AASW

Australian Association
of Social Workers

Practice Standards
for Mental Health Social Workers
2014

Practice Standards for Mental Health Social Workers

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Foreword

The Australian Association of Social Workers is the body which sets the standards for professional social work education and practice in Australia. The *Practice Standards for Mental Health Social Workers* 2014 builds on the *Practice Standards for Mental Health Social Workers* 2008 and is a compendium to the *Practice Standards* 2013 for all social workers. The policy and practice landscape in the mental health field is fast moving and changing and as such, this 2014 document has refreshed the 2008 standards, bringing contemporary language and updating the policy and consumer context. Since 2008, consumers have influenced service systems and professional practice extensively and appropriately and the concept of 'recovery' in mental health has been integrated into practice, policy and systems. These standards also recognise and support private practice in social work.

This document has been aligned to the *Practice Standards* 2013 in a way that ensures that they incorporate specialty onto generic social work practice. This will enhance the profession and bring consistency to the Association's role in setting standards of practice.

Karen Healy
National President
Australian Association of Social Workers

Practice Standards for Mental Health Social Workers 2014

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Preface

The *Practice Standards for Mental Health Social Workers* 2014 is an update of the 2008 mental health standards document and largely builds on its content. These latest standards apply to mental health social workers and are to be read in conjunction with the AASW's two key foundation documents: the *Code of Ethics* 2010 and the *Practice Standards* 2013. The *Code of Ethics* identifies the values and moral principles that underpin social work practice and outline the required level of attainment for ethical social work conduct and accountability. All AASW members are required to comply with this Code and it informs all AASW documents and policies. The *Practice Standards* 2013 outlines the requirements for effective, professional and accountable social work practice in all social work contexts. They provide essential guidance to the *Australian Social Work Education and Accreditation Standards*.

The *Practice Standards for Mental Health Social Workers* 2014 provides detail on standards that need elaboration in the mental health context. Unlike the *Practice Standards* 2013, which apply to social workers at any point in their professional lives, the applicability of some elements of the mental health practice standards will depend upon the social worker's experience, practice setting and role. The *Practice Standards for Mental Health Social Workers* 2014 is intended to apply to all social workers, employed or self employed in the broad range of available mental health roles.

The *Practice Standards for Mental Health Social Workers* 2014 have been written to align directly with the *Practice Standards* 2013. In this regard, standards 6 & 7 (2013) do not re-appear in this current document. It is therefore important to refer to both sets of standards when reviewing this information.

For Accredited Mental Health Social Workers (AMHSWs), who are eligible to provide services funded by Medicare Australia or another government program, the essential mental health practice components, standards and indicators are listed at the conclusion of this document. It is crucial to establish the assessment, treatment and other intervention knowledge and skills of social workers applying to be AMHSWs in private practice. To this end it is expected that, apart from other accreditation requirements, applicants must demonstrate recent practice. At a minimum this means the equivalent of two years full time relevant practice in the last five years.

Introduction

Mental health is an integral and essential component of health. The World Health Organization (WHO) constitution states: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. An important consequence of this definition is that mental health is considered more than just the absence of mental disorders or disabilities.

'Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.' (WHO 'Mental health: strengthening our response' 2014).

This statement from WHO captures the bio-psychosocial dimensions of good mental health. It goes on to also identify the multiple factors that can compromise a person's mental health:

- specific psychological, personality and biological factors
- socio-economic – inadequate income and education
- social environmental – rapid social change, gender or racial discrimination, risks of violence
- personal – unhealthy lifestyle, physical ill health.

From these examples of risks to mental health, it can be seen that social workers who are practicing in other fields - endeavouring to improve a person's or community's circumstances on social justice grounds – are also positively influencing the conditions that affect mental health. Nevertheless like other social workers practicing in a specialised area, mental health social workers acquire a deep understanding of the emotional situation of people with whom they engage, their social condition, their circumstances, their families and the best practice ways of working with them. Progress for a person with a mental illness or disorder will be influenced by the:

- quality of the professional's relationship with the person
- knowledge and skills of the professional in the assessment and treatment of mental illness and disorders
- ability to secure other resources, when needed, to strengthen the prospects of the person's recovery
- policy and organisational dynamics
- service or program monitoring and evaluation practices.

The *Practice Standards for Mental Health Social Workers* 2014 addresses all of these areas and more.

Framework of the Practice Standards for Mental Health Social Workers

Values

Social work practiced in any field is committed to three core values which give rise to general and specific ethical responsibilities as outlined in the *Code of Ethics* (2010).

The values are:

- Respect for persons
- Social justice
- Professional integrity

(For further information refer to the *AASW Code of Ethics*.)

Components of social work practice

The practice standards in this document are based on those in *Practice Standards 2013*, which are categorised under eight components of practice common to all areas:

The components of practice are:

1. Values and ethics
2. Professionalism
3. Culturally responsive and inclusive practice
4. Knowledge for practice
5. Applying knowledge to practice
6. Communication and interpersonal skills
7. Information recording and sharing
8. Professional development and supervision.

The mental health practice standards add to these components. In this document only those standards where there are specific indicators to illustrate the requirements for mental health social workers are addressed. They can be found under the following Practice Standard headings:

- Values and ethics
- Professionalism
- Culturally responsive and inclusive practice
- Knowledge for practice
- Applying knowledge to practice
- Professional development and supervision.

Definitions and Understandings

The domain of social work in mental health is that of the person with a mental illness or disorder and their significant others, their social context and the bio-psychosocial consequences of mental illness. The purpose of practice is to promote recovery, restore individual and family wellbeing, to enhance the development of each individual's self-determination and to advance principles of social justice. Social work practice occurs at the interface between the individual and the environment: activity begins with the individual, and extends to the contexts of family, social networks, community, and the broader society.

The person

At the level of engaging with 'the person', social work is concerned with assessment, intervention or treatment planning as well as progress and outcome monitoring. The specifics of these functions will be determined by the setting and role of the social worker. Some social workers are sole mental health service providers while others may be part of a team or a unit. Irrespective of the setting, social workers collaborate with the relevant professionals and people who have an impact on the person's wellbeing.

Social context

At the level of 'social context', social work is concerned with the way each person's social environment shapes their experience of mental illness and mental health problems. Its concerns include understanding

- not only the internal but also the external factors affecting vulnerability and resilience
- the strengths and stressors in family functioning, support networks, culture, community, class, ethnicity and gender
- the impact of wider social issues such as economic wellbeing, employment and housing.

Social consequences

At the level of 'social consequences', social work acts on the effect of mental illness and mental health problems on a sense of self, life chances, family wellbeing, and on economic security, employment, and housing. Social work is also concerned with the potential connection between mental illness and broader health and welfare issues such as child protection, homelessness and domestic violence.

The Practice Standards for Mental Health Social Workers

1. Values and ethics

Social workers demonstrate that the values of social work are integral to their practice, they uphold their ethical responsibilities and they act appropriately when faced with ethical problems, issues and dilemmas.

	STANDARD	INDICATORS
1.1	Establishes a professional working relationship with the person who has a mental illness or disorder and their significant others	a. Listens respectfully to the person. b. Provides the setting for an emotionally supportive, therapeutic relationship. c. Values the lived experience of mental illness and consequences for the person and significant others, such as carers and family. d. Gives due regard to the person's age and cultural background, sensitive to ethnicity, race, socio economic standing and gender as variables that might affect the working relationship. e. Works in partnership with the person and relevant others and ensures mutuality in assessment and action planning. Partnership and mutuality are values that extend to working with professional colleagues. f. Communicates mutuality in the relationship by using inclusive language, avoiding terms that emphasise differences in experience, power and person hood between the person and the worker. Gathers and provides information in a way that respects the person's experience, beliefs and feelings. g. Welcomes and invites feedback from the person. h. In all aspects of work, encourages maximum levels of the person's participation in decision-making, emphasising self determination over day-to-day activities. i. Is able to accommodate the needs language and understanding relevant to working with different age groups: children, young people, adults and older people. j. When working with families and groups, recognises and seeks to accommodate the different experiences and perspectives of different family members and other relevant people.
1.2	Acts on the social justice issues related to people with a mental illness	a. Recognises the complexity of human experience, and sees the bio-psychosocial assessment and interventions beyond the limits of illness, diagnosis, and treatment. b. Challenges stigma and discrimination. c. Facilitates access to necessary treatment and support services. d. Promotes rights to participation in decision making and choice in mental health services. e. Encourages organisations to be equitable, accessible and responsive to the needs and aspirations of people with mental illness and their significant others. f. Ensures all civil and human rights are recognised.

	STANDARD	INDICATORS
1.3	Integrates the concept of recovery into practice, promoting choice and self-determination within medico-legal requirements and duty of care	a. Supports people to take responsibility for their own recovery and wellbeing and to define their goals and wishes, irrespective of their legal status (for example, a person voluntarily participating in therapeutic intervention or a person receiving involuntary treatment and care).
		b. Supports people to trust and collaborate with the mental health professional or multidisciplinary mental health team.
		c. Works collaboratively and identifies the contribution of all people's experience, expertise and strengths during all phases of contact, with particular regard to the person with the mental illness.
		d. Promotes a service and organisational culture of optimism and understanding and uses language that conveys hope. Where necessary, challenges stigmatising attitudes and discrimination.
		e. In situations where involuntary treatment is unavoidably indicated, works to minimise or eliminate the use of coercion, seclusion and restraint.

2. Professionalism

Social workers demonstrate active promotion and support of the social work profession, act with integrity and ensure accountability.

	STANDARD	INDICATORS
2.1	Manages personal workload	a. Develops a clear understanding of the range of professional and administrative tasks required in their social work position or role.
		b. Is conversant with the role of social work within the organisation, in promotional material if self-employed and to people with whom they engage.
		c. Understands, respects and collaborates with other disciplines in the delivery of mental health services
		d. Recognises the management structure of the agency or program and understands the lines of professional and administrative accountability.
		e. Prioritises work activities.
		f. Meets organisational or program professional and administrative deadlines.
		g. Maintains organisational or program procedures for efficient completion of administrative and professional tasks.
		h. Maintains agency or program requirements for record keeping, data collection and accountability of resources.
		i. Complies with organisational occupational health and safety policies.
		j. When self-employed, complies with professional indemnity requirements.
		k. When self-employed applies sound business management practices to ensure the provision of effective services for people with a mental illness.

2.2	Manages social work and mental health services	a.	Develops and monitors all organisational policy and procedures to ensure that services are provided in a way that complies with the principles of respect for and inclusion of people with a mental illness and their significant others who receive services from the agency.
		b.	Develops formal and informal arrangements to include people with a mental illness and their significant others in service planning, implementation, and evaluation.
		c.	Understands and clearly states the range of mental health services within the organisation and manages these services according to government and organisational policy.
		d.	Understands and develops a clear statement of the range of social work services and contributions within the organisation according to the statement of domain in this document.
		e.	Promotes professionally productive relationships among all staff within the organisation.
		f.	Promotes an understanding of and collaboration between all disciplines working in the mental health service. This will involve a clear understanding of, and respect for, the domain of other disciplines.
		g.	Within the organisational structures of service provision, establishes a management perspective that is reflective of social work values and philosophy.
		h.	Is able to understand the role of relationships in organisational dynamics.
		i.	Develops budgets and monitors allocation of financial and other resources as part of agency accounting systems.
		j.	Manages the recruitment of staff within organisational procedures according to the service needs.
		k.	Analyses staff development needs and plans how to meet these.
		l.	Manages and/or contributes to strategic planning as part of the organisation's planning process.
		m.	Monitors the overall performance and quality of the services.
		n.	Initiates and manages quality assurance programs within the organisation.
		o.	Allocates work responsibilities to staff.
		p.	Monitors staff performance in meeting organisational expectations for standards of practice and adherence to established procedures for accountability.
		q.	Manages and mentors staff in a respectful and compassionate manner and according to social work values.

2.3	Works as a professional in private practice, a member of a unit and/or a multidisciplinary team	a.	Demonstrates respect for the profession of social work, and for other disciplines.
		b.	Understands the scope of the social work domain, skills, knowledge and values in the mental health area.
		c.	Is able to articulate a specific statement of social work purpose, roles and activities within the organisation and when collaborating with other organisations or private professionals.
		d.	Is familiar with the knowledge, values, and practice bases of social work in relation to other mental health disciplines.
		e.	Supports the activities of other mental health professionals in the organisation and when collaborating with other organisations or private professionals.
		f.	Promotes the importance of the domain of social work in mental health in developing a comprehensive service approach to understanding mental illness and providing services.
		g.	Applies a range of skills in problem solving, education, and conflict resolution to the management of day to day professional social work activity and when collaborating with other organisations or private professionals.

3. Culturally responsive and inclusive practice

Social workers have adequate understanding and knowledge of cultural diversity in order to work in a culturally responsive and inclusive way.

	STANDARD	INDICATORS
3.1	Understands the way mental illness and mental health are conceptualised in the person's culture of origin	In the person's presentation, be aware of: a. The extent to which the person accepts the concepts of mental illness and mental health in terms of their culture of origin. b. Sources of possible conflicting views and practices between the culture of origin and Australian mainstream mental health and how differences may be accommodated or resolved. c. Culturally appropriate ways in which the person can be effectively assisted, including collaboration with or referral to a multicultural mental health service.
3.2	Understands the way mental illness and mental health are conceptualised in Aboriginal and Torres Strait Islander peoples' culture of origin	In the person's presentation, be aware of: a. The extent to which the person accepts the concepts of mental illness and mental health in terms of Aboriginal and Torres Strait Islander culture. b. Sources of possible conflicting views and practices between the culture of origin and Australian mainstream mental health and how differences may be accommodated or resolved. c. Culturally appropriate ways in which the person can be effectively assisted, including collaboration with or referral to an Aboriginal and Torres Strait Islander mental health service.

4. Knowledge for practice

Social workers have and obtain the knowledge required for effective practice.

	STANDARD	INDICATORS
4.1	Possesses current knowledge, concepts and evidence-based theories of the individual in society	Be aware of: a. Concepts and theories of human bio-psychosocial development through the lifespan, including development within a family and social context. b. Knowledge of theories on child, young persons and adult psychopathology. c. Concepts and theories of family formation and functioning. d. Knowledge of the family in the Australian context covers areas such as marriage, separation and divorce, parenting, step parenting, extended family support systems, and changes to family functioning over time. It also includes recognition of diversity in family form based on ethnicity, culture, socio-economic status, and rurality, and significant relationships beyond the traditional family structure, such as same sex relationships. e. Group behaviour and theories of group work. f. The impact of illness on the person's sense of self and their social roles, including issues of stigma, social disadvantage, and social justice. g. The impact of abuse and trauma in the person's life. h. The recovery and the strengths perspectives of individual, family, and community functioning that support the process of people with mental illness achieving a better quality of life. i. The impact of illness on the individual's socio-economic status and wellbeing, including issues of income security, housing, employment and broader quality of life. j. The relationship between mental health and family welfare and potential compromises to children's and significant others' roles. k. Disability theory and the application of disability concepts to mental illness, treatment and rehabilitation. l. Individual, family and group interventions. m. General social work theory and its application to practice in the mental health field. n. Organisational structures, change processes and dynamics within organisations.
4.2	Possesses knowledge of community	Be aware of: a. Evidence-based theories of community structure and functioning, as well as practice methods in community work and community development. b. Resources in the community.

	STANDARD	INDICATORS
4.3	Possesses knowledge of society	Understands:

4.3 Possesses knowledge of society

Understands:

a. Evidence-based theories and knowledge of the social and political processes that influence the social environment for the individual, their family, groups and community. These include areas such as socio economic status, ethnicity, multiculturalism, social control, deviance, crime and poverty.

b. Broader socio political processes that continue to shape Australian society such as racism, gender inequality, ageism, the oppression of minority groups based on sexual preference, differences based on rural or city location, and environmental issues.

c. Theories of social justice, including the impact of disadvantage and social injustice and action to counter them.

d. The broader Australian social and political context including the history of Australian politics and society.

e. The policies, structure and operations of the Australian health and welfare systems. Included here are the social security system, health insurance system, child welfare, child protection and justice systems, defence force, veteran's affairs, family welfare services, aged care and the range of services provided by the non-government sector.

f. The laws and legal processes that determine the context for practice. Examples include mental health and guardianship laws, and anti discrimination legislation.

4.4 Possesses knowledge of mental health psychopathology

Understands:

a. Health, illness, disease and disability.

b. The expression of mental illnesses or disorders at different life stages.

c. The psychiatric classification, major syndromes, evidence-based theories and knowledge of aetiology, and evidence-based theories and knowledge of therapeutic interventions.

d. The interaction of mental illness with other comorbidities, such as alcohol and other drugs (dual diagnosis) and intellectual disability (dual disability).

e. Recovery principles and their application in relation to individuals, families, and communities.

f. The social determinants of mental illness.

g. The range of therapeutic, including psychosocial, interventions in mental health, and the evidence base for those interventions.

h. The issues likely to affect people with a mental illness and their significant others, including the sociology of alienation and oppression, and the history of mutual support and empowerment processes.

i. The practice paradigms of the other mental health disciplines.

	STANDARD	INDICATORS
4.5	Possesses knowledge of social work research methods	Be aware of: a. Research methods that systematically investigate sources to increase knowledge, establish or confirm facts or solve problems. b. Program and service evaluation methods that systematically determine whether a service or organisational aim, proposal or action has achieved its intended outcomes. c. Methods of obtaining relevant data and peer reviewed literature through a number of sources including the use of data bases and the Internet d. The basis of gathering, assessing and applying information and facts to establish the evidence base for practice.
4.6	Has knowledge of government mental health policy	a. Is familiar with the principles of national and state policy. b. Is familiar with the mental health policies of relevant peak bodies. c. Seeks out related human service policies relevant to social work practice in mental health, and to people with a mental illness and their significant others, such as disability policy, broader health policy, income security and housing policies. d. Articulates the principles and policy specific to the organisation in which the social worker is employed, and agencies with which the social worker has ongoing contact. e. Applies these principles and policies in practice in determining work priorities and procedures. f. Identifies and documents areas where policies conflict with each other or conflict with the social work professional code of ethics, or where policy is deficient in addressing the needs of clients.

5. Applying knowledge to practice

Social workers demonstrate the skills required to implement knowledge into practice, while being mindful of the social work commitment to the human rights perspective.

	STANDARD	INDICATORS
5.1	Completes a comprehensive bio-psychosocial assessment and case formulation addressing the physical, psychological and social aspects of the person and their situation	In consultation with the person: a. Explores their understanding of their difficulties and strengths taking account of their physical, emotional, intellectual and, if sought, spiritual needs. b. Gathers information from a range of sources to build up a comprehensive understanding of the person's situational problems and strengths. c. Undertakes a Mental State Examination and other assessments of clinical functioning as part of providing a comprehensive assessment service. This includes the application of specific assessment schedules, as appropriate, to develop a detailed knowledge of specific aspects of the problems and strengths. d. Undertakes other assessments in specific clinical and related areas, for which additional specific training may be required to attain competence. These may be social work based, or related to other disciplines or multidisciplinary practice. Examples are the use of outcome measures, assessment of psychiatric disability, vocational capacities, age-related matters concerning children, adolescents, or older people, forensic issues, or the application of standardised assessment schedules requiring skilled analysis of data. e. Identifies and assesses relevant indicators in order to minimise risk to the person or to others. Risk assessment includes the risk of self-harming behaviour, the person's vulnerability to domestic violence and other safety issues in the home and living environment, including child safety, and the potential for the person's capacity to harm others. f. Establishes or confirms the likely mental health condition and the influence and priority of factors affecting the person's condition (or, in the absence of a formal diagnosis, forms a provisional diagnosis until this can be confirmed and discusses the priority factors affecting the person's condition). g. Applies knowledge and theory to the information gathered to develop a comprehensive statement linking the person's functioning and their strengths and problems with those in their social context. h. Reviews this assessment statement with the person so as to develop a mutual understanding and agreement about the assessment as well as identifying and using the appropriate interventions as part of the intervention or service plan. Part of this process involves setting measurable goals as agreed with the person. i. Regularly review the assessment and the intervention or service plan with the person to retain the focus on shared understanding of problems and strengths. j. Maintains records of activity as required by accountability standards within the organisation or program.

	STANDARD	INDICATORS
5.2	Develops and implements one or more evidence-based, therapeutic interventions with the person	a. Identifies the evidence base for the therapeutic, including psycho social, intervention. b. Forms a therapeutic relationship with the person. c. Contracts with the person to establish a basis for the intervention. d. Provides the person with information about the purpose, nature, risks, and likely outcomes of the intervention. e. Negotiates a timeline for the intervention with the person. f. Monitors and evaluates the implementation of the intervention with the person. g. Undertakes additional training as necessary, including at an advanced level, in specialised therapeutic interventions.
5.3	Advocates with and for person in relation to rights and resources	In consultation with the person: a. Establishes the need for some form of advocacy to address identified rights or problems. b. Explores the range of alternative actions available in order to address the identified need and supports action chosen. c. Makes representations and facilitates negotiation as appropriate. d. Monitors the activity of the treatment team to ensure that all decision making at every stage is respectful and inclusive of the needs and wishes of both the person and their family members. e. Supports and encourages self advocacy through assisting with preparation, providing resources and giving feedback on performance. f. Uses principles of mediation, negotiation, assertion, and conflict resolution. g. Links individuals, carers and family members with support and advocacy groups as a resource as appropriate. h. Challenges organisations or systems of service provision that are disempowering or discriminatory of people with mental illness and their significant others. i. Uses high level communication skills to ensure the person's best interests are represented. j. Evaluates the outcome of advocacy. k. Advocates with and for people within specialist complex contexts such as the forensic provisions of mental health legislation.

5.4	Undertakes case management (or a similar function)	In consultation with the person: a. Develops an assessment of their psychological and social circumstances and needs and, where applicable, other members of the treatment team, other service providers, and family and friends, when possible and desired by the person. b. Develops an intervention or service plan that takes account of short-term and long-term goals and identifies how the case manager will support those goals. c. Implements the intervention or service plan. d. Consults with the person's significant others, members of the treatment team and other service providers as appropriate for the implementation of the service plan. e. Advocates to obtain resources and to support the person to achieve goals. f. Reviews, revises and monitors the plan regularly.
5.5	Develops an assessment of community needs and resources	a. Accesses, assesses and interprets demographic and other data from sources relevant to the task, including publications from government and non-government agencies, media and the web. b. Engages with key informants in the community to identify community resources, and gaps between resources and needs. Such key informants would include elected representatives and government staff at local, state and commonwealth levels, community leaders in church, police, government agencies, service managers, and representatives of community organisations. c. Engages with marginalised individuals and groups in the community to identify community resources and gaps between resources and needs. d. Gathers detailed information about agencies through site visits and discussions with staff and consumers of services. e. Integrates data gathered to form a tentative assessment of community needs and resources. f. Reflects on assessment with individuals and groups in the community to validate conclusions drawn. g. Monitors the formed assessment regularly.
5.6	Engages in mental health promotion and prevention activities	a. Engages with individuals, groups, and communities to establish need for intervention. b. Interrogates the peer reviewed and/or evaluated literature to determine the range of relevant programs that have been applied. c. Work with stakeholders to develop a plan for intervention, identifying program activities and time lines. d. Work with stakeholders to determine appropriate outcome measures for the project. e. Implement and monitor the project. f. Evaluate and report on the project.

5.7	Collaborates with other services	a. Makes contact with stakeholders from all sectors relevant to mental health, including housing, income security and employment, as well as health care practitioners.
		b. Develops a working knowledge of relevant services in the community, and maintains formal and informal contact with service providers and management within these services.
		c. Provides information about the social worker's organisation and encourages appropriate liaison between this organisation and the range of community services.
		d. Supports communication networks and co operation among all stakeholders of services in the community relevant to people with a mental illness and their families.
		e. Brings individuals and groups together to share ideas on issues of common concern and potential solutions.
5.8	Engage in activities of social action	a. Analyses the social, political and cultural context within which action is required.
		b. Establishes in consultation with individuals and community groups the need for action to resolve specific issues affecting mental health and wellbeing.
		c. Supports the advocacy and education activities of community groups seeking to raise awareness of stigma and discrimination experienced by individuals and groups with mental health problems.
		d. Facilitates an awareness of political and legal processes available for pursuing different forms of social action among participants.
		e. Supports the referral of individuals to advocacy groups to enhance opportunities for collective action.
		f. Supports individuals and groups in reviewing alternatives for action to resolve injustice, and in planning action.
		g. Supports individuals and groups in reviewing action strategies and evaluating outcomes.

5.9	Analyses and develops of policy	a.	Identifies relevant research or other data that may inform the content of the policy.
		b.	Identifies evidence based Australian or international policies that have been enacted and that may inform the content of the policy.
		c.	Analyses the political and policy context in which service policy is implemented.
		d.	Consults with stakeholders to determine the range of perspectives, areas of agreement and disagreement among people with a mental illness and their significant others, service providers and managers.
		e.	Identifies the specific legal dimensions, values and practice principles relevant to policy development.
		f.	Drafts policy, procedures or guidelines for review by relevant stakeholders.
		g.	Negotiates introduction of policy.
		h.	Monitors policy implementation.
5.10	Contributes to mental health policy development in the organisation or program	a.	Systematically monitors own work to determine the effectiveness of professional activity and overall service by the organisation.
		b.	Seeks feedback from people and their carers or significant others about the organisation's services.
		c.	Provides detailed feedback to management in relation to existing policy implementation.
		d.	Suggests directions for mental health policy development within the policy-making process.
		e.	Consults with representatives of stakeholder groups.
		f.	Monitors service delivery patterns and contributes to relevant forums at an organisation, regional, state and national level.
		g.	Identifies evidence-based policy options in state, regional, national and international contexts.
		h.	Contributes to the consideration and selection of policy options through negotiation with management and engagement with relevant political processes.
		i.	Monitors policy implementation.

5.11	Undertakes service development	a. Identifies specific service needs through assessment and consultation with stakeholders.
		b. Provides information and advice to community groups on mental health issues. This is a process of making the specialist expertise of the mental health service available to health and community services.
		c. Encourages the coming together of different stakeholders to develop a shared understanding of needs and possible approaches to service development.
		d. Supports the involvement of marginalised individuals and groups in the review and planning of service development.
		e. Supports the development of mutual support and advocacy groups among isolated and marginalised individuals.
		f. Supports strategies based on cooperation, campaigning and conflict resolution adopted by community groups in seeking to develop services.
		g. Supports negotiation, problem-solving and conflict-resolution strategies in resolving differences among stakeholders in working towards service development.
		h. Assists community groups to access funding and other resources for service development.
		i. Analyses the evidence for options for service delivery needs in relevant Australian and international research to meet identified need..
		j. Analyses resource implications for alternative service responses.
		k. Consults with stakeholders in reviewing alternative approaches to service development and selecting a preferred option.
		l. Develops a detailed plan for service development, implementation and evaluation.
		m. Negotiates access to the resources required for service implementation with management.
		n. Negotiates the introduction of the service with stakeholders.

5.12	Works at the interface of mental health and other social and human services systems	a.	For individuals, analyses the relationship between mental health and related social and human service issues.
		b.	At the level of policy implementation, analyses the relationship between mental health and related social and human service issues.
		c.	Provides consultation and liaison to service providers in relation to people with a mental illness where the interaction of mental health issues with other social and human service issues is an important concern for practice.
		d.	Educates service providers and policy makers in social and human services about the needs of people with a mental illness who may require access to those services.
		e.	Advocates with a range of social and human services to ensure that the needs of people with a mental illness are understood and accommodated by such services.
		f.	Solves problems with people who have a mental illness and service providers regarding specific difficulties encountered by individuals and groups in accessing services.
		g.	Develops policy and protocols for service delivery in areas of interface between mental health and other social and human services.

5.13	Plans and implements practitioner level as well as program-based research and/or evaluation projects	a. Establishes the need for research or evaluation projects as part of the ongoing process of improving service delivery within the agency.
		b. Identifies a particular research question (including an evaluation issue) to be investigated.
		c. Applies knowledge and skills in qualitative and quantitative methods in planning and implementing a research (or evaluation) project. Small-scale projects involving the professional's own cases that assess the effectiveness of their practice ('practitioner research') are also legitimate subject matter for research.
		d. Selects a methodology for the project that is appropriate for the project's aims, while being respectful of the needs and wishes of people with a mental illness and their significant others, and addressing the ethical issues identified for the research.
		e. Consults with people who have a mental illness or disorder and their significant others about the need for, and approaches to, the research or evaluation project.
		f. Consults with other stakeholders to establish the range of perspectives on the research or evaluation project.
		g. Explores with stakeholders the ethical issues relevant to the project. Seeks approval from the relevant Ethics Committee if advisable.
		h. Develops support for the project among all stakeholders.
		i. Consults with professionals who have specialist knowledge to help strengthen the research or evaluation design and process of implementation.
		j. Develops a detailed plan for the implementation of the research or evaluation project.
		k. Obtains the necessary resources to implement the research or evaluation project.
		l. Implements the research or evaluation plan.
		m. Analyses resulting data and writes up the research or evaluation project.
		n. Develops a plan for the dissemination and implementation of project findings relevant to best practice.

[In *Practice Standards 2013*, 6. Communication and interpersonal skills & 7. Information recording and sharing cover what is needed for mental health social workers.]

8. Professional development and supervision

Social workers demonstrate commitment to ongoing learning through continuing professional development and supervision (for further information regarding this practice component, refer to *AASW Supervision Standards* 2014). The indicators or actions associated with the preceding standards should be the subject of thoughtful analysis by the professional of the merits or otherwise of their work, known as critical reflection.

	STANDARD	INDICATORS
8.1	Maintains a critical reflective approach to social work practice in mental health with the aim of improving currency of knowledge and skills	a. Identifies personal strengths in skill development and knowledge. b. Maintains systematic records of social work practice activities as a basis for reflection. c. Identifies areas for personal development in knowledge and skill-base for practice. d. Identifies recurring problems and achievements of the service or program as a whole. e. Explores areas of key professional activity as described and developed in the research literature. f. Shares critical reflections on practice within the professional supervision process and in formal and informal discussions with colleagues. g. Reflects on professional activity in relation to the research literature.
8.2	Accesses the research literature to be informed of the evidence base for professional mental health practice	a. Regularly consults books and peer-reviewed journals relevant for practice through professional library resources and reliable web sources. b. Critically evaluates research literature and web sources by applying knowledge of research design, processes, and standards for the analysis of data. c. Maintains reading and exploration of knowledge in relevant research areas in order to inform practice.

Appendix

Mandatory Standards for applicants applying for Accreditation as a Mental Health Social Worker

1. Values and ethics

Standard 1.1: Establishes a professional working relationship with the person who has a mental illness or disorder and their significant others.

Standard 1.2: Acts on the social justice issues related to people with a mental illness.

Standard 1.3: Integrates the concept of recovery into practice, promoting choice and self-determination within medico-legal requirements and duty of care.

2. Professionalism

Standard 2.1: Manages personal workload.

Standard 2.3: Works as a professional in private practice, a member of a unit and/or a multidisciplinary team.

3. Culturally responsive and inclusive practice

Standard 3.1: Understands the way mental illness and mental health are conceptualised in the person's culture of origin.

Standard 3.2: Understands the way mental illness and mental health are conceptualised in Aboriginal and Torres Strait Islander peoples' culture of origin**.**

4. Knowledge for practice

Standard 4.1: Possesses current knowledge, concepts and evidence-based theories of the individual in society.

Standard 4.4: Possesses knowledge of mental health psychopathology.

Standard 4.6: Has knowledge of government mental health policy.

5. Applying knowledge to practice

Standard 5.1: Completes a comprehensive bio-psychosocial assessment and case formulation addressing the physical, psychological and social aspects of the person and their situation.

Standard 5.2: Develops and implements one or more evidence-based, therapeutic interventions with the person.

Standard 5.3: Advocates with and for person in relation to rights and resources.

Standard 5.4: Undertakes case management (or a similar function).

Standard 5.7: Collaborates with other services.

8. Professional development and supervision

Standard 8.1: Maintains a critical reflective approach to social work practice in mental health with the aim of improving currency of knowledge and skills.

Standard 8.2: Accesses the research literature to be informed of the evidence base for professional mental health practice.

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