

11

Introduction to National Standards for the Mental Health Workforce

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OVERVIEW

This chapter describes what is required as a professional practitioner working in Aboriginal and Torres Strait Islander mental health, with regard to the principles, standards and practice frameworks that contribute to the capacity and empowerment of practitioners and Aboriginal and Torres Strait Islander clients, families and communities. *The National Practice Standards for the Mental Health Workforce 2013* (the *practice standards*)¹ are intended for the five professions that contribute significantly to the mental health workforce: mental health nursing, occupational therapy, psychiatry, psychology and social work. These standards are equally relevant for a range of other practitioners including Aboriginal health workers and mental health workers and social and emotional wellbeing workers. This chapter briefly describes how each of the chapters in **Part 3: Standards, Principles and Practice** embody the key practice standards that are of particular relevance to mental health and other practitioners working in Aboriginal and Torres Strait Islander mental health. In addition the chapter also discusses the *National Standards for Mental Health Services 2010* (*service standards*)² and how the effective implementation and integration of the national standards for services and practitioners can ensure the provision of culturally competent mental health services.

INTRODUCTION

The development of mental health practice and services standards is based on the belief that all people with mental health problems and their carers, families and communities have the right to expect culturally appropriate and clinically relevant professional expertise when they engage with the mental health services sector to achieve good mental health and wellbeing outcomes. The *practice standards* are applicable across the lifespan from infancy to old age and apply irrespective of cultural and linguistic background and geographic location. These *practice standards* uphold the rights of all sub-population groups in Australia to receive quality care.

The *practice standards* form the basis of the key competencies expected of graduates and practitioners to contribute to culturally responsive, client and recovery focused mental health services. The national standards recognise and support the strengths and expert knowledge of each of the different professions, as well as provide ideals to address any potential limitations. The contribution and collaboration of each of the five mental health workforce groups: mental health nursing, occupational therapy, psychiatry, psychology and social work are essential to quality mental health care. Several other professions who work with mental health clients, their families and/or carers also play an important role in supporting their social and emotional wellbeing (SEWB) and mental health recovery including: general practitioners, primary health care workers, Aboriginal and Torres Strait Islander health and mental health workers, rehabilitation counsellors and other therapists.

REVISED NATIONAL PRACTICE STANDARDS IN MENTAL HEALTH

In 2012 a review of the *National Practice Standards for the Mental Health Workforce 2002*³ was carried out by the Mental Health Workforce Advisory Committee and Health Workforce Australia. Of relevance and importance here is the addition of a new standard around Aboriginal and Torres Strait Islander mental health and greater focus on diversity.

The 13 revised practice standards, which replace the 12 practice standards in *National Practice Standards for the Mental Health Workforce 2002*³, bring some important and very relevant changes for Aboriginal mental health and SEWB. The revised *practice standards* place greater emphasis on a recovery approach, include a specific standard for Aboriginal and Torres Strait Islander peoples and greater value for all groups including carers and families and acknowledge and integrate the role of professional groups and mental health services.

Increasingly, the Australian government has acknowledged the importance of mental health services within the health system. The interaction between the practitioner and the client is pivotal to effective mental health service delivery—empathy, understanding and expert knowledge are critical to successful outcomes. These practice standards are designed to support practitioners to develop their skills, knowledge and attitudes as part of their individual development and to contribute to the continuous quality improvement of mental health services in order to improve health and SEWB outcomes for individuals, families and communities.

Overview of the Revised *Practice Standards*

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| Standard 1: Rights, responsibilities, safety and privacy | Privacy, dignity and confidentiality are maintained, and safety is actively promoted. Mental health practitioners implement legislation, regulations, standards, codes and policies relevant to their role in a way that supports people affected by mental health problems and/or mental illness, as well as their families and carers. |
| Standard 2: Working with people, families and carers in recovery-focused ways | In working with people and their families and support networks, mental health practitioners support people to become decision-makers in their own care, implementing the principles of recovery-oriented mental health practice. |
| Standard 3: Meeting diverse needs | The social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice. |
| Standard 4: Working with Aboriginal and Torres Strait Islander peoples, families and communities | By working with Aboriginal and Torres Strait Islander peoples, families and communities, mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve social and emotional wellbeing. |
| Standard 5: Access | Mental health practitioners facilitate timely access to services and provide a high standard of evidence-based assessment that meets the needs of people and their families or carers. |

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| Standard 6: Individual planning | To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners facilitate access to and plan quality, evidence-based, values-based health and social care interventions. |
| Standard 7: Treatment and support | To meet the needs, goals and aspirations of people and their families and carers, mental health practitioners deliver quality, evidence-informed health and social interventions. |
| Standard 8: Transitions in care | On exit from a service or transfer of care, people are actively supported by mental health practitioners through a timely, relevant and structured handover, in order to maximise optimal outcomes and promote wellness. |
| Standard 9: Integration and partnership | People and their families and carers are recognised by mental health practitioners as being part of a wider community, and mental health services are viewed as one element in a wider service network. Practitioners support the provision of coordinated and integrated care across programs, sites and services. |
| Standard 10: Quality improvement | In collaboration with people with lived experience, families and team members, mental health practitioners take active steps to improve services and mental health practices using quality improvement frameworks. |
| Standard 11: Communication and information management | A connection and rapport with people with lived experience and colleagues is established by mental health practitioners to build and support effective therapeutic and professional relationships. Practitioners maintain a high standard of documentation and use information systems and evaluation to ensure data collection meets clinical, service delivery, monitoring and evaluation needs. |
| Standard 12: Health promotion and prevention | Mental health promotion is an integral part of all mental health work. Mental health practitioners use mental health promotion and primary prevention principles, and seek to build resilience in communities, groups and individuals, and prevent or reduce the impact of mental illness. |
| Standard 13: Ethical practice and professional development responsibilities | The provision of treatment and care is accountable to people, families and carers, within the boundaries prescribed by national, professional, legal and local codes of conduct and practice. Mental health practitioners recognise the rights of people, carers and families, acknowledging power differentials and minimising them whenever possible. Practitioners take responsibility for maintaining and extending their professional knowledge and skills, including contributing to the learning of others. ^{1(p19-20)} |

Each of these practice standards detail a range of criteria that must be addressed in order for a practitioner to competently meet the requirements of the *National Mental Health Workforce Practice Standards 2013*.¹ Each of the chapters in Part 3 and many other chapters in this book discuss how these *practice standards* can be used to:

- promote clinical best practice
- identify appropriate skill levels
- guide workplace training and education needs
- guide clinical supervision, mentoring and continuing education
- influence the development of curricula for each of these professions.

The revised *practice standards* are expected to inform the curriculum guidelines and training in each of these professions to develop a quality Aboriginal mental health workforce in primary, secondary and tertiary health care sectors across local, state and commonwealth governments. Education providers will also find the *practice standards* useful in developing curricula to support practitioners working in Aboriginal mental health—for example, the Djirruwang Program, discussed in Chapter 31 (Brideson and colleagues), is developed in accordance with the *practice standards*.

Alignment with complementary standards

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

The *practice standards* should be used in conjunction with the *service standards* and the discipline-specific standards, competencies or curricula that apply to the individual practitioner's profession. A list of specific guidelines for each of the five mental health professions can be downloaded from the website addresses listed in the Resources section at the end of this chapter.

PRACTICE STANDARD 4 – ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH

In 2012 a review of the *National Practice Standards for the Mental Health Workforce 2002*³ was carried out by the Mental Health Workforce Advisory Committee and Health Workforce Australia. Of relevance and importance here is the addition of a new standard that focuses on Aboriginal and Torres Strait Islander mental health—**Standard 4: Working with Aboriginal and Torres Strait Islander peoples, families and communities**. It requires that mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve the social and emotional wellbeing and mental health of Aboriginal individuals, families and communities.

Practice Standard 4 – Criteria and Objectives

Standard 4: Working with Aboriginal and Torres Strait Islander peoples, families and communities

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

1. Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present day grief, loss and trauma and its complexity.
2. Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history.
3. Uses culturally sensitive language and preferred terminology in line with current policy directives.
4. Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander peoples.
5. Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives.
6. Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks.
7. Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities.
8. Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community.^{1(p24)}

In an important sense, in addition to adhering to Standard 3: Meeting Diverse Needs and Standard 4: Working with Aboriginal and Torres Strait Islander peoples, all of the standards need to be enacted with regard to the nine Guiding Principles outlined in the Introduction of the book which underpins mental health practice, in Aboriginal contexts (page xxiv).

LINKING PRACTICE STANDARDS AND CHAPTERS

While all of the chapters in this book are relevant to, and support, the criteria described within each of the 13 *practice standards*, Table 11.1 identifies the *practice standards* which are specifically addressed within the four chapters in Part 3.

Table 11.1: Relationship between Chapters and *Practice Standards*

| Standard | Part 3 Chapter | Title |
|------------------|----------------|---|
| Standard 3 and 4 | Chapter 12 | <i>Cultural Competence—Transforming Aboriginal Mental Health Practice and Policy</i> |
| Standard 9 | Chapter 13 | <i>Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing</i> |
| Standard 3 | Chapter 14 | <i>Reframing Aboriginal Family Caregiving</i> |
| Standard 11 | Chapter 15 | <i>Communicating and Engaging Effectively with Diverse Groups</i> |

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.

Part 3 covers a range of workforce and professional practice issues. Chapter 12 (Walker, Schultz and Sonn) considers some of the complex issues and contestations surrounding cultural competence—and the critical need for practitioners to develop knowledge, skills, understanding and attributes to be able to work in diverse cultural settings. Chapter 12 briefly discusses the rights, responsibilities, safety and privacy. Chapter 13 (Schultz, Walker and colleagues) considers the issues involved for practitioners working as part of multidisciplinary/interdisciplinary and social health teams—their ethical practice and professional responsibilities. Chapter 14 (Wright) discusses the personal experiences of caregivers and those people with a mental health illness receiving care (the consumer/client). Their stories reinforce the critical need for policymakers, service providers and practitioners to involve both caregivers and those receiving care in their practice. The final chapter in this part, Chapter 15 (Dudgeon and Ugle), describes the communication skills across diverse contexts.

MENTAL HEALTH PRACTITIONER CORE COMPETENCIES

There are a range of core competencies, knowledge, skills, understanding and attributes regarded as essential for all mental health practitioners, including Aboriginal and Torres Strait Islander health workers, to be competent health professionals in accordance with these *practice standards*. The book in its entirety addresses the core competencies, knowledge, skills, understanding and attributes identified as essential for mental health practitioners to work in diverse cultural contexts.

Knowledge

Competence is gained through education and training supervision and experience and demonstrated through the acquisition or existence of specified knowledge, understanding, skills, values and attitudes.

Mental health practitioners are required to demonstrate knowledge in:

- the assessment of people who may have mental illness; the treatment and management of people with a mental illness;
- issues to do with medication;
- the management of aggression, particularly in community settings;
- particular population groups vulnerable to self-harming behaviours;
- issues of cultural difference and ways to access assistance when dealing with people from a cultural or linguistically diverse background;
- referrals to and from other agencies which require a comprehensive knowledge of community resources.

Mental health practitioners are also required to have comprehensive knowledge of the *Mental Health Act* and *Mental Health Regulations*, including their intent, the use of forms, the referral process, the use of police and community treatment orders, and the ability to give advice under Section 63 of the Act. The Act focuses on the generic competencies that recognise that, although people bring specific knowledge and understandings to their disciplines, they need cross-cultural skills and understandings for working in Aboriginal and Torres Strait Islander peoples' contexts.

Understanding

Mental health practitioners are required to demonstrate an understanding of:

- 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;
- 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;
- mechanisms for involuntary treatment and care according to State or Territory mental health legislation;
- appropriate use of evidence-based interventions and treatments;
- legislation related to the application of informed consent for treatment and the consumer's right to refuse treatment;
- guidelines for dealing with anger, self-harm, violence and aggression developed at national, state, territory or local level (*practice standards*)¹;
- 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;
- information to be provided to consumers, family members and/or carers regarding their rights to receive evidence-based treatment;
- particular historical and contemporary concerns regarding rights, safety, privacy and confidentiality that apply to Aboriginal and Torres Strait Islander communities;
- 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 practitioners are required to demonstrate an ability to:

- apply the principles of international and national standards on human rights and responsibilities;
- comply with state or territory legislation related to treatment of mental health problems and mental disorders, safety, privacy, child protection and confidentiality;
- organise the provision of involuntary treatment and care only when indicated and in compliance with state/territory legislation and in the least restrictive environment;
- inform consumers of issues regarding experimental or controversial treatment or treatment with an under-developed evidence base;
- inform consumers of their right to informed consent for treatment and of their right to refuse treatment;
- conduct adequate risk assessments and manage aggression, self-harming and difficult behaviours using negotiation and other appropriate interventions;
- 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;
- 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;
- 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;
- communicate effectively with consumers, family members and/or carers to support them through the mental health system;
- 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 practitioners are required to exhibit behaviours that demonstrate preparedness to:

- acknowledge and encourage consumers, family members and/or carers as team members;
- encourage the cycle of empowerment, hope, independence and recovery;
- acknowledge consumer's, family member's, and/or carer's understanding of their mental health problems, mental disorders and life issues and how they cope with and manage symptoms;
- recognise the value of the healing potential in relationships between consumers, family members and/or carers and service providers;
- acknowledge the role of health consumer/carer advocates and consultants;
- acknowledge and encourage the abilities, strengths and contributions of consumers, family members and/or carers;
- accept the impact of social, cultural, linguistic, spiritual and/or gender issues on presentation and management of mental health problems and mental disorders;
- promote the involvement of people from diverse cultural and linguistic communities;
- 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 practitioners are required to monitor their performance in regard to the above attributes and reflect on how their own practice is informed by knowledge.

Mental health practitioners recognise limitations in their knowledge and expertise and seek expert advice and supervision, as appropriate.

LINKING PRACTICE AND SERVICE STANDARDS

The new mental health standards for the workforce and services provide an important platform and guiding direction for Aboriginal and Torres Strait Islander mental health reform. Table 11.2 shows the relationship between these two sets of standards.

Table 11.2: Relationship between the National Standards for the Workforce and Services

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

Source: *National Practice Standards for the Mental Health Workforce 2013*¹

There are several key focus areas in the revised *practice standards* that are fundamental to professional development, training and postgraduate courses for practitioners in mental health services. 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 individual mental health clients, their family members and carers (with particular regard for their cultural background and social circumstance) about their:

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

The *Working Together* book supports all practitioners, policymakers and service providers to gain culturally relevant competencies, knowledge, skills and understandings, as well as culturally appropriate tools, strategies and models to address the pervasive, transgenerational trauma, grief and loss experienced by Aboriginal people, their families and communities.

NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The *National Standards for Mental Health Services 2010 (service standards)*² and the *National Practice Standards for the Mental Health Workforce 2013 (the practice standards)*¹ form the basis of the key competencies expected of graduates to contribute to the provision of quality mental health services. These standards are also adopted and applied by other mental health workforce groups including the Aboriginal mental health workforce. Other professions involved in providing services for people with a mental illness—general practitioners, home and community care service providers, hospital staff providing acute care, and family and other carers—may also find these national practice standards useful.

The *service standards* tend to differ in the application across states and territories, and within a jurisdiction depending on the stage of development and their relevance to different service types. A series of implementation guidelines that, with respect to providing culturally responsive services and the expectations for different professions, sectors and service settings in different states, have been developed which link with the *practice standards*.

Mental health services (MHS) are expected to apply these *service standards* with regard to their stage of development and model of service delivery. It is expected that services will include consumers and carers in their planning, especially with respect to establishing Reconciliation Action Plans and ensuring a culturally responsive service.

Continuous Quality Improvement

Demonstration of the delivery of services against these *service standards* ensures that consumers/clients, carers and the community will receive culturally appropriate and respectful care from mental health services in accordance with their human rights.

Increasingly, implementation guidelines and standards focus on the experience of clients and carers (rather than the mental health service) to measure the effectiveness of service delivery. This is where the implementation of organisational cultural competence assessment embedded into the continuous quality improvement is crucial to ensure the cultural security of Aboriginal and Torres Strait Islander clients and their families. Measurement of attainment of agreed criteria against the standards forms a means of accountability to consumers, carers, community, staff and funders.

However, this in turn requires culturally competent staff and adequate resources to ensure ongoing professional development, training and support to provide services that meet these consumer and carer standards. Implementation of the standards requires the involvement of staff, consumers and carers to ensure shared understanding and awareness of the standards to be adopted and met by a particular service.

The *service standards* recognise that mental health services provide services to individual consumers, carers and, where appropriate, families and communities. The assessment of the *service standards* will be undertaken in the context of a specific community as defined by the particular service and the national, state and territory mental health policies and legislation that apply to such services and communities.

Regardless of the type of mental health service, the community or clients it serves, there are a number of principles that apply to the delivery of mental health services, irrespective of the context in which they are delivered.²

Importantly, the *service standards* need to be incorporated into the delivery of Aboriginal health services; alcohol, tobacco and other drug (ATOD) services; and aged care services, where they are responsible for the delivery of mental health care within the service. The *service standards* apply to ATOD services that are part of a mental health service. For stand-alone ATOD services, mental health services should be able to demonstrate that they are developing or have collaborative/partnership arrangements in place to ensure integration and coordination of care for consumers.²

Key Principles

The key principles are consistent with national policy and requirements for the delivery of mental health services in Australia and are embedded in the *service standards*. Key principles that have informed the development of the *service standards* include:

- Mental health services should promote an optimal quality of life for people with mental health problems and/or mental illness.
- Services are delivered with the aim of facilitating sustained recovery.
- Consumers should be involved in all decisions regarding their treatment and care and, as far as possible, the opportunity to choose their treatment and setting.
- Consumers have the right to have their nominated carer(s) involved in all aspects of their care.
- The role played by carers, as well as their capacity, needs and requirements as separate from those of consumers is recognised.
- Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services.
- Mental health treatment, care and support should be tailored to meet the specific needs of the individual consumer.
- Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers taking account of their living situation, level of support within the community and the needs of their carer(s).

These *standards* detail the delivery of care in accordance with each of the nine domains from the *Key Performance Indicators for Australian Public Mental Health Services (2005)*.⁴ Importantly, the Act recognises of the need for culturally competent services.

CULTURALLY COMPETENT SERVICES

Embedded in the *National Practice Standards for Mental Health Services 2010 (service standards)*² is the need for services to be culturally responsive and respectful and to ensure that the service supports the cultural security of clients and carers/families. In particular, **Standard 4: Diversity responsiveness** lists a range of criteria to achieve these aims.

Service Standard 4 – Criteria

Standard 4: Diversity Responsiveness

The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care:

- 4.1 The MHS identifies Aboriginal and Torres Strait Islander religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socioeconomic status that access the service.
- 4.2 The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.
- 4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
- 4.4 The MHS has demonstrated knowledge of, and engagement with, other service providers or organisations with diversity expertise/programs relevant to the unique needs of its community.
- 4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
- 4.6 The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure nondiscriminatory practices and equitable access to services.

Standard 6: Consumers; Standard 10: Delivery of Care

These *service standards* reinforce the need for service delivery models and staff within those services to ensure Aboriginal and Torres Strait Islander individuals, families and communities are treated with respect. Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

Importantly, standards require that the MHS:

- incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery;
- supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community (10.1.7);
- demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services (10.1.8).

CONCLUSION

These *practice standards* are an important blueprint to be taken into account by key policymakers in each of the states and territories, and universities and Vocational Education and Training sectors that offer undergraduate and postgraduate services in mental health.

It is expected that the integration of standards into the curriculum process will help to achieve the outcomes of the *Emotional and Social Wellbeing Action Plan* and the Social Wellbeing Key Result Area in the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*.⁶

RESOURCES

Recommendations from each of the representative groups for clients/consumers, carers and their families have been integrated within each of the three implementation guideline documents. These guideline documents can be downloaded from the Mental Health Standing Committee website at: <http://www.health.gov.au/mhsc>

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

For Psychologists

From the Australian Psychological Society:

- Code of Ethics.
Available from: <http://www.psychology.org.au/Assets/Files/NewCode160807WEB.pdf>.
- Ethical and practice guidelines and procedures.
Available from: <http://www.psychology.org.au/about/ethics/> (members only)

For Social Workers

From the Australian Association of Social Workers:

- Australian Social Work Education and Accreditation Standards (2012)
Available from: <http://www.aasw.asn.au/document/item/100>
- Code of Ethics (2010)
- AASW Practice Standards for Mental Health Social Workers (2008)
Available from: <http://www.aasw.asn.au/document/item/17>

For Occupational Therapists

From the Australian Association of Occupational Therapists:

- Code of Ethics (revised 2001).
Available from: <http://otaus.com.au/sitebuilder/about/knowledge/asset/files/1/codeofethics.pdf>
- Australian Minimum Competency Standards for New Graduate Occupational Therapists 2010.

From the Occupational Therapy Board of Australia:

- Code of conduct for registered health practitioners (2012).
Available from: <http://www.occupationaltherapyboard.gov.au/Codes-Guidelines.aspx>

Psychiatrists

From the Royal Australian and New Zealand College of Psychiatrists:

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

Available from: <http://www.ranzcp.org/Resources/StatementsGuidelines/Practice-Guidelines.aspx>

For Nurses

From the Australian College of Mental Health Nurses:

- Standards of Practice for Australian Mental Health Nurses: 2010.
Available from: http://www.acmhn.org/images/stories/About-Us/standards_2010_web.pdf

From the Nursing and Midwifery Board of Australia:

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

Available from: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

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