



NSW Institute of Psychiatry
In conjunction with the Mental Health Drug and
Alcohol Unit (MHDAO)
Older People's Mental Health Policy Unit
NSW Health

Supported by the



Specialist Mental Health Services for Older People
(SMHSOP)
Core Competencies for Beginning Community
Clinicians

A Clinician Resource Booklet
To Aid Implementation

Compilation

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First Edition: **January, 2011**

Second Edition: **September, 2011**

Published and Produced by the New South Wales Institute of Psychiatry

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Acknowledgements

The development of the **NSW SMHSOP core competencies for beginning community clinicians - A Clinician Resource Booklet to Aid Implementation** was funded by NSW Health, Mental Health Drug and Alcohol Office (MHDAO). The NSW Institute of Psychiatry (IoP) was responsible for the ongoing development and governance of the project.

The Project Officer would like to acknowledge the work of the NSW Health Child and Adolescent Mental Health (CAMHS) Competencies Working Group and the development of the NSW CAMHS Competency Framework as significant conceptual reference material for the *SMHSOP Clinician Resource Booklet to Aid Implementation*.

The Project Officer also thanks Mr Patrick Livermore for his work in the initial development of the resource booklet, acknowledge Dr Ros Montague, Ms Erica Khattar from the NSW IoP; Dr Kate Jackson, Ms Cheryl-Ann Pollack and Ms Chontel Gibson from the MHDAO NSW Older People's Mental Health (OPMH) Policy Unit and the Specialist Mental Health Services for Older People (SMHSOP) Advisory Group for their advice and support during the development of the resource booklet.

We also wish to thank the clinicians involved in the implementation training and for the feedback they provided on the document. The feedback has resulted in a more refined and clinician driven resource.

The managers and team leaders involved in this process have shown great enthusiasm during the implementation of the **SMHSOP core competencies for beginning community clinicians** and we thank them for their support.

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Introduction

Welcome to SMHSOP and the path to achieving competency within the specialty.

This resource booklet will guide you through professional development processes and clinical supervision that will assist you in gaining competence.

This resource booklet is designed to support the implementation of the **SMHSOP core competencies for beginning community clinicians**.

The target audience is beginning clinicians who have been working within community SMHSOP for two years or less. Despite being targeted at beginning clinicians, the booklet also has the potential to guide managers, team leaders and clinical leaders through the process of competency development and achievement.

The resource booklet may also support professional development for beginning clinicians working in the inpatient setting.

The booklet is divided into 7 sections:

Section 1: Introduction to the SMHSOP core competency framework

Section 2: SMHSOP core competencies for beginning community clinicians

– Post implementation training draft

Section 3: A guide to the achievement of the core competencies

Section 4: Quick guides

Section 5: Key documents

Section 6: References

Section 7: Appendices

This booklet will provide the opportunity to undertake a coordinated approach to developing the knowledge, skills and attitudes desired of the beginning clinician working within SMHSOP. The booklet aims to provide support to older people, their carers and families and communities whilst also enhancing overall service provision.

Feedback option

A review of this resource will be conducted in February 2012. To ensure this resource is clinician-friendly we would appreciate your feedback. To provide feedback on this resource, please complete the feedback survey at <http://www.surveymonkey.com/s/MFC37BV> (Survey Monkey). If you are unable to access the survey or would prefer a hard copy please contact Amelia.Renu@nswiop.nsw.edu.au or Ph: 02 9840 3833.

Thank you and we look forward to your feedback.

Section 1: Introduction to the SMHSOP core competency framework

Background

A priority within Specialist Mental Health Services for Older People (SMHSOP) in the context of growth within SMHSOP was the development of **SMHSOP core competencies for beginning community clinicians**. This was due to the number of new clinicians entering the SMHSOP field and NSW Health's commitment to quality, safety and ongoing professional development.

In particular, 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 particular 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 including 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 Mental Health Workforce Development Sub-Committee (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 attitudes) 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 two-part consultation process which included a consultative survey to identify key areas of competence, and a workshop that included a range of key experts from the clinical and education fields.

The **SMHSOP core competencies for beginning community clinicians** have been endorsed by the SMHSOP Advisory Group and the NSW Health Mental Health Program Council. The development and dissemination of the SMHSOP core competencies to SMHSOP teams in Local Health Districts constitutes Phase 1 of a Core Competency Implementation Plan. This **resource booklet** represents Phase 2.

Definitions

Competence

For the purpose of this resource booklet, we have used the Australian Nursing and Midwifery Council (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 14:2006).

Other definitions which contribute to this understanding include:

‘A complex combination of knowledge, skills and abilities demonstrated by organisation members that are critical to the effective and efficient function of the organisation.’ (Nelson et al 1997 cited in Hsu et al 2006)

‘A combination of observable and measurable skill, knowledge and performance behaviour and personal attributes that, contributes to enhanced employee performance and organisational success’ (American Compensation Association cited in Center for Health Policy 2008).

‘The level reached by the person who is initially a novice, and who, after training and experience, reaches the level where they can be competent; a ‘floor’ or a basic collection of the minimum knowledge, skills and values needed for an entry-level specialist to practice...’ (Department of Human Resources Compensation Services 18:2008).

In the context of the this resource booklet, it is important to add that core competencies represent those sets of skills, knowledge and attitudes that are required for all beginning clinicians within SMHSOP although they may be at differing levels of development and proficiency.

Competency Assessment and Key Assumptions

Competence is generally inferred either through the identification of a series of personal attributes (skills, knowledge and attitudes) or through the observation of performance. Individually, both approaches to the inference of competence are not perfect. Attribute-based inference of competence may not translate into competent performance whilst performance based inference of competence may not account for adaptability, flexibility and the transfer of skills to new environments. An integral approach to competence that encompasses both an identification of specific attributes as well as the ways in which those attributes are observable must therefore be considered when undertaking **the SMHSOP core competencies for beginning community clinicians** process.

As such, it is important to note the following key assumptions:

- Competencies can be acquired through formal training, but also through experience, performance support systems and on-the-job training.
- There is no expectation for a single uniform curriculum either in formal academic settings or in agencies. Each developmental opportunity is unique and the curriculum should match needs.

- Individual competencies intersect with, but do not replace, organisational performance standards and organisational capacities. Organisations do not have capacity and cannot meet performance standards if workers are not appropriately competent.
- Unsatisfactory and outstanding performance levels may be derived from a competency standard but performance is intended to be measured over time not at the end of specific training experiences.
- Competencies need to be routinely updated.
(Centre for Health Policy 3-4:2008).

Adult Learning Principles

SMHSOP beginning community clinicians are expected to be adult learners. This means that learning must value prior knowledge and skills by assisting learners to see connections between what you already know, have the skills to do and the new information provided. To achieve this, the reasons for participation in learning activities should be clearly articulated (e.g. for competency requirements, up-skilling and continuing professional development) and barriers reduced by clinical leaders, team leaders and managers.

Learning should be self-directed and personal goal setting is encouraged. Educational activities for SMHSOP beginning community clinicians would apply to real-life situations and relevant to practice (e.g. by stories that link theory to practice and role play situations that offer opportunities to test out new skills and attitudes). Learning activities that incorporate opportunities and time for skill development and consolidation should be valued.

The SMHSOP managers, team leaders and clinical leaders should support learning and the fostering of professional relationships to enhance practice. Feedback should be sensitive and timely whereby errors are corrected and appropriate knowledge, skills and attitudes are reinforced (National Health Workforce Taskforce 4-5:2010).

Inter-professionalism

In accordance with this approach is the intent to increase opportunities for inter-professional collaboration, teamwork and education.

Inter-professionalism is defined as the provision of comprehensive health services to consumers by a number of health professionals who work collaboratively to deliver quality of care within and across settings. Inter-professionalism requires clinicians to 'know about' the roles of other professional groups and be able to 'work with' other professions in the context of a team where each member may have a clearly defined role. 'Knowing about' and 'working with' other professional groups may also be represented as a framework which allows for the recognition of the commonalities, distinguishing complementary and collaborative features of different roles.

Inter-professional working is not about merging the practice boundaries between the professions and trying to create a generic worker. It is instead about developing professionals who are confident in their own core skills and expertise who are fully aware and confident in the skills and expertise of

fellow health professionals and who conduct their own practice in a non-hierarchical and collegial way with other members of the working team so as to continually improve the health of their communities and meet the real care needs of individual consumers.

It is anticipated that the *resource booklet* will act as a benchmark for training, education and assessment of beginning community clinicians involved in the SMHSOP workforce. (National Health Workforce Taskforce 22:2010)

Relevance to broader frameworks

The *SMHSOP competency framework* is intended to complement each of the professional group's discipline-specific practice standards or competencies and address the shared knowledge and skills required when working in a multi-disciplinary mental health environment.

The SMHSOP competency framework is also intended to inform broader competency development. The framework also has a key role in informing policy and procedure development and key projects related to SMHSOP.

It is important to note that the **SMHSOP core competencies for beginning community clinicians** should be used in conjunction with the current *National Practice Standards for the Mental Health Workforce* (2002) and the discipline-specific mental health competencies and practice standards developed by each of the national professional organisations. The recently released *National Standards for Mental Health Services* (2010) and relevant implementation guides include areas that endorse and are of direct relevance to this the SMHSOP core competency framework.

Alignment with the National Practice Standards

The *National Practice Standards for the Mental Health Workforce* acknowledge that 'health professionals from a range of disciplines and with a range of qualifications and skills provide mental health services (1:2002)'

The SMHSOP core competencies for beginning community clinicians is aligned with the *National Practice Standards for the mental health workforce (2002)* which are specifically addressed to the following professions:

- Psychiatry
- Nursing
- Social Work
- Psychology
- Occupational Therapy (1:2002)

Principles of care

The guiding principles and values for **the SMHSOP core competencies for beginning community clinicians** are derived from the *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 – 2015*.

- **Promote independence, dignity and quality of life for older people with mental health problems, their families and carers.** Older age is an opportunity for people to enjoy new challenges and the treatment of older people with courtesy and dignity is a core value of SMHSOP. These services aim to assist older people to remain as healthy and independent as possible for as long as possible and to participate in community life. Care will be delivered ‘in situ’ or as close to home as possible.
- **Embrace diversity in older people.** Ageing is a normal process influenced by personality, culture, language, religion, personal circumstances and coping style. This means that there is wide diversity among older people and SMHSOP will respect, value and respond to this diversity.
- **Respect the rights of individual older people, their families and carers and their goals in accessing care.** Care should be delivered in accordance with relevant legislative frameworks, including the *NSW Guardianship Act (1997)*, *NSW Mental Health Act (2007)* and *Aged Care Act (1997)*. Consumers should be empowered to articulate their individual care goals and participate in the development of their care plans.
- **Respond to the special needs of priority population groups.** Targeted responses and specific strategies may be required to address the mental health needs of particular priority population groups, including Aboriginal communities, people from CALD backgrounds, rural and remote communities and older people in the criminal justice system.
- **Promote a holistic and multi-disciplinary approach to care.** Older people with mental health problems may have complex care needs including physical health needs. A holistic and multi-disciplinary approach will be required to maximise their recovery, independence and quality of life.
- **Take a flexible approach.** In responding to the particular needs and care goals of older people with mental health problems, SMHSOP may need to take a flexible approach, as much as possible, in collaboration with families, carers and other service providers.
- **Support continuity of care for older people with mental health problems.** Older people with complex mental health needs may access a range of services and move between different service settings. It will be important for SMHSOP to take a coordinated approach with other key services to ensure continuity of care for their consumers. (4:2006).

Model of care

The **SMHSOP core competencies for beginning community clinicians** sit within the biopsychosocial model of care which is used within the SMHSOP specialty. The mention of person-centered care is a more focused approach to care and is not intended to be the overarching model of care.

Person-centred care considers each person's needs and preferences from a holistic perspective that includes associated relationships and the impact that other people, practices and/or the physical environment may have on the individual. It focuses on the wellbeing of the individual as well as addressing ill health by acknowledging that each person is unique regardless of any illness they have.

Person-centred care is more than individualised care. It is care in which a core responsibility of all clinical staff is to understand the person, their likes and dislikes, key influences in their life, and their life goals. Goals of clinical care must be related to this knowledge and life goals. The appropriate communication of relevant information to others involved in care will allow them to continue this approach. Person-centered care allows service delivery to be focused on the principles of recovery – including seamless service provision and working with consumers, in partnership with their carers, on addressing the determinants of their mental health and wellbeing.

It is recommended that beginning clinicians should adopt a person-centered, recovery-focused biopsychosocial philosophy of care, and ensure that care environments, processes and practices reflect this philosophy.

This model of care will also focus on being a part of the continuum of care, including promotion, prevention and early intervention, ambulatory community services, sub-acute and non- acute inpatient care and community residential care.

(SMHSOP Acute Inpatient Unit Model of Care Report, Consultation Draft, May 2011).

Section 2: SMHSOP core competencies for beginning community clinicians

The **SMHSOP core competencies** identify areas that are the basis for sound practice within the SMHSOP area. The core competencies, despite being numbered, are to be viewed with equal merit. This allows the clinician to evaluate their practice and determine the order that they work through the core competencies rather than providing the clinician with a prescriptive framework with which to work through.

The SMHSOP core competencies are not mandatory: they are viewed as a guide to recruitment and retention strategies as well as ongoing professional development.

The 10 endorsed SMHSOP core competencies for beginning community clinicians are:

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-centered mental health care and promote consumer self respect.
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.
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.
4. The clinician can plan and implement a range of safe and effective interventions consistent with their experience, professional background and roles within the inter-disciplinary team setting.
5. The clinician is able to appropriately identify, assess and manage risks related to himself/herself, colleagues, consumers, carers and the community.
6. The clinician demonstrates an understanding of and ability to apply relevant policy and legislation.
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.
8. The clinician continually develops his/her professional skills through reflective practice, ongoing education 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.
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.
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.

Section 3: Guidelines for Implementation

– Overview

These guidelines for implementation provide non-mandatory suggestions for using and implementing the **SMHSOP core competencies for beginning community clinicians resource booklet**. The guidelines are provided for clinicians and are also a guide for managers, team leaders and clinical leaders.

It is anticipated that fulfilling the **SMHSOP core competencies for beginning community clinicians** will be a target for beginning community clinicians within their first two years of SMHSOP practice.

The level of knowledge skills and attitudes that could be expected from a mental health professional from one of the five targeted professions (Psychiatry, Nursing, Social Work, Psychology and Occupational Therapy) on first entering SMHSOP may vary particularly considering whether the professional has a background in another field that may or may not be related to SMHSOP. It is therefore the combined responsibility of managers, team leaders, clinical leaders and mentors to support clinicians to develop a professional development plan and learning environment which supports a clinician's development of competence.

To support these and other key processes, the package contains resources and tools which includes the following:

1. SMHSOP Beginning Clinician – **Core Competency Self-Assessment Tool (CCSAT)**
2. SMHSOP Beginning Clinician – **Core Competency Development Plan (CCDP)**

The competency assessment tools relate to the assessment of the competence of the clinician rather than to the competence of teams or services. The competency assessment tools are intended to be used positively guiding support for a beginning clinician's professional development and performance.

The CCAT contains the competencies and space for the clinician and manager/clinical leader to discuss evidence of competence and/or make plans that will assist the clinician to further develop knowledge and skills where necessary.

The CCDP provides space to collate the competency areas that require support and/or identify new areas to progress and note plans to develop competence. This tool has the potential to be used as a living document that the beginning clinician can use to demonstrate where they are within the gaining of competence. This form may also be used to supplement or inform a clinician's locally developed Professional Development Plan/Performance Development and Review Plan or equivalent.

It is important to note that managers could utilize these tools to identify team and service development issues for action as part of operational and strategic planning practices.

It is the responsibility of local and area SMHSOP to encourage the incorporation of the **SMHSOP core competencies for beginning community clinicians** into routine practice. This resource booklet and its associated tools are designed to assist this implementation.

Areas for Implementation

A number of areas exist for which managers and/or team leaders can use the **SMHSOP Core Competencies for beginning community clinicians**. They include:

a. **Recruitment**

The competencies can be used in conjunction with discipline specific competencies to:

- Develop position descriptions for new to SMHSOP staff
- Develop selection criteria for recruitment to SMHSOP
- Inform advertisements for positions
- Develop questions interview questions

b. **Performance appraisal**

Most local health districts have developed a system for performance appraisal and development for professional staff. The **SMHSOP core competencies for beginning community clinicians Self-assessment Tool (CCSAT)** can inform this process and be used as a format for clinicians and their managers / supervisors to discuss work achievements and make plans for future competency development.

This could ideally inform the:

- 3 month initial review for new staff
- 12 monthly ongoing reviews

However, the core competency development process is not to be used solely as a performance management strategy - it is designed to inform the process.

c. **Supervision**

The competencies can be used to develop a supervision agreement between a supervisor and clinician, commensurate with their experience, discipline related and individual requirements.

d. **Professional development of individual staff**

The SMHSOP core competencies for beginning community clinicians Competency Assessment Tools can be used with individual clinicians to develop their SMHSOP Core Competency Development Plan (CCDP).

e. **Team development and processes**

The competencies can be used by managers to identify overall competence within their team. This can assist with:

- Setting a professional development agenda
- Improving processes and procedures

- Supporting clarification of roles and developing a shared understanding of the specialist knowledge and skills required by the workforce
- Promoting the development of specialty practice across disciplines thereby creating a multi-skilled workforce
- Identifying team recruitment gaps and staffing skill mix for planning.

Implementation for Clinical Leaders

Clinical leaders may use the **SMHSOP core competencies for beginning community clinicians** to assist clinicians with the following:

Professional development planning

The **SMHSOP core competencies for beginning community clinicians Self-assessment Tools** assist clinicians in determining any current gaps in competence and provide direction for future professional development. The beginning clinician may bring the **Core Competency Self-assessment Tool** and **SMHSOP Core Competency Development Plan** to supervision to guide direction for future sessions.

Development of training and resources

Clinical leaders with responsibilities for multiple professionals may use common themes noted on the clinicians **SMHSOP Core Competency Development Plans** to guide group supervision, the development of in-service training and direction setting for journal clubs.

Performance appraisals

Clinical leaders can assist clinicians in preparing for performance appraisals by reviewing clinician competence using the Competency Assessment Tools throughout the year.

Implementation for Clinicians

The **SMHSOP core competencies for beginning community clinicians** will assist clinicians to identify the knowledge, skills and attitudes required to work effectively and competently with clients of SMHSOP, their families/carers and communities.

The **SMHSOP core competency for beginning community clinicians self-assessment tool** provides a format for managers/clinical leaders to enter dialogue about a clinician's achievements and plan for future competency development.

These tools could be used within the following structured processes that, ideally, will already be in place within the organisation.

Performance Appraisals

Ideally, relevant position descriptions will have been developed in alignment with the **SMHSOP core competencies for beginning community clinicians**. As clinicians engage in core business in line with their position, they may use the competencies to review their competence in the key areas prior to a professional appraisal and review meeting. The performance appraisal process followed by most Local Health Districts consists of a three month initial review for new staff and twelve monthly reviews thereafter.

The **SMHSOP core competencies for beginning community clinicians** are not to be used as a performance management tool. However they are intended to guide future professional development for the clinician and may inform the performance review.

Professional Development

The **SMHSOP core competencies for beginning community clinicians Self-assessment Tools** can be used to develop their SMHSOP Development Plan. The SMHSOP Development Plan could be used to inform and address current training needs and preferences for future development. The SMHSOP Development Plan is also transferrable across workplaces and will demonstrate the level of competence reached in their previous workplace.

Supervision and Mentoring

Most professionals will be required to have formal supervision agreements in place outlining that the clinician will be actively receiving supervision and/or mentoring commensurate with their experience, professional and individual requirements.

Clinicians may choose to use the **SMHSOP core competencies for beginning community clinicians** to provide direction in clinical supervision and peer/discussion groups or journal clubs.

SMHSOP Core Competency Assessment Tool - User Guide

The core competencies used within this section are the **SMHSOP core competencies for beginning community clinicians** and measurement criteria endorsed in March 2009. The measurement criteria have undergone a review since the implementation training conducted in March/April 2011 and are currently out for comment and advice. However they are not present in this draft of the **Resource Booklet**.

It is anticipated that a common use of the **SMHSOP core competencies for beginning community clinicians** will be in professional development planning and will inform the performance management framework. This section provides non-mandatory suggestions for using the tools to assist implementation.

One process for using the tools may be for the clinician to review his/her competence by completing the **SMHSOP core competencies for beginning clinicians Self-assessment Tools** and completing the **SMHSOP Development Plan** prior to the performance appraisal meeting. This would provide an opportunity for directed reflection, discussion and informed thinking about plans for professional development.

Following this process the further refinement of the **SMHSOP core competencies for beginning community clinicians Development Plan** may then be conducted to collate any further competencies requiring progress and/or identified competencies in more advanced or new areas of practice to be targeted for future development. In this way it remains a living document. At this time the **SMHSOP core competencies for beginning community clinicians Quick Guides** will help identify resources, strategies and plans to assist specific competency development.

The clinician would be supported by clinical leaders to develop their **SMHSOP Development Plan**. During the identified time period prior to the next review the professional and his/her clinical leader would progress identified items according to the timeframes indicated. The clinical leader/manager would sign off these as completed.

The **SMHSOP Development Plan** is anticipated to be used for a period of 24 months with the clinician and their clinical leader adding competencies and plans to support their development throughout the initial two years of employment within the SMHSOP service.

Some teams will have local performance appraisal and development forms that collate the professional development needs of the individual. If this is the case, the **SMHSOP Development Plan** may not be required and plans may be better identified on each of the individual competency self-assessment forms and added to the local performance appraisal document.

Measuring competence

It is the responsibility of managers and clinicians to negotiate an expected standard of competence relative to the professional's experience, position description and responsibilities.

With these factors in mind, a guide could be 'In the majority of circumstances the clinician demonstrates competence in this area commensurate with experience and role requirements'.

As previously noted, clinical leaders may also be able to assist managers in determining an appropriate benchmark.

Section 4: SMHSOP Core Competencies “Quick Guides”

Quick Guides – A summary of information

The information in the quick guides is not exhaustive: it is a guide to assist the **SMHSOP beginning community clinician** achieve competence within the ten core areas of SMHSOP practice.

Training courses and options

Outlines the available training courses and options for the beginning clinician in the particular competency area. This strategy can be linked to professional development, clinical supervision and, where appropriate, performance review strategies.

It is assumed that the clinician will undertake local/organisational orientation training, as well as ongoing mandatory training. The standard topics covered in this training will not be mentioned in this section as it is assumed knowledge.

Tasks and activities

These are tasks and activities the beginning clinician could undertake to assist in the progression to competence. This strategy can be linked to professional development, clinical supervision and performance review strategies.

These task and activities could also be utilised by the beginning clinician to assist in demonstrating basic theoretical skills before progressing to face-to-face assessments in the clinical setting.

The clinician can undertake one or all of the tasks suggested in this section.

Clinical supervision/peer review discussion questions

These include suggestions for peer review/clinical supervision discussion questions for beginning clinicians.

Resources

This is a list of resources for the beginning clinician which will assist with the competency achievement process. These resources will support the tasks and activities and provide background reading for the discussion questions provided for clinical supervision and peer review.

Disclaimer

The weblinks within the quick guides were current at the time of publication (September 2011). If you are unable to access the link please refer to the main website of the document to access the updated file.

CORE COMPETENCY 1 – Respect for Individuals

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Becoming an evidence-based practitioner
- Carer advocacy
- Carer participation
- Mental health care for Indigenous Australians
- Cultural awareness
- Culturally sensitive practice

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health practitioners held throughout NSW and co-ordinated by the NSW Institute of Psychiatry (IoP). The course is designed to assist clinicians in use of the Mental Health Outcomes and Assessment Tools (MH-OAT) forms in the clinical setting. This training is also available online at

<http://amhocn.org/training-service-development/online-training>.

Cross cultural assessment

A one day course run at the NSW IoP introducing clinicians to the differing aspects of cross cultural assessment. A good introduction for beginning clinicians and for all health professionals.

www.nswiop.nsw.edu.au

Person-Centred Care

The session explores Tom Kitwood's philosophy of care through an approach that is holistic, individualized and values the person with dementia. Run through the NSW Alzheimer's Association.

www.alzheimers.org.au/new-south-wales/

Positive approach to the care of the older person

This e-learning course aims to provide an ethical framework of person centred care that underpins recognition and assessment of dementia, increase the clinical workforces knowledge of the complexities of dementia and its management, deliver a learning program in an accessible, stimulating and innovative platform and promote excellence in rural and remote clinical practice.

<http://elearning.ncahs.health.nsw.gov.au/>

Working with people who have Behavioural and Psychological Symptoms of Dementia (BPSD) – A person centered approach

A one-day workshop co-ordinated through the DBMAS Hub and run by Ageing by Caring. The target group is those working within SMHSOP community and inpatient teams. A practical course that would be recommended for beginning clinicians.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- The clinician is to determine the assessment needs of one client and the clinician determines the appropriate MH-OAT forms to complete during the assessment. The clinician to meet with his/her clinical leader to discuss the assessment process, through a peer review process.
- The clinician identifies a resource or project need for Culturally and Linguistically Diverse (CALD) consumers. The clinician works with his/her team to develop a resource/quality project concerning life histories and cultural competence. Ensure the team has a resource on the CALD populations within their area and activities run by these groups for their team to access.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Exploration of professional boundaries and confidentiality
- Explore non-discriminatory engagement with Aboriginal and Torres Strait Islander people or people from a CALD background
- Watch each episode of “First Nations” and discuss at peer review.

Resources

Aboriginal Older Peoples Mental Health Project Report 2010

This report provides information to assist SMHSOP clinicians and managers in understanding the mental health needs of older Aboriginal or Torres Strait Islander communities, and inform policy and service development strategies to better address the need of the older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older people’s mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander People.

http://www.health.nsw.gov.au/resources/mhdao/pdf/aboriginal_older_peoples_.pdf

Cultural competency in health: A guide for policy, partnerships and participation

The guide aims to increase cultural competency for the benefit of people from CALD backgrounds taking a cue from growing international emphasis on improving health outcomes by promoting healthier living and environments. It uses the issue of obesity to illustrate the model. The guide acknowledges diverse views in the landscape of cultural competency using feedback from the consultation process to highlight current debates in Australia and internationally.

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/hp19.pdf

***First Nations* – SBS DVD series**

Recommended viewing for clinicians working within health to illustrate the historical context of the Aboriginal and Torres Strait communities within Australia. The series provides an understanding of the communities that are impacted by significant events and policy over the last century.

Interpreters – Standard procedures for working with health care interpreters

This policy directive describes the roles and functions of the Health Care Interpreter service, situations in which interpreters must be used, what to do if an interpreter is unavailable and the responsibilities of health care providers when using interpreters.

http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_053.pdf

Guidelines for working effectively with interpreters within mental health settings

These guidelines, designed for staff employed in mental health settings, aim to:

1. Increase awareness and understanding of the complexity of interpreting in mental health settings
2. Outline the knowledge and practical skills required to work effectively with interpreters and clients, and
3. Provide links to additional information and resources to assist in working with interpreters in mental health settings.

http://www.vtpu.org.au/docs/interpreter/VTPU_GuidelinesBooklet.pdf

MH-OAT

These are the standardized tools used for assessment and documentation within mental health settings.

www.health.nsw.gov.au/mhdao/mhprof_MH-OAT.asp

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing, in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia plus an outline of supportive communication and care techniques. Three separate packages each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital:

<http://www.ajan.com.au/Vol20/Vol20.3-6.pdf>

Working together: Aboriginal and Torres Strait Islander Mental Health and wellbeing principles and practice

This document provides mental health clinicians with principles and practices to support culturally-appropriate services to meet needs of Aboriginal and/or Torres Strait Islander People. The document can be found at the following website:

http://www.ichr.uwa.edu.au/kulunga/working_together

Walk together, learn together work together: A practice guide for the training of Aboriginal mental health professionals in NSW

This resource is designed to meet the needs of those involved in the training and support of Aboriginal Mental Health Workers as mental health professionals. This resource provides workplaces with useful information regarding the importance of culture to health and service delivery as well as enhancing the cultural awareness of the workplace. This resource also has a list of supporting documents and resources (in Chapter 2) that can also be used. This resource can be found at:

<http://www.crrmh.com.au/amhwtp/index.html>

CORE COMPETENCY 2 – Assessment and management skills

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.

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Building the therapeutic relationship
- Early detection and intervention
- Evidence-based practice
- Formulation
- Mental health and human rights
- Mental health histories and mental health examinations

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW IoP. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Suicide prevention in the older person train-the-trainer

A train-the-trainer run locally through area health services. This course is accompanied by a resource folder and is recommended training for those working within SMHSOP. The course is conducted through Local Health Networks learning and development units.

Safer place to work – Module 1

Specifies the minimum standard to be introduced in providing staff with the most up-to-date knowledge, skills, strategies, etc to assist them in preventing and managing workplace violence. It is conducted through Local Health District learning and development units.

Working with people who have Behavioural and Psychological Symptoms of Dementia (BPSD) – A person centered approach

A one-day workshop co-ordinated through the DBMAS Hu, and run by Ageing by Caring. The target group is those working within SMHSOP community and inpatient teams. A practical course that would be recommended for beginning clinicians.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- It is recommended that the clinician assist in preparing the papers and accompany the client to :
 - Mental Health Review Tribunal (MHRT) Hearing
 - Guardianship hearing
 - Electroconvulsive therapy (where appropriate)
 - Admission/discharge from the community setting or inpatient setting
 - 35 day review
 - Case presentation
- The clinician should meet with his/her clinical leader or manager to provide feedback about these experiences.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- How do you identify ageism and how would you challenge yourself or fellow clinicians if they were demonstrating ageism in their practice?
- What barriers have you encountered in regards to a client assessment? How did you manage these barriers?
- Further discussions could also be undertaken regarding the tasks and activities undertaken.

Resources

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This report provides information to assist SMHSOP clinicians and managers in understanding the mental health needs of older Aboriginal or Torres Strait Islander communities and inform policy and service development strategies to better address the need of the older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older people's mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander People.

http://www.health.nsw.gov.au/resources/mhdao/pdf/aboriginal_older_peoples.pdf

Ageing – Myth and Reality – Queensland Government

Ageing: Myth and Reality presents some common myths about ageing and provides accurate information to challenge each of them.

<http://www.communityservices.qld.gov.au/seniors/publications/documents/ageing-myth-reality.pdf>

Cultural competency in health: A guide for policy, partnerships and participation

The guide aims to increase cultural competency for the benefit of people from CALD backgrounds taking a cue from growing international emphasis on improving health outcomes by promoting healthier living and environments. It uses the issue of overweight and obesity to illustrate the model. The guide acknowledges diverse views in the landscape of cultural competency using feedback from the consultation process to highlight current debates in Australia and internationally.

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/hp19.pdf

Dementia – The caring experience

A practical guide for families and carers of people with dementia. A very useful resource for both the clinician and carers.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/\\$File/careexp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/$File/careexp.pdf)

Guidelines for working with people with challenging behaviours in residential aged care facilities – using appropriate interventions and minimizing restraint – NSW Health

These guidelines propose clear procedures for the assessment and the development of care plans and for ensuring rights of the resident are upheld by residential aged care facilities. The document will assist residential aged care facilities to review their practices, policies and protocols regarding the issues of restraint, medication use and management of challenging behaviours to ensure they reflect the evidence base and the views and experiences of the community as a whole. The Guidelines will also assist in improving staff skills in caring for older people within these environments.

http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_014.pdf

Linking physical and mental health ... it makes sense – ARAFMI

The initiative is focused on improving the physical health of people with mental illness and supporting those who use a mental health service to access physical health care.

<http://www.arafmi.org/resource/linking-physical-and-mental-health...it-makes-sense-lpmh-initiative>

Loss and grief in later life – National Association of Loss and Grief (NALAG)

This brochure explores losses and change in later life. Loss of energy, fitness, memory, mental health, sexual attractiveness and desire, sight, hearing or chronic or life-threatening illness. The brochure gives self help hints and hints for family and friends.

http://www.nalag.org.au/pubs/brochures_files/Loss%20and%20Grief%20in%20Later%20Life.pdf

National Cultural Competency Tool (NCCT) for Mental Health Services

The NCCT resource pack is designed to enhance the capacity of Australia's mental health workforce to work with people from CALD backgrounds. It contains a set of National Cultural Competency Standards and a range of practical aids and strategies including an organisational self-assessment checklist to support organisations in enhancing their cultural competency. The NCCT is aligned with Standard 4: Diversity Responsiveness of the revised National Standards for Mental Health Services and will assist services in addressing this Standard. It is designed for implementation at an organisational level to assist services to work progressively to achieve a set of National Cultural Competency Standards, which is supported by state and territory Mental Health Directorates.

<http://www.dhi.gov.au/Multicultural-Mental-Health-Australia/Program-Areas/Workforce-Development/NEW-National-Cultural-Competency-Tool-for-Mental-Health-Service/default.aspx>

NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015 – NSW Health

The purpose of the plan is to guide development of SMHSOP across NSW over the next ten years. The plan is primarily directed at Area Mental Health Services (AMHSs) in NSW. The Plan focuses on the development of SMHSOP within AMHSs and the fostering of key partnerships and linkages to enhance mental health care for older people across NSW.

www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing, in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia, plus an outline of supportive communication and care techniques. Three separate packages, each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital <http://www.ajan.com.au/Vol20/Vol20.3-6.pdf>

Working together: Aboriginal and Torres Strait Islander Mental Health and wellbeing principles and practice

This document provides mental health clinicians with principles and practices to support culturally-appropriate services to meet needs of Aboriginal and/or Torres Strait Islander People. The document can be found at the following website:

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<http://www.crrmh.com.au/amhwtp/index.html>

Psychological Toolkit

The Psychological Toolkit is a collection of practical resources available for GPs to assist in the management of mood disorders in their clinical work. Comprising five sections, the materials include fact sheets for GPs and patients, questionnaires to assist GPs in the assessment of depression, charts to assist with treatment protocols, tools for self-monitoring, and exercises for patients. Health professionals are welcome to download copies of these resources for use in their clinical work retaining the acknowledgement of the Black Dog Institute as the source.

<http://www.blackdoginstitute.org.au/healthprofessionals/resources/thepsychologicaltoolkit.cfm>

CORE COMPETENCY 3 – The ageing process

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Classification of mental disorders
- Dual diagnosis
- Dual disability
- Impact of medical conditions
- Health promotion and mental health promotion
- Mental health and mental illness across the lifespan

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW IoP. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Positive approach to the care of the older person

This e-learning course aims to provide an ethical framework of person centred care that underpins recognition and assessment of dementia, increase the clinical workforces knowledge of the complexities of dementia and its management, deliver a learning program in an accessible, stimulating and innovative

platform and promote excellence in rural and remote clinical practice.

<http://elearning.ncahs.health.nsw.gov.au/>

Psychopharmacology for Health Professionals

A one day workshop to assist non-medical mental health providers to better understand the current range of medications being used in Australia today for the treatment of anxiety disorders, depression, bipolar disorder, schizophrenia, ADHD and substance abuse. Participants will learn about various classes of medications, their influence on brain function, their effectiveness and impact on wellbeing. Conducted through the NSW IoP.

www.nswiop.nsw.edu.au

Suicide prevention in the older person train-the-trainer

A train-the-trainer run locally through Area Health Services. This course is accompanied by a resource folder and is recommended training for those working within SMHSOP. It is conducted through Local Health Districts learning and development units.

Working with people who have behavioural and psychological symptoms of dementia (BPSD) – A person centered approach

A one day workshop run through DBMAS by Ageing by Caring. The target group are those working with SMHSOP community and inpatient teams. A practical course that would be recommended for beginning clinicians.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- Prepare an education session/resource folder for staff on common mental, physical and social problems associated with ageing. Then organise an education session on the resource in conjunction with their clinical leader.
- Provide a grand rounds presentation on the consumer which they have conducted their assessment. The clinician must then highlight the main mental, physical and social ageing factors and demonstrate evidence of an extensive literature search and information provided to the team about these specific issues.
- Conduct a health promotion activity within their team related to aged care issues. This could either take the form as an education session in the community or the development of a resource for the team.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discuss how physical health problems and medications could impact upon a client's mental health
- Discuss an assessment and outline the key risks and how they can be addressed.

Resources

Dementia – The caring experience

A practical guide for families and carers of people with dementia. A very useful resource for both the clinician and carers.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/\\$File/careexp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/$File/careexp.pdf)

Guidelines for working with people with challenging behaviours in residential aged care facilities – using appropriate interventions and minimizing restraint – NSW Health

These guidelines propose clear procedures for the assessment and the development of care plans and for ensuring rights of the resident are upheld by residential aged care facilities. The document will assist residential aged care facilities to review their practices, policies and protocols regarding the issues of restraint, medication use and management of challenging behaviours to ensure they reflect the evidence base and the views and experiences of the community as a whole. The Guidelines will also assist in improving staff skills in caring for older people within these environments.

http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_014.pdf

MH-OAT

These are the standardized tools used for assessment and documentation for older people within mental health settings. www.health.nsw.gov.au/mhdao/mhprof_MH-OAT.asp

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia, plus an outline of supportive communication and care techniques. Three separate packages each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You should contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital

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Psychological Toolkit

The Psychological Toolkit is a collection of practical resources available for GPs to assist in the management of mood disorders in their clinical work. Comprising five sections, the materials include fact sheets for GPs and patients, questionnaires to assist GPs in the assessment of depression, charts to assist with treatment protocols, tools for self-monitoring and exercises for patients. Health professionals are welcome to download copies of these resources for use in their clinical work, retaining the acknowledgement of the Black Dog Institute as the source.

<http://www.blackdoginstitute.org.au/healthprofessionals/resources/the-psychological-toolkit.cfm>

CORE COMPETENCY 4 – Intervention, care planning and recovery

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Effective working with the multi-disciplinary health team
- Evidence-based practice
- Outcome measures
- Psychosocial interventions
- Recovery
- Relapse prevention
- Transitional care planning

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW Institute of Psychiatry. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>

Facilitating Recovery

A three day workshop designed for workers in mental health and related fields which aims to examine key concepts in recovery, identifying practices that recognises, promotes and facilitates consumer directed

recovery. The workshop aims to promote discussion and critique about dominant themes in consumers' health and community workers' understanding of mental distress, recovery and explores the challenges and implications of recovery oriented practices.

www.nswiop.nsw.edu.au

Introduction to Cognitive Behavioural Therapy

This three day workshop introduces the fundamentals of cognitive behavioural therapy with an emphasis on the application of theory to practice and provides an opportunity for skill development. Participants will be taught techniques such as thought monitoring, cognitive restructuring, problem solving, relaxation training, thought stopping and activity scheduling.

www.nswiop.nsw.edu.au

Psychopharmacology for Health Professionals

A one day workshop to assist non-medical mental health providers to better understand the current range of medications being used in Australia today, for the treatment of anxiety disorders, depression, bipolar disorder, schizophrenia, ADHD and substance abuse. Participants will learn about various classes of medications, their influence on brain function, their effectiveness and impact on wellbeing. It is conducted through the NSW IoP.

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Working with people who have behavioural and Psychological symptoms of dementia (BPSD) – A person centered approach

A one day workshop run through DBMAS, by Ageing by caring. The target group are those working with SMHSOP community and inpatient teams. A practical course that would be recommended for beginning clinicians.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- Demonstrate comprehensive care planning through feedback to clinical case review and use of clinical outcome measures in MH-OAT to demonstrate progress.
- The clinician is assigned a referral for a client from a CALD background. The clinician attends the initial assessment with a clinical leader. The clinician writes up the results of the assessment and other relevant documentation, and implements the care required. The clinician provides an overview of their assessment and care planning at clinical case review with two mentors present. The clinical leader will

then discuss the case presentation with the clinician to provide feedback. The clinician will be expected to provide regular updates on the progress of their client.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discuss a challenging case with the clinician and discuss the intervention, care planning and recovery strategies they intend to implement.
- Discuss the use of cognitive behaviour therapy and the beginning clinician's role in the provision of this.
- Discuss health promotion and the clinician's role in supporting this strategy within his/her clinical role.

Resources

Aboriginal Older Peoples Mental Health Project Report 2010

This report provides information to assist SMHSOP clinicians and managers in understanding the mental health needs of older Aboriginal or Torres Strait Islander communities and inform policy and service development strategies to better address the need of the older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older people's mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander People.

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Cultural competency in health: A guide for policy, partnerships and participation

The guide aims to increase cultural competency for the benefit of people from culturally and linguistically diverse backgrounds taking a cue from growing international emphasis on improving health outcomes by promoting healthier living and environments. It uses the issue of obesity to illustrate the model. The guide acknowledges diverse views in the landscape of cultural competency using feedback from the consultation process to highlight current debates in Australia and internationally.

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/hp19.pdf>

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[http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/\\$File/careexp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/$File/careexp.pdf)

Linking physical and mental health ... it makes sense – ARAFMI

The initiative is focused on improving the physical health of people with mental illness and supporting those who use a mental health service to access physical health care.

http://www.health.nsw.gov.au/resources/mhdao/pdf/080130_pmh_mhs.pdf

NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015 – NSW Health

The purpose of the plan is to guide development of SMHSOP across NSW over the next ten years. The plan is primarily directed at Area Mental Health Services (AMHSs) in NSW. The Plan focuses on the development of SMHSOP within AMHSs and the fostering of key partnerships and linkages to enhance mental health care for older people across NSW.

www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

100 ways to support recovery – Rethink

This is a guide for mental health staff which aims to support the development of a focus on recovery within our services. It provides different ideas for working with service users in a recovery-oriented fashion.

http://www.sswahs.nsw.gov.au/mhealth/content/pdf/100_ways_to_support_recovery.pdf

Poole's Algorithm

In recognition of limited timeframes and of theories of learning an algorithm has been developed detailing in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia plus an outline of supportive communication and care techniques. Three separate packages each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital:

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This resource is designed to meet the needs of those involved in the training and support of Aboriginal Mental Health Workers as mental health professionals. This resource provides workplaces with useful information regarding the importance of culture to health and service delivery as well as enhancing the cultural awareness of the workplace. This resource also has a list of supporting documents and resources (in Chapter 2) that can also be used. This resource can be found at:

<http://www.crrmh.com.au/amhwtp/index.html>

CORE COMPETENCY 5 – Risk management

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics;

- Risk and protective factors.
- Risk assessment and management.

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW IoP. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Safer place to work – Module 1

Specifies the minimum standard to be introduced in providing staff with the most up-to-date knowledge, skills, strategies, etc to assist them in preventing and managing workplace violence. Conducted through Local Health District learning and development units.

Suicide prevention in the older person train-the-trainer

A train-the-trainer run locally through area health services. This course is accompanied by a resource folder, and is recommended training for those working within SMHSOP. Conducted through Local Health Districts learning and development units.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- Conduct risk assessment on a consumer and follow up with a management plan and education of the staff and other organisations providing care. Ask the clinician to outline the risks involved in the provision of care to this person. Incorporate risks related to the client, carer, clinician and colleagues.
- Conduct a risk reduction activity related to clinical practice within the team setting.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discuss the risk assessment and how to deal with risk in the workplace.
- Discuss critical incident management and the clinicians role within this.

Resources

Preventing falls and harm from falls in older people. Best practice guidelines for Australian community care

These best practice guidelines provide guidance on managing the various risk factors that make older Australians in care vulnerable to falling.

[http://www.health.gov.au/internet/safety/publishing.nsf/Content/com-pubs_FallsGuidelines/\\$File/30456-Guidelines-COMM.PDF](http://www.health.gov.au/internet/safety/publishing.nsf/Content/com-pubs_FallsGuidelines/$File/30456-Guidelines-COMM.PDF)

Inter-agency protocol for responding to abuse of older people

This inter-agency protocol is one of the strategies in place to ensure that NSW Government agencies, and partner agencies in the non-government sector who are involved in supporting older people are able to respond appropriately to abuse of older people living in community settings. The protocol has been revised to assist workers, including volunteers, in a variety of roles across organisations that provide services to older people in NSW.

<http://www.adhc.nsw.gov.au/data/assets/file/0011/228386/InteragencyProtocol1.pdf>

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing in order of priority, the management of aggression, delirium, depression or other mental disorders and

dementia, plus an outline of supportive communication and care techniques. Three separate packages, each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital:

<http://www.ajan.com.au/Vol20/Vol20.3-6.pdf>

Suicide risk assessment and management protocols – community mental health service – NSW Health

These protocols refer to situations where a person has presented to a community health service, where mental health professionals are assessing someone at risk of suicide in the community or where a person has presented to an emergency department and the mental health service is contacted for assessment. All mental health professionals are required to conduct thorough clinical assessments and manage people regarded as being at risk of suicide.

http://www.health.nsw.gov.au/pubs/2004/pdf/community_mental_hlt.pdf

CORE COMPETENCY 6 – Policy and legislation

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- International and National mental health policy
- Legislation and mental health practice
- Mental health care and human rights
- Outcome measures

www.mhpod.gov.au

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW IoP. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- Mentor assists the clinician in completing a Guardianship application or MHRT form or Community Treatment Order (CTO). The clinician must demonstrate liaison with the carer/consumer involved and attend the relevant hearing. The clinician must provide feedback on progress to clinical review. The clinical leader to assess the progress of the clinician and provide feedback as part of peer review.
- The clinician is to present a case at clinical review, and highlight the legal issues surrounding the case. The clinical leader to assist the clinician in the preparation of the case and to provide debriefing after the presentation to further discuss any issues that may have arisen.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- What is testamentary capacity and how would you assess it in the clinical setting?
- How do the Guardianship Act (1987) and the Mental Health Act (2007) interplay for the older person?
- Have you assisted with a schedule, treatment order or Guardianship application? If so, describe the process.
- Ask the applicant if they are aware of the recent changes to the Mental Health Act (2007) and if they can outline at least one of these changes.
- Explore the concept of professional boundaries with clinical supervisor or with a clinical leader.

Resources

Capacity Toolkit

[http://www.ipc.nsw.gov.au/lawlink/diversityservices/LL_DiversitySrvces.nsf/vwFiles/CAPACITY_TOOLKIT0609.pdf/\\$file/CAPACITY_TOOLKIT0609.pdf](http://www.ipc.nsw.gov.au/lawlink/diversityservices/LL_DiversitySrvces.nsf/vwFiles/CAPACITY_TOOLKIT0609.pdf/$file/CAPACITY_TOOLKIT0609.pdf)

Community Mental Health Strategy (NSW) 2007-2012: From prevention and early intervention to recovery – NSW Health

The 2007-2012 strategy describes the model for community mental health services to be developed and delivered by 2012. This model provides a framework for improving responses to the needs of people with mental illness, their families and carers across NSW, across the age ranges and across diverse communities, working in collaboration with service partners.

http://www.health.nsw.gov.au/pubs/2008/pdf/mental_health_strategy.pdf

Guardianship Act 1987

http://www.austlii.edu.au/au/legis/nsw/consol_act/ga1987136/

National Practice Standards for the Mental Health Workforce

This document contains 12 practice standards for those who work in mental health professions of psychiatry, nursing, social work, psychology and occupational therapy.

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-workstds>

National Mental Health Standards (2010)

[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servst10v2.pdf)

NSW Mental Health Act 2007

http://www.health.nsw.gov.au/policies/ib/2007/pdf/IB2007_053.pdf

NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015 – NSW Health

The purpose of the plan is to guide development of SMHSOP across NSW over the next ten years. The plan is primarily directed at Area Mental Health Services (AMHSs) in NSW. The Plan focuses on the development of SMHSOP within AMHSs and the fostering of key partnerships and linkages to enhance mental health care for older people across NSW.

www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

CORE COMPETENCY 7 – The partnership approach

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Consumer identity and advocacy
- Cultural awareness
- Culturally sensitive practice
- Mental health service system and organisations
- Networks of care

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW IoP. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- Provide a detailed presentation of case at clinical review, outlining the referral agencies and their role in the care of the consumer. Ask clinician to identify three referral agencies they regularly refer to or work with, and provide a short in-service or compile a resource kit on these agencies for the team.
- Ensure the clinician meets with all the members of the multi-disciplinary team and is aware of his/her role.
- Ask the clinician to meet with/go on a visit with the BASIS and the DBMAS clinicians
- Identifies external advocacy services for consumers and carers (Schizophrenia fellowship, ARAFMI, Alzheimer's Association and Carers NSW).
- Conduct assessment with the use of an interpreter, ensure that the clinician is aware of the process of engaging an interpreter and what support services are available in their Local Health District.
- Identify the bilingual counselors in the Local Health District and meet with one to discuss their role and networking opportunities.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discuss working with an interpreter and any issues that may have arisen in their engagement of a health care interpreter.
- Discuss ways of promoting engagement with key stakeholders working with SMHSOP.
- Discuss engagement with Aboriginal communities and aged care services.

Resources

Aboriginal Older Peoples Mental Health Project Report 2010

This report provides information to assist SMHSOP clinicians and managers in understanding the mental health needs of older Aboriginal or Torres Strait Islander communities and inform policy and service development strategies to better address the need of the older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older people's mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander People.

http://www.health.nsw.gov.au/resources/mhdao/pdf/aboriginal_older_peoples_.pdf

Connecting with carers – SESIAHS

The *Connecting with Carers Is Everybody's Business* DVD and Handbook were developed to meet the need identified by former Area Health Services during the statewide training for a training resource which focused on the skills essential to everyday practice in working with carers of adult mental health clients. There is a dual focus on individual clinician practice and systemic change that encourages the development of key values and a shared philosophy within mental health services.

<http://www.health.nsw.gov.au/resources/mhdao/CWCdigitalhandbook.pdf>

Dementia – The caring experience

A practical guide for families and carers of people with dementia. A very useful resource for both the clinician and carers.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/\\$File/careexp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/$File/careexp.pdf)

The guardianship tribunal – Information for applicants

This is an information sheet outlining the process of the appointment of a guardian or financial manager.

http://www.gt.nsw.gov.au/information/doc_219_gt_fm_g_information_july09.pdf

Guidelines for working effectively with interpreters within mental health settings

These guidelines, designed for staff employed in mental health settings, aim to:

1. Increase awareness and understanding of the complexity of interpreting in mental health settings
2. Outline the knowledge and practical skills required to work effectively with interpreters and clients and
3. Provide links to additional information and resources to assist in working with interpreters in mental health settings.

http://www.vtppu.org.au/docs/interpreter_guidelines.pdf

NSW Aged Care Online Directory

An online directory regarding residential accommodation, home and community care and other information regarding aged care.

<http://www.agedcareonline.com.au/nsw.htm>

NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015 – NSW Health

The purpose of the plan is to guide development of SMHSOP across NSW over the next ten years. The plan is primarily directed at Area Mental Health Services (AMHSs) in NSW. The Plan focuses on the development of SMHSOP within AMHSs and the fostering of key partnerships and linkages to enhance mental health care for older people across NSW.

www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing, in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia plus an outline of supportive communication and care techniques. Three separate packages each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital:

<http://www.ajan.com.au/Vol20/Vol20.3-6.pdf>

Psychological Toolkit

The Psychological Toolkit is a collection of practical resources available for GPs to assist in the management of mood disorders in their clinical work. Comprising five sections, the materials include fact sheets for GPs and patients, questionnaires to assist GPs in the assessment of depression, charts to assist with treatment protocols, tools for self-monitoring and exercises for patients. Health professionals are welcome to download copies of these resources for use in their clinical work, retaining the acknowledgement of the Black Dog Institute as the source.

<http://www.blackdoginstitute.org.au/healthprofessionals/resources/thepsychologicaltoolkit.cfm>

Working together: Aboriginal and Torres Strait Islander Mental Health and wellbeing principles and practice

This document provides mental health clinicians with principles and practices to support culturally appropriate services to meet needs of Aboriginal and/or Torres Strait Islander People. The document can be found at the following website:

http://www.ichr.uwa.edu.au/kulunga/working_together

Walk together, learn together work together: A practice guide for the training of Aboriginal mental health professionals in NSW

This resource is designed to meet the needs of those involved in the training and support of Aboriginal Mental Health Workers as mental health professionals. This resource provides workplaces with useful information regarding the importance of culture to health and service delivery as well as enhancing the cultural awareness of the workplace. This resource also has a list of supporting documents and resources (in Chapter 2) that can also be used. This resource can be found at:

<http://www.crrmh.com.au/amhwtp/index.html>

CORE COMPETENCY 8 – Professional development

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 systems and processes of care.

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Evidence-based practice
- Quality improvement and evidence-based practice

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- In receipt of ongoing clinical supervision – The clinician must demonstrate that they have obtained the local clinical supervision register, secured individual or group clinical supervision and attend on an ongoing basis.
- Engage in a local quality improvement project
- Engage in the performance management process and develop a professional development plan for themselves in conjunction with their manager and clinical supervisor.
- Supervision in accordance with professional association.

- The clinician demonstrates a commitment to ongoing professional development in either essential or desirable criteria.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- In receipt of ongoing clinical supervision – The clinician must demonstrate that he/she has obtained his/her local clinical supervision register, secured individual or group clinical supervision and attend on an ongoing basis.

Resources

CIAP

The **Clinical Information Access Portal (CIAP)** provides access to clinical information and resources to support evidence-based practice at the point of care. CIAP is available to **all staff working in the NSW public health system**.

<http://www.ciap.health.nsw.gov.au/home.html>

CORE COMPETENCY 9 – Ethical practice

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.

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Confidentiality and privacy in practice
- Professional ethics

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

<http://www.newcastle.edu.au/course/NURS6070.html>

Clinical information and its use in clinical practice

This is a course for mental health clinicians held throughout the state and co-ordinated by the NSW Institute of Psychiatry. The course is designed to help clinicians understand the use of the MH-OAT forms in the clinical setting. This training is also available online at:

<http://amhocn.org/training-service-development/online-training>.

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- In receipt of ongoing clinical supervision – The clinician must demonstrate that they have obtained the local clinical supervision register, secured individual or group clinical supervision and attend on an ongoing basis.
- Regularly attends case review, has transparent processes of care provisions and asks senior clinicians for input regarding their care provision.
- Plans and conducts a family conference for their consumer with their clinical leader present. Provides feedback on the family conference to the clinical review.

Clinical supervision/peer review discussion questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discusses the theories behind clinical supervision.
- Reviews a case presentation within peer review/clinical supervision and determines strengths and areas for improvement.
- Discusses strategies for conducting a positive family conference and conflict resolution strategies.

Resources

Code of Conduct – NSW Health

http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.pdf

Guardianship Act 1987

http://www.austlii.edu.au/au/legis/nsw/consol_act/ga1987136/

National Mental Health Standards (2010)

[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servst10v2.pdf)

NSW Mental Health Act 2007

http://www.health.nsw.gov.au/policies/ib/2007/pdf/IB2007_053.pdf

NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015 – NSW Health

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www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

CORE COMPETENCY 10 – Communication skills

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

Training courses and options

Graduate Certificate in Mental Health (Older Person)

The Graduate Certificate in Mental Health (Older Person) provides an overview of general concepts in mental health of older persons with an emphasis on healthy ageing, identification, assessment and clinical features of common disorders. Students will also gain familiarity with primary health care, prevention and promotion.

www.nswiop.nsw.edu.au

MHPOD recommended topics:

- Building the therapeutic relationship
- Effective documentation in clinical files

www.mhpod.gov.au

Mental Health Nursing of Older People – Newcastle University

Mental Health Nursing's individual contribution to the care of older people is its focus on the interaction of physical, psychological, cognitive, behavioural and social stressors, resources and strengths as they affect function, health status and quality of life of individuals and their families. This course uses an incremental model to determine nursing content to encompass knowledge and skills from the disciplines of mental health and aged care nursing, psychiatry, psychology, geriatric medicine and pharmacology. Major diagnostic syndromes, clinical assessment and developmental and social issues are emphasised.

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<http://amhocn.org/training-service-development/online-training>.

Communicating with people living with dementia

The session provides an understanding of the impact of dementia on communication, and examines effective ways to communicate with, and engage, a person living with dementia. The course is run through the Alzheimer's association.

www.alzheimers.org.au/new-south-wales/

Tasks and activities

The suggested tasks to assist in the achievement of competency are:

- The clinician provides a summary of a new admission and demonstrates effective communication techniques in clinical review.
- Engages in the performance review process and is able to effectively express his/her goals and any issues that may have arisen.
- Participate when a clinical leader is involved with :
 - Guardianship applications
 - Mental Health Review Tribunal
 - Letters to GP other stakeholders
 - Relevant NSW Mental Health documentation modules / reports and or forms related to the NSW Mental Health Act (2007) and Guardianship Act (1987).

Clinical supervision and peer review questions

The suggested peer review and clinical supervision discussion points/questions to be covered in this competency are:

- Discuss effective communication techniques for communicating with a person living with dementia
- Discuss de-escalation strategies when engaging with a consumer displaying aggressive behaviour.

Resources

Aboriginal Older Peoples Mental Health Project Report 2010

This report provides information to assist SMHSOP clinicians and managers in understanding the mental health needs of older Aboriginal or Torres Strait Islander communities and inform policy and service development strategies to better address the need of the older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older people's mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander People.

http://www.health.nsw.gov.au/resources/mhdao/pdf/aboriginal_older_peoples_.pdf

Code of Conduct – NSW Health

http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.pdf

Connecting with carers – SESIAHS

The Connecting with Carers Is Everybody's Business DVD and Handbook were developed to meet the need identified by Area Health Services during the statewide training for a training resource which focused on the skills essential to everyday practice in working with carers of adult mental health clients. There is a dual

focus on individual clinician practice and systemic change that encourages the development of key values and a shared philosophy within mental health services.

<http://www.health.nsw.gov.au/resources/mhdao/CWCdigitalhandbook.pdf>

Dementia – The caring experience

A practical guide for families and carers of people with dementia. A very useful resource for both the clinician and carers.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/\\$File/careexp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B804F0BA5AAD35BACA256F19000FF80D/$File/careexp.pdf)

Guardianship Act (1987)

http://www.austlii.edu.au/au/legis/nsw/consol_act/ga1987136/

National Mental Health Standards (2010)

[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servst10v2.pdf)

NSW Mental Health Act (2007)

http://www.health.nsw.gov.au/policies/ib/2007/pdf/IB2007_053.pdf

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www.health.nsw.gov.au/policies/gl/2006/GL2006_013.html

Poole's Algorithm

In recognition of limited timeframes and of theories of learning, an algorithm has been developed detailing in order of priority, the management of aggression, delirium, depression or other mental disorders and dementia plus an outline of supportive communication and care techniques. Three separate packages each comprising a booklet of lecture notes and resources plus a matching poster are available. Each of these relates particularly to the needs of older people in aged care facilities, acute care or the community. You will need to contact Julia Poole directly to purchase the tool. Julia can be contacted at Royal North Shore Hospital:

<http://www.ajan.com.au/Vol20/Vol20.3-6.pdf>

Section 5: Key documents

1. **Specialist Mental Health Services for Older People Workforce Survey 2007**
2. **Core competencies and measurement criteria for beginning Clinicians in Specialist Mental Health Services for Older People (SMHSOP) 2010**
3. **Specialist Mental Health Services for Older People (SMHSOP) NSW Service Plan 2005-2015**
http://www.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_013.pdf
4. **National Practice Standards for the Mental Health Workforce 2002**
[http://www.health.gov.au/internet/main/publishing.nsf/content/2ED5E3CD955D5FAACA25722F007B402C/\\$File/workstds.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/2ED5E3CD955D5FAACA25722F007B402C/$File/workstds.pdf)
5. **National Standards for Mental Health Services 2010**
[http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/DA71C0838BA6411BCA2577A0001AAC32/$File/servst10v2.pdf)
6. **The NSW Public Sector Capability Framework 2008**
<http://www.pscapabilities.nsw.gov.au/capability-framework/>
<http://www.pscapabilities.nsw.gov.au/assets/Downloads/NSWPublicSectorCapabilityFramework.pdf>

Section 6: References

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Section 7: Appendices

SMHSOP core competencies for beginning community clinicians – Self-assessment tool

Employee Name:		Phone/Ext	
Payroll Number			
Manager's Name:			
Clinical leaders name:			
Department:			
Self Assessment Period	From:	To:	

Clinician's Signature: _____ **Date:** ___/___/___

The **SMHSOP core competencies for beginning community clinicians self assessment tool** is an instrument for beginning clinicians to use in assessing their knowledge, skills and attitudes against the ten SMHSOP core competencies and measurement criteria.

The self-assessment is designed to help you identify areas of strength as well as areas you may wish to include in your **SMHSOP core competency development plan**. The **SMHSOP core competencies for beginning community clinicians** self-assessment can be a powerful tool for facilitating feedback about gaps in skills necessary for optimising performance.

Instructions

For each of the following core competency measurement criteria please conduct a self-rating by placing a tick in the appropriate column in accordance with the rating scale below.

The rating scale has three sections which cover the spectrum of *working towards*, *competent* and *not applicable*. Please refer to the following definitions:

- **Working towards**
Basic level of mastery of competency - Individuals may be able to identify the concept or skill but have limited ability to perform and demonstrate the knowledge, skills and attitudes.
- **Competent**
Intermediate level of mastery of competency - Individuals are able to apply and describe knowledge, skills and attitudes.
- **Not applicable**
The measurement criteria are not relevant or not available to be achieved in the clinician's workplace. Please put reason for not applicable in the comments section.

Following the self-rating the clinician and manager/clinical leader discuss the ratings and identify strengths and areas for further development during the year. These areas can be documented on the **SMHSOP core competency development plan** with appropriate timeframes and responsibilities. Please refer to the **SMHSOP core competency development plan**.

Competency One: Respect for individuals

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-centered mental health care and promote client self-respect.

1.1 Knowledge	Working towards	Competent	N/A
1.1.1 Understands the key aspects of a life history incorporating the social determinants and context of health.			
1.1.2 Understands the importance of the consumer's life history and cultural background.			
1.1.3 Displays understanding of person-centered mental health care.			
1.1.4 Displays awareness of key cultural considerations and key aspects of culturally appropriate care and support.			
1.2 Skills	Working towards	Competent	N/A
1.2.1 Takes a life history from an older person and identifies key strengths and vulnerabilities.			
1.2.2 Identifies the consumer's strengths individually and in the context of their support network.			
1.2.3 Engages meaningfully with Aboriginal and Torres Strait Islander consumers and their support networks, and develops culturally appropriate care strategies in collaboration with these support networks.			
1.2.4 Engages meaningfully with CALD consumers and their support networks and develops culturally appropriate care strategies.			
1.2.5 Is developing partnership and networking skills with multicultural health care workers and health care interpreters.			
1.2.6 Is developing an understanding of person-centered mental health care.			
1.3 Attitudes	Working towards	Competent	N/A
1.3.1 Displays respect for the trust required by consumers and carers in providing a life history and the confidentiality of this information.			
1.3.2 Displays willingness to engage the consumer in			

	a non-judgmental or non-discriminatory way.			
1.3.3	Embraces a philosophy of respect for the consumer and engages collaboratively in goal setting with the individual and their support networks.			
1.3.4	Understands and supports Aboriginal and Torres Strait Islander people and CALD people in a culturally sensitive manner.			
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.			
Notes				

Competency Two: Assessment and management skills

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.

2.1 Knowledge	Working towards	Competent	N/A
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.			
2.1.2 Has an understanding of the impact of ageism on clinical care.			
2.1.3 Displays awareness of the impact ageing, chronic disease and mental health in the older person has on carer/s.			
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.			
2.1.5 Displays understanding of the following mental conditions associated with ageing and the impact they have on the consumer: <ul style="list-style-type: none"> • Cognitive impairment and Dementia including Behavioural and Psychological Symptoms of Dementia (BPSD) • Co-morbid physical conditions • Delirium 			
2.1.6 Displays understanding of grief and loss and issues surrounding the death and dying process.			
2.2 Skills	Working towards	Competent	N/A
2.2.1 Applies understanding of the impact of developmental ageing in clinical practice.			
2.2.2 Displays ability to identify ageism in own and others' practice and seek to challenge it.			
2.2.3 Recognises the impact ageism can have on clinical care and, when appropriate, seeks supervision around this issue.			
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.			
2.2.5 Identifies carer stress or needs related to their caring role and any potential conflict between			

	consumer and carer needs.			
2.2.6	Responds empathically to carer needs and initiates actions or referrals to attempt to address this without conflicting with consumer needs.			
2.2.7	Is able to identify intergenerational conflict and adapt care planning appropriately.			
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.			
2.2.9	Displays ability to communicate effectively with the consumer and carers and implement strategies to cope with grief and loss.			
2.3	Attitudes	Working towards	Competent	N/A
2.3.1	Promotes and communicates positive and healthy ageing approaches.			
2.3.2	Is prepared to adapt care planning in response to dynamics between the consumer and their carers.			
2.3.3	Recognises and challenges ageism in self and others.			
2.3.4	Is prepared to maximise consumer and carer coping mechanisms and utilise social or family supports.			
2.3.5	Shows desire to support the carer, with the consumer's consent, in care and/ or discharge planning by the service.			
2.3.6	Is prepared to respect generational attitudes.			
2.3.7	Acknowledges the impact those mental conditions associated with ageing have on the consumer and responds according to need.			
2.3.8	Accommodates the impact grief and loss can have on care planning.			

Notes

Competency Three: The ageing process

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	Working towards	Competent	N/A
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:			
▪ 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	Working towards	Competent	N/A
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	Working towards	Competent	N/A
3.3.1 Displays willingness when required to alter assessment techniques in response to identified risks and individual consumer capabilities and refer as needed.			

<p>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.</p>			
<p>Notes</p>			

Competency Four: Intervention, care planning and recovery

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

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

Competency Five: Risk management

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

5.1	Knowledge	Working towards	Competent	N/A
5.1.1	Displays familiarity with key risks in OPMH and their potential impact. These include risks associated with:			
	<ul style="list-style-type: none"> ▪ OH&S for the clinician and others 			
	<ul style="list-style-type: none"> ▪ Violence and aggression 			
	<ul style="list-style-type: none"> ▪ Suicidality/self-harm 			
	<ul style="list-style-type: none"> ▪ Accidental harm or neglect 			
	<ul style="list-style-type: none"> ▪ Self-neglect 			
	<ul style="list-style-type: none"> ▪ Risk to others 			
	<ul style="list-style-type: none"> ▪ Boundary violations 			
	<ul style="list-style-type: none"> ▪ Elder abuse 			
	<ul style="list-style-type: none"> ▪ Falls 			
	<ul style="list-style-type: none"> ▪ Psychotropic medications 			
	<ul style="list-style-type: none"> ▪ Polypharmacy and adverse drug reactions 			
	<ul style="list-style-type: none"> • Delirium. 			
5.1.2	Has awareness of appropriate risk screening, assessment and management.			
5.1.2	Has an understanding of suicide prevention strategies.			
5.2	Skills	Working towards	Competent	N/A
5.2.1	Applies risk assessment tools and methods and			

	develops appropriate response.			
5.2.2	Develops and implements strategies to manage risks in consultation with senior colleagues.			
5.2.3	Identifies when to review the risk assessment acknowledging the dynamic nature of risk.			
5.2.4	Consults senior clinicians in response to risk assessment outcomes.			
5.3	Attitudes	Working towards	Competent	N/A
5.3.1	Displays willingness to engage in discussion of risk issues and response/s with more experienced colleagues or in supervision.			
5.3.2	Accepts the benefits of using appropriate risk screening assessment and management methods.			
Notes				

Competency Six: Policy and legislation

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

6.1 Knowledge	Working towards	Competent	N/A
6.1.1 Has adequate knowledge of relevant key documents; including:			
• 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	Working towards	Competent	N/A
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 the Guardianship Act (1987) and the Mental Health Act (2007) when required.			
6.3 Attitudes	Working towards	Competent	N/A
6.3.1 Recognises the importance of practicing within the parameters of relevant legislation.			

Notes

Competency Seven: The partnership approach

The clinician contributes to the delivery of holistic care in partnership with the client, 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	Working towards	Competent	N/A
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.			
7.1.2 Has understanding of the potential barriers to accessing care and that consumers and carers may require external advocacy resources.			
7.1.3 Displays awareness of how and when to engage with alternate consent providers.			
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.			
7.1.5 Displays understanding of “duty of care” and responsibility to the consumer, their carers and families when engaging service delivery partners.			
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.			
7.2 Skills	Working towards	Competent	N/A
7.2.1 Demonstrates ability to develop a collaborative care plan with the consumer and relevant others, with appropriate consultation, support and supervision.			
7.2.2 Identifies barriers for consumers to receiving care.			
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.			
7.2.4	Can identify relevant advocacy resources for consumers.			
7.2.5	Can identify when an alternative consent provider should be engaged, obtain the relevant consent and act consistently with pertinent legislation.			
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.			
7.2.7	Displays ability to explain the consumer's rights and responsibilities in a meaningful and appropriate way.			
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.			
7.3	Attitudes	Working towards	Competent	N/A
7.3.1	Shows desire to engage consumers, carers and significant others in the completion of relevant documentation.			
7.3.2	Advocates respect for the rights of consumers and carers and appropriately assist in the establishment of contact with other stakeholders.			
7.3.3	Displays willingness to engage and liaise with alternate consent providers when required.			
7.3.4	Demonstrates sensitivity regarding consumer 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.			

Notes

Competency Eight: Professional development

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	Working towards	Competent	N/A
8.1.1 Has understanding of key evidence-based practice guidelines, relevant NSW Health and Local Health Districts clinical guidelines and key emerging trends in OPMH.			
8.1.2 Understands the need for and engages meaningfully in orientation, clinical supervision and mentoring, professional development and performance management.			
8.1.3 Understands the quality improvement cycle and its core components.			
8.2 Skills	Working towards	Competent	N/A
8.2.1 Demonstrates understanding of relevant Local Health District orientation processes			
8.2.2 Develops skills actively through participation in orientation, clinical supervision and mentoring, professional development and reflective practice.			
8.2.3 Applies quality improvement processes in the workplace.			
8.2.4 Uses reflective practice to consider a real problem and apply to practice and can articulate the difference it has made.			
8.2.5 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.			
8.3 Attitudes	Working towards	Competent	N/A
8.3.1 Engages positively in orientation processes.			
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.			
8.3.3 Displays motivation to engage in quality improvement projects and processes.			
8.3.4 Engages in reflective practice and displays readiness to modify practice as a result of evidence-based practice developments.			
8.3.5 Actively seeks to utilise information from outcome measures and other relevant data sets to review care and other practices.			
8.3.6 Monitors professional development and participates in educational opportunities.			
Notes			

Competency Nine: Ethical practice

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	Working towards	Competent	N/A
9.1.1 Understands the rights of the individual to accept or reject assistance or intervention.			
9.1.2 Has understanding of the following documents/guidelines:			
<ul style="list-style-type: none"> Relevant NSW Health policies and procedures 			
<ul style="list-style-type: none"> Relevant Local Health District Standards of Practice (SOPS) 			
<ul style="list-style-type: none"> NSW Health Code of conduct 			
<ul style="list-style-type: none"> Privacy and Confidentiality guidelines 			
<ul style="list-style-type: none"> Human rights protocols 			
9.1.3 Displays awareness of potential for conflicts between consumer autonomy and maximum safety.			
9.1.4 Displays understanding of Incident Information Management Systems (IIMS) and Root Cause Analysis (RCA) processes and their role within the clinical field.			
9.2 Skills	Working towards	Competent	N/A
9.2.1 Displays ability to apply above mentioned policies and procedures to clinical practice.			
9.2.2 Displays ability to present relevant details of consumers' assessments and clinical reviews in team case conferences.			
9.2.3 Gains consent to proceed with intervention.			
9.2.4 Demonstrates ability to appropriately consider consumer wishes and seek supervision when this may conflict with safety issues.			
9.2.5 Displays ability to identify the need for, and appropriately complete, an IIMS notification.			
9.3 Attitudes	Working towards	Competent	N/A

9.3.1	Displays willingness to participate in peer review and case presentations in team meetings.			
9.3.2	Shows respect for consumer autonomy and the right to refuse service.			
9.3.3	Shows readiness to review and discuss conduct with peers and relevant stakeholders and be accountable for all aspects of professional conduct.			
9.3.4	Is prepared to participate in and openly discuss issues surrounding complaints processes and utilises the appropriate guidelines during this process.			
9.3.5	Displays motivation to evaluate professional practice.			
9.3.6	Shows willingness to participate in IIMS and RCA processes and complaint resolution.			
9.3.7	Recognises the significance of policy and procedures that guide practice.			
Notes				

Competency Ten: Communication skills

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

10.1 Knowledge	Working towards	Competent	N/A
10.1.1 Understands the importance of professional and empathic relationships with all stakeholders.			
10.1.2 Displays understanding of appropriate methods of communication with the consumer, accounting for life history, cognitive state and other impairments.			
10.1.3 Has knowledge of appropriate written communication techniques/formats with key stakeholders within skill level.			
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.			
10.2 Skills	Working towards	Competent	N/A
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.			
10.2.2 Adapts communication style appropriately to the needs of the consumer and carer/s and the circumstances of the communication.			
10.2.3 Demonstrates ability to complete documentation tasks relevant to role and within professional boundaries. These would include:			
<ul style="list-style-type: none"> • Relevant NSW Mental Health documentation modules. 			
<ul style="list-style-type: none"> • Reports and/or forms related to the NSW Mental Health Act (2007) and Guardianship Act (1987). 			
<ul style="list-style-type: none"> • Written communication with GPs. 			
10.3 Attitudes	Working towards	Competent	N/A

10.3.1 Engages consumers, carers and other professionals in an empathic, open and professional manner and maintains consumer confidentiality at all times.			
10.3.2 Respects consumer 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.			
10.3.3 Displays willingness to work within Code of Conduct and professional standards.			
Notes			

SMHSOP Core Competency Development Plan

Name of Clinician: _____

Current Position: _____

Date of Plan: _____ Name of Reviewer: _____

Role: _____

SMHSOP Core Competencies for Beginning Clinicians Training

Completed. _____

1. On the **SMHSOP core competency development plan** collate all competency items (from the Assessment) requiring development and add timeframes and details
2. As items on the **SMHSOP core competency development plan** are completed the supervisor signs them off and/or supports further progress
3. Additional Competencies and plans may be added for progressing at any time
4. Take signed off **SMHSOP core competency development plan** to next performance appraisal and review meeting or as negotiated to inform discussions.
5. This is a living document and is evidence of ongoing competency achievement.

SMHSOP Core Competency Development Plan						
Competency and measurement	Strategies / resources / tasks / activities to assist competency development (See 'Quick guide')	Date added	Person/s Responsible	Planned timeframe to develop competence	Date achieved	Reviewer signature

SMHSOP Core Competency Development Plan							
Competency and measurement	Strategies / resources / tasks / activities to assist competency development (See 'Quick guide')	Date added	Person/s Responsible	Planned timeframe to develop competence	Date achieved	Reviewer signature	



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