carers may also find them useful and may wish to adopt the entire *Practice Standards* document or an individual *Standard* or *Standards*. This could include

- General practitioners
- Primary health care workers
- Aboriginal and Torres Strait Islander health and mental health workers
- Rehabilitation counsellors
- Other therapists.

Education providers may also find the *Practice Standards* useful in developing curricula.

The *Practice Standards* are applicable across the lifespan from infancy to old age and apply irrespective of location and irrespective of cultural and linguistic background.

Development

The development of *Practice Standards* is an initiative of the NMHETAG. The group was established in August 2000 under the National Mental Health Strategy to progress issues relating to workforce and education and training. The NMHETAG reports to and seeks advice from the AHMAC National Mental Health Working Group. The NMHETAG membership includes one

- consumer
- carer
- social worker
- psychiatrist
- psychologist

- mental health nurse
- occupational therapist
- general practitioner
- two representatives of the Australian Health Ministers' Advisory Council National Mental Health Working Group (AHMAC NMHWG).

The NMHETAG oversaw the development of the draft *Practice Standards*, which were drafted in consultation with representatives from each of the five professional disciplines of social work, psychiatry, psychology, mental health nursing and occupational therapy, to ensure their viability.

The Consultation Process

Consultation on the draft *Practice Standards* was conducted between August 2001 and February 2002. The draft was distributed by both the Commonwealth Mental Health and Special Programs Branch and by State and Territory Departments of Health to a diverse group of stakeholders. The draft was also available in electronic format on both the Mental Health and Special Programs web site and the *Aussienet* web site. This document reflects the comments provided by the broad range of organisations and individuals that provided submissions on the draft.

Implementation within Mental Health Services

The *Practice Standards* are targeted at individual mental health professionals working within mental health services, as well as the agencies or services themselves, and the five national professional organisations representing psychiatry, psychology, social work, nursing and occupational therapy. It is the responsibility of services and professional organisations to encourage the incorporation of the *Practice Standards* into routine practice.

The *Practice Standards* should be used in conjunction with the *National Standards for Mental Health Services* (1996) and the discipline-specific mental health competencies and standards developed by each of the national professional organisations.

The *Practice Standards* could be used to

1. develop standards of practice
2. guide clinical supervision, mentoring and continuing education
3. assist recruitment and encourage staff retention
4. accredit services
5. develop undergraduate and postgraduate curriculum
6. complement other discipline specific competency and/or practice standards
7. credential mental health professionals.

1. 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 health professionals of the common skills they need to work within a multidisciplinary team environment such as a 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, and business planning and performance management.

2. Guide clinical supervision, mentoring and continuing education

The *Practice Standards* could provide a useful tool for the supervision of clinical practice and they promote the concept of mentoring. They could assist individual professionals to identify their own level of clinical knowledge and skills to practise in mental health services and their need for continuing education and professional development. They could encourage reflection on attitudes towards people with mental health problems and mental disorders, their family members and/or carers.

3. Assist recruitment and encourage staff retention

The *Practice Standards* could provide a framework for the recruitment and retention of mental health professionals and a guide for managers preparing duty statements, undertaking staff selection processes and identifying clinical supervision needs.

4. Accredit services

The use of the *Practice Standards*, in conjunction with the *National Standards for Mental Health Services*, could encourage mental health services to have education and training strategies in place to ensure that staff work towards achieving these *Practice Standards*. This may assist services in gaining accreditation.

5. Develop undergraduate and postgraduate curriculum

The development of curriculum relevant to current and future mental health practice at undergraduate and postgraduate levels for the professions of psychiatry, psychology, nursing, social work and occupational therapy is a priority that should be promoted by the professional disciplines themselves. The *Practice Standards* could provide a useful framework from which universities and educational institutions can develop curriculum content.

6. Complement other practice and competency standards

The *Practice Standards* complement the practice and/or competency standards developed by each of the national professional bodies. They also complement the competency standards developed by Community Services and Health Training Australia for people with other qualifications and/or skills and expertise working in mental health vocational, residential or rehabilitation support services, self-help or carer organisations.

7. Credentialling mental health professionals

If particular professional groups wished to develop credentialling for their members, the *Practice Standards*, complemented by the discipline specific standards, would provide a framework for professional associations and colleges.

Once adopted, the *Practice Standards* will become a ‘living’ document, needing to be reviewed and revised over time.

Guiding principles

The guiding principles for the *Practice Standards* are consistent with and should be read in conjunction with the *National Standards for Mental Health Services*.

Mental health professionals;

- promote optimal quality of life for people with mental health problems and mental disorders
- focus on consumers and the achievement of positive outcomes for them
- recognise consumers', family members' and/or carers' unique physical, emotional, social, cultural and spiritual dimensions and work with them to develop their own supports in the community
- learn about and value the lived experience of consumers, family members and/or carers
- recognise and value the healing potential in the relationship between consumers and service providers and carers and service providers
- recognise the human rights of people with mental health problems and mental disorders as proclaimed by the United Nations *Principles on the Protection of People with a Mental Illness* and the Australian Health Ministers' *Mental Health Statement of Rights and Responsibilities*.
- wherever possible, ensure equitable access to appropriate mental health services when and where they are needed and notify service managers of any gaps in service delivery
- encourage decision making by individuals about their treatment and care
- recognise and support the rights of children with a parent with a mental health problem or mental disorder to appropriate information, care and protection
- maintain an in-depth knowledge of support services in the community and develop partnerships with other organisations and service providers to ensure continuity of care
- involve consumers, family members, carers and the local community in mental health service planning, development, implementation and evaluation
- are aware of, and implement best practice and continual quality improvement processes
- ensure clinical practice is driven by the evidence base where this exists
- provide comprehensive, coordinated and individualised care that considers all aspects of an individual's recovery
- participate in professional development activities and reflect these learnings in practice.

Standard 1: Rights, responsibilities, safety and privacy

Mental health professionals uphold the rights of people affected by mental health problems and mental disorders and those of their family members and/or carers, maintaining their privacy, dignity and confidentiality and actively promoting their safety.

Rationale

People with mental health problems and mental disorders have the right to be informed, be heard and treated with dignity and respect, have their privacy protected, have their documentation treated in a confidential manner, and safety and protection with care provided in the least restrictive environment.

Mental health professionals support the rights of consumers to adequate health care, secure housing, education, employment and social support systems and can provide links to appropriate services when required. Family members and/or carers also have the right to be treated with dignity and respect and have rights to safety, privacy and confidentiality. The United Nations has developed international standards promoting recognition and respect for human rights and Australia has committed itself to honour these standards.

Mental health professionals are aware of, and understand, legislation relevant to these issues and practice in a manner which meets national and international standards. Mental health professionals have the right to be treated with dignity and respect by their colleagues from other disciplines, employers, managers and consumers, family members and/or carers.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. international, national, State or Territory legislation relating to the human rights of people with mental health problems and mental disorders and the improvement of mental health care
2. legislation applicable to mental health services, including the State or Territory *Mental Health Act* and legislation on child protection, privacy, confidentiality, guardianship, freedom of information and anti-discrimination
3. mechanisms for involuntary treatment and care according to State or Territory mental health legislation
4. appropriate use of evidence-based interventions and treatments (see Glossary of Terms)
5. legislation related to the application of informed consent for treatment and the consumer's right to refuse treatment
6. guidelines for dealing with anger, self-harm, violence and aggression developed at national, State, Territory or local level

7. reporting requirements and record keeping of State or Territory legislation including child abuse, elder abuse, domestic violence, critical incidents and complaint procedures and duty to protect
8. information to be provided to consumers, family members and/or carers regarding their rights to receive evidence-based treatment (see Glossary of Terms)
9. particular historical and contemporary concerns regarding rights, safety, privacy and confidentiality that apply to Aboriginal and Torres Strait Islander communities
10. the Convention on the Rights of the Child, 1989 and principles and guidelines for management of children of parents with mental health problems and mental disorders.

Skills

Mental health professionals demonstrate an ability to

1. apply the principles of international and national standards on human rights and responsibilities
2. comply with State or Territory legislation related to treatment of mental health problems and mental disorders, safety, privacy, child protection and confidentiality
3. organise the provision of involuntary treatment and care only when indicated and in compliance with State/Territory legislation and in the least restrictive environment
4. inform consumers of issues regarding experimental or controversial treatment or treatment with an under-developed evidence base
5. inform consumers of their right to informed consent for treatment and of their right to refuse treatment
6. conduct adequate risk assessments and manage aggression, self-harming and difficult behaviours using negotiation and other appropriate interventions
7. support managers in establishing and maintaining an environment to protect consumers from financial, sexual, psychological and physical abuse and exploitation while receiving mental health care, and report incidences of abuse or violence to appropriate authorities
8. provide information on the rights of consumers, family members and/or carers and on legislation, which may impact on their rights, and facilitating their understanding of them
9. where appropriate, involve and utilise the skills of local Aboriginal and Torres Strait Islander communities and/or Aboriginal and Torres Strait Islander health and/or mental health workers in developing health service policy
10. communicate effectively with consumers, family members and/or carers to support them through the mental health system
11. assess the care and mental health needs of the consumer's family and, when children are involved, ensure appropriate plans have been put in place for their care.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge consumers, family members and/or carers as individuals with rights and responsibilities and recognise their 'lived' experiences
 2. promote the rights of individuals with mental health problems and mental disorders
 3. be sensitive to, and modify approaches in keeping with, social, cultural, linguistic, spiritual, gender and age differences
 4. encourage and support consumers, family members and/or carers to exercise their rights and responsibilities
 5. acknowledge that children whose parents have a mental health problem or mental disorder require special consideration due to their increased risk of experiencing difficulties.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise, and seek expert advice and supervision, as appropriate.*

Standard 2: Consumer and carer participation

Mental health professionals encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care. They also actively promote, encourage and support the participation of consumers, family members and/or carers in the planning, implementation and evaluation of mental health service delivery.

Rationale

Consumers, family members and carers have unique experiences of mental health problems and mental disorders and their ‘lived’ experience must be recognised and utilised by mental health professionals as a valuable body of knowledge. Consumer participation in the development of short-term and long-term plans for their treatment and care promotes the development of a partnership between the consumer and the mental health professional and a commitment by both people to implement these plans over time. With the consumer’s consent, family members and carers must be supported to contribute to these plans. Consumers, family members and carers also have skills and knowledge to contribute to service planning, development, implementation, evaluation and research. Their involvement encourages personal growth and assists in the quest for recovery and health.

Mental health professionals engage consumers, family members and/or carers as full collaborators in treatment, service planning, development, implementation and evaluation.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of the

1. principles of self-determination and the need to work towards consumer recovery
2. value of developing therapeutic alliances with consumers, their children and other family members and carers, and building on those relationships
3. consumers’ role (and, where applicable, family members’ and carers’ roles) in the development of individual care plans and support systems based on their ‘lived’ experience, as appropriate, and with consideration for confidentiality issues
4. needs of consumers, family members and carers for information on mental health problems and mental disorders, availability of services and strategies for coping
5. differences in circumstances when working with children, young people and people from different cultural and linguistic backgrounds with mental health problems and mental disorders, and their family members and/or carers
6. needs of family members and/or carers in circumstances where the consumer has chosen to exclude their involvement in his/her treatment and care
7. Commonwealth and State/Territory policies on consumer and carer participation

8. role of consumer and carer advocates and consultants in mental health services
9. rights of consumers, family members and/or carers to work in partnership with professionals and participate in policy development, service planning and development, evaluation and research and how to facilitate their involvement
10. value of the role of consumers, family members and carers in educating mental health professionals about their disorder, their requirements for adequate services and support, and their ability to work in partnership with professionals.
11. kinship structures of local Aboriginal and Torres Strait Islander communities
12. Aboriginal and Torres Strait Islander models of emotional and social wellbeing (see Glossary of Terms) and the importance of appropriate cultural and linguistic support in an assessment.

Skills

Mental health professionals demonstrate an ability to

1. apply the principles of self-determination and assist consumers, family members and/or carers in the recovery process
2. establish empathic and caring relationships with consumers and, where applicable, family members and/or carers, and maintain these relationships for as long as required to support them through the mental health system
3. work in partnership with consumers, and family members and/or carers, where applicable, to develop individual treatment and care plans which promote recovery and focus on relapse prevention
4. provide information on mental health problems and mental disorders, mental health services, other support services and self-help organisations to educate consumers, family members and/or carers
5. respect age, differences in experience, and needs of family members and carers when working with children and young people
6. identify the needs of family members and/or carers in unique or special circumstances and ensure services are provided to these families by the mental health service or another appropriate organisation
7. identify the specific needs of consumers' children and be aware of appropriate resources to facilitate their care
8. participate in implementing Government policies on consumer and carer participation
9. acknowledge the role of consumer and carer advocates/consultants and support them in their role
10. establish and maintain partnerships with consumers, family members and/or carers in all aspects of service planning, development, evaluation and research activities, working towards outcomes that will improve quality of care

11. encourage and support consumers, family members and/or carers in educating mental health service providers about service needs
12. work as part of a multidisciplinary team in conjunction with other specialist mental health professionals.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge and encourage consumers, family members and/or carers as team members
 2. encourage the cycle of empowerment, hope, independence and recovery
 3. acknowledge consumers', family members', and/or carers' understanding of their mental health problems, mental disorders and life issues and how they cope with and manage symptoms
 4. recognise the value of the healing potential in relationships between consumers, family members and/or carers and service providers
 5. acknowledge the role of health consumer/carer advocates and consultants
 6. acknowledge and encourage the abilities, strengths and contributions of consumers, family members and/or carers
 7. accept the impact of social, cultural, linguistic, spiritual and/or gender issues on presentation and management of mental health problems and mental disorders
 8. promote the involvement of people from diverse cultural and linguistic communities
 9. acknowledge that children of parents with a mental health problem and/or mental disorder have specific needs, which vary depending upon their age and circumstances.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 3: Awareness of diversity

Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice.

Rationale

Australia is a diverse society, which values its social, cultural and linguistic differences. Within this policy framework, services must be culturally and linguistically appropriate and equally accessible to all on the basis of clinically determined need. Mental health professionals actively demonstrate sensitivity to the social, cultural and spiritual values of consumers, carers and their families and practice in a culturally appropriate manner.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. social and historical factors relevant to the mental health and wellbeing of people from diverse cultural backgrounds living within the catchment area
2. culturally appropriate assessment instruments and techniques and the way in which cultural issues may impact upon appropriateness of assessment and treatment
3. cultural and ethnic differences, lifestyles, goals, family and community life
4. the availability and role of Aboriginal and Torres Strait Islander health and/or mental health workers, health consumer advocates/interpreters, bilingual counsellors, and other resources
5. the role of culturally and linguistically appropriate advocacy and support systems
6. the interactions between culture, race, notions of mental health and mental health problems or mental disorders and appropriate interventions
7. communication issues for culturally and linguistically diverse people and problems with access leading to under-utilisation of mental health services.

Skills

Mental health professionals demonstrate an ability to

1. work collaboratively with primary health care workers and culturally specific mental health workers to ensure understanding of issues relevant to specific populations and to assist in empowering consumers, family members and/or carers
2. conduct assessments that are culturally sensitive, in consultation with general professionals, Aboriginal and Torres Strait Islander health and/or mental health professionals, specialist transcultural mental health services or appropriate clinicians, and/or other advocates, where relevant

3. identify and provide culturally and linguistically appropriate interventions, which take into account the individual's values and cultural and linguistic differences
4. communicate effectively with the consumer 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
5. liaise and work collaboratively with culturally and linguistically appropriate allies such as religious ministers, traditional healers, local community-based organisations and other members of the Aboriginal and Torres Strait Islander or cultural community
6. develop treatment plans that are culturally and linguistically sensitive and provide culturally appropriate treatment, which is accessible and responsive to specific needs
7. assist managers to structure services to provide optimum access for different cultural and linguistic groups.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge consumers', family members' and carers' cultural values and beliefs, and accept diversity
 2. respect Aboriginal and Torres Strait Islander definitions and concepts of emotional health and wellbeing and recognise the impact of social, cultural and linguistic factors in health
 3. understand the impact of the mental health service on the consumer's, family's and/or carer's belief system
 4. use a language and communication style that is culturally and linguistically sensitive
 5. acknowledge and encourage clinicians, services or advocates who understand the appropriate cultural and linguistic issues to provide assistance and/or care and treatment with the consumer's consent
 6. acknowledge their limitations in knowledge of cultural and linguistic issues
 7. evaluate their practice in relation to cultural and linguistic appropriateness.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 4: Mental health problems and mental disorders

Mental health professionals are knowledgeable about mental health problems and mental disorders, and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work.

Rationale

The high incidence and prevalence of mental health problems and mental disorders among the Australian population is highlighted in the *National Survey of Mental Health and Wellbeing*.⁸ The study estimated that in a twelve-month period, 14 per cent of children and young people have identifiable mental disorders, while one in five adults (20 per cent) have clinically significant mental health problems and mental disorders. The survey also found that approximately 62 per cent of people found to have mental health problems and mental disorders within a twelve-month period had not sought treatment from any health service. Results of the survey show a high prevalence of comorbidity.

Mental health professionals have knowledge of mental health problems, mental disorders and comorbidity, and transfer this knowledge into assessment, diagnosis, treatment and care planning in consultation with consumers and relevant others. They have knowledge of a range of interventions of proven efficiency and the skills to implement specific interventions in association or collaboration with other team members. They use their individual professional knowledge and skills to provide specific interventions unique to their profession. Mental health professionals identify mental health problems and mental disorders among people of all age groups, and culturally and linguistically diverse backgrounds.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. the importance of critically appraising the knowledge base for mental health practice
2. signs and symptoms of mental health problems and mental disorders
3. current systems of classification of psychiatric diagnoses, functioning, disability and health
4. medical issues and interactions with mental health problems and mental disorders
5. pharmacology and management of side effects

⁸ Findings summarised in G Andrews, W Hall, M Teesson and S Henderson, S., *The Mental Health of Australians*, : *National Survey of Mental Health and Wellbeing Report 2*, Mental Health Branch, Commonwealth Department of Health and Aged Care, April 1999; Sawyer, MG, Arney, FM, Baghurst, PA, Clark, JJ, Graetz, BW, Kosky, RJ, Nurcombe, B, Patton, GC, Prior, MR, Raphael, B, Rey, J, Whaites, LC and Zubrick, SR., *The Mental Health of Young People in Australia*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, 2000.

6. the specific needs of those with mental health problems and mental disorders as well as comorbidity problems or disorders including substance abuse, developmental disability, physical disability, trauma, brain injury, hearing or sight impairment
7. the impact of mental health problems and mental disorders and comorbidity on individuals, their children, family members and/or carers and communities
8. current information on the nature, causes, clinical course and prevalence of mental health problems and mental disorders and treatment and planning
9. the specific needs of family members and/or carers
10. societal, cultural, psychological, environmental, spiritual and belief systems that influence mental health and mental health problems and mental disorders
11. the contribution and relevance of bio-psychosocial factors and the etiology of mental health problems and mental disorders
12. the epidemiology of mental health problems and mental disorders in Australia across different phases of the life cycle
13. an understanding of the risk factors and protective factors associated with mental health problems and mental disorders for particular population groups.

Skills

Mental health professionals demonstrate an ability to

1. critically appraise and update their knowledge base in the light of emerging research
2. identify the signs and symptoms of mental health problems and mental disorders
3. use diagnostic classification systems and information obtained from consumers and relevant others to assist in determining diagnosis, prognosis and specific treatments relevant to the person's age, Aboriginal and Torres Strait Islander or cultural background, and recognise when diagnostic classification systems may not be appropriate
4. identify medical issues that may impact on mental health problems and mental disorders
5. identify side-effects of medication
6. identify specific needs of people with mental health problems and mental disorders and other disorders and/or disabilities
7. describe mental health problems and mental disorders and comorbidity to inform consumers, family members and/or carers on diagnosis, prognosis and the recovery process and provide education on preventative and coping strategies, relevant to cultural and linguistic background
8. determine treatment plans and ongoing clinical care in consultation with relevant others, based on knowledge of the nature, causes, clinical course and prevalence of mental health problems and mental disorders

9. develop supportive methods and systems for family members and/or carers, recognising that special consideration is required to ensure appropriate supports are in place for consumer's children
10. integrate knowledge of factors that influence mental health problems and mental disorders into mental health practice
11. identify prevention, treatment and support needs of communities, based on knowledge of bio-psychosocial factors and the etiology of disorders
12. use information from epidemiological studies to contribute to determining risk factors and trends
13. communicate effectively with consumers their children and other family members and/or carers.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge consumers', family members' and/or carers' requirements for information, treatment and support as individuals
 2. recognise the knowledge and 'lived' experience of consumers, family members and/or carers regarding their mental disorder and/or mental health problems
 3. acknowledge the differences in issues for different age groups, genders and cultural and linguistic backgrounds
 4. identify their own level of education, knowledge and skills, which complement the education, knowledge and skills of other team members
 5. acknowledge that consumer's children may require special consideration in the development of treatment plans.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 5: Promotion and prevention

Mental health professionals promote the development of environments that optimise mental health and wellbeing among populations, individuals and families in order to prevent mental health problems and mental disorders. They support and/or work with others to educate communities about mental health problems and mental disorders to increase awareness and reduce stigma. Where appropriate, mental health professionals participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders.

Rationale

A population-based approach to promote the mental health and wellbeing of individuals, families and specific population groups will have an impact over time on the prevalence and incidence of mental health problems and mental disorders. A range of strategies to improve the mental health literacy of the population should target all age groups in a range of settings and environments, including pre-schools, schools, workplaces, recreational and social clubs.

Populations should be educated to cope with the varying stages of the lifespan and to be more aware of mental health problems and mental disorders to enable early detection.

Mental health professionals may be involved to varying degrees in health promotion services, primary health care services, community-based organisations, and consumer and carer organisations to assist in the development of initiatives that improve or enhance the mental health and wellbeing of individuals and communities. They should inform the community of services and resources available to encourage early detection of mental health problems and mental disorders. Families and communities at risk should be identified in the anticipation that an episode can be prevented or at least minimised in severity.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. concepts embedded in international and national population health models for the provision of mental health care that promote population health approaches to mental health and whole-of-community initiatives
2. individual/community risk and protective factors in the development of mental health problems and mental disorders across the lifespan and the complex interaction between mental health, mental health problems and mental disorders
3. a range of interventions to reduce mental health problems and mental disorders, including universal, selective and indicated strategies for the prevention and early detection of disorders
4. strategies that promote and build mental health across the spectrum of mental health problems and mental disorders and across the lifespan

5. mental health literacy resources and education strategies, which can inform the population of mental health and wellbeing, mental health problems and mental disorders
6. the nature and evidence base of interventions for detecting communities and individuals most at risk of developing mental health problems, mental disorders and comorbidity to enable early intervention
7. a range of interventions across the lifespan, which may reduce the likelihood of suicidal and other 'self-harm' behaviours
8. assessment and intervention strategies for health-compromising behaviours, particularly as they relate to mental health outcomes
9. interventions that reduce stigma and promote understanding and acceptance of mental health problems and mental disorders across the lifespan.

Skills

Mental health professionals demonstrate an ability to

1. recognise biological, social, environmental and economic factors which impact on health and illness at a personal, local and global level
2. identify risk and protective behaviours that may influence mental health problems and mental disorders in individuals
3. provide early detection of problems or potential problems through universal, selective and indicated intervention strategies conducted in different communities and populations across the lifespan
4. educate populations and communities on mental health and wellbeing, mental health problems and mental disorders and comorbidity in order to prevent onset across the lifespan
5. provide mental health literacy resources and information on services, treatment and support at the literacy level of the receiver
6. identify risk and protective behaviours in particular groups that may influence mental health problems and mental disorders in individuals
7. work collaboratively with consumer groups, carer groups, general practitioners, ethnic health workers, Aboriginal and Torres Strait Islander health and/or mental health workers, public health agencies, community organisations, other government departments, welfare and support agencies to reduce the likelihood of development of suicidal and other 'self-harming' behaviours
8. identify intervention strategies that will impact on health-compromising behaviours and mental health outcomes
9. conduct activities within the community to promote the emotional and social wellbeing of the whole community and to reduce stigmatising attitudes within a holistic, primary health care approach

10. communicate effectively with children and other members of the community and with other service providers and organisations
11. recognise that children are a particularly vulnerable group and a prime focus for prevention strategies.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. Acknowledge the varying levels of knowledge of mental health and wellbeing among members of the general community
 2. Recognise the impact of racism and inequality of the mental health status of people in the community
 3. Promote positive images of people with mental health problems and mental disorders to alleviate stigma and stereotyping
 4. Recognise and respect the differing values and beliefs of individual people and communities across the lifespan
 5. Acknowledge and encourage the contribution of consumers, family members and carers in improving mental health literacy through their involvement in community education activities
 6. Acknowledge the need for children of consumers to receive age-appropriate information about their parents' mental health problems and/or mental disorders.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 6: Early detection and intervention

Mental health professionals encourage early detection and intervention. They provide intervention to people displaying early signs and symptoms of mental health problems and mental disorders, to people developing or experiencing a first episode of a mental health problem or mental disorder, and to people who have experienced mental health problems or mental disorders, and are displaying early signs of a recurrence (relapse prevention).

Rationale

Early intervention aims to reduce the dependency and disabilities associated with mental health problems and mental disorders and with co-existing mental health problems, mental disorders and substance use problems or other disabilities. Early and reliable recognition and the provision of effective treatments and care assist in maintaining optimal functioning, reducing the likelihood of family, social and work disruption. Risk factors are identified and strategies determined to support recovery and wellbeing.

Mental health professionals attempt to respond quickly to people displaying early signs and symptoms of mental health problems and mental disorders. Wherever possible, they provide non-stigmatising assessment procedures and outreach services in the home, work, school or community to avoid the stigma associated with mental health services. Where the consumer provides consent and it is appropriate, they consult and work with the consumer's general practitioner to provide intensive interventions during the early phase of illness.

Mental health professionals recognise the importance of early intervention and relapse prevention.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. the nature, natural history, incidence and prevalence of mental health problems and mental disorders across the lifespan, and current psychiatric diagnostic classification systems
2. evidence-based intervention strategies which reduce the episode of care, minimise the level of intervention necessary to stabilise the disorder and reduce the likelihood of recurrence
3. clinical practice guidelines for early intervention
4. mental health literacy resources and risk reduction programs
5. the availability and role of health consumer advocates, interpreters, bilingual counsellors, and Aboriginal and Torres Strait Islander mental health workers
6. the range and location of available mental health services and other resources for referral or additional support

7. the impact of first episode and/or early signs and symptoms on individuals, family members and/or carers
8. the impact of comorbidity and detrimental health addictions
9. the impact of parental mental problems and mental disorders on children.

Skills

Mental health professionals demonstrate an ability to

1. utilise knowledge of bio-psychosocial factors, etiology of disorders and current psychiatric medical diagnostic classification systems to assess early signs and symptoms of mental health problems and mental disorders
2. implement evidence-based intervention strategies which reduce distress, shorten the episode of care and reduce the likelihood of recurrence
3. interpret and apply clinical practice guidelines determined for good clinical practice that enhance protective factors and reduce risk factors to assist in dealing with symptoms
4. educate the consumer, family members and/or carers about mental health and wellness and provide information on mental health problems and mental disorders to improve mental health literacy and reduce risk
5. communicate effectively with the consumer and, where relevant, with family members and/or carers through the assistance of interpreter services, bilingual counsellors, Aboriginal and Torres Strait Islander mental health workers
6. provide clinical treatment, rehabilitation and support to hasten recovery
7. develop strategies to support the consumer, family members and/or carers in coping with the impact of mental health problems and mental disorders in consultation with the consumer's general practitioner, where applicable
8. educate the consumer about the impact of comorbidity and work in partnership with other health providers to provide treatment and services.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge the consumers, family members' and/or carers' rights to early treatment, care and support
2. adopt a long-term proactive and planned approach to care, when appropriate, rather than a short-term, crisis-oriented and reactive approach
3. recognise the importance of safety and privacy in times of interventions
4. acknowledge individual needs, choices and preferences
5. recognise the knowledge and skills of carers and their families, who are often the first to notice both initial and recurring signs and symptoms

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6. be aware of the differences in issues for different age groups, Aboriginal and Torres Strait Islander communities and other cultures
7. recognise the importance of safety and care planning for children of consumers during times of intervention
8. promote hope and recovery.
 - *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 7: Assessment, treatment, relapse prevention & support

Mental health professionals provide or ensure that consumers have access to a high standard of evidence-based assessment, treatment, and rehabilitation and support services, which prevent relapse and promote recovery. They monitor the appropriateness and effectiveness of interventions.

Rationale

People affected by mental health problems and mental disorders require appropriate assessment, treatment and support services provided and/or organised by the mental health professional. Early detection and early intervention may minimise an episode and enable an early return to optimal wellbeing and functioning. Those in need of longer-term interventions receive specialist and integrated mental health services that are linked with primary health care and with other service and support systems. Prevention of relapse and promotion of recovery are priorities. Assessment, treatment and support are provided across the lifespan from infancy to old age and are delivered in a manner that is sensitive to the needs and expectations of the individual, the family and different groups in the community. Care management systems facilitate continuity of care across service components, according to individual need. Evaluation of the appropriateness and effectiveness of interventions continually occurs.

Ideally, mental health professionals conduct assessments in a setting of the consumer's choice, develop a comprehensive care plan collaboratively with the consumer and other people nominated by the consumer. They provide treatment using a range of interventions and in collaboration with other community and/or government organisations, as appropriate and relevant. Strategies for relapse prevention are determined and links are formed with general practitioners and other health and welfare services. When required, consumers are referred to specialist rehabilitation and support services, which may include housing, vocational, recreational or leisure services.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. the role of consumer and carer participation in determining treatment and support
2. techniques for developing a respectful and empathic working relationship with consumers, family members and/or carers that demonstrate a commitment to cultural appropriateness
3. policies and procedures of mental health services regarding entry, exit and re-entry to the services
4. the principles and practice of taking a comprehensive mental health history and conducting a mental status examination, screening for disability and formulating a diagnosis and an appropriate care plan

5. current assessment techniques, procedures, protocols and instruments in line with professional expertise, including suicide risk assessment and the reliability and validity of assessment measures and methods
6. the expertise and training required for implementing evidence-based interventions used in primary, secondary and tertiary mental health care for specific mental health problems, mental disorders and diagnoses, relevant to consumer life stage, including case management/care coordination strategies, assertive outreach, rehabilitation and recovery counselling
7. medications prescribed by medical officers, dosages and side effects of treatments and the use of appropriate national clinical practice guidelines
8. crisis prevention, crisis intervention approaches and problem-solving techniques
9. the principles of family and community support, psychosocial rehabilitation, promotion of recovery and relapse prevention
10. relapse prevention interventions to prevent recurrence of symptoms
11. the location and accessibility of specialist mental health services, other health and support services, general professionals and the private sector
12. the principles of working with children with a parent with a mental health problem or a mental disorder, including assessment of needs and referral to relevant support services
13. the level of, and limits to their own knowledge and skills and the need for judicious referral to another health community services or other health practitioners.

Skills

Mental health professionals demonstrate an ability to

1. employ excellent communication and listening skills to engage the consumer and relevant others in building an effective therapeutic alliance built on trust, respect and cultural appropriateness
2. follow procedures for consumers' entry into the mental health system and identify procedures for eventual exit from the system or re-entry if necessary
3. contribute to documentation of a comprehensive mental health history and to conducting a mental status examination and formulating a diagnosis
4. conduct assessments, in line with expertise and training and in consultation with relevant others, using accepted methods and/or tools in order to prioritise referrals according to risk, urgency, distress, dysfunction and disability
5. assist consumers to explore options, develop individual care plans, set measurable and achievable goals, and use current evidence-based interventions when available to meet identified needs, in partnership with the consumer and relevant others and in line with expertise and training (see Glossary of Terms)
6. monitor and manage adverse affects of medication and other medical treatments and, where necessary, refer to appropriately skilled clinicians for review and management

7. display skills in crisis prevention and crisis intervention approaches and problem-solving techniques
8. facilitate and support networks, including the family, carers, friends and community, and utilise psychosocial rehabilitation and other program models to ensure all rehabilitation and recovery needs are met and that relapse is less likely to occur
9. establish mechanisms to empower individuals to seek treatment when relapse occurs and maintain contact during subsequent episodes
10. provide collaborative treatment and support with other service providers (such as general practitioners) and with drug and alcohol, aged care, psychiatric disability support, court liaison services, the criminal justice system and the non-government sector, as appropriate, and use appropriate technology for remote delivery of services when applicable
11. identify their own level of knowledge, skills and expertise, and seek the assistance of others with relevant expertise or refer on
12. maintain the currency and high quality of professional practice and skills through supervision and continuing education.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge consumers', family members' and/or carers' rights and show sensitivity to cultural and language issues, which may affect assessment and application of interventions
 2. organise entry into the mental health service in a manner sensitive to the ethnic and cultural needs of the consumer, family members and/or carers and the defined community
 3. develop partnerships with consumers, family members and/or carers
 4. acknowledge individual needs, choices, and preferences
 5. build upon consumers' personal strengths, resources, and abilities and use recovery approaches
 6. value supervision in order to enhance clinical skills
 7. display commitment to best practice in health care.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 8: Integration and partnership

Mental health professionals promote the integration of components of the mental health service to enable access to appropriate and comprehensive services for consumers, family members and/or carers through mainstream health services. They provide continuity of care through integration and partnerships with other health service providers and a range of other organisations to ensure the needs of consumers, family members and/or carers are met.

Rationale

People affected by mental health problems and mental disorders, their family members and/or carers may require access to a comprehensive range of mental health services that are integrated with each other and link with general practitioners and primary health care services or providers. Integration allows for components of a mental health service to become coordinated as a single network to allow for greater continuity of care. Services are required for all age groups to meet needs across the lifespan.

Partnerships are crucial in progressing integration in mental health, as all components of the health system must work in collaboration through a centralised case manager, to ensure comprehensive and individualised care is provided to meet specific needs of consumers and carers through the mental health problems/mental disorder continuum. Inter-sectoral and intra-sectoral linkages are required.

People with mental health problems and mental disorders may also require access to stable housing, home support, recreation, employment, education and social networks. Partnerships are formed between specialist mental health service providers and other organisations and agencies, which can meet specific needs. Aboriginal and Torres Strait Islander people have a central role in determining partnerships for service reform which are acceptable for their integration into mental health and other health systems. People from culturally and linguistically diverse backgrounds also require partnerships between services and community networks to facilitate access to appropriate mental health care. Everyone has a right to service and referral if required and team members should facilitate links to other services if specialist mental health services are inappropriate for their needs.

Mental health professionals are aware of available resources and work in partnership with consumers, family members and/or carers, general practitioners, private psychiatrists and the private mental health sector, the wider health and welfare sectors, other government services and the non-government agencies.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. local policies, procedures, protocols and agreements to develop integration and partnerships with other service providers
2. the contribution and role of consumer and carer networks and support groups
3. services available through general practitioners and the wider primary health care sector
4. services available for emergencies including police, ambulance and hospital emergency departments
5. the availability of services for children, adolescents, adults and older people and the contribution and role of other government departments, local government, the non-government organisations and the welfare system
6. the knowledge and skills of other services, agencies or professions to enable referral to appropriate people and services.

Skills

Mental health professionals demonstrate an ability to

1. assist managers of services in implementing policies, procedures and protocols aimed at effective integration of specialist mental health services to develop partnerships between mental health services and a range of other service providers and organisations
2. actively support consumer and carer networks and self-help support groups
3. practise in partnership with general practitioners and the primary health care sector
4. link with and support emergency services to ensure the safety and care of consumers, their children and other family members and/or carers
5. utilise and work with specialist services for all age groups and with other support and welfare services provided by a range of organisations
6. communicate effectively with other organisations and service providers and refer consumers, family members and/or carers to appropriate individuals, organisations or services, where applicable.

Attitudes

Mental Health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge and encourage consumers, family members and/or carers as partners in collaboration
2. promote the use of natural supports and community resources
3. contribute positive partnerships and team morale

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4. recognise the skills of other people and other organisations providing services to consumers, family members and/or carers
5. acknowledge learning from other providers.
 - *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 9: Service planning, development and management

Mental health professionals develop and acquire skills to enable them to participate in the planning, development implementation, evaluation and management of mental health services to ensure the delivery of coordinated, continuous and integrated care within the broad range of mainstream health and social services.

Rationale

Mental health services require a strategic plan consistent with national mental health policy and legislative requirements. It is regularly reviewed through consultation with consumers, family members, carers, mental health professionals and the wider community, including Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse backgrounds, hospital and community facilities in the public, private or non-government sectors. Need and availability of resources determines priority of service development. Services are developed and managed in a cost-effective and efficient manner and monitored and evaluated over time to determine outcomes for consumers, family members and/or carers. Changes are made to service delivery, based on evaluation outcomes and the new planning cycle begins. The strategic plan includes strategies for maximising consumers', family members' and/or carers' involvement in needs analysis and in the monitoring and evaluation process.

Mental health professionals contribute to the planning and development cycle. They participate in the development and management of mental health services and assist in their integration with other treatment and community support services.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. national mental health policy and plans, State or Territory strategic plans, the *Aboriginal and Torres Strait Islander Health Workforce Draft National Strategic Framework* and regional planning processes, and the implications of these for service development at national, State, Territory and local level
2. components of comprehensive and integrated specialist mental health services and their relationship with other health, welfare, government and non-government organisations at a local level
3. management structure, supervision structures and lines of responsibility and communication within the service
4. needs analysis and planning strategies and consultation processes
5. mental health strategic planning procedures for the development of services at regional and local levels

6. strategies for the establishment of new services identified in the strategic plan
7. effective and efficient management techniques and the process of continual quality improvement
8. evaluation and monitoring strategies to determine effectiveness of service delivery
9. change management strategies
10. the role consumers and carers can play in the planning, development, implementation, delivery and evaluation of mental health services
11. effective communication with consumers, family members and carers and with others involved with service planning, development and management.

Skills

Mental health professionals demonstrate an ability to

1. review local services in relation to information contained in the national, State or Territory mental health policy and plans and the *Aboriginal and Torres Strait Islander Health Workforce Draft National Strategic Framework*, when applicable
2. review organisational and management structures of the local mental health service and their integration with general practitioners mainstream health, welfare and support systems
3. manage services and support new staff and students on clinical placements
4. determine the needs of the local community and gaps in services through comprehensive consultation processes and reviews of existing services
5. develop a comprehensive strategic plan for local mental health services and ensure that plans are based on cross-cultural needs and are endorsed by local Aboriginal and Torres Strait Islander communities and planning processes for people from culturally and linguistically diverse backgrounds, when applicable
6. develop new services in consultation and collaboration with consumers, family members, carers and other service providers
7. manage services in a cost-effective and efficient manner
8. evaluate and monitor service delivery and interpret outcomes to determine changes required
9. implement changes in service delivery, indicated as needed in outcomes from evaluation.

Attitudes

Mental health professionals exhibit behaviours that demonstrate a preparedness to

1. acknowledge consumers, family members and/or carers as team members and encourage their contribution to service planning, development and management
2. acknowledge the value of a collaborative and consultative approach to planning and development of services, particularly with the wider community

3. support the planning, development and management of a range of services and activities by consumers, family members and carers, when appropriate
 4. encourage advocacy for resources, services and support networks by consumers, family members and carers
 5. encourage involvement of consumers, family members and carers in decision making processes.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 10: Documentation and information systems

Mental health professionals maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.

Rationale

Documentation of clinical and service development activities assists in clinical reviews of consumer care, treatment and management. Data collection also enables monitoring of the development, management and evaluation of service delivery. Clinical and service data collection and evaluation of consumer outcomes are used as a guide for continuous quality improvement. Documentation and information systems meet privacy and confidentiality rights of consumers, family members and/or carers and are to be securely stored and appropriately disposed of when no longer required. Clinical records are to be written in a form that respects the dignity of the consumer, family members and/or carers and follows the relevant guidelines for research and data collection within Aboriginal and Torres Strait Islander communities and communities of people who are from culturally and linguistically diverse backgrounds.

Mental health professionals comply with relevant legislation, policies and procedures of the mental health service for obtaining, documenting, processing, disseminating, storing and disposing of information relevant to clinical and service development.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. legislation and framework agreements relevant to privacy, confidentiality and freedom of information; required standards of clinical or other documentation; policies and procedures of the organisation; and accessibility of clinical records and individual care plans
2. recording procedures that meet the requirements of the health system and other organisations or service providers, when required
3. data collection systems for clinical and service development activities that ensure reliability, validity and timeliness of reporting
4. specific guidelines and issues relating to the collection of data on the health of Aboriginal and Torres Strait Islander peoples
5. use of information systems, procedures for disseminating information and concepts of continuous quality improvement.

Skills

Mental health professionals demonstrate an ability to

1. comply with relevant legislation and regulations protecting consumer privacy, confidentiality, child protection and access to information
2. record treatment and support in a comprehensive, factual and sequential manner and use clinical records to promote continuity of care across settings, programs and time
3. collect data that promotes effective clinical care; assist with service development, management and evaluation of services
4. communicate effectively with Aboriginal and Torres Strait Islander communities to obtain support and participation prior to any data collection activities
5. use computer and other information systems to disseminate information to relevant individuals, organisations and services and promote continuous quality improvement
6. communicate effectively with consumers, family members and/or carers when involved in data collection.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge consumers', family members' and carers' needs for the appropriate collection of information and data related to their mental health problems and mental disorders
 2. acknowledge that only data which is clinically relevant or will enhance therapeutic relationships, clinical or service outcomes should be collected
 3. recognise of the rights of consumers, family members and/or carers for confidentiality in documentation, information systems and dissemination of information related to clinical care
 4. support freedom of information and access by consumers to their own personal clinical notes and recorded information
 5. recognise the inability to release information to others without the consumer's consent
 6. acknowledge and encourage the contribution of consumers, family members and/or carers to data collection, development of information systems, analysis of data and promotion of continuous quality improvement.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 11: Evaluation and research

Mental health professionals systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers. Where possible, they participate in or conduct research to promote quality practice and seek funded educational opportunities to become conversant with current research.

Rationale

The quality of mental health service delivery is dependent upon the knowledge and skills of professionals and the effectiveness of their interventions across the consumer's lifespan. This can be measured through evaluation of clinical practice and service systems to establish benchmarks, identify models and encourage service excellence. Research adds to this body of knowledge.

Mental health professionals, in partnership with consumers, family members and/or carers, participate in and contribute to ongoing evaluation of clinical practice and interventions, service development and management and research activities specific to mental health matters.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. national guidelines, research evidence and clinical outcome studies, and how to interpret them to improve clinical practice
2. current evidence-based practice and appropriate, efficient and cost-effective service models (see Glossary of Terms)
3. measures of effectiveness at the population, service and individual consumer level
4. ethical guidelines for research and evaluation projects
5. evaluation and basic research methodologies
6. quality improvement concepts.

Skills

Mental health professionals demonstrate an ability to

1. use national guidelines, research evidence and clinical outcome studies to determine appropriate interventions
2. establish benchmarks and identify models of best practice
3. routinely monitor effectiveness of service delivery and clinical practice

4. acknowledge and adhere to ethical guidelines for experimental and research-based treatments and evaluations
5. contribute to evaluations and research in clinical practice and disseminate information and knowledge about findings
6. utilise feedback from evaluation and research in consultation with other professional disciplines and/or team members and demonstrate a process of continuous quality improvement in delivering services
7. apply evidence-based interventions associated with their own specialist professional discipline when available (see Glossary of Terms)
8. communicate effectively with consumers, family members and/or carers when conducting evaluation and research.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge and encourage consumers', family members' and carers' interest in, and knowledge of evaluation and research activities
 2. recognise consumers', family members' and carers' contribution to evaluation and research
 3. acknowledge the value and use of evaluation, research and quality improvement activities to improve clinical interventions and service provision
 4. maximise opportunities for consumers, family members and carers to participate in continuous quality improvement activities
 5. acknowledge the sensitivities children, of Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds being involved in research.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Standard 12: Ethical practice and professional responsibilities

In meeting Practice Standards 1–11, mental health professionals adhere to local and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training.

Rationale

Mental health services require highly skilled and competent professionals, who are responsive to the needs of consumers, their children, other family members' and/or carers, and who constantly review their practice to ensure that their attitudes, body of knowledge and skills are relevant to changes in service delivery.

Mental health professionals conduct a legal, ethical and accountable practice, observing ethical guidelines and relevant standards that respect the rights and dignity of consumers, family members and/or carers. They remain open to the scrutiny of peers, the people that they serve and the local and wider community. They are aware of the cultural context of ethical practice. The majority practise in multidisciplinary teams giving and/or receiving supervision and they maintain their professional development and continuing education to enhance their knowledge and skills. Professionals take appropriate steps to maintain their own mental health, and in the event of mental health problems and mental disorders, take appropriate steps to gain relevant care.

Attributes

Knowledge

Mental health professionals demonstrate an understanding of

1. relevant professional ethical guidelines, standards of practice, legal requirements and registration acts
2. policies and procedures and relevant accreditation requirements for quality service delivery
3. professional and Commonwealth, State/Territory and local codes of conduct
4. policies and procedures for reporting breaches of codes of conduct, impairment and incompetence
5. the specific and unique practice of individuals comprising the multidisciplinary team and the roles of individuals within the team
6. educational opportunities, both tertiary and specialty programs, available to enhance knowledge and skills
7. evaluation and research as a basis for practice.

Skills

Mental health professionals demonstrate an ability to

1. observe ethical guidelines, legal requirements and standards of practice including informed consent, confidentiality, and reporting child and elder abuse
2. practise new skills, use new knowledge and integrate new learning into daily work activities
3. change practice based on feedback from others on their behaviour or intervention and undertake clinical supervision from a supervisor of one's own discipline
4. report breaches of codes of conduct and incompetence in a discreet manner and in accordance with relevant policies
5. participate in team supervision, when available, professional supervision and continuing education to maintain and improve the currency and quality of practice
6. review their own strengths, seek out and use available learning opportunities, participate in career development strategies, ongoing professional education and ensure up-to-date knowledge and skills for best practice
7. effectively use evaluation, research and feedback from supervisors, colleagues, consumers, family members and/or carers to review practice
8. practise within the boundaries of their own expertise and competencies
9. communicate effectively with consumers, family members and carers, teams members and those providing education and professional support.

Attitudes

Mental health professionals exhibit behaviours that demonstrate preparedness to

1. acknowledge and encourage the contribution of consumers, family members and carers to professional and continuing education and training
 2. recognise consumers', family members' and carers' evaluation of practice and implement recommendations, where possible
 3. change practice based on feedback from colleagues, supervisors and consumers regarding clinical and ethical practice
 4. recognise the knowledge and skills of other professions and apply the principles of teamwork in working with colleagues, consumers, family members and carers
 5. accept professional development and continuing education activities
 6. accept responsibility for their practice and performance
 7. acknowledge that they are as prone to mental health problems and mental disorders as any other person in the community.
- *Mental health professionals monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.*
 - *Mental health professionals recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.*

Glossary of terms

Assessment Ongoing process beginning with first client contact and continuing throughout the intervention and maintenance phases to termination of contract. The major goals of assessment are (a) identification of vulnerable or likely cases (b) choice of optimal treatment and (d) evaluation of the effectiveness of the treatment.⁹

Attitudes Refers to the attitude of mental health professionals towards the treatment of consumers and carers and/or family members.

Care All services and interventions provided to a person with a mental disorder and/or mental health problem by health and other sectors, community organisations, family and carers.¹⁰

Carer A person whose life is affected by virtue of a close relationship and a caring role with a consumer.¹¹

Children with parents with a mental illness A child whose parent has a mental illness (age can be between 0 and 16 or 18 years).¹²

Clinical indicator A measure of the clinical management and outcome of care; a method of monitoring care and services that attempts to flag problem areas, evaluate trends and so direct attention to issues requiring further review.¹³

Clinical practice guidelines Systematically developed statements to assist professional and patient decisions about appropriate health care for specific clinical circumstances.¹⁴

Community education An organised campaign designed to increase awareness of an issue.¹⁵

Comorbidity The co-occurrence of more than disease or disorder in an individual.¹⁶

Competency standards The attitudes, values, knowledge and skills needed to deliver quality services to people with mental health problems and mental disorders.¹⁷

9 Commonwealth Department of Health and Aged Care, *National action plan for promotion, prevention and early intervention for mental health*, Mental Health Branch, Canberra, 2000, p. 55.

10 AHMAC National Mental Health Working Group, *National Standards for Mental Health Services*, Australian Government Publishing Service: Canberra, 1996, p. 49.

11 Australian Health Ministers, 1998, p. 25.

12 Written submission to the Mental Health and Special Programs Branch by the Children of Mentally Ill Consumers (COMIC), Marleston, South Australia, dated 13 November 2001.

13 ACHS, *The EQulP guide*, Sydney, 1996.

14 Institute of Medicine, 1992. J Penrose-Wall and M Harris, *From Woe to Go Mental Health Clinical Practice Guidelines and General Practice: Positioning Dissemination Programs*, Centre for General Practice Integration Studies UNSW, November 2000, p. v.

15 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 57.

16 Commonwealth Department of Health and Aged Care, *National Comorbidity Project*, Publications Production Unit (Public Affairs, Parliamentary and Access Branch), Canberra, 2001, p. vii.

17 RD Coursey, L Curtis, DT Marsh, J Cambell, C Harding, L Spaniol, A Lucksted, J McKenna, M Kelly, R Paulson and J Zahniser, 2000, 'Competencies for direct service staff members who work with adults with severe mental illnesses in outpatient public mental health/managed care systems', *Psychiatric Rehabilitation Journal*, 23(4).

Consumer A person utilising, or who has utilised, a mental health service.¹⁸

Consumer and carer participation Active involvement by consumers and carers in policy and planning, development, decision making, research and evaluation of mental health services.

Continuity of care Integration and linkage of components of individualised treatment and care across health service agencies, according to individual needs.¹⁹

Core competencies and specific competencies Core competencies are those required by all people working in the current and the future mental health services. Specific competencies are skills required by individual health professionals in order to practice in their particular profession and are additional to core competencies.²⁰

Diagnosis A decision based on the recognition of clinically relevant symptomatology, the consideration of causes that may exclude a diagnosis of another condition, and the application of clinical judgement.²¹

Disability A disability is any restriction or lack of ability to perform an activity within the expected range for a human being.²²

Disability support service A range of service responses, which enable the individual to live as independently as possible and be included in the ordinary life of their community.²³

Diversity The wide range of social and cultural groups that make up the Australian population and Australian communities. It includes groups and individuals that differ according to gender, age, disability and illness, social status, level of education, religion, race, ethnicity and sexual orientation.²⁴

Early intervention Interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder. Early intervention also encompasses the early identification of people suffering from a first episode of disorder.²⁵

Effectiveness Effectiveness studies test the 'real world' impact of interventions that have been shown to be efficacious under controlled conditions. These studies are imperative to determine the generalisability of controlled studies in the real world, because interventions conducted under highly controlled conditions may not translate well into the uncontrolled environment that is the real world.²⁶

18 Australian Health Ministers, 1998, *op. cit.*, p. 25.

19 *ibid.*, p. 25.

20 National Mental Health Workforce Development Coordinating Committee, 1999, *A Competency Framework for the Mental Health Workforce*, National Mental Health Workforce Development Coordinating Committee, Wellington..

21 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 58.

22 Australian Health Ministers, 1991, *op. cit.*, p. 23.

23 AHMAC National Mental Health Working Group, 1996, *op. cit.*, p. 50.

24 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 64.

25 *ibid.*, p. 58.

26 *ibid.*

Emotional and social wellbeing The holistic concept of mental health recognised by Aboriginal and Torres Strait Islander peoples. ‘Health does not just mean the physical wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and includes the cyclical concept of life–death–life. Health care services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total wellbeing of their communities.’²⁷

Epidemiology The study of statistics and trends in health as applied to the whole community.²⁸

Evaluation The process used to measure the value or worth of a program or service.²⁹

Evidence-based practice A process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept widely promoted in the medical and allied health fields and requires professionals to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process.³⁰

Good practice guidelines Good practice is the benchmark against which programs can be evaluated. Good practice guidelines are statements based on the careful identification and synthesis of the best available evidence in a particular field. They are intended to help people in the field, including both professionals and consumers, make the best use of available evidence.³¹

Incidence In community studies of a particular disorder, the rate at which new cases occur in a given place at a given time.³²

Individual care plan A documented set of goals collaboratively developed by the consumer and the mental health service (usually the case manager). The individual care plan sets the direction for treatment and support, identifies necessary resources and specifies outcomes for the consumer. It is recorded in the individual’s clinical record.³³

Informed consent Informed consent is consent obtained freely, without coercion, threats or improper inducements, after questions asked by the consumer have been answered, after appropriate disclosure to the consumer, adequate and understandable information in a form and language demonstrably understood by the consumer. Such answers and disclosures must be sufficient to enable the consumer 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 for the consumer and others.³⁴

27 P Swan and B Raphael, ‘Ways Forward’ *National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, part 1*, 1995, AGPS, p. 1.

28 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 59.

29 *ibid.*

30 *ibid.*

31 *ibid.*

32 *ibid.*

33 AHMAC National Mental Health Working Group, 1996, *op. cit.*, p. 51.

34 *ibid.*

Integrated mental health services A network of specialised mental health service components within the general health system coordinated across inpatient and community settings, to ensure continuity of care for consumers. These components can encompass assessment, crisis intervention, acute care, extended care, treatment, rehabilitation, specialised residential and housing support services, and domiciliary care services. The network can be coordinated through area/regional management and uses a care management system across service components.³⁵

Knowledge Includes awareness of standards of practice, competencies and curriculum statements. It also makes the distinction between discipline specific specialist knowledge and knowledge common to all disciplines.

‘Lived experiences’ ‘The beginning point of learning about the experiences of people who are mentally ill and of their carers... is meeting with the person who is or has been mentally ill face-to-face, in an honest, committed effort to understand this experience.’³⁶

Mental disorders A diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities.³⁷

Mainstreaming ‘Emphasises the importance of mental health services becoming an integral part of health services, thereby helping to ensure that access to services by people with mental health problems and mental disorders is equivalent to that received by the rest of the community.’³⁸

Mainstream health services Services provided by health professionals in a wide range of agencies including general hospitals, general practice and community health centres. Mental health services are delivered and managed as an integral part of mainstream health services so they can be assessed in the same way as other health services.³⁹

Mental health The capacity of individuals and groups to interact with one another and the environment in ways that promote subjective wellbeing, optimal development and use of cognitive, affective and rational abilities, and the achievement of individual and collective goals consistent with justice.⁴⁰

Mental health literacy The ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments and of professional help available, and attitudes that promote recognition and appropriate help-seeking.⁴¹

35 Australian Health Ministers, 1998, *op. cit.*, p. 26.

36 J Carter, ‘Introducing the project’, in *Learning Together*, *op. cit.*, p. 5.

37 Commonwealth Department of Health and Aged Care, *Mental health promotion and prevention action plan 1998–2003*, 1999, p. 42.

38 A report of the Joint Consultative Committee in Psychiatry, Canberra: Royal Australian College of General Practitioners and Royal Australian and New Zealand College of Psychiatrists, 1997, p. 86.

39 Australian Health Ministers, 1998, *op. cit.*, p. 26.

40 Australian Health Ministers, 1998, p. 26.

41 AF Jorm, AE Korton, PA Jacomb, H Christensen, B Rogers and P Pollitt, Mental health literacy: A survey of the public’s ability to recognise mental disorders and their beliefs about the effectiveness of treatment, *Medical journal of Australia*, Vol. 166, 1997, p. 182.

Mental health problem Diminished cognitive, emotional or social abilities but not to the extent that the criteria for a mental disorder are met.⁴²

Mental health professional ‘Professionally trained people working specifically in mental health, such as social workers, occupational therapists, psychiatrists, psychologists and psychiatric nurses’.⁴³

Mental health promotion Action to maximise mental health and wellbeing among populations and individuals.⁴⁴

Mental health services Specialised health services, which are specifically designed for the care and treatment of people with mental illness.⁴⁵

Mental illness Used in this document to describe the full range of recognised, medically diagnosable illnesses that result in significant impairment of an individual’s cognitive, affective or relational abilities. Using the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders—fourth edition* (DSM–IV) terminology, it encompasses all disorders on Axis 1 & 11 of that classification system.⁴⁶

Monitoring The ongoing evaluation of a control or management process (Noah, 1997). The continuous measurement and observation of the performance of a service or program to see that it is proceeding according to the proposed plans and objectives.⁴⁷

Multidisciplinary clinical team The identifiable group of mental health personnel comprising a mix of professionals responsible for the treatment and care of people with a mental illness.⁴⁸

National Mental Health Strategy Endorsed by Australian Health Ministers in 1992, the National Mental Health Strategy comprised the following documents

- Mental Health Statement of Rights and Responsibilities 1991
- National Mental Health Policy 1992
- National Mental Health Plan 1992 and
- Schedule F1 of the Commonwealth/State Medicare Agreements 1993–98.

The renewed National Mental Health Strategy comprises

- Mental Health Statement of Rights and Responsibilities 1991
- National Mental Health Policy 1992 and
- Second National Mental Health Plan 1998.⁴⁹

42 Commonwealth Department of Health and Aged Care, 1999, *op. cit.*, p. 42.

43 SPICE Consulting, *The kit, a guide to the advocacy we choose to do*, Commonwealth Department of Health & Family Services, 1998, p. 258.

44 Australian Health Ministers, 1998, *op. cit.*, p. 12.

45 *ibid.*, p. 26.

46 *ibid.*, p 27

47 JP Vaughan and RH Morrow, *Manual of epidemiology for district health management*, World Health Organisation, Geneva 1989, p. 61.

48 Australian Health Ministers, 1998, *op. cit.*, p. 27.

49 *ibid.*

Other service provider Another organisation or individual professional, who provides a direct health or welfare service to the consumer.⁵⁰

Outcome A measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions.⁵¹

Partnership An association intended to achieve a common aim.⁵²

People from diverse cultural and linguistic backgrounds People or the offspring of people born in a country where English is not the first language.

Prevalence The percentage of the population suffering from a disorder at a given point of time (point prevalence) or during a given period (period prevalence).⁵³

Prevention Interventions that occur before the initial onset of a disorder.⁵⁴

- Universal intervention—a preventive intervention ‘targeted to the general public or a whole population group that has not been identified on the basis of individual risk’
- Selective intervention—a preventive intervention ‘targeted to individuals or a subgroup of the population whose risk of developing mental disorders is significantly higher than average’
- Indicated intervention—a preventive intervention ‘targeted to high risk individuals who are identified as having minimal but detectable signs and symptoms foreshadowing mental disorder...but who do not meet DSM-IV diagnostic levels at the current time’.

Primary care In the health sector generally, ‘primary care’ services are provided in the community by generalist providers, who are not specialists in a particular area of health intervention.⁵⁵

Psychosocial Rehabilitation Psychosocial rehabilitation helps people with a mental illness take their rightful place in the community. When mental illness strikes, living and social skills are often severely affected causing major disruption to the person’s life. The ability to work, study, socialise or even to live independently may need to be developed and supported, especially after an episode of psychotic illness.⁵⁶

Quality improvement process A process, which measures performance, identifies opportunities for improvement in the delivery of care and services, and includes action and follow-up.⁵⁷

50 AHMAC National Mental Health Working Group, 1996, *op. cit.*, p. 52.

51 Australian Health Ministers, 1998, *op. cit.*, p. 27.

52 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 61.

53 Commonwealth Department of Health and Aged Care, 1999, *op. cit.*, p. 43.

54 PJ Mrazek and RJ Haggerty, *Reducing risks for mental disorders: Frontiers for preventive intervention research*, National Academy Press, Washington, 1994, p. 23.

55 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 59.

56 SANE Australia, *Mental Health Report 2002–2003*, SANE Australia, Melbourne.

57 AHMAC National Mental Health Working Group, 1996, *op. cit.*, p. 53.

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.⁵⁸

Rural and remote communities Based on population numbers and an index of remoteness.⁵⁹

Skills Refers to an understanding of how to implement knowledge of or about a particular *Practice Standard*.

Social services Programs and services, which promote participation of people with disabilities in the life of the local community through maximum physical and social integration.⁶⁰

Standards—clinical and service Clinical practice standards are defined and agreed clinical procedures and practices for the optimal treatment and care of people with mental illness. Service standards define what is required for a quality mental health service.⁶¹

Strategic plan A plan that is organisation-wide, establishes an organisation's overall objectives, and seeks to position the organisation in terms of its environment.⁶²

Stigma 'An attempt to label a group of people as less worthy of respect than others. Stigma against people with a mental illness often involves inaccurate and hurtful representation of them as violent, comical or incompetent—objects of fear and derision.'⁶³

Support Direct services and interventions provided for a person with a mental health problem and/or mental disorder and associated disability aimed at reducing handicap and promoting community tenure (e.g. assistance with cooking and cleaning). Support services do not necessarily have a treatment or rehabilitation focus.⁶⁴

Treatment Specific physical, psychological and social interventions provided by health professionals aimed at the reduction of impairment and disability and/or the maintenance of current level of functioning.⁶⁵

58 WA Anthony, Recovery from mental illness: The guiding vision of the mental health service system in the 1990s, *Psychiatric rehabilitation journal*, 16 (4), 2000, p. 159.

59 Commonwealth Department of Health and Aged Care, 2000, *op. cit.*, p. 63.

60 Commonwealth Department of Health, Housing and Community Services, *Help where help is needed: continuity of care for people with a chronic mental illness*, Issues Paper No 5, Mental Health Branch, Canberra, 1993, p. 169.

61 Australian Health Ministers, 1998, *op. cit.*, p. 27.

62 AHMAC National Mental Health Working Group, 1997, *op. cit.*, p. 53.

63 SANE Australia, *SANE stigmawatch 2002 A report on stigma against mental illness on the Australian media*, p. 4.

64 AHMAC National Mental Health Working Group, 1997, *op. cit.*, p. 53.

65 *ibid.*

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Membership

National Mental Health Education & Training Advisory Group

CHAIR

Professor Harvey Whiteford
Kratzmann Chair in Psychiatry
University of Queensland
Toowong Private Hospital
PO Box 822
TOOWONG QLD 4066

AHMAC NATIONAL MENTAL HEALTH WORKING GROUP

Ms Deb Podbury (*until 10 August 2001*)
Formerly Assistant Director,
Mental Health Branch
Department of Human Services
555 Collins Street
MELBOURNE VIC 3000

Professor George Lipton (*until 6 December 2001*)
General Manager
Mental Health Division
Health Department of Western Australia
EAST PERTH WA 6004

Dr Ruth Vine (*from 6 December 2001*)
Director
Mental Health Branch
Department of Human Services
555 Collins Street
MELBOURNE VIC 3000

Wendy Quinn (*from 6 December 2001*)
State Program Manager
Mental Health Program
Department of Community and Health Services
GPO Box 125B
HOBART TAS 7001

MEMBERS

Mr Simon Champ
Director
SANE Australia
NSW

Mr Bernard McNair
President
Schizophrenia Fellowship Council of Australia
NSW

Mr John McGrath
Chair
Mental Health Council of Australia
CANBERRA

Dr Chris Holmwood
PARC
Flinders University
SA

Gordon Lambert
Senior Fellow
Illawarra Institute for Mental Health
University of Wollongong
NSW

Mr Scott Fanker
Clinical Nurse Consultant and Senior Lecturer
University of Western Sydney
Acting Director of Mental Health, Bankstown Health Service
WA

Professor Fiona Judd
Professor of Rural Mental Health, Monash University
Centre for Rural Mental Health
Bendigo Health Care Group, Victoria
VICTORIA

Professor Sue Spence
Professor of Psychology
School of Psychology
University of Queensland
QLD

Ms Gise Paine
Team Leader
Northern Continuing Care, Clinic & Consultancy Team
Northern Mental Health Service
SA

PROJECT OFFICER

Ms Wendy Weir, PSM
Mental Health Consultant
NSW

COMMONWEALTH

Dr Stephen Castle
Director
Partnerships in Service Reform Section
Mental Health and Special Programs Branch
Department of Health and Ageing
CANBERRA

SECRETARIAT

Ms Rose Ross
Assistant Director (Acting)
Partnerships in Service Reform Section
Mental Health and Special Programs Branch
Department of Health and Ageing
CANBERRA

Ms Doris Corcoran
Project Officer
Partnerships in Service Reform Section
Mental Health and Special Programs Branch
Department of Health and Ageing
CANBERRA

In developing the draft *Practice Standards*, the NMHETAG would like to recognise the special contribution of:

Ms Deb Podbury
Formerly Assistant Director,
Mental Health Branch
Department of Human Services
VICTORIA

Ms Vivienne Miller
Mental Health Educator and Conference Director
The Australian and New Zealand Mental Health Services Conference

Dr Tony Koop
Accreditation, Evaluation and Quality Improvement Consultant
Honorary Associate
School of Education
Macquarie University