



# **Community Services Training Package (CHC99)**

## **Mental Health Work (non clinical)** National Competency Standards



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Telephone +61 3 9630 9836 or 9630 9837;  
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## Preface

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This document contains specific national competency standards and qualifications relating to Mental Health Work (non clinical). The standards and qualifications form part of the Community Services Training Package. The Community Services Training Package has been developed by Community Services and Health Training Australia and funded by the Australian National Training Authority.

This document must be used in conjunction with the following documents:

- Assessment Guidelines
- Qualifications Framework
- Community Services Common Competency Standards

The Community Services Training Package integrates national competency standards, qualifications and assessment guidelines in the following areas:

- Aged Care Work
- Alcohol and Other Drugs Work
- Child Protection/Juvenile Justice/Statutory Supervision
- Children's Services
- Community Work
- Community Housing Work
- Disability Work
- Mental Health Work (non-clinical)
- Youth Work

For further information relating to the Community Services Training Package please contact:

Community Services and Health Training Australia Ltd  
GPO Box 9848, Sydney NSW, 2001  
Phone 02 9263 3589  
Fax 02 9263 3599  
natcsh@s054.aone.net.au  
<http://www.home.aone.net.au/cshta>



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# Introduction

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## Background

The need to meet the vocational education and training needs of employees in the Mental Health (non clinical) sector has been identified and welcomed as a national priority by Community Services and Health Training Australia and the Australian National Training Authority. Enhanced education and training is seen as critical to sustaining ongoing improvements in services to clients.

Industry needs for training development and delivery are articulated through Training Packages which include national competency standards, assessment guidelines and national qualifications.

## National competency standards

- skills, knowledge and attributes applied to complete a job role are called *competencies*
- the level at which the competency is performed is called the *standard*
- together these make up *competency standards*
- competency standards are relevant to actual workplaces around Australia; and
- are understandable and useable by the range of intended audiences

## National competency standards are not

- *curriculum documents*  
Competency standards define the outcomes which may be achieved through training, but do not define the nature of the training, which may be formal or informal, on the job or by simulation and provided by publicly or privately.
- *assessment strategies*  
The performance criteria of standards are a guide to assessors, but they do not infer assessment strategies or techniques. The range of variables and evidence guide of each unit provide additional information to enable contextualising of the assessment of units whilst maintaining consistency in outcomes.
- *lists of tasks*  
Competency standards encompass a much broader notion of work required than merely the ability to perform tasks. Competency includes the capacity to manage a number and variety of tasks, to manage contingencies and to perform effectively in a whole work role/ work environment.
- *a definition of the “ideal” worker*  
Rather than expressing a wish list of desirable skills, competencies reflect actual work requirements, albeit in a changing work environment.
- *expression of competencies held by some workers or particular workplaces*  
National standards are based on work required at a particular level now and in the future, across the industry in different states/territories, regional areas and sizes of organisations.
- *service or program/organisation standards*  
Service, program or organisation standards can be linked to competency standards because in defining requirements of workers they indicate ways of measuring individual effectiveness.

## Workers covered by these National Competency Standards

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People with mental health problems, mental illness or psychiatric disability access a wide range of services within the community. The scope of the project is non clinical mental health work which is:

*...carried out to ameliorate\* the effects of mental health problems, mental illness and psychiatric disability, to enhance the quality of life of people with mental health problems, mental illness and psychiatric disability and assist them to maximise participation in the community.*

*This may involve collaborative assessment, support, advocacy, care and psychosocial rehabilitation of people with mental illness and / or psychiatric disability; support and education of the community and carers; and mental health promotion and education of the general community.*

*These competency standards do not cover clinical work in mental health treatment services.*

*\*ameliorate - "to make or become better"*

Many workers in the vocational sector are engaged in mental health work, however only a small proportion work in specialist mental health services. The vocational sector includes those workers who may obtain qualifications such as certificates 1 to 4, diplomas and advanced diplomas. These workers may work in cooperation with clinical mental health service workers such as nurses, occupational therapists, psychiatrists, psychologists and social workers, and do not conduct mental health assessments. Training may be obtained in the workplace, at TAFE colleges or from private training providers.

Examples of workers falling within the scope of this project include those mental health workers working in:

- general services provided within the community such as accommodation, support and rehabilitation
- specialist mental health services provided within the community such as accommodation support provided by the Richmond Fellowship
- self help organisations such as the Mood Disorders Support Group
- carer organisations such as the Association of Relatives and Friends of the Mentally Ill and
- general and specialist employment support

These competency standards exclude those workers covered by the Aged Care, Ancillary/Support Work, Community Work and Disability National Competency Standards.

The competency standards will be packaged in a range of ways to meet the varying needs of mental health workers. Broadly:

- workers who provide some mental health services as part of their role need units of competency which describe mental health specific skills. Units of competency may be assessed as single units or incorporated into other qualifications and;
- mental health workers who work in specialist mental health services need a package of units which describes their total work resulting in a mental health qualification.

## **How were these Competency Standards developed?**

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These standards have been developed through extensive industry consultation. Sources of information included:

- existing competency standards
- consultations with clients
- consultations with workers
- workshops and advice provided by members of the project management committee and
- common units of competency for the Community Services Training Package.

### **Who managed the development of the standards?**

The project to develop the standards was initially managed by a committee comprising representatives from the Mental Health (non clinical) sector. The standards are now managed by the Board of Community Services and Health Training Australia.



## How are National Competency Standards structured?

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To enable easy reading of the enclosed competency standards it is necessary to explain how they are set out, and how to understand them.

Competency standards have 5 parts:

1. *The unit of competency or skill*
2. *The elements or tasks that make up the competency*
3. *The performance criteria or outcome of what a worker actually does*
4. *The range of variables to help better understand the competency*
5. *The evidence guide to assess the competency or skill*

### UNIT TITLE

A key work outcome or competency is called a **Unit**.

Every unit describes the outcomes from the application of a complete set of skills and tasks that are needed to do part of a job. A fully competent person will be able to demonstrate all of the skills contained in a unit.

### UNIT DESCRIPTOR

This adds additional descriptive information to assist in achieving a common understanding from users of the standards, of what the unit of competency is about.

### ELEMENTS

**Elements** are lists of contributory *outcomes* which make up the unit. All the elements together fully describe the unit.

### PERFORMANCE CRITERIA

**Performance Criteria** specify the work activities and level of performance required of the worker. They are attached to elements of a unit but relate to the unit as a whole, and to the combinations of units in a package, at a particular level. They detail *how we can see the job is being performed correctly* and what the worker will *actually do* to achieve the outcome which the elements describe.

### RANGE OF VARIABLES

**Range Of Variables** specify *a range of situations* in which work may be performed.

### EVIDENCE GUIDE

**Evidence Guide** is a guide for assessors and developers of training. It provides additional information, such as *underpinning knowledge and skills* which a worker must have to achieve/demonstrate competency. It also provides assessors with a guide as to where and how the competency may be best assessed (eg. on the job or by simulation) and prerequisite units or combinations of units for assessment/training purposes.

## Packaging to a Qualification

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### Packaging units of competency to a qualification

Packaging links individual units of competency into groups. These groupings relate to levels of work, which are meaningful across the Mental Health (non clinical) sector. Packaging provides a means of indicating to trainees, employers, trainers and assessors the combination of competencies required for the workplace.

A qualification is gained when a student/worker can demonstrate competence in all units that have been packaged together. In the Community Services Training Package, packaging incorporates:

- specialisation units of competency which apply to a specific sector within the industry at a range of AQF levels;
- common units of competency which apply across all sectors of the industry at a range of AQF levels; and
- optional units of competency.

### Mental Health (non clinical) specialisation units of competency

These incorporate those skills which are special, different or specific to working with Mental Health (non clinical) issues.

### Community services common units of competency

The common competencies are those units of competency which may occur in all community services. They are common competencies rather than core or fundamental competencies. Thus being common does not mean that they necessarily underpin or are prerequisites to other units of competency.

Some common competencies apply to all sectors in community services and these are identified as compulsory. Other common competencies apply across some but not all sectors of the industry and these may be identified as compulsory or elective by the industry sector. Common competencies enhance the portability of skills across the community services and health industries.

The community services common units have been grouped and each of the units has been linked to AQF levels as a guide to packaging. Groups of units of competency make up a package which is aligned to a qualification. The level of qualification is determined by the industry sector in relation to a total package of units of competency; the package comprising common units, specialisation units and optional units.

Each of the 13 common areas has a code:

Advocacy	AD
Administration	ADMIN
Assessor and workplace training	BSZ
Community development	CD
Case management	CM
Casework intervention	CWI
Communication	COM
Client service	CS
Information management	INF
Networking	NET
Organisational management	ORG
Policy and research	P&R
Working with groups	GROUP

The community services common competencies are not included in this document. They are included in the document titled *Community Services Common National Competency Standards*.

### **Optional units of competency**

To ensure that the flexibility required by individual organisations can be accommodated in the packaging of standards, additional units can be included as optional.

Optional units will generally include the following, however specific requirements are indicated in each qualification:

- elective units
- compulsory units
- units from endorsed standards from other industries
- enterprise specific units

Both the common and the specialisation units of competency are divided into compulsory (required by all workers) and elective (required according to work functions) units. Thus units of competency may be;

- specialisation or common and
- compulsory or elective

## Customisation and Flexibility

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The community services competency standards identify the knowledge and skills that are needed to deliver high quality services to meet community and individual/client needs. The standards have been drafted so they are relevant to different organisations and are flexible enough to address the needs of workplaces of varying size and function.

It is intended that the qualifications will be packaged to reflect specific structures, standards and modes of service delivery within individual organisations/enterprises. Further application for specific purposes can be achieved through customisation of units of competency.

The following advice sets the boundaries of change accepted within the qualifications framework and where extensions or additions may be made through customising units of competency.

Existing flexibility in the Training Package is delivered via:

- contextualisation of units
- application of the packaging rules
- incorporation of enterprise unit/s

Customisation may be via:

- additions to the units

Any customisation or contextualisation of units of competency must ensure the integrity of:

- industry skill requirements
- industry portability requirements
- the national competency standards system and the Australian Qualification Framework qualifications

### Contextualisation of units

The units of competency can be contextualised for specific uses as long as the original intent and integrity of the unit of competency is not compromised.

An organisation can contextualise individual units for its own purposes by using workplace relevant information. This may be achieved by changing terminology in the performance criteria, range of variables and the evidence guides (eg. to refer to particular legislation or work practices under which it conducts its business). These changes do not require endorsement as long as assessment against the unit meets the outcomes identified in it.

### Applying the packaging rules

The Community Services competency standards are drafted to have application across a full range of organisations, regardless of location, type or size. Existing flexibility allows particular organisations, enterprises and individuals to select competencies to suit their specific needs through application of the packaging rules. This includes:

- choosing electives from both the specialisation and common units of competency
- choosing optional units from the Community Services Training Package or other endorsed National Training Packages. When selecting optional units from other Training Packages any additional assessment requirements should be incorporated
- adding an enterprise unit according to the packaging rules for optional units

If training requirements are not met by existing qualification packaging then standards users may:

- record statements of attainment for individual competencies or groups of competencies
- consult State Training Authorities regarding qualifications outside the coverage of National Training Packages
- develop new national competency standards and qualifications (see below for further information regarding customisation for enterprises and the development of new standards and qualifications)

### **Customisation of units**

Expansion of units may include the addition of elements, performance criteria, range of variables items or evidence guide statements. Standards users should consider, when making substantial additions or expansion to units, whether utilisation of other units or the development of new units may be more appropriate.

Standards users should note that the addition of units and elements may increase resource requirements for assessment and training. One example where this may be an issue is the Federal Government's New Apprenticeships system where qualifications will be funded according to minimum requirements.

### **Customisation and flexibility for enterprises**

Where enterprises have developed their own set of standards, there are a number of options for incorporating these into national qualifications:

- mapping the enterprise standards to the relevant qualification package. Where the enterprise standards match it may be that the organisation chooses to continue to use them for training (and other enterprise requirements such as human resources functions) but to gain a national qualification, assessment must be against the national standards
- adding enterprise specific content to the package according to the unit contextualisation options listed above
- application of the qualification packaging rules or adding units to the minimum number of units required for a qualification as shown above
- seeking endorsement as national enterprise specific standards (see below for information on the development of new standards)

## **New National Competency Standards and Qualifications**

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Development of new standards or qualifications may be initiated according to various industry priorities or influences including:

- enterprise specific requirements
- emerging or changing work practices
- work roles or functions not yet covered by the Training Package
- competencies covering a sector or area of work

Standards developers must adhere to guidelines for the development of national competency standards. National competency standards development must meet the following requirements:

- adherence to National Training Framework Committee quality criteria as well as up to date ANTA guidelines for Training Package developers
- compliance with the Community Services Training Package qualifications framework and assessment guidelines
- evidence of national support for standards development and/or evidence of national validation for standards that are already developed
- standards must be referred to Community Services and Health Training Australia for submission to the National Training Framework Committee

## Assessment against the Standards

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Assessment is a process which shows that an individual is competent (i.e. has the skills, knowledge and attitudes) to work at a particular level in the industry.

*The Assessment Guidelines are available from Community Services and Health Training Australia on 02 9263 3589 or on our home page ([www.home.aone.net.au/cshta](http://www.home.aone.net.au/cshta)).*

### **Relationship between assessment and a national qualification**

Under the Community Services Training Package, individuals will be assessed directly against the national competency standards, in a manner consistent with the assessment guidelines to gain a national qualification.

### **Issuing qualifications under the Community Services Training Package**

Registered Training Organisations (RTOs) are the only organisations that can issue qualifications. They are registered by a State or Territory government to provide a range of services (including assessment and training) under the national training system.

Registered training organisations must:

- satisfy the requirements of the assessment guidelines for the Community Services Training Package
- use assessors with the qualifications outlined in the Community Services Assessment Guidelines
- follow the standards and qualifications framework for the Community Services Training Package
- be registered by a State or Territory government

### **Assessment in the Community Services Industry**

Work in the Community Services industry centres around skills in interacting with people, many of whom may be experiencing hardship, stress or long term disadvantage. A high level of competence in communication, collaboration and negotiation is usually required compared with other industries. The community services industry is also multicultural and has a high proportion of participants experiencing cultural disadvantage. It is a significant employer (paid and unpaid) of people from non-English speaking and Aboriginal and Torres Strait Islander backgrounds.

Assessment of competency cannot rely on a measurement approach alone. Assessment evidence often needs to consider how the person brings together knowledge, an understanding of the work context, a decision about what to do, attitudes, values and ethics, as well as what the person actually does to perform the role.

### **Principles for assessment in Community Services**

Assessment under Community Services Training Package should be:

- valid
- authentic
- reliable
- consistent
- current
- sufficient
- flexible
- fair

**Assessor qualifications**

Registered training organisations must use assessors who possess the qualifications outlined in the assessment guidelines to conduct assessments under the Community Services Training Package.

**Choosing an appropriate training program for assessors in community services**

The assessment guidelines give some information to consider when selecting assessor training programs.

**Conducting assessments**

An assessment strategy for an individual or groups of individuals must be designed and implemented to address a range of issues. The requirements for conducting assessments are outlined in the assessment guidelines.

**The qualities to look for in a registered training organisation**

The assessment guidelines give some points to consider when selecting a registered training organisation.



## Australian Qualifications Framework (AQF) descriptors

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To determine the relevant AQF qualification, groupings or packages of units representing work functions in the community services industry are related to the descriptors of the levels of the AQF which indicate breadth and complexity of work.

The development of the national Competency Standards Framework for Community Services has paid due attention to all the variables which impact on AQF alignment:

- the *package* of units is aligned (not individual units ). This enables flexibility in packaging and customising
- packaging will reflect realistic outcomes required of individual work roles and focus on what makes work roles substantially different in outcomes (assuming it could be an interplay of all, or any of the variables identified in the AQF descriptors)
- differentiation of qualification levels in community services, in certain circumstances, is reliant on agreement of the industry parties. Where this is possible, it is specified in the relevant qualification
- a greater number of units with similar content (as far as complexity, breadth of knowledge and skills, and degree of judgment and autonomy) will not necessarily lead to higher qualification. Rather the package will need to reflect higher level competencies in the content and outcomes of the units in accordance with the AQF descriptors
- there can be a number of work levels covered within a single AQF descriptor, reflecting enterprise differences and negotiations

### *AQF Certificate II*

- competency involves application of knowledge and skills to a range of tasks and roles
- defined range of contexts where the choice of actions required is usually clear, with limited scope in the choice
- competencies normally used within established routines, methods and procedures, in some cases involving discretion and judgement about possible actions
- competencies likely to be applied under routine guidance with intermittent checking, but may take the form of general guidance and considerable autonomy if working in teams
- responsibility for some roles may be involved if working in a team

### *AQF Certificate III*

- competency involves the application of knowledge with depth in some areas and a broad range of skills
- a range of tasks and roles in a variety of contexts, with some complexity in the extent and choice of actions required
- competencies normally used within routines, methods and procedures where some discretion and judgement is required in selection of equipment, work organisation, services, actions and achieving outcomes within time constraints
- competencies likely to be applied under limited guidance with checking related to overall progress, but may take the form of broad guidance and autonomy if working in teams
- responsibility for the work of others and/or team coordination may be involved

### *AQF Certificate IV*

- competency involves the application of knowledge with depth in some areas and a broad range of skills
- a wide range of tasks and roles in a variety of contexts, with complexity in the range and choices of actions required
- competencies are normally used within routines, methods and procedures where discretion and judgement is required, both for self and others, in planning and selection of equipment, work organisation, services, actions, and achieving outcomes within time constraints

- competencies are likely to be applied with only general guidance on progress and outcomes sought
- the work of others may be supervised, or teams guided or facilitated
- responsibility for and limited organisation of the work of others may be involved

#### *AQF Diploma*

- competency involves the self-directed application of knowledge with substantial depth in some areas, and a range of technical and other skills to tasks, roles and functions in both varied and highly specific contexts
- competencies are normally used independently and both routinely and non-routinely
- judgement is required in planning and selecting appropriate equipment, services, techniques and work organisation for self and others
- competencies are likely to be applied under broad guidance
- the work of others may be supervised or teams guided
- responsibility for the planning and management of the work of others may be involved

#### *AQF Advanced Diploma*

- competency involves the self-directed development of knowledge with substantial depth across a number of areas and/or mastery of a specialised area with a range of skills
- application is to major functions in either varied or highly specific contexts
- competencies are normally used independently and are substantially non-routine
- significant judgement is required in planning, design, technical or supervisory functions related to products, services, operations or processes
- competencies are likely to be applied under limited guidance in line with a broad plan, budget or strategy
- responsibility and defined accountability for the management and output of the work of others and for a defined function of functions may be involved

### **Australian National Training Authority Qualification Codes**

All national qualifications have been assigned a code for inclusion on ANTA's National Training Information Service. The following codes apply to qualifications for the Mental Health Work – non clinical.

<b>CHC30899</b>	Certificate III in Community Services (Mental Health Work – non clinical)
<b>CHC40899</b>	Certificate IV in Community Services (Mental Health Work – non clinical)
<b>CHC50899</b>	Diploma of Community Services (Mental Health Work – non clinical)
<b>CHC60899</b>	Advanced Diploma of Community Services (Mental Health Work – non clinical)

## Definitions

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### **Advocates**

People who have been given the power by consumers to speak on their behalf, who represent the concerns and interest of the consumer as directed by the consumer, and seek the outcome desired by the consumer.

### **Carer**

Includes the consumer's identified family, including children and parents or the community, as well as other legal guardians and people significant to the consumer.

### **Client**

People with a mental disorder or psychiatric disability, consumers, carers, service users, patients, family members, individuals, groups, mental health interest groups, colleagues, health care workers, and/or community members.

### **Consumer**

A person making use of, or being significantly affected by a mental health service.

### **Supportive Counselling**

Listening to the client to help them identify their needs and offering assistance either directly or by referral to other workers or services.

### **General services**

General services are those which have service users/clients with a range of backgrounds/issues, some of whom may have mental health issues.

### **Legislative requirements**

Work may be governed by Federal, State or Territory legislation, which defines worker's roles and responsibilities. Implementation of the competency standards must reflect the legislative framework in which a worker operates. Lack of resources or the environment in which the worker operates does not negate the requirement for the worker to follow legislative requirements.

### **Mental illness**

A significant impairment of an individual's cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder.

### **Mental health**

The capacity of individuals within the groups and the environment to interact with one another in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals.

### **Mental health problem**

A disruption in the interactions between the individual, the group and the environment, producing a diminished state of mental health.

### **Organisational policy and procedures**

It is assumed that all work is performed within organisational policies and procedures. Where these do not exist the Mental Health Service Standards can be used as a guide.

**Psychiatric disability**

The consequences of a 'disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.'

**Psychiatric disability support service**

A range of service responses which enables the individual to live as independently as possible and be included in the ordinary life of the community.

**Psychosocial rehabilitation**

Refers to the processes, services and technologies which assist people with psychiatric disabilities to:

- improve their quality of life
- participate to their maximum extent in social, recreational, educational and vocational activities and
- live successfully at an optimal level of independent functioning in the community.

**Specialist services**

Organisations which have the primary purpose of delivering services to people with a mental disorder and/or psychiatric disability.

**Supervision**

Supervision describes supervision of work by more experienced workers, supervisors, managers and clinical mental health service providers. Supervision can be carried out when working directly with less experienced staff, or indirectly through reports etc.

**Worker**

The person supplying a service to a service user/client. Some common terms may be support worker, agency worker or field worker.

**Volunteer worker**

An unpaid person supplying a service to a service user/client.

## Resources

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Australian Health Ministers, *National Mental Health Policy*, Australian Government Publishing Service, Canberra, 1992.

Commonwealth of Australia, *National Standards for Mental Health Services*, Australian Government Publishing Service, Canberra, 1997.

Available from Mental Health Branch Commonwealth Department of Health and Family Services Phone 026 289 3698

Community Services and Health Training Australia. *Community Services Training. User's Guide to Training Packages*, Sydney, 1997.

Available from Community Services and Health Training Australia. Phone 02 9263 3589

Mental Health Consumer Outcomes Task Force, *Mental Health Statement of Rights and Responsibilities*, Australian Government Publishing Service, Canberra, 1991.

National Community Advisory Group on Mental Health. *Position Paper. Consumer and Carer Participation in Education and Training*, 1995

NSW Health Department. *Guidelines for the Handling of Medication in Community Based Health Services and Residential Facilities in NSW*. Circular 97/10. 1997.

Available from Better Health Centre NSW Health Department Phone 02 9391 9010

## CHC30899 Certificate III in Community Services (Mental Health Work - non clinical)

### *Packaging to gain a national qualification*

Compulsory	10
Elective	2
Options	1
<b>Total number of units of competency</b>	<b>13</b>

### *Optional competencies*

- elective units at this or higher levels
- compulsory units at higher levels
- units from endorsed standards in any industry at this or higher levels
- enterprise specific units

Note 1: Where enterprise units are included as options, these must be nationally endorsed (see introduction regarding new units and customisation)

### *Mental Health specialisations*

Compulsory competencies		Elective competencies	
CHCMH1A	Orientation to work in the mental health sector	CHCMH3A	Provide support
CHCMH2A	Provide first point of contact	CHCMH5A	Work with other services

### *Common competencies*

Compulsory competencies		Elective competencies	
CHCADMIN2A	Provide administrative support	CHCGROUP2A	Support group activities
CHCCOM2A	Communicate appropriately with clients and colleagues		
CHCCS1A	Deliver and monitor service to clients		
CHCINF1A	Process and provide information		
CHCNET1A	Participate in networks		
CHCORG3A	Participate in the work environment		
CHCORG4A	Follow the organisation's occupational health and safety policies		
CHCP&R1A	Participate in policy development		

## CHC40899 Certificate IV in Community Services (Mental Health Work - non clinical)

### *Packaging to gain a national qualification*

Compulsory	10
Elective	2
Options	1
<b>Total number of units of competency</b>	<b>13</b>

### *Optional competencies*

<ul style="list-style-type: none"> <li>elective units at this or higher levels</li> <li>compulsory units at higher levels</li> <li>units from endorsed standards in any industry at this or higher levels</li> <li>enterprise specific units</li> </ul>
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Note 1: Where enterprise units are included as options, these must be nationally endorsed (see introduction regarding new units and customisation)

### *Mental Health specialisations*

Compulsory competencies		Elective competencies	
CHCMH1A	Orientation to work in the mental health sector	CHCMH5A	Work with other services
CHCMH3A	Provide support		

### *Common competencies*

Compulsory competencies		Elective competencies	
CHCADMIN3A	Undertake administrative work	CHCAD1A	Advocate for clients
CHCCOM3A	Utilise specialist communication skills	CHCCD1A	Support community participation
CHCCS2A	Deliver and develop client service	CHCCD2A	Provide community education programs
CHCINF2A	Maintain organisation's information systems	CHCCD3A	Meet information needs of the community
CHCNET2A	Maintain effective networks	CHCCD5A	Develop community resources
CHCORG4A	Follow the organisation's occupational health and safety policies	CHCGROUP3A	Plan and conduct group activities
CHCORG5A	Maintain an effective work environment	CHCP&R3A	Undertake research activities
CHCP&R2A	Contribute to policy development	BSZ404A	Train small groups

## CHC50899 Diploma of Community Services (Mental Health Work - non clinical)

### Packaging to gain a national qualification

Compulsory	10
Elective	2
Options	1
<b>Total number of units of competency</b>	<b>13</b>

### Optional competencies

<ul style="list-style-type: none"> <li>elective units at this or higher levels</li> <li>compulsory units at higher levels</li> <li>units from endorsed standards in any industry at this or higher levels</li> <li>enterprise specific units</li> </ul>
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Note 1: Where enterprise units are included as options, these must be nationally endorsed (see introduction regarding new units and customisation)

### Mental Health specialisations

Compulsory competencies		Elective competencies	
CHCMH1A	Orientation to work in the mental health sector	CHCMH6A	Undertake systems advocacy
CHCMH4A	Provide services		
CHCMH5A	Work with other services		

### Common competencies

Compulsory competencies		Elective competencies	
CHCCOM4A	Develop, implement and promote effective communication techniques	CHCAD1A	Advocate for clients
CHCCS3A	Coordinate the provision of services and programs	CHCCD2A	Provide community education programs
CHCINF5A	Meet statutory and organisational information requirements	CHCCD4A	Develop and implement community programs
CHCNET3A	Develop new networks	CHCCD5A	Develop community resources
CHCORG6A	Coordinate the work environment	CHCGROUP3A	Plan and conduct group activities
CHCORG17A	Implement and monitor occupational health and safety policies, procedures and programs	CHCINF3A	Coordinate information systems
CHCP&R4A	Develop and implement policy	CHCP&R5A	Manage research activities
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>* These 3 competencies are co-requisite and count for one elective/option</b> </div>		*BSZ401A	Plan assessment
		*BSZ402A	Conduct assessment
		*BSZ403A	Review assessment
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>** These 4 competencies are co-requisite and count for one elective/option</b> </div>		**BSZ405A	Plan and promote a training program
		**BSZ406A	Plan a series of training programs
		**BSZ407A	Deliver training sessions
		**BSZ408A	Review training



## CHC60899 Advanced Diploma of Community Services (Mental Health Work - non clinical)

### *Packaging to gain a national qualification*

Compulsory	15
Elective	2
Options	1
<b>Total number of units of competency</b>	<b>18</b>

### *Optional competencies*

<ul style="list-style-type: none"> <li>elective units at this level</li> <li>compulsory units at higher levels</li> <li>units from endorsed standards in any industry at this or higher levels</li> <li>enterprise specific units</li> </ul>
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Note 1: Where enterprise units are included as options, these must be nationally endorsed (see introduction regarding new units and customisation)

### *Mental Health specialisations*

Compulsory competencies		Elective competencies	
CHCMH1A	Orientation to work in the mental health sector	CHCMH4A	Provide services
CHCMH5A	Work with other services		
CHCMH6A	Undertake systems advocacy		

### *Common competencies*

Compulsory competencies		Elective competencies	
CHCADMIN4A	Manage the organisation's finances, accounts and resources	CHCCD6A	Establish and develop community organisations
CHCCOM4A	Develop, implement and promote effective communication techniques	CHCCM5A	Develop practice standards
CHCCS4A	Manage the delivery of quality client service	CHCINF6A	Manage information strategically
CHCINF4A	Manage the organisation's information systems	CHCORG10A	Manage organisational change
CHCORG7A	Manage workplace issues	CHCORG12A	Review organisational effectiveness
CHCORG8A	Establish and manage new programs or services	CHCORG15A	Promote the organisation
CHCORG9A	Manage projects and strategies	CHCORG16A	Manage training
CHCORG11A	Lead and develop others	CHCP&R7A	Manage policy development
CHCORG13A	Manage organisational strategic and business planning		
CHCORG14A	Manage a service organisation		
CHCORG17A	Implement and monitor occupational health and safety policies, procedures and programs		
CHCP&R6A	Coordinate policy development		

## Units of Competency

### Mental Health Work (non clinical) units and elements

Unit title	Elements
CHCMH1A Orientation to work in the mental health sector	<ol style="list-style-type: none"> <li>1. Work within the context of the mental health sector</li> <li>2. Develop knowledge of the mental health sector</li> <li>3. Demonstrate commitment to the central philosophies of the mental health sector</li> <li>4. Work with people from culturally and linguistically diverse backgrounds</li> </ol>
CHCMH2A Provide first point of contact	<ol style="list-style-type: none"> <li>1. Greet and observe client</li> <li>2. Collect routine information from the client</li> <li>3. Judge priority of need for service</li> <li>4. Provide information to clients about the service and other relevant services</li> </ol>
CHCMH3A Provide support	<ol style="list-style-type: none"> <li>1. Assist clients to identify their needs</li> <li>2. Support clients to meet their needs</li> <li>3. Review work with clients</li> <li>4. Use self-protection strategies</li> <li>5. Refer clients</li> </ol>
CHCMH4A Provide services	<ol style="list-style-type: none"> <li>1. Assess the needs and issues of clients</li> <li>2. Establish goals of service provision with the client</li> <li>3. Provide services to meet client needs</li> <li>4. Review progress with the client</li> <li>5. Use self protection strategies</li> </ol>
CHCMH5A Work with other services	<ol style="list-style-type: none"> <li>1. Identify and maintain links with relevant services</li> <li>2. Provide relevant information to services about mental illness and psychiatric disability</li> <li>3. Support clinical and mainstream organisations to deliver appropriate services to people with a mental illness and/or psychiatric disability</li> </ol>
CHCMH6A Undertake systems advocacy	<ol style="list-style-type: none"> <li>1. Obtain, analyse and document information relevant to the needs of people affected by mental health problems as a community of interest within the general community</li> <li>2. Work with consumers, mental health services and other stakeholders to develop strategies to address identified needs</li> <li>3. Advocate for and facilitate the implementation of strategies developed to address the needs of people affected by mental health problems</li> </ol>



## MENTAL HEALTH WORK (NON CLINICAL) NATIONAL COMPETENCY STANDARDS

### Alignment with Mayer Key Competencies

Levels of Competency		
Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>Carries out established processes</li> <li>Makes judgements of quality using given criteria</li> </ul>	<ul style="list-style-type: none"> <li>Manages processes</li> <li>Selects the criteria for the evaluation process</li> </ul>	<ul style="list-style-type: none"> <li>Establishes principles and processes</li> <li>Evaluates and reshapes process</li> <li>Establishes criteria for evaluation</li> </ul>

Unit Code	Unit Title	Collecting Information	Communication	Planning	Work with Others	Maths	Solve Problems	Use Technology
CHCMH1A	Orientation to work in the mental health sector	1	1	1	1	-	1	-
CHCMH2A	Provide first point of contact	1	1	1	1	-	1	1
CHCMH3A	Provide support	2	3	2	2	-	2	-
CHCMH4A	Provide services	3	3	3	3	-	3	1
CHCMH5A	Work with other services	3	3	2	3	-	3	1
CHCMH6A	Undertake systems advocacy	3	3	3	3	-	3	-

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## CHCMH1A Orientation to work in the mental health sector

This unit aims to describe the context within which mental health work occurs.

Elements	Performance criteria
1. Work within the context of the mental health sector	<ul style="list-style-type: none"><li>all work in the sector reflects consideration of the historical context of the sector</li><li>all work reflects consideration of the changing social, political and economic context</li></ul>
2. Develop knowledge of the mental health sector	<ul style="list-style-type: none"><li>all work reflects knowledge of the current issues which impact on the sector and different models of work</li><li>in collecting information about the mental health sector, the views of key stakeholders and representatives from relevant target groups are collected and used</li></ul>
3. Demonstrate commitment to the central philosophies of the mental health sector	<ul style="list-style-type: none"><li>all work undertaken demonstrates consideration and understanding of the underpinning values and philosophy of the sector</li><li>all work in the sector demonstrates a commitment to access and equity principles</li><li>clients participate in all aspects of service planning and support activities</li><li>personal values and attitudes regarding mental health and illness are identified and taken into account when planning and implementing all work activities</li></ul>
4. Work with people from culturally and linguistically diverse backgrounds	<ul style="list-style-type: none"><li>all work undertaken demonstrates consideration and understanding of cultural and linguistic differences</li><li>all work is adapted to meet the specific cultural and linguistic needs of clients</li></ul>

### Range of variables

*Context includes:*

- statutory framework within which work takes place
- historical context of work eg. changing attitudes to mental health; changing approaches to working with clients
- changing social context of work eg. consumer centred approach, changing government and societal views of mental health, approaches to working with clients, deinstitutionalisation
- political context eg. government policies and initiatives affecting mental health work, mainstreaming
- economic context eg. the current economic situation as it relates to and affects mental health and the subsequent impact on client needs
- facts/myths about mental illness and psychiatric disability

*Different models of work in the sector may include:*

- community development and education
- mental health promotion
- case management
- working with families
- clubhouse

- psychosocial rehabilitation
- supported employment
- peer support/self help
- crisis situation responses
- early intervention/prevention
- consumer run models
- clinical mental health services
- residential services
- respite care
- home based support

*Stakeholders and representatives may include:*

- consumers
- carers
- friends, peers and target group
- families and care givers
- local community
- community organisations
- government representatives and service providers
- clinical mental health services
- peak bodies and networks in the sector
- management, colleagues, supervisor, team members

*The underpinning values and philosophies of the sector may include:*

- a holistic and consumer-centred approach
- community education
- promotion of mental health and wellbeing
- early intervention
- delivery of appropriate services
- commitment to meeting the needs and upholding the rights of consumers
- commitment to empowering the consumer
- encouragement of personal growth and development toward recovery and wellness

*A commitment to principles of access and equity includes:*

- creation of a consumer oriented culture
- a non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers
- ensuring the work undertaken takes account of and caters for differences including: cultural, physical, religious, economic, social

*Cultural and linguistic differences may include:*

- different cultural and social contexts
- the needs of indigenous Australians
- the needs of people from non-English speaking backgrounds
- social variables such as social attitudes to mental illness

## Evidence Guide

### *Critical aspects of assessment:*

- work or model of work demonstrates an understanding of underpinning values and philosophies in the mental health sector

### *Interdependent assessment of units:*

- this unit must be assessed with all other mental health (non clinical) specialisation units chosen as part of a package at a particular Australian Qualifications Framework level

### *Underpinning knowledge:*

- impact of stigma
- facts/myths about mental illness and psychiatric disability
- principles of disability
- principles of community delivered service provision
- importance of consumer input
- holistic and client-centred care
- consumer needs and rights including duty of care
- principles of client empowerment/disempowerment
- principles of access and equity
- policy, regulatory, legislative and legal requirements include
  - ◊ Mental Health Acts
  - ◊ Privacy Act
  - ◊ Equal Employment Opportunity principles
  - ◊ Community treatment orders
  - ◊ Community counselling orders
  - ◊ Guardianship Board
  - ◊ Freedom of Information Act
  - ◊ Individual rights
  - ◊ United Nations Principles for the Protection of Persons with Mental illness and the Improvement of Health Care
  - ◊ National Mental Health Policy and Plan
  - ◊ National Mental Health Service Standards
  - ◊ Disability Services/Discrimination Acts and standards
- involuntary and voluntary admission to hospital
- national standards for mental health services
- historical and social context
- political and economic context
- current issues facing clients and existing services to address their needs and rights
- understanding of regulations and guidelines governing the handling of medication
- principles and practices of ethics and values
- principles and practices of confidentiality
- principles and practice of duty of care
- major psychiatric illnesses
- early intervention
- legal system
  - ◊ courts
  - ◊ police powers
  - ◊ court reports
  - ◊ tribunals
  - ◊ parole
  - ◊ community treatment orders
- indigenous Australian culture



- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm

*Resource implications:*

- access to a workplace or simulated workplace where assessment may occur

*Consistency in performance:*

- consistency in performance should consider the requirements of the particular workplace context

*Context of assessment:*

- this unit is best assessed on the job or in a simulated workplace under the normal range of conditions

## CHCMH2A Provide first point of contact

This unit describes the competencies required to identify and respond to the immediate needs of current and potential clients including the provision of services such as referral and the provision of information.

Elements	Performance Criteria
1. Greet and observe client	<ul style="list-style-type: none"><li>client is listened to and acknowledged in a pleasant and accepting way</li><li>distressed people are responded to in a relaxed and calm manner</li><li>observations about client are reported to appropriate persons within the organisation</li></ul>
2. Collect routine information from the client	<ul style="list-style-type: none"><li>identifying information is collected and documented in accordance with organisational procedures</li><li>reasons for contact with the service are discussed with client in accordance with organisational procedures</li><li>client confidentiality is maintained in accordance with organisational policies and procedures</li><li>client rights and responsibilities are explained and observed in accordance with organisational policy</li></ul>
3. Judge priority of need for service	<ul style="list-style-type: none"><li>client is referred to appropriate persons according to urgency and nature of need</li><li>personal safety of self, client and others is assessed in accordance with organisational procedures and policies and within own role</li><li>assistance is sought as appropriate</li></ul>
4. Provide information to clients about the service and other relevant services	<ul style="list-style-type: none"><li>client is provided with current, relevant and culturally appropriate information on the service and other relevant services and what each provides</li><li>clients are assisted to contact other agencies/services as appropriate to obtain further information</li></ul>

### Range of variables

*Observations about client may include:*

- orientation to person, place, time
- level of coherence
- ability to communicate
- unusual behaviour/communication
- aggression - physical or verbal
- signs of physical injury/distress
- levels of personal distress and anxiety

*Appropriate persons may include:*

- immediate supervisor
- case manager
- clinician
- clinical mental health services

*Identifying information may include:*

- name
- contact information

*Information may be collected:*

- by speaking to others
- from written sources
- by observation
- from inside the organisation
- from external sources
- from clients

*Services may include:*

- making an appointment to see someone in the agency/organisation
- providing information on existing services
- referral eg. doctor, financial counsellor, women's refuge, youth services

*Safety takes into account:*

- body language
- tone of voice
- location
- proximity to other people
- stress/anxiety
- aggression

*Assistance may be sought from:*

- other staff
- consumer groups
- clinical mental health services
- specialists
- other community based support services
- hospitals
- ambulance
- police

*Response to requests for information will take into consideration the inquirer's:*

- language and style
- literacy level
- cultural factors
- previous contact
- disabilities

*Information is:*

- current
- relevant
- culturally and linguistically appropriate
- supportive of the reduction of stigma and discrimination

*Information on the service and other relevant services may be delivered in the form of:*

- informal discussion
- leaflets/brochures
- correspondence/written reports
- audio-visual
- newsletters/circulars
- published material
- posters/graphic representation

*Information may be given about the following types of services:*

- carer/consumer groups
- government and non-government services -eg. health, accommodation, education/training, employment, social/recreation, counselling, financial, self-help, advocacy, transport, torture/trauma
- people with relevant special qualities, knowledge and/or expertise
- government allowances, pensions and benefits
- program activities/timetables
- clinical mental health services
- cross cultural

## **Evidence Guide**

*Critical aspects of assessment:*

- demonstrates an understanding of mental health issues
- demonstrates an understanding of staff responsibilities in the organisation and own role within this, in terms of obtaining information from clients and referring them to workers within the organisation

*Underpinning knowledge:*

- stigma/prejudice
- local community needs
- normal behaviour/unusual behaviour
- agency role, agency target group in the community
- basic knowledge of culturally specific behaviour
- agency procedures and policies relating to provision of first point of contact for potential clients
- understanding of relationships between service providers
- other services and networks
- requirements for client registration
- waiting times for the service
- organisational policies and procedures for confidentiality
- organisational storage and recording systems
- organisational activities and timetables
- organisational requirements for monitoring services and/or attendance
- clients rights and responsibilities in the organisation
- workers' rights and responsibilities in the organisation
- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm

*Underpinning skills:*

- non-judgemental approach to working with people
- reporting skills
- observation skills
- cultural sensitivity
- verbal and non verbal communication
- liaison/referral
- confidentiality
- resolving aggression
  - ◊ basic negotiation
  - ◊ safety awareness
  - ◊ predicting violence
- listening and referral

*Resource implications:*

- access to a workplace or a simulated workplace where assessment may occur

*Consistency in performance:*

- consistency in performance should consider the range of clients and situations encountered in the workplace

*Context of assessment:*

- this unit is best assessed in the workplace or in a simulated workplace under the normal range of workplace conditions

## CHCMH3A Provide support

This unit describes the basic elements for implementing support for people with mental health issues in a range of settings, within an established plan of care.

Elements	Performance criteria
1. Assist clients to identify their needs	<ul style="list-style-type: none"><li>• appropriate communication and relationship building processes are used</li><li>• possibilities and options for responding to client needs are discussed and preferred action is determined and prioritised</li><li>• client is assisted to evaluate and select strategies to achieve their goals</li><li>• clients in distress or crisis are responded to promptly and supportively, in accordance with organisational policies and procedures</li></ul>
2. Support clients to meet their needs	<ul style="list-style-type: none"><li>• information and skills required by the client to meet their needs are identified</li><li>• opportunities to obtain information and develop skills are provided or developed</li><li>• individual and group support is provided in accordance with resources and procedures</li><li>• the client's rights and responsibilities are explained</li><li>• confidentiality is maintained in accordance with organisational policies and procedures</li></ul>
3. Review work with clients	<ul style="list-style-type: none"><li>• work with client is reviewed within organisational policies and procedures and strategies are adapted as appropriate</li><li>• outcomes of client work are reviewed with supervisor and/or colleagues in accordance with organisational policies and procedures</li></ul>
4. Use self-protection strategies	<ul style="list-style-type: none"><li>• conflict resolution and negotiation are used as appropriate</li><li>• appropriate action is taken to ensure the safety of self and others</li><li>• limits of own abilities are acknowledged and referral made as appropriate</li><li>• emergency assistance is sought as required</li></ul>
5. Refer clients	<ul style="list-style-type: none"><li>• the services that the client is already accessing are checked with the client and the service/s</li><li>• the suitability of other services is discussed with the client</li><li>• the client is supported to make contact with other services</li><li>• follow up is provided to determine the effectiveness of the referral</li></ul>

## Range of variables

*Organisational policies and procedures relevant to this unit include:*

- emergencies
- occupational health and safety
- referrals
- reporting
- goals, objectives and targets
- accountability
- code of conduct
- confidentiality
- grievance procedures

*Providing support to clients may include:*

- services provided face to face or via other communication methods such as telephone, fax, Email
- confidentiality is maintained in accordance with organisational policies and procedures
- other services are recommended when the person's needs are unable to be met by the organisation

*Needs may include:*

- emotional support
- social support
- financial advice
- food and clothing
- transport
- emergency relief
- legal advice
- accommodation support
- referral to other agencies

*Appropriate communication and relationship building processes may include:*

- engagement
- empathy
- non judgemental manner
- active listening
- listening to the person
- acknowledging the person in a pleasant and accepting manner
- treating the person as an individual with their own life history, skills and interests
- rapport building
- warmth
- genuineness
- respect

*Possibilities and options for responding to client issues and needs may include:*

- referral of the client to a colleague within the organisation
- referral of the client to other agencies in accordance with organisational policies and procedures

*Response to clients in distress and crisis will include:*

- enlisting support and/or assistance from colleagues or emergency support as appropriate
- using calm and calming behaviour
- reporting incidents promptly and accurately

*Support facilitates the person's independence, promotes their abilities and takes into account:*

- preferences
- ability to communicate
- level of stress or anxiety
- behavioural disturbance eg. tears, agitation, despair, elation, mood swings
- verbal or physical aggression
- inappropriate responses
- family and peer support/self help
- need for encouragement
- cultural/linguistic background
- social circumstances eg. family and social support

*Support may include:*

- organising appointments
- daily living skills
- shopping
- cooking
- public transport
- budgeting
- personal hygiene
- leisure

*Support processes may be informal and/or formal and may include:*

- problem solving techniques
- evaluation
- interviewing techniques
- information provision
- group work
- individual support
- working with carers and others
- relaxation management
- stress management
- anger management
- coping strategies
- counselling and support groups

*Support may occur in any environment including:*

- social settings
- home
- drop in centres
- workplace
- vehicles/transport
- cafes, shopping centres
- structured programs
- legal settings
- other agencies or services

*Supervisors and/or colleagues may include:*

- people from other services
- team members



*Assistance may be sought from:*

- other staff
- clinical mental health services
- community based support services
- legal services
- hospitals
- ambulance
- police
- interpreters
- consumer consultants
- transcultural consultants

*Other services may include:*

- carer/consumer groups
- psychosocial rehabilitation
- accommodation
- specialist disability
- legal
- day support
- employment and/or skill development serviceeeg. life or living skills
- pre-vocational
- leisure
- recreation
- education
- social activities
- clinical treatment
- drug and alcohol
- health
- advocacy
- respite
- pharmacies
- financial
- torture/trauma
- spiritual support

## **Evidence Guide**

*Critical aspects of assessment:*

- ability to effectively provide support to clients within organisational procedures
- understanding of role and responsibilities of self and other workers within the organisation

*Interdependent assessment of units:*

- completion of this unit removed the requirement to complete CHCCS1A "Deliver and monitor service to clients"

*Underpinning knowledge:*

- understanding of language used in the mental health sector
- awareness and understanding of issues relating to mental health sector
- stigma, prejudice and common stereotypes relating to mental health issues
- culture of mental health service provision
- relevant policy, regulatory, legislative and legal requirements relating to mental health service provision

- child protection and mental health issues
- community correctional orders and mental health issues
- mental health promotion
- working with individuals and groups
- motivational interviewing techniques
- signs and symptoms of major mental illness
- impact of mental illness and/or psychiatric disability on self esteem, motivation, daily living skills
- common medications for mental illness and their side effects
- psychosocial treatment approaches
- psychiatric disability
- basic understanding of psychosocial rehabilitation processes
- basic understanding of the range of clinical treatment and support services
- service role and target groups
- related agencies and referral procedures used by the organisation
- awareness of own biases and beliefs
- ethical obligations re: helping relations, confidentiality
- rights of workers and clients
- principles and practices of duty of care
- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm
- relationships between service providers
- mental health systems/networks in the local area

*Underpinning skills:*

- establishing rapport
- active listening including questioning
- interpretation of verbal and non verbal communication
- conflict resolution
- problem solving
- strategies for self-protection and self care
- strategies for dealing with aggressive or distressed people
- networking and liaison with other services
- crisis situation responses
- non-judgmental approach to working with people
- report writing
- supportive counselling

*Resource implications:*

- access to a workplace or a simulated workplace where assessment may occur

*Consistency in performance:*

- consistency in performance should consider particular requirements of support provision delivered in the workplace

*Context of assessment:*

- this unit is best assessed in the workplace or in a simulated workplace under the normal range of conditions

## CHCMH4A Provide services

This unit relates to collaboratively assessing needs, providing a range of services to meet needs, reviewing progress and evaluating the work undertaken with clients with mental health issues.

Elements	Performance Criteria
1 Assess the needs and issues of clients	<ul style="list-style-type: none"><li>• reasons for seeking help are identified</li><li>• current needs are identified and documented</li><li>• the client's abilities to address their own needs are identified</li><li>• organisational policy and procedures in relation to records, confidentiality and privacy are explained</li><li>• records of the person are maintained in accordance with organisational standards and procedures</li></ul>
2 Establish goals of service provision with the client	<ul style="list-style-type: none"><li>• appropriate communication and relationship building processes are used to identify service provision goals</li><li>• issues to be addressed through services provision are identified and prioritised</li><li>• goals identified in relation to needs of the person are documented and in accordance with organisational procedures, as appropriate</li><li>• goals are shared with client's consent where appropriate</li></ul>
3 Provide services to meet client needs	<ul style="list-style-type: none"><li>• strategies to address the impact of mental illness and/or psychiatric disability incorporating the knowledge, skills and abilities of the person are identified</li><li>• the use of other appropriate strategies, services and resources are facilitated by the worker</li><li>• short and long term strategies are negotiated as appropriate</li><li>• services are provided in manner which supports and encourages independence</li><li>• records of service provision related to the goals and strategies agreed are maintained in accordance with organisational procedures and policy</li></ul>
4 Review progress with the client	<ul style="list-style-type: none"><li>• progress is regularly discussed with the client</li><li>• revised goals and strategies are negotiated</li><li>• exit from the service or program is negotiated with the person and support provided in accordance with organisational policies and available resources</li><li>• outcomes are discussed with client and appropriate persons inside or outside the organisation and are documented in accordance with organisational policies and procedures</li><li>• confidentiality is maintained in accordance with agency/organisational guidelines and relevant legislation</li></ul>

5	Use self protection strategies	<ul style="list-style-type: none"> <li>• conflict resolution and negotiation are used as appropriate</li> <li>• appropriate action is taken to ensure safety of self and others</li> <li>• limits of own abilities are acknowledged and referral made as appropriate in accordance with organisational policies and available resources</li> <li>• emergency assistance is sought as required</li> </ul>
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**Range of variables:**

*Identification of reasons for seeking help may be assisted by:*

- the client
- carers
- colleagues
- information from other services

*Needs may include:*

- physical disability
- intellectual disability
- problematic alcohol and other drugs use
- psychosocial
- health
- employment
- related to grief and loss
- emotional
- financial
- legal
- spiritual
- social
- cultural

*Appropriate communication and relationship building processes may include:*

- engagement
- empathy
- non judgemental manner
- listening to the person
- treating the person as an individual
- rapport building
- respect
- hope

*Goals are shared within the bounds of confidentiality with people such as:*

- case managers
- other staff
- carers
- consumers
- family members
- other services

*Services provided take into account:*

- available resources
- contingency plans

*Other services and resources may include:*

- carer groups
- consumer groups
- accommodation
- legal
- day support
- employment
- skill development service eg. life or living skills
- spiritual support
- psychosocial rehabilitation
- other disability support services
- consumer consultants
- pre-vocational
- leisure
- creative activities
- recreation
- education
- social activities
- clinical mental health services
- Aboriginal health services
- drug and alcohol
- health
- advocacy
- respite
- pharmacies
- financial
- supportive counselling in response to crisis situations
- interpreter
- family violence
- sexual assault services
- accommodation

*Strategies may include assistance with:*

- self help groups
- accommodation
- employment
- legal matters
- recreation
- daily living skills
- creative activities
- social skills
- relationships

*Records of service provision may include:*

- individual service plans
- initial contact forms
- comprehensive assessment and service plan
- individual program plans
- evaluation forms

*Emergency assistance may be sought from:*

- own organisation staff
- other community organisation staff
- clinical mental health services
- other agencies
- hospitals
- ambulance
- police
- consumer consultants
- transcultural consultants

### **Evidence Guide:**

*Critical aspects of assessment:*

- identifying the needs and providing services to a range of clients with mental health issues
- effective collaboration with other workers and relevant services

*Underpinning knowledge:*

- language of the mental health sector
- signs and symptoms of common mental illness
- common medications for the treatment of mental illness and/or psychiatric disability and their side effects
- principles and practice of psychosocial rehabilitation
- difference between mental illness and psychiatric disability
- early intervention
- impact of mental illness and/or psychiatric disability on: self esteem, motivation, daily living skills and relationships
- a range of clinical treatment and support services
- client centredness
- rights and responsibilities of workers and clients
- understanding of complex ethical issues
- principles and practices of duty of care
- recovery
- relevant policy, regulatory, legislative and legal requirements relating to mental health service provision
- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm
- knowledge specific to the following areas:
  - ◊ working with clients with alcohol and other drugs issues
  - ◊ working with women
  - ◊ working with men
  - ◊ working with children and young people
  - ◊ working with aged clients
  - ◊ working with corrective services clients
  - ◊ working with Aboriginal and Torres Strait Islander clients
  - ◊ community education

*Underpinning skills:*

- communication
- negotiation
- questioning

- active listening
- interpretation of verbal and non verbal communication
- liaison
- referral
- supportive counselling
- conflict resolution
- mediation
- crisis situation responses
- protective intervention
- advocacy
- networking and liaison
- identification of support structures
- awareness of self and the impact of self on relationships
- ability to reflect on the dynamics of relationships
- confidentiality
- report writing
- resolving aggression, including:
  - ◊ negotiation
  - ◊ workplace safety
  - ◊ debriefing

*Resource implications:*

- access to a workplace or a simulated environment where assessment may occur

*Consistency in performance:*

- consistency in performance should consider the range of services provided to clients in the workplace

*Context of assessment:*

- this unit is best assessed in the workplace or in a simulated workplace under the normal range of conditions

## CHCMH5A Work with other services

This unit describes the ability to liaise and facilitate linkages between specialist mental health services and mainstream/general services in the community to ensure short and long term access to services by people with a mental illness and/or psychiatric disability.

Elements	Performance Criteria
1. Identify and maintain links with relevant services	<ul style="list-style-type: none"><li>• information on relevant services is gathered and stored as appropriate</li><li>• active participation in relevant networks is maintained</li><li>• information on the organisation's range of services available to people with a mental illness and/or psychiatric disability is provided and promoted</li></ul>
2. Provide relevant information to services about mental illness and psychiatric disability	<ul style="list-style-type: none"><li>• information requests about mental illness and/or psychiatric disability from other organisations are responded to, as appropriate</li><li>• information and resources are provided to support community groups as appropriate</li><li>• materials and resources provided are relevant and current</li><li>• feedback on the materials and resources is sought and used to develop future materials and resources</li></ul>
3. Support clinical and mainstream organisations to deliver appropriate services to people with a mental illness and/or psychiatric disability	<ul style="list-style-type: none"><li>• type and level of support to be provided are defined and negotiated with the organisation</li><li>• support and contact with people referred is maintained as appropriate</li><li>• information is provided to services in line with organisational confidentiality, consent and privacy policies and procedures</li><li>• longer term plans to assist services to operate self-sufficiently are developed and negotiated</li></ul>

### Range of variables:

#### *Links may be:*

- referral to and from other services
- telephone contact
- worker networks
- informal contacts
- case conferences
- interagency meetings
- community consultative committees
- joint projects

#### *Relevant services refers to:*

- consumer groups
- carer groups
- support groups
- supportive counselling
- schools
- commercial enterprises such as real estate agents, shops, cafes and banks



- community health services
- clinical mental health services
- community services departments
- Aboriginal health services
- employment services
- other community based disability support services
- income support services eg. Centrelink
- accommodation (proclaimed place, rehabilitation centres, residential etc)
- recreation
- services specific to the person's needs
- torture/trauma
- transcultural
- religious organisations
- judicial
- correctional
- police
- emergency services

*Information may include:*

- pamphlets
- list of all relevant services
- information on own agency
- definitions of mental illness and/or psychiatric disability

*Support may include:*

- visits
- consultations
- joint initiatives
- participation in case conferences
- telephone advice
- provision of staff development and training
- exchanging of reports
- community education

*Policies and procedures may include:*

- referral protocols

## **Evidence Guide:**

*Critical aspects of assessment:*

- facilitating effective working relationships within the mental health sector and within the general community

*Underpinning knowledge:*

- existing information systems
- referral networks - criteria and procedures for referral
- current mental health issues
- language used in mental health work
- basic understanding of psychosocial rehabilitation principles
- basic understanding of a range of clinical treatment and support services
- range of community services and how to access them
- signs and symptoms of common mental illness and/or psychiatric disability
- common drug treatments for mental illness and/or psychiatric disability

- psychiatric disability
- confidentiality
- difference between mental illness and psychiatric disability
- impact of mental illness and/or psychiatric disability on:
  - ◊ self esteem
  - ◊ motivation
  - ◊ daily living skills
  - ◊ employment
- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm

*Underpinning skills:*

- questioning
- active listening
- verbal and non verbal communication
- referral
- participating and conducting interagency meetings
- promotion
- negotiation
- liaison and networking
- recognising own limitations and agency boundaries
- developing and providing information about mental illness and/or psychiatric disability

*Resource implications:*

- access to a workplace or an accurately simulated workplace where assessment may occur

*Consistency in performance:*

- consistency in performance should consider the networking and liaison requirements in the workplace

*Context of assessment:*

- this unit is best assessed in the workplace or in a simulated workplace under the normal range of conditions

## CHCMH6A Undertake systems advocacy

Describes the competency required to advocate to ensure that the rights and needs of people with mental health issues are maintained within the broader rights and needs of the general community.

Elements	Performance criteria
1. Obtain, analyse and document information relevant to the needs of people affected by mental health problems as a community of interest within the general community	<ul style="list-style-type: none"><li>• relevant documented information about particular issues are obtained and analysed</li><li>• relevant statistical and research data are obtained and analysed</li><li>• consultations with consumers of mental health services, carers, mental health services and other stakeholders are conducted to identify and describe issues of concern</li><li>• other research is conducted as appropriate</li><li>• relevant information is synthesised into forms appropriate for communicating with, and providing to, relevant agencies and stakeholders</li></ul>
2. Work with consumers, mental health services and other stakeholders to develop strategies to address identified needs	<ul style="list-style-type: none"><li>• close working relationships/networks are developed and maintained with relevant stakeholders</li><li>• formal meetings, working groups and other activities are organised to develop policy statements, action plans, projects, and programs to address identified needs</li><li>• meetings, working groups and other activities aimed at developing relevant strategies are participated in</li><li>• strategic/action/project plans are prepared in forms that are appropriate to the needs and roles of relevant stakeholder organisations</li></ul>
3 Advocate for and facilitate the implementation of strategies developed to address the needs of people affected by mental health problems	<ul style="list-style-type: none"><li>• relevant opportunities for communicating formally and informally about the needs of people with mental health problems and their carers are identified and pursued</li><li>• submissions for resources to implement identified projects, action plans, etc are prepared</li><li>• relevant government policy development is participated in</li><li>• consumers and other stakeholders are worked with to implement relevant projects and action plans</li><li>• opportunities are pursued and comments provided on policy documents, legislation, project plans and other relevant documents regarding the needs of people affected by mental health problems</li></ul>

### Range of variables

*Relevant agencies/stakeholders include:*

- consumers and consumer organisations
- carers and carer organisations
- clinical mental health services
- general health and welfare services
- government departments and agencies
- non-government organisations
- media

- politicians
- commercial enterprises

*Activities may be:*

- informal
- formal

*Strategies may include.*

- public meetings
- interviews
- questionnaires
- monitoring trends in the general community/media towards people with mental health issues
- development of policy/issues papers
- media management
- public relations

## **Evidence Guide**

*Critical aspects of assessment:*

- ability to apply high level skills (see underpinning skills) when advocating or representing mental health issues within broad social, political and community structures

*Underpinning knowledge*

- structural, political and other social factors which operate to maintain discrimination against people affected by mental health problems
- structural, political and other social factors which can be addressed to improve mental health promotion, such as:
  - ◊ gender
  - ◊ language
  - ◊ culture
  - ◊ ethnicity
  - ◊ age and
  - ◊ socio-economic status
- broad knowledge of mental illness and disability issues
- internal structure of the mental health system and its relationship within the broader context of health services, welfare services and government
- policies relevant to mental health at national, state and local level
- relevant agencies and services which may assist in promoting and advocating for mental illness and/or psychiatric disability issues
- political lobbying processes
- use of media for advocacy purposes
- key stakeholders and how to access them
- understanding of the balance between the rights of the general community and the rights of people with a mental illness and/or psychiatric disability
- relevant regulatory, legislative and legal requirements relating to mental health issues
- knowledge specific to working with people from culturally and linguistically diverse backgrounds
- knowledge specific to working with people at risk of self harm
- knowledge specific to the following areas:
  - ◊ working with clients with alcohol and other drugs issues
  - ◊ working with women
  - ◊ working with men
  - ◊ working with children and young people

- ◇ working with aged clients
- ◇ working with corrective services clients
- ◇ working with Aboriginal and Torres Strait Islander clients
- ◇ community education

*Underpinning skills:*

- written and oral communication
- research and analysis
- consultation
- policy development
- networking
- strategic planning
- negotiation
- mediation
- lobbying
- representation such as:
  - ◇ public speaking
  - ◇ presenting at formal meetings
  - ◇ writing
  - ◇ presentation skills

*Resource implications:*

- access to a workplace or to an appropriately simulated environment where assessment can occur

*Consistency in performance:*

- consistency in performance should consider specific workplace and advocacy practices and requirements

*Context of assessment:*

- this unit is best assessed on the job or in a simulated workplace under the normal range of conditions