

***Core Competencies
and
Measurement Criteria

for
Beginning Clinicians

in
Specialist Mental Health Services
for Older People (SMHSOP)***

INDEX

Introduction.....3

Competency One6

Competency Two7

Competency Three.....9

Competency Four 10

Competency Five 12

Competency Six..... 13

Competency Seven..... 14

Competency Eight 16

Competency Nine..... 17

Competency Ten..... 18

Glossary 19

Appendix 120

Appendix 222

Appendix 323

CORE COMPETENCIES AND MEASUREMENT CRITERIA FOR BEGINNING SMHSOP CLINICIANS

1. BACKGROUND

The development of core competencies for beginning clinicians is considered a priority within Specialist Mental Health Services for Older People (SMHSOP) in the context of growth within SMHSOP, the number of new clinicians entering the SMHSOP field and NSW Health's commitment to quality, safety and ongoing professional development. In addition, there is support for, a competency-based approach in work being undertaken by the Mental Health Drug & Alcohol Office (MHDAO), Mental Health Workforce Development Sub-Committee (MHWDS-C), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), who have undertaken a project of developing a curriculum framework which includes the endorsement of competent performance as an underpinning educational framework to inform skilful and thoughtful diverse practice, as well as in the development of the fourth National Mental Health Plan.

The impetus to progress the development of competencies for the beginning SMHSOP clinicians arose from the results of a workforce survey conducted in 2007 which identified that 43% of SMHSOP community clinicians had been in this field for two years or less. This survey also highlighted varying levels of competence in a number of areas of SMHSOP practice. The need for the development of core competencies in SMHSOP was also highlighted as a priority in a number of forums such as the consultations which were held to develop the *NSW Service Plan for Mental Health Services for Older People (SMHSOP) 2005-2015*, the SMHSOP Advisory Group and the MHWDS-C.

The framework for core competencies for the SMHSOP workforce is derived from the clinical pathway and principles outlined in the *NSW Service Plan for SMHSOP*. The *National Mental Health Practice Standards for the Mental Health Workforce (2002)* also provides a broad framework for core competencies in mental health and the SMHSOP core competencies reflect these standards and address areas which are more specific to workforce development in SMHSOP. They also reflect the capabilities (defined as knowledge, skills and abilities) relating to organisational culture, direction and capacity to deliver outlined in the NSW Public Sector Capability Framework. These capabilities underpin NSW Government plans to deliver better results for the NSW community through government services.

The SMHSOP core competencies were developed through a 2-phase consultation process which included a consultative survey to identify key areas of competence, and a workshop which included a range of key experts from the clinical and education fields. The competencies have been endorsed by the SMHSOP Advisory Group and the NSW Health Mental Health Program Council for implementation on a trial basis in Area Mental Health Services.

2. CORE COMPETENCIES FOR SMHSOP COMMUNITY CLINICIANS

The 10 endorsed core competencies for SMHSOP community clinicians are:

1. The clinician can demonstrate and apply knowledge of the range of healthy ageing processes and common mental, physical and social problems associated with ageing.
2. The clinician is able to conduct a comprehensive assessment of the older person that identifies the reason for their contact with services, identifies key risk issues, facilitates an understanding of the person's background and allows initial care planning and implementation sufficient to allow a preliminary formulation.
3. The clinician continually develops their professional skills through reflective practice, ongoing education and in reference to contemporary evidence-based practice guidelines. The clinician is willing to participate in an environment of continuing development and improvement of systems and processes of care.

4. The clinician contributes to the delivery of holistic care in partnership with the consumer, carer, other professionals and agencies. The clinician is able to identify potential care partners and their roles, capabilities and access arrangements and advocate appropriately.
5. The clinician is able to appropriately identify, assess and managed risks relating to himself/herself, colleagues, consumers, carers and the community.
6. The clinician respects the life history, cultural values, needs and strengths of the older person and considers these factors in order to conduct holistic assessment, deliver person-centred mental health care and promote consumer self respect.
7. The clinician demonstrates an understanding of and ability to apply relevant policy and legislation.
8. The clinician demonstrates interpersonal and communication skills that result in effective and empathic information exchange with consumers and carers and collaboration with all stakeholders.
9. The clinician can appropriately and effectively plan and implement a range of safe and effective interventions consistent with their experience, professional background and roles (within the interdisciplinary team setting).
10. The clinician practices in an ethical and accountable manner that is open to the scrutiny of peers and others and demonstrates a commitment to the human rights of service users, significant others and carers.

3. PURPOSE OF SMHSOP CORE COMPETENCY PROJECT

The aim of the core competencies and measurement criteria is to assist Area Mental Health Services in SMHSOP recruitment processes, professional development planning, clinical supervision and other relevant processes. They are targeted toward beginning clinicians in SMHSOP community mental health teams, but are also seen to be relevant to beginning clinicians in SMHSOP acute and non-acute inpatient facilities.

Beginning clinicians are defined as those in their first 2 years of practice in the SMHSOP speciality, recognising that beginning clinicians may have a range of backgrounds and experience (general mental health, aged care, tertiary training). It is expected that the core competencies will provide a guide to recruitment and for professional development planning over the first 2 years of practice in SMHSOP.

4. DEFINITIONS

For the purpose of this initiative we have used the ANMC definition of competence as ‘a combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area’ (ANMC 2006).

5. MEASUREMENT CRITERIA DEVELOPMENT PROCESS

To support the implementation of the core competencies, the OPMH Policy Unit developed a set of measurement criteria through consultation with the Faculty of Old Age Psychiatry (FPOA), MHWD S-C, Education, Training and Support Working Group and SMHSOP Advisory Group. The measurement criteria are intended to support the implementation of core competencies in Area SMHSOP services within recruitment, professional development planning and clinical supervision processes.

6. FURTHER IMPLEMENTATION AND EVALUATION

It is planned that MHDAO will commission the development and implementation of training for managers, team leaders and clinical leaders to further support the use of core competencies. A facilitated review of SMHSOP team processes to support practices consistent with core competencies will also be undertaken in consultation with senior Area SMHSOP Clinical Nurse Consultants (CNCs or equivalent). The OPMH Policy Unit will also work with relevant training providers ensure that SMHSOP training programs address the core competencies. The SMHSOP core competency initiative will be evaluated to inform the work being progressed by the MHWDS-C. An evaluation survey is being developed in consultation with

the SMHSOP Advisory Group and the MHWDS-C for this purpose and will be circulated shortly.

This document outlines the knowledge, skills, attitudes and experience relating to each core competency. The National Mental Health Workforce Standards are included (Appendix 1) along with a map on how the standards and the NSW Public Sector Capability Framework relate to the core competencies (Appendix 2). A glossary of terms has also been developed.

Competency One

The clinician respects the life history, cultural values, needs and strengths of the older person and considers these factors in order to conduct holistic assessment, deliver person-centred mental health care and promote consumer self respect.

1.1	Knowledge	<p>1.1.1 Understands the key aspects of a life history, incorporating the social determinants and context of health.</p> <p>1.1.2 Understands the importance of the consumer's life history and cultural background.</p> <p>1.1.3 Displays understanding of person-centred mental health care.</p> <p>1.1.4 Displays awareness of key cultural considerations and key aspects of culturally appropriate care and support.</p>
1.2	Skills	<p>1.2.1 Takes a life history from an older person and identifies key strengths and vulnerabilities.</p> <p>1.2.2 Identifies the consumers' strengths, individually and in the context of their support network.</p> <p>1.2.3 Engages meaningfully with Culturally and Linguistically Diverse (CALD) consumers and their support networks, and develops culturally appropriate care strategies.</p> <p>1.2.4 Engages meaningfully with Aboriginal and Torres Strait Islander (ATSI) consumers and their support networks, and develops culturally appropriate care strategies in collaboration with these support networks.</p> <p>1.2.5 Is developing partnership and networking skills with multicultural health care workers and health care interpreters.</p> <p>1.2.6 Is developing an understanding of person-centred mental health care.</p>
1.3	Attitudes	<p>1.3.1 Displays respect for the trust required by consumers and carers in providing a life history, and the confidentiality of this information.</p> <p>1.3.2 Displays willingness to engage the consumer in a non-judgemental or non-discriminatory way.</p> <p>1.3.3 Embraces a philosophy of respect for the consumer and engages collaboratively in goal setting with the individual and their support networks.</p> <p>1.3.4 Understands and supports Culturally and Linguistically Diverse (CALD) and Aboriginal clients in a culturally sensitive manner.</p> <p>1.3.5 Displays a desire to understand and support multicultural consumers and develop partnerships and networks with health care providers in the provision of care.</p>

Competency Two

The clinician is able to conduct a comprehensive assessment of the older person that identifies the reason for their contact with services, identifies key risk issues, facilitates an understanding of the person's background and allows initial care planning and implementation sufficiently to allow a preliminary formulation.

<p>2.1 Knowledge</p>	<p>2.1.1 Has knowledge of the developmental approaches to ageing, the impact normal ageing has on social, mental, and physical functioning and the role this plays in the consumer's sense of well being.</p> <p>2.1.2 Has an understanding of the impact of ageism on clinical care.</p> <p>2.1.3 Displays awareness of the impact ageing, chronic disease and mental health in the older person has on carer/s.</p> <p>2.1.4 Demonstrates awareness of differences in attitudes and cultural influences of different generations, and the potential for this to cause conflict with family and carer support networks.</p> <p>2.1.5 Displays understanding of the following mental conditions associated with ageing and the impact they have on the consumer:</p> <ul style="list-style-type: none"> • Cognitive impairment and Dementia, including Behavioural and psychological symptoms of dementia (BPSD) • Co-morbid physical conditions • Delirium <p>2.1.6 Displays understanding of grief and loss and issues surrounding the death and dying process.</p>
<p>2.2 Skills</p>	<p>2.2.1 Applies understanding of the impact of developmental ageing in clinical practice.</p> <p>2.2.2 Displays ability to identify ageism in own and others' practice and seek to challenge it.</p> <p>2.2.3 Recognises the impact ageism can have on clinical care and when appropriate, seeks supervision around this issue.</p> <p>2.2.4 Demonstrates ability to adapt care planning, with the consumer and/or carer/s consent, to maximise consumer and carer coping mechanisms and utilise social or family supports.</p> <p>2.2.5 Identifies carer stress or needs related to their caring role and any potential conflict between consumer and carer needs.</p> <p>2.2.6 Responds empathically to carer needs, and initiates actions or referrals to attempt to address this without conflicting with consumer needs.</p> <p>2.2.7 Is able to identify intergenerational conflict and adapt care</p>

	<p>planning appropriately.</p> <p>2.2.8 Displays ability to differentiate between conditions associated with ageing and develops care plans reflecting the needs of the consumer according to diagnosis.</p> <p>2.2.9 Displays ability to communicate effectively with the consumer and carers and implement strategies to cope with grief and loss.</p>
2.3 Attitudes	<p>2.3.1 Promotes and communicates positive and healthy ageing approaches.</p> <p>2.3.2 Is prepared to adapt care planning in response to dynamics between the consumer and their carers.</p> <p>2.3.3 Recognises and challenges ageism in self and others.</p> <p>2.3.4 Is prepared to maximise consumer and carer coping mechanisms and utilise social or family supports.</p> <p>2.3.5 Shows desire to support the carer, with the consumer's consent, in care and/ or discharge planning by the service.</p> <p>2.3.6 Is prepared to respect generational attitudes.</p> <p>2.3.7 Acknowledges the impact those mental conditions associated with ageing have on the consumer and responds according to need.</p> <p>2.3.8 Accommodates the impact grief and loss can have on care planning.</p>

Competency Three

The clinician can demonstrate and apply knowledge of the range of healthy ageing processes and common mental, physical and social problems associated with ageing.

3.1 Knowledge	3.1.1 Displays understanding of the key features of common and major mental health syndromes and the factors that result in exacerbation, escalation or relapse in the following conditions: <ul style="list-style-type: none">▪ Mood disorders such as depression and bipolar disorders▪ Schizophrenia and other psychotic disorders▪ Anxiety disorders▪ Adjustment disorders▪ Post traumatic syndromes▪ Substance use and abuse disorders▪ Personality disorder▪ Organic disorders
3.2 Skills	3.2.1 Is able to undertake an appropriate assessment utilising suitable tools. 3.2.2 Recognises the need to use evidence-based assessment tools and displays an understanding of the limitations of these in assessing the older person. 3.2.3 Recognises the need for involvement of other service providers from within or outside the SMHSOP service, and initiate an appropriate referral. 3.2.4 Is able to formulate an initial care plan, with appropriate involvement from a supervisor, that aims to engage the consumer and carer, address key risk issues in a timely manner, and initiate actions required to either complete assessment or implement specific interventions.
3.3 Attitudes	3.3.1 Displays willingness when required to alter assessment techniques in response to identified risks and individual consumer capabilities and refer as needed. 3.3.2 Is willing to use tools for assessment, including mandated tools, completing all components as required, and delivers the tool in a respectful and professional manner.

Competency Four

The clinician can plan and implement a range of safe and effective interventions consistent with their experience, professional background and roles within the interdisciplinary team setting.

<p>4.1 Knowledge</p>	<p>4.1.1 Displays awareness of effective techniques to:</p> <ul style="list-style-type: none"> ▪ Improve sleep ▪ Assist structured problem solving ▪ Assist mood self-monitoring and increase consumer participation in pleasant or positive events ▪ Provide psycho education ▪ Provide psychotherapeutic intervention using a recognised technique at a primary level ▪ Monitor medication compliance and encourage adherence ▪ Assist consumer or carer relaxation ▪ Undertakes/implements activity programs which will reduce the impact of behavioural disturbance on care ▪ Facilitate small groups and family meetings. ▪ Recognise and manage carer stress/burden <p>4.1.2 Becoming familiar with resources to enable planning, advocacy and implementation of appropriate care for the risks identified.</p> <p>4.1.3 Displays understanding of limitations regarding making independent clinical decisions, in accordance with professional boundaries and Occupational Health and Safety (OH&S) as a developing clinician, and need to seek input from ones' supervisors and peers.</p> <p>4.1.4 Displays awareness of process of recovery in the consumer journey.</p> <p>4.1.5 Has understanding of Specialist Mental Health Services Older People (SMHSOP) role.</p>
<p>4.2 Skills</p>	<p>4.2.1 Demonstrates ability to assess the effectiveness of at least one technique in each of the areas listed under 'knowledge'.</p> <p>4.2.2 Demonstrates ability to conduct psychosocial education with individual consumers, and to facilitate small groups and family meetings with the assistance of a supervisor.</p> <p>4.2.3 Demonstrates ability to implement discipline specific interventions, consistent with relevant evidence based practice guidelines.</p> <p>4.2.4 Demonstrated ability to plan and implement safe and effective interventions within the scope of experience and refer when needed.</p> <p>4.2.5 Demonstrated ability to stay within guidelines of own profession and O H & S guidelines.</p> <p>4.2.6 Observes and identifies changes in the process of recovery and reviews appropriately.</p> <p>4.2.7 Demonstrates ability to articulate professional role in clinical practice.</p>

4.3 Attitudes	4.3.1 Displays motivation to consider other evidence-based interventions and adjust as required. 4.3.2 Actively seeks the development of intervention skills. 4.3.3 Displays willingness to be mentored when beginning to provide interventions such as psychosocial education. 4.3.4 Is willing to participate in the recovery journey with the consumer. 4.3.5 Is willing to be challenged professionally in order to improve clinical performance.
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Competency Five

The clinician is able to appropriately identify, assess and manage risks related to himself/herself, colleagues, consumers, carers and the community.

5.1 Knowledge	<p>5.1.1 Displays familiarity with key risks in OPMH and their potential impact. These include risks associated with:</p> <ul style="list-style-type: none">▪ OH&S for the clinician and others▪ Violence and aggression▪ Suicidality/self harm▪ Accidental harm or neglect▪ Self neglect▪ Risk to others▪ Boundary violations▪ Elder abuse▪ Falls▪ Psychotropic medications▪ Polypharmacy and adverse drug reactions▪ Delirium. <p>5.1.2 Has awareness of appropriate risk screening, assessment and management.</p> <p>5.1.3 Has an understanding of suicide prevention strategies.</p>
5.2 Skills	<p>5.2.1 Applies risk assessment tools and methods and develops appropriate response.</p> <p>5.2.2 Develops and implements strategies to manage risks in consultation with senior colleagues.</p> <p>5.2.3 Identifies when to review the risk assessment, acknowledging the dynamic nature of risk.</p> <p>5.2.4 Consults senior clinicians in response to risk assessment outcomes.</p>
5.3 Attitudes	<p>5.3.1 Displays willingness to engage in discussion of risk issues and response/s with more experienced colleagues or in supervision.</p> <p>5.3.2 Accepts the benefits of using appropriate risk screening assessment and management methods.</p>

Competency Six

The clinician demonstrates an understanding of and ability to apply relevant policy and legislation.

6.1 Knowledge	6.1.1 Has adequate knowledge of relevant key documents; including: <ul style="list-style-type: none">• Mental Health Act (2007)• Guardianship Act (1987)• Privacy Act (1988)• National Mental Health Standards• NSW Service Plan for Specialist Mental Health Services Older People (SMHSOP) 2005-2015• NSW mental health plans and policies• Area mental health service plans• Code of Conduct – NSW Health and discipline specific. 6.1.2 Displays awareness of principles of assessing capacity.
6.2 Skills	6.2.1 Demonstrates the ability to find and seek guidance on relevant legislation and apply in practice with appropriate judgement and discretion. 6.2.2 Demonstrates the ability to complete forms and/or reports related to the Mental Health and Guardianship Acts relevant to clinician's professional background. 6.2.3 Provides appropriate advice to consumers, family and other stakeholders regarding application and processes of Guardianship and the Mental Health when required.
6.3 Attitudes	6.3.1 Recognises the importance of practicing within the parameters of relevant legislation.

Competency Seven

The clinician contributes to the delivery of holistic care in partnership with the consumer, carer, other professionals and agencies. The clinician is able to identify potential care partners and their roles, capabilities and access arrangements and advocate appropriately.

7.1 Knowledge	<p>7.1.1 Displays understanding of the benefits of working collaboratively with consumers, and the difference it makes to outcomes when engaging with carers, families and other service providers.</p> <p>7.1.2 Has understanding of the potential barriers to accessing care, and that consumers and carers may require external advocacy resources.</p> <p>7.1.3 Displays awareness of how and when to engage with alternate consent providers.</p> <p>7.1.4 Has awareness of key potential service partners across the continuum of care specific to their domain of practice, their roles and capabilities, and their access arrangements.</p> <p>7.1.5 Displays understanding of “duty of care” and responsibility to the client, their carers and families when engaging service delivery partners.</p> <p>7.1.6 Displays awareness of consumer’s right to autonomy in assessment and understanding of benefits, limitations and degree of risk associated with consumer autonomy.</p>
7.2 Skills	<p>7.2.1 Demonstrates ability to develop a collaborative care plan with the consumer and relevant others, with appropriate consultation, support and supervision.</p> <p>7.2.2 Identifies barriers for consumers to receiving care.</p> <p>7.2.3 Displays ability to engage consumers and carers in the completion of the assessment process, and use this information appropriately in collaborative implementation of a care plan.</p> <p>7.2.4 Can identify relevant advocacy resources for consumers.</p> <p>7.2.5 Can identify when an alternative consent provider should be engaged, obtain the relevant consent and act consistently with pertinent legislation.</p> <p>7.2.6 Demonstrates ability to make a relevant referral to another agency or care provider and respond to referrals, providing relevant and useful information and follow up.</p> <p>7.2.7 Displays ability to explain the consumers’ rights and responsibilities in a meaningful and appropriate way.</p> <p>7.2.8 Demonstrates ability to review and evaluate care plans in collaboration with the consumer and their carer/s and adjust care strategies accordingly.</p>
7.3 Attitudes	<p>7.3.1 Shows desire to engage consumers, carers and significant others in the completion of relevant documentation.</p> <p>7.3.2 Advocates respect for the rights of consumers and carers and appropriately assist in the establishment of contact with other</p>

stakeholders.

- 7.3.3 Displays willingness to engage and liaise with alternate consent providers when required.
- 7.3.4 Demonstrates sensitivity regarding client confidentiality when sharing information.
- 7.3.5 Displays the desire to engage the consumer in all aspects of clinical care in a compassionate, empathic and sensitive way that is consistent with their rights.

Competency Eight

The clinician continually develops their professional skills through reflective practice, ongoing education and in reference to contemporary evidence-based practice guidelines. The clinician is willing to participate in an environment of continuing development and improvement of systems and processes of care.

8.1 Knowledge	<p>8.1.1 Has understanding of key evidence based practice guidelines, relevant NSW Health and Area Health Service clinical guidelines and key emerging trends in older people's mental health (OPMH).</p> <p>8.1.2 Understands the need for and engages meaningfully in orientation, clinical supervision and mentoring, professional development and performance management.</p> <p>8.1.3 Understands the quality improvement cycle and its core components.</p>
8.2 Skills	<p>8.2.1 Demonstrates understanding of relevant Area orientation processes</p> <p>8.2.2 Develops skills actively through participation in orientation, clinical supervision and mentoring, professional development and reflective practice.</p> <p>8.2.3 Applies quality improvement processes in the workplace.</p> <p>8.2.4 Uses reflective practice to consider a real problem and apply to practice and can articulate the difference it has made.</p> <p>8.2.5 Demonstrates ability to access information and applies it in practice where relevant.</p> <p>8.2.6 Demonstrates ability to utilise the NSW Mental Health documentation suite and the Australian National Outcomes and Casemix Classification Outcome Measures in practice, demonstrate why they should be used, and employ them to inform care.</p>
8.3 Attitudes	<p>8.3.1 Engages positively in orientation processes.</p> <p>8.3.2 Displays readiness to participate constructively in clinical supervision with clinicians from differing professional backgrounds as well as own, professional development and performance management to develop practice appropriately.</p> <p>8.3.3 Displays motivation to engage in quality improvement projects and processes.</p> <p>8.3.4 Engages in reflective practice and displays readiness to modify practice as a result of evidence-based practice developments.</p> <p>8.3.5 Actively seeks to utilise information from outcome measures and other relevant data sets to review care and other practices.</p> <p>8.3.6 Monitors professional development and participates in educational opportunities.</p>

Competency Nine

The clinician practices in an ethical and accountable manner that is open to the scrutiny of peers and others and demonstrates a commitment to the human rights of service users, significant others and carers.

9.1 Knowledge	<p>9.1.1 Understands the rights of the individual to accept or reject assistance or intervention.</p> <p>9.1.2 Has understanding of the following documents/guidelines:</p> <ul style="list-style-type: none"> • Relevant NSW Health policies and procedures • Relevant Area Health Service Standards of Practice (SOP's) • NSW Health Code of conduct • Privacy and Confidentiality guidelines • Human rights protocols. <p>9.1.3 Displays awareness of potential for conflicts between consumer autonomy and maximum safety.</p> <p>9.1.4 Displays understanding of Incident Information Management Systems (IIMS) and Root Cause Analysis (RCA) processes, and their role within the clinical field.</p>
9.2 Skills	<p>9.2.1 Displays ability to apply above mentioned policies and procedures to clinical practice.</p> <p>9.2.2 Displays ability to present relevant details of consumers' assessments and clinical reviews in team case conferences.</p> <p>9.2.3 Gains consent to proceed with intervention.</p> <p>9.2.4 Demonstrates ability to appropriately consider consumer wishes and seek supervision when this may conflict with safety issues.</p> <p>9.2.5 Displays ability to identify the need for, and appropriately complete, an IIMS notification.</p>
9.3 Attitudes	<p>9.3.1 Displays willingness to participate in peer review and case presentations in team meetings.</p> <p>9.3.2 Shows respect for consumer autonomy and the right to refuse service.</p> <p>9.3.3 Shows readiness to review and discuss conduct with peers and relevant stakeholders and be accountable for all aspects of professional conduct.</p> <p>9.3.4 Is prepared to participate in and openly discuss issues surrounding complaints processes, and utilises the appropriate guidelines during this process.</p> <p>9.3.5 Displays motivation to evaluate professional practice.</p> <p>9.3.6 Shows willingness to participate in IIMS and RCA processes and complaint resolution.</p> <p>9.3.7 Recognises the significance of policy and procedures that guide practice.</p>

Competency Ten

The clinician demonstrates interpersonal and communication skills that result in effective and empathic information exchange with consumers and carers and collaboration with all stakeholders.

10.1 Knowledge	<p>10.1.1 Understands the importance of professional and empathic relationships with all stakeholders.</p> <p>10.1.2 Displays understanding of appropriate methods of communication with the consumer, accounting for life history, cognitive state, and other impairments.</p> <p>10.1.3 Has knowledge of appropriate written communication techniques/formats with key stakeholders within skill level.</p> <p>10.1.4 Displays awareness of when to communicate with key stakeholders, including informal carers, and service providers during key transitions throughout the patient journey.</p>
10.2 Skills	<p>10.2.1 Displays ability to communicate effectively and empathically with consumers, carers and other professionals, and practice values articulated in Code of Conduct and the principles of care in SMHSOP Service Plan.</p> <p>10.2.2 Adapts communication style appropriately to the needs of the consumer and carer/s, and the circumstances of the communication.</p> <p>10.2.3 Demonstrates ability to complete documentation tasks relevant to role, and within professional boundaries. These would include:</p> <ul style="list-style-type: none">• Relevant NSW Mental Health documentation modules.• Reports and/or forms related to the NSW Mental Health Act (2007) and Guardianship Act (1987).• Written communication with GP's.
10.3 Attitudes	<p>10.3.1 Engages consumers, carers and other professionals in an empathic, open and professional manner, and maintains consumer confidentiality at all times.</p> <p>10.3.2 Respects client confidentiality when communicating with others and is willing to have written communications with external stakeholders reviewed by the supervisor in order to meet standards for use of language and content.</p> <p>10.3.3 Displays willingness to work within Code of Conduct and professional standards.</p>

Glossary

Advocacy

Action for and with the individual or group. It also includes actions which will empower clients to enable self – determination and/or self advocacy. It also promotes access facilities and services and to ensure that representation in processes around decision making are achieved (Corey, Corey and Callanan 1998; AASW 1996)

Behavioural and Psychological Symptoms of Dementia

Symptoms of disturbed perception, thought content, mood and behaviour frequently occurring in patients with dementia (International Psychogeriatric Association Taskforce on BPSD 1996).

Competency Standards

The knowledge, skills, values and attitudes the professional needs to deliver quality services to people who suffer with mental health disorders and problems (Commonwealth Dept of Health and Aged Care: National Action Plan for the Promotion, Prevention and Early Intervention for Mental Health. (Mental Health Branch Canberra 2000 p. 55)

Culture

Includes any demographic variables such as gender, age, place of residence as well as variables in status such as educational and economic background and social standing in the community. Also includes are both the formal and informal affiliations and the ethnographic variables such as religion, nationality, ethnicity and language (Pederson 1944, cited in Corey, Corey and Callanan 1998)

Duty of Care

The obligation to ensure reasonable care is taken to avoid omissions or acts which would be reasonably foreseeable to cause injury to another person. It also includes the duty of people in particular occupations and circumstances to control and protect others. This duty would be breached if there was a failure to act according to the required standard of care required by professional in specific categories (Bates et al 1985, Nygh et al 1997).

Elder Abuse

A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (WHO)

Quality improvement

A process which measures performance, identifies opportunities for improvement in the delivery of care and services, and includes follow up' (National Standards for Mental Health Services).

Reflective practice

Thoughtful consideration of own experiences in the application of knowledge to practice when coached by professionals from the same discipline (Schoen D. The Reflective Practitioner 1983).

Recovery

The person with a mental illness lives a meaningful, productive and satisfying life regardless of disorder or disability (Curtis 2001)

Appendix 1

National Practice Standards for the Mental Health Workforce (2002)

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 typically promote, encourage and support the participation of consumers, family members and/or carers in the planning, implementation and evaluation of mental health delivery.

Standard 3: AWARENESS OF DIVERSITY

Mental health professionals practice 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 systemically 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.

Appendix 2

NSW Public Sector Capability Framework (2008) - The Capabilities

Organisational Culture:

- **Customer Focus:**
 - Demonstrates service orientation
 - Demonstrates responsiveness
- **Cultural Awareness:**
 - Is culturally aware
- **Teamwork**
 - Demonstrates commitment to the team
 - Treats others equitably
 - Resolves conflict
- **Taking Ownership**
 - Plans and organises
 - Initiates change
 - Understands operational environment
 - Acts proactively
 - Acts with integrity
- **Building Strategic Partnerships**
 - Understands Government structure and key stakeholders
 - Builds relationships and networks

Capacity to Deliver

- **Communication**
 - Utilises written communication

Appendix 3

OPMH Core competencies	Relevant National Practice Standards for the Mental Health Workforce	NSW Public Sector Capability Framework - Capabilities
<p>Competency 1: The clinician respects the life history, cultural values, needs and strengths of the older person and considers these factors in order to conduct holistic assessment, deliver person-centred mental health care and promote consumer self respect.</p>	<p>Standard 1, Standard 2 Standard 3 Standard 8 Standard 12</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> • <i>Cultural Awareness</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Client Engagement</i>
<p>Competency 2: The clinician is able to conduct a comprehensive assessment of the older person that identifies the reason for their contact with services, identifies key risk issues, facilitates an understanding of the person's background and allows initial care planning and implementation sufficiently to allow a preliminary formulation.</p>	<p>Standard 1 Standard 2 Standard 3 Standard 5</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Communication</i> • <i>Client Engagement</i> • <i>Analytical Thinking & Problem Solving,</i> • <i>Technical Leadership</i>
<p>Competency 3: The clinician can demonstrate and apply knowledge of the range of healthy ageing processes and common mental, physical and social problems associated with ageing.</p>	<p>Standard 4 Standard 5 Standard 6</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Client Engagement</i> • <i>Communication</i> • <i>Analytical Thinking & Problem Solving</i>
<p>Competency 4: The clinician can plan and implement a range of safe and effective interventions consistent with their experience, professional background and roles within the interdisciplinary team setting.</p>	<p>Standard 1 Standard 5 Standard 9</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Taking Ownership</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Technical Leadership</i>

		<ul style="list-style-type: none"> • <i>Communication</i>
<p>Competency 5: The clinician is able to appropriately identify, assess and manage risks related to himself/herself, colleagues, consumers, carers and the community.</p>	<p>Standard 5 Standard 6 Standard 10</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Taking Ownership, Teamwork</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Technical Leadership</i>
<p>Competency 6: The clinician demonstrates an understanding of and ability to apply relevant policy and legislation.</p>	<p>Standard 1 Standard 2 Standard 7</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Taking Ownership</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Technical Leadership</i>
<p>Competency 7: The clinician contributes to the delivery of holistic care in partnership with the consumer, carer, other professionals and agencies. The clinician is able to identify potential care partners and their roles, capabilities and access arrangements and advocate appropriately.</p>	<p>Standard 1 Standard 2 Standard 8</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> • <i>Building Strategic Partnerships</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Client Engagement</i>
<p>Competency 8: The clinician continually develops their professional skills through reflective practice, ongoing education and in reference to contemporary evidence-based practice guidelines. The clinician is willing to participate in an environment of continuing development and improvement of systems and processes of care.</p>	<p>Standard 11 Standard 12</p>	<p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Technical Leadership</i> • <i>Analytical Thinking & Problem Solving</i> • <i>Technology</i>
<p>Competency 9: The clinician practices in an ethical and accountable manner that is open to the scrutiny of peers and others and demonstrates a commitment to the human rights of service users, significant others and carers.</p>	<p>Standard 10 Standard 11 Standard 12</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> • <i>Teamwork</i> • <i>Taking Ownership</i> • <i>Building Strategic Partnerships</i> <p>Capacity to Deliver:</p>

		<ul style="list-style-type: none"> • <i>Technical Leadership</i> • <i>Technology</i>
<p>Competency 10: The clinician demonstrates interpersonal and communication skills that result in effective and empathic information exchange with consumers and carers and collaboration with all stakeholders.</p>	<p>Standard 1 Standard 2 Standard 3 Standard 8</p>	<p>Organisational Culture:</p> <ul style="list-style-type: none"> • <i>Customer Focus, Teamwork</i> • <i>Taking Ownership</i> • <i>Building Strategic Partnerships</i> <p>Capacity to Deliver:</p> <ul style="list-style-type: none"> • <i>Technical Leadership</i> • <i>Technology</i> • <i>Analytical Thinking & Problem Solving</i>

SMHSOP Core Competency Development Plan

Competency & measurement	Strategies / resources / tasks / activities to assist competency development (See 'Quick guide' & Summary List)	Date added	Person/s Responsible	Planned timeframe to develop competence	Date achieved	Reviewer signature