DRAFT
NSW Mental Health Services
Competency Framework

Table of contents

Acknowledgements

Acronyms

BPSD	Behavioural and Psychological Symptoms of Dementia
CAMHS	Child and Adolescent Mental Health Services
CAF	Child and Family
CCA	CAMHS Competency Assessment
CRF	Competency Review Form
CDP	Competency Development Plan
DSM	Diagnostic and Statistical Manual of Mental Disorders
ICD	International Classification of Disease
JH&FMHN	Justice Health and Forensic Mental Health Network
MHDAO	Mental Health and Drug & Alcohol Office
MHOAT	Mental Health Outcomes and Assessment Tools
MSE	Mental State Examination
NCCT	National Cultural Competency Tool
NSW	New South Wales
LHD	Local Health District
OOHC	Out Of Home Care
OPMH	Older People's Mental Health
P&C	Parents and Citizen Association
PAD	Performance Appraisal and Development
SMHSOP	Specialist Mental Health Services for Older People
TSD	Training, Support and Development
YMH	Youth Mental Health

Glossary

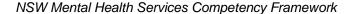|	
CAMHS	Child and adolescent mental health services for 0-17 years (inclusive), their families and carers
Mental Health Professional	A qualified health professional most often from the disciplines of psychiatry, psychology, nursing, social work and occupational therapy
Justice Health & Forensic Mental Health Network	Provides health care in a complex environment to people in the adult correctional environment, to those in courts and police cells, to juvenile detainees and to those within the NSW forensic mental health system and in the community
Manager	A person responsible for line management of a professional. May be a team leader or other manager
Specialist Mental Health Services for Older People	Provision of specialist clinical knowledge and skills to manage complex mental health problems in older people, across a range of service settings
Reviewer	A person in a position of authority to review a mental health worker competence, most likely in the role of supervisor, clinical leader or manager

Executive Summary

Mental Health Workforce Development is a key priority for the NSW Government including developing the competence of the workforce that provides services for people with mental health issues, their families and support networks (both in public sector and partner settings).

To support this objective, the NSW Mental Health Workforce Development Sub-Committee of the Mental Health Program Council identified the need for a NSW Mental Health Services Competency Framework (the Framework) for professionals working in NSW public sector mental health services.

The Framework describes the shared key competencies for working across the lifespan in community, inpatient and specialist settings.

The Mental Health Workforce Development Sub-Committee was able to leverage from the extensive work undertaken in both Child and Adolescent Mental Health Services and Specialist Mental Health Services for Older People to develop the competency framework.

Consultation undertaken with NSW mental health services staff, clinical leaders and mental health managers has facilitated the development of a Competency Framework which strongly represents mental health practice in NSW.

Statewide implementation of the Framework will provide a co-ordinated approach to further developing the knowledge and skills of the NSW mental health workforce and enhance service provision.

It is anticipated that this Framework will be instrumental in both strengthening the current workforce and developing an emerging workforce in an era of national health workforce shortages.

The Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

The NSW Mental Health Services Competency Framework also provides direction to support collaboration with tertiary institutions and training providers in undergraduate and post graduate course development, undergraduate clinical placements, supervision and research to help build the existing and emerging mental health workforce.

The Framework is intended for use by both new and experienced NSW public sector mental health professionals working in mental health services

Guiding principles are clearly articulated, as are the values and attitudes which underpin all mental health practice.

Competencies are identified within three broad categories – universal, clinical and population approach competencies. *Universal* competencies apply to all mental health workers. *Clinical* competencies apply to clinical staff and *Population approach* competencies apply to professionals with mental health promotion and primary prevention responsibilities.

The competencies defined in this document are:

Universal competencies

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal people, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership, collaboration and integration

Clinical competencies

8. Intake
9. Assessment, formulation and care planning
10. Interventions
11. Transfer of care

Population approach competencies

12. Mental health promotion and primary prevention

Guidelines and Competency Review Tools are provided to support implementation, providing a structure for personal reflection and assessment of competence.

Although implementation of the Competency Framework is non-mandatory, it is advisable for managers and professionals to use the Framework and associated tools to strengthen their local services and build statewide excellence and consistency in mental health practice.

PART 1

Overview

Introduction

Background

Mental Health Workforce Development is a key priority for the NSW Government. This includes developing the competence of the mental health workforce that provides services for people with mental health issues, their families and support networks (both in public sector and partner settings).

To support this objective, the NSW Mental Health Workforce Development Sub-Committee of the Mental Health Program Council identified the need for a NSW Mental Health Services Competency Framework for professionals working in NSW public sector mental health services.

The Mental Health Workforce Development Sub-Committee was able to leverage from the extensive work undertaken in both Child and Adolescent Mental Health Services and Specialist Mental Health Services for Older People to develop a competency framework for across the lifespan.

Consultation undertaken with NSW mental health services staff, clinical leaders and mental health managers has facilitated the development of a Competency Framework which strongly represents mental health practice in NSW.

It is anticipated that this Framework will be instrumental in both strengthening the current workforce and developing an emerging workforce in an era of national health workforce shortages.

Undergraduate mental health course content and clinical placements are limited and need to be augmented in order to provide early exposure to and experience in mental health related theory and practice.

Purpose

Statewide implementation of the Mental Health Services Competency Framework provides the opportunity for a co-ordinated approach to professional development and service improvement in NSW Mental Health Services.

The Framework also provides direction to support collaboration with tertiary institutions and training providers in undergraduate and post graduate course development, undergraduate clinical placements, supervision and research to help build the existing and emerging Mental Health workforce.

Scope

The Framework is intended for use by both new and experienced NSW public sector mental health professionals working in Mental Health Services.

There are also other health service providers who work with this client group and who may choose to align their practice with competencies described in this framework.

The Framework relates to mental health practice across the lifespan and acknowledges the following broad age groups:

- Infant and Early Childhood (0-4 yrs)
- Child (5-11 yrs)
- Adolescent (12-17 yrs)
- Young Adulthood (18-25 yrs)
- Adult (26-40 yrs)
- Middle Years (41-64 yrs)
- Older People (65-84 yrs)
- Very Old People (85 yrs plus including centenarians)

The Framework covers aspects of practice across inpatient, community, consultation-liaison and mental health promotion roles and contains both core and advanced competencies.

It is anticipated that fulfilling the *Core competencies* will be a target for 'new clinicians' in their first 2 years of mental health practice. *Advanced competencies* will apply to more experienced clinicians who are developing advanced general or subgroup-specific clinical skills.

Competency

Competency is defined as the knowledge, skills, attitudes and values necessary to perform particular tasks to an identified standard. This Framework articulates the application of competence in specific areas of mental health practice.

Alignment

There are presently no overarching national competencies specifically developed for the Australian Mental Health workforce.

The development of a national core competencies framework is a priority activity of the National Mental Health Workforce Strategy (2011)[1] and it is intended that this Framework will support the development of the national framework.

This Framework has drawn on the recently published NSW Health CAMHS Competency Framework[2] and the Core Competencies for SMHSOP community clinicians[3]. The framework has been influenced by the New Zealand, Let's get real: Real Skills for people working in mental health and addiction[4], and the Capable Practitioner from the UK's Sainsbury Centre[5]. The Framework has also been informed by the NSW Public Sector Capability Framework (2008)[6].

The National Practice Standards for the Mental Health Workforce (2002)[7] acknowledge that "health professionals from a range of disciplines and with a range of qualifications and skills provide mental health services". The National Practice Standards specifically address the requirements of the following professional disciplines:

- Psychiatry
- Nursing
- Social work
- Psychology
- Occupational therapy

Although these are the most common professions employed in NSW Health, Mental Health Local Health Districts (LHD's), other professions also contribute to a wholistic, quality service. This Framework covers the key professional groups and may also be applicable to the wider mental health workforce as part of core practice.

The National Practice Standards and the Mental Health Services Competency Framework are intended to complement each of the professional groups' discipline-specific practice standards and/or competencies and address the shared knowledge and skills for working in a multidisciplinary mental health environment.

The Framework, while addressing core elements of common mental health practice, acknowledges and supports the valuable discipline-specific contributions of each profession.

Format

Part 1 - Overview

The overview introduces the framework, explains the guiding principles, underpinning values and attitudes required for working in mental health services in NSW and broadly describes the mental health service context.

Part 2 - The Competencies

Universal Competencies these competencies are relevant to the entire mental health workforce and include:

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal people, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership, collaboration and integration

Clinical Competencies are relevant to the 5 professions previously identified and relate to *Core* and *Advanced* elements of clinical practice.

Within this section specific CAMHS (BLUE) and SMHSOP Core and Advanced competencies have been highlighted. The structure of this section reflects the essential phases that need to be accomplished to enhance client and family/carer outcomes and their experience of the service.

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[1] Victorian Department of Health 2011, National Mental Health Workforce Strategy, <http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/3545C977B46C5809CA25770D00093C93/$File/MHWAC%20Workforce%20Strategy.pdf

[2] NSW Ministry of Health 2011, NSW Child and Adolescent Mental Health Services (CAMHS) Competency Framework, http://www.health.nsw.gov.au/pubs/2011/camhs_nov11.html

3 NSW Health 2011, Core Competencies and Measurement Criteria for Beginning Clinicians in Specialist Mental Health Services for Older People (SMHSOP) http://www.health.nsw.gov.au/resources/mhdao/pdf/smhsop_core_competencies_.pdf

4 Ministry of Health, (2008) Let's Get Real: Real Skills for people working in mental health and addiction, Wellington, New Zealand

5 The Sainsbury Centre for Mental Health 2001, The Capable Practitioner <http://www.centreformentalhealth.org.uk/pdfs/the_capable_practitioner.pdf

6 NSW Capability Framework: http://www.pscapabilities.nsw.gov.au/

7 National Practice Standards 2002: http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-workstds

These phases are:

8. Intake
9. Assessment, formulation and treatment planning
10. Intervention
11. Transfer of care

Population Approach Competencies are relevant to those mental health workers who are engaged in health promotion and primary prevention activities. These are described in the section on:

12. Mental health promotion and primary prevention

Part 3 – Implementation guide and Competency Review Tools

The implementation guide provides suggestions for the use of the Competency Framework. Implementation is non-mandatory. However it is advisable for mental health professionals and managers to use the Framework to strengthen individual competence, build local mental health services and contribute to statewide excellence and consistency in mental health practice. The Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

It is not intended to be used as a performance management tool.

The Competency Review Tools (the Tools) are optional standard forms that can be used to review and record individual competence and identify plans for development.

The Tools are intended to be used positively, guiding support for a professional's development. The Tools are the:

- Competency Review Form (CRF)
- Competency Development Plan (CDP)

The CRF lists the competencies and provides space for the professional and reviewer to verify evidence of competence and/or implement plans that will assist further skill development.

The CDP provides space to collate the competency area/s that require support, identify new areas to progress and note plans to develop competence. This form may be used to supplement or inform a

clinician's locally constructed Professional Appraisal and Development (PAD) plan or equivalent.

SECTION 2

Guiding Principles

The guiding principles for the NSW Mental Health Services Competency Framework are derived from the National Practice Standards for the Mental Health Workforce (2002) and are underpinned by the:

- United Nations Universal Declaration of Human Rights (1945),[8] which is a commitment to upholding, promoting and protecting the human rights of every individual.

- The United Nations Convention on the Rights of the Child (guiding principles)[9] that notes children have the right to:

  - Special safeguards and care

  - Survive and develop healthily

  - Be treated fairly whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from

  - Have their interests as our primary concern in decision making

  - Have respect shown for their views and to have their opinions taken into account

The consensus statement published in the International Journal of Geriatric Psychiatry (1997) and supported by the Geriatric Psychiatry Section of the World Psychiatric Association, the World Health Organisation and the International Psychogeriatric Association, recognises that "good health and life of good quality are fundamental human rights for people of all age groups[10].

The NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 -2015 also outlines principles and values to guide the development of SMHSOP across NSW. The specific principles relevant to the Competency Framework include:

- Promote independence, dignity and quality of life for older people with mental health problems, their families and carers

- Respect the rights of individual older people, their families and carers, and their goals in accessing care

- Support continuity of care for older people with mental health problems.

Mental health professionals should:

- Recognise the individual and developmental needs of the client and tailor mental health care to meet those distinct needs

- Promote optimal quality of life for their clients and their families/carers and communities

- Communicate effectively in a language and style that is appropriate to the culture, context, age and development of the intended audience

- Adopt a family and/or community focussed approach and where appropriate taking into account the needs of their support networks

- Understand the importance of self-determination and personalised care in assisting clients and their support networks to establish recovery focussed goals

- Engage in meaningful partnerships and collaboration with clients, support networks and local service partners in achieving their goals

- Work with clients and their families/carers to develop their own supports in the community

- Maintain an in-depth knowledge of support services in the community and develop partnerships with other organisations and service providers to ensure continuity of care

- Contribute to a culture of continuous improvement and evidence based practice

- Take an active role in promoting education and awareness of mental health issues in the wider community

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[8]http://www.un.org/events/humanrights/2007/hrphotos/declaration%20_eng.pdf

[9] http://www2.ohchr.org/english/law/pdf/crc.pdf

10 Wertheimer, J, "Psychiatry of the elderly: a consensus statement". International Journal of Geriatric Psychiatry 1997, 12 pp422-435

Values and Attitudes

It is recommended that the following values and attitudes should underpin the application of the skills and knowledge of NSW Mental Health Service professionals. These values and attitudes reflect the professional's value and respect for the clients, families/carers and communities they work with.

The values and attitudes have been stated in personal and active tense, reflecting the way a Mental Health Service professional promotes client centred practice.

Values

Human Rights

We strive to uphold the human rights of clients, their families and carers. Human rights include but are not limited to, the right to:

- autonomy and self-determination
- informed consent
- safety and care
- freedom from coercion
- treatment in a non-discriminatory and least restrictive way
- receive care and support in a way that responds to the physical, psychological, spiritual, intellectual, developmental and cultural needs, and protects the best interests of the child, young person, adult, older person and family/carers.

Recovery, Wellbeing and Community

We believe and hope that every client and their family/carers can live a full and meaningful life in the presence or absence of mental health issues.

We also understand that recovery is not only related to the mental health issue itself but also to the challenges associated with it.

We value a holistic, recovery focussed approach to health and support activities that promote all aspects of health and wellbeing for our clients and ourselves.

We value communities, where we live, work and play as pivotal resources for the effective delivery of services and support for clients, families and carers.

Relationships

We develop professional and therapeutic relationships with clients, families/carers, colleagues and wider communities. We maintain safe and professional boundaries.

Diversity

We respect that diversity exists amongst clients, families/carers, colleagues and communities in areas that include but are not limited to class, gender, culture, religion, disability, age, power, status and sexual preference.

We communicate in ways that are non-judgemental and demonstrate equity and unconditional positive regard.

Service and Partnerships

We are committed to excellence in service delivery and will endeavour to work within the scope of our own skills and knowledge. We value reflective practice, ongoing professional development and lifelong learning.

We respect and value the professional diversity that can exist within teams and endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice.

We believe that quality service provision is enhanced and underpinned by effective working relationships within the health service and with partner agencies and communities.

Attitudes

While working with clients and families/carers we aim to be:

- respectful and polite
- compassionate, warm and caring; empathic and sensitive
- genuinely interested, curious and authentic
- trustworthy, honest and transparent
- ethical and demonstrating integrity
- non-judgemental and non-discriminatory
- supportive and empowering
- optimistic, motivated, hopeful and positive
- calm and patient
- flexible and open-minded
- professional, accountable and reliable
- self aware
- logical, well organised and analytical
- collaborative and team players

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SECTION 4

Mental Health Service Context

This section aims to provide assistance with reviewing competency within a Mental Health Services context. As competency is reviewed, it is advised that the following are taken into account.

- Mental Health Services in NSW

- Level of mental health experience in the workforce

- Principles

- Biopsychosocial development

- Developmental contexts

Mental Health Services in NSW

Mental Health Services in NSW are delivered within a wide range of clinical settings including inpatient acute, non-acute and specialist care; dedicated community based mental health services; Psychiatric Emergency Care Centres (PECC's) and Forensic Mental Health Services.

Infant and Perinatal, Child and Adolescent Mental Health Services (CAMHS), Youth Mental Health and Specialist Mental Health Services for Older People (SMHSOP), are also provided.

In NSW, there are sub-specialty services which address eating disorders, anxiety disorders and comordbidity i.e. mental health and disability and mental health and drug & alcohol.

Many of these services are available to people from culturally and linguistically diverse (CALD) backgrounds through the Official Interpreters Service and the Transcultural Mental Health Centre.

NSW Mental Health Services are delivered in a wide range of metro, regional and rural locations. Delivery of these diverse mental health services in rural and remote settings presents challenges, such as:

- Access to services for clients i.e. distance to travel, service availability and wait times

- Workforce shortages including the availability of senior clinicians to provide supervision and mentoring

- Isolation and safety (only a small number of mental health staff in some locations)

- Time management regarding travelling distances and clinical load

- Proficiency in videoconferencing and internet communication to ensure access to specialist mental health assessment and treatment and for professional development

- Higher levels of socio-economic disadvantage in rural and remote areas.

Level of mental health experience in the workforce

As NSW has a diverse range of mental health settings and varying level of staff experience, training and skills, this Framework can be utilised to identify an individual's level of competency.

The Framework may also be used to identify further competency development when moving from one role to another and also includes *Advanced competencies* within the *Clinical competencies* to reflect the range and extent of the skills undertaken.

Principles

Development needs to be viewed within a broad context of community, culture and spirituality.

Particular challenges may occur with disruption to the processes of normal development, losses of or displacement from key relationships and places of meaning (eg: children in out of home care, cultural losses, and loss of a significant other).

Whilst understanding these critical developmental periods it is also important to view them flexibly, noting the existence of a 'broad range of normal'. Professionals should also consider the concept of plasticity and resiliency, i.e. the capacity for change in response to environment.

Biopsychosocial development

Human development occurs in the following areas:

Biological development

- Physical structure and function - including hearing, vision, normal or abnormal growth and development and any related disruptions, e.g. operations or injuries

- Autonomic, immunological, neuroendocrine and subcortical controls including allergies and intolerances

- Sensorimotor integration including fine motor, gross motor, speech and language, visual

perceptual and sensory processing and modulation

Psychological development

- Information processing, cognition, memory and attention
- Communication
- Emotions, thoughts and attitudes about self, others and one's place in the world, curiosity
- Moral reasoning
- Development of gender identity and sexuality
- Methods of coping with stress (including defence mechanisms)

Social development

- Capacity for empathy - the capacity to understand and predict others' feelings or intentions
- Interactions - with significant others and peers in a competent manner and conduct a discourse
- Inter-personal problem solving

Developmental Contexts

The NSW Mental Health Services Competency Framework is for all staff working in public mental health services across the lifespan of people in community, inpatient and specialty settings.

The developmental contexts, informed by the literature [11][12][13][14][15][16][17][18] and outlined below, have been constructed to assist in identifying the distinct stages of peoples' lives.

The developmental contexts have also been established in conjunction with the 3 key relationship domains of self, other and the world.

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[11] Erikson's stages of Psychological development
http://psychology.about.com/od/psychosocialtheories/a/psychosocial.htm (last accessed 9:53 29 June 2012)
[12] Piaget's Theory – Stages of Cognitive Development
http://psychology.about.com/b/2008/04/21/key-concepts-in-cognitive-development.htm (last accessed 9.54 29 June 2012)
[13] Paykel, E,S, Morgan, H,G (1989) Adolescent Psychiatry, Churchill Livingstone, London
[14] Cassel, C. Rudberg, M. Olshansky, S. 1992 The price of success: healthcare in an aging society, *Health Affairs*, 11, 2 87-99.
[15] Lazarus, R. 1998 The Stress and Coping Paradigm In Fifty years of research and theory by *R.S.Lazarus: An analysis of Historical and Perennial Issues* 182-220.
[16] Neugarten, B. 1968 Middle Age & Ageing: A reader in social psychology. University of Chicago Press.
[17] Kark, N, V. Theory of Aging
http://www.geriatria.unimo.it/LEZIONI%20MUSSI/Lezione%20Mussi%204.ppt (Last accessed 3:28pm 16th January, 2012)
[18] Erikson's stages of development http://www.learning-theories.com/eriksons-stages-of-development.html (Last accessed 8.54pm 17th January, 2012)

When working with clients and families/carers, mastery should be considered within the following relationship domains:

1. The person in relationship to *self* - observed in self-care and self-regulation - responses to limit-setting, participation in routines, managing emotions and behaviour

2. The person in relationship to *others* - observed in relationships, including attachment style in relation to parent/carer, siblings/other family members; significant others and peers

3. The person in relationship to *the world* - observed in industry-play, recreation and work, capacity for imagination, flexibility and creativity

Infant (0-4 years inclusive)

Development in this age group occurs primarily in the context of the adult/child dyad so the client in relation to 'self 'and 'others' is combined in this section.

1. & 2. The client in relation to *self* and *others* (primarily primary caregivers)

- Regulation – feeding, sleep/wake cycles, crying/dyadic settling strategies (somatic and/or emotional regulation)
- Relationship patterns - primary caregiver/child relationship - response to care giving, separation and strangers, social seeking or avoidance, development of trust
- Behaviour – including attachment behaviour, responses to limit setting, participation in routines
- Sensory adaptation responses, e.g. to intense stimuli, loss of support and loud noises
- Developing autonomy in self-care, e.g. feeding, dressing, toileting
- Communication – development of linguistic capacity to communicate
- Play – development of play skills and engagement with others

3. The client in relation to *the world*

- Develops sensory preferences, e.g. food, textures, sounds
- Play - development of play preferences, e.g. favourite toys and books, and development of symbolic play in making sense of the world
- Emerging decision making about self-care and play choices

Child (5-11 years inclusive)

Development in this age group occurs primarily in the context of peers, family and school.

1. The client in relation to *self*

- Developing a sense of self, acquiring a belief in self-constancy and in relatively permanent psychological traits, and learning to distinguish their thoughts and feelings from those of others
- Developing self-discipline in behaviour and task completion, e.g. homework, music/sporting practice
- Exercising choice and preferences for activities, time frames, spending and social relationships

2. The client in relation to *others*

- Relating with peers according to more obvious social rules
- Performance orientation that includes not only task completion but also others' responses to their achievements
- Belonging to a group, participating as a group member
- Developing cultural awareness
- Maintaining longer term friendships
- Negotiation skills
- Managing increasing responsibility, e.g. home duties

3. The client in relation to *the world*

- Moving from free play to more structured play that may include elaborate rules and team work
- Mastering physical co-ordination tasks related to play, e.g. sport, art, and school performance, e.g., writing, cutting
- Mastering academic learning

Adolescent (12-17 years inclusive)

Development in this age group occurs primarily in the context of emerging identity and independence.

1. The client in relation to *self*

- Emerging self-determination and independence from significant figures of attachment and authority
- Coming to terms with own body – perceived assets, strengths and limitations
- Maturing but not fully formed judgement and insight
- Heightened interest in experimentation and risk taking, including drug and alcohol use
- Greater awareness and at times demonstration of moral, ethical, spiritual and cultural preferences/choices
- Developing cultural identity

2. The client in relation to *others*

- Forming and maintaining intimate relationships
- Learning to relate to and rely on peers
- Sharing advice and opinions, offering others assistance and psychological support
- Developing ability to 'put themselves in another's shoes', experience and demonstrate maturing empathy
- Managing conflict in relationships

3. The client in relation to *the world*

- Increasing independence and autonomy in life roles, particularly as student, employee, team member
- Greater mobility with increasing capabilities for independent use of transport and community based facilities
- Taking on increasing responsibility for self and others. Some adolescents may become parents themselves, may be required to perform home duties and/or to provide care for others, e.g. older adolescents caring for family members with a physical disability, mental health or drug and alcohol problem
- Managing increasing responsibility related to finance
- Developing cultural awareness and participation

Young Adulthood (18-25 years inclusive)

Development in this age group occurs primarily in the context of consolidating one's identity and sense of self, maintaining a sustained separation from social, residential, economic and ideological independence upon family of origin.

1. The client in relation to *self*

- Consolidating work related skills
- Continuing risk behaviours, including experimenting with alcohol and drugs
- Exploring and maintaining adult relationships
- Taking legal responsibility for decision making, e.g. health and treatment
- Reflecting on actions, decisions and behaviours
- Developing strong sense of self and personal identify through meaningful roles, e.g. friends, sports person, parent
- Developing career and career goals
- Exploring sexual identity
- Internalising of morals, ethics, values and beliefs and understanding social consequences
- Increasing capacity for abstract reasoning and complex cause and effect
- Making choices relating to physical and sexual maturity, e.g. child bearing

2. The client in relation to *others*

- Developing close, committed relationships with others
- Exploring diverse relationships outside of the immediate family including greater number of carers and peers, e.g. residential circumstances
- Managing feelings in relation to others
- Increased awareness of the need for communication and conflict resolution skills
- Increased capacity for empathy
- Adapting to the views and choices of other generations

3. The client in relation to *the world*

- Assuming identify and participating in the world of work either paid or unpaid
- Completing education
- Increasing independence and autonomy and implementation of life goals
- Exploring local, regional and global environments
- Increasing mobility, e.g. learning to drive, travelling
- Increasing financial responsibilities, including managing money and planning
- Holding adult status for legal purposes (voting, jury service, fostering/adoption, gambling, drinking alcohol and joining armed forces)

Adult (26-40 years inclusive)

Development in this age group occurs primarily in the context of strengthening participation in the area of relationships, carers and community

1. The client in relation to *self*

- Balancing priorities between self, partner, family
- Developing perception of intimacy and commitment, including trust and fidelity
- Confidently articulating identity, values and beliefs
- Adjusting to changes in physical self, e.g. first signs of aging
- Learning to balance increased responsibilities
- Making lifestyle choices
- Contemplating the need for financial security

2. The client in relation to *others*

- Choosing whether to start a family and managing the associated pressures
- Consolidating financial responsibilities and longer term planning, e.g. superannuation and buying first home
- Exploring long term personal relationships which are interdependent, reciprocal and committed
- Negotiating relationships with those in the wider community, e.g. neighbours, co-works and society
- Exercising capacity for empathy and selfless caring
- Adapting to the views and choices of other generations

3. The client in relation to *the world*

- Establishing and progressing careers
- Investigating and implementing belief systems about health and values
- Establishing self as a community member, e.g. social group participation
- Increasing opportunities for community responsibilities, e.g. fostering, Parents and Citizen Association (P&C)
- Testing values in a global environment, e.g. increased travel
- Balancing responsibility and play, leisure and recreation
- Exploring and establishing long term financial security goals
- Enacting social and political beliefs, e.g. voting
- Increasing choice in occupation, social and political avenues, e.g. armed forces, joining political parties
- Ongoing development of parenting skills, adapting to the developmental needs of children

Middle Years (41-64 years inclusive)

Development in this age group occurs primarily in the context of caring for others and community building.

1. The client in relation to *self*

- Contemplating mortality and spirituality
- Experiencing some physical limitations
- Reflecting on role or position within the family, workplace and social group
- Experiencing the impacts of one's lifestyle on physical and mental health
- Consolidating goals and engaging in future planning, e.g. retirement
- Taking risks in relation to lost youth and last chances, e.g. "if I don't do it now I'll never do it"
- Experiencing a heightened interest in personal development, taking on new hobbies, higher learning and recreation/leisure
- Examining own "purposefulness"
- Planning for retirement

2. The client in relation to *others*

- Managing and balancing work-life responsibilities
- Negotiating transitions related to parenting, e.g. empty nest and adult children moving back home
- Becoming a grandparent including assuming the primary care giver role for grandchildren
- Managing responsibilities of aging patents
- Providing guidance and direction to others
- Evaluating relationships, e.g. "midlife crisis"
- Adapting to the views and choices of other generations

3. The client in relation to *the world*

- Increasing participation in community activities and community building via guidance, mentoring or coaching for the next generation
- Increasing travel and exploration of the wider world

- Developing awareness and discussion of world events

Older People (65-84 years inclusive)

Development in this age group occurs primarily in the context of growing older, slowing down and exploring life.

1. The client in relation to *self*

- Re-evaluating lived experiences and future life goals
- Coming to terms with own body – perceived assets, strengths and limitations, e.g. related to appearance, physical health and self-care
- Increased commitment to time and resources allocated to preserving wellness and function
- Heightened contemplation of own and other's mortality and related impacts
- Re-evaluating spiritual beliefs and participation
- Addressing the challenge between preserving autonomy and increasing reliance on others

2. The client in relation to *others*

- Maintaining meaningful social and intimate relationships
- Increasing dependence on others to retain function
- Increasing participation in helping relationships
- Continuing to provide guidance and direction to others
- Adapting to the views and choices of other generations
- Increasing desire to impart own wisdom to others

3. The client in relation to *the world*

- Continuing in paid work or adapting to retirement or retrenchment
- Developing a sense of purpose in the absence of paid work
- Adapting activities within physical limitations
- Continuing personal development, including academic pursuits, interests and hobbies
- Continuing travel and exploration of the wider world
- Adapting living environments to suit functional and social needs

Very Old People (85 years plus including centenarians)

Development in this age group occurs primarily in the context of decreasing autonomy and function.

1. The client in relation to *self*

- Preserving independence where possible
- Finding new meaning and value in life
- Coping with physical limitations, seeking or accepting comfort rather than cure
- Accepting or denying own or others mortality
- Appraising lived experience
- Contemplating leaving a legacy

2. The client in relation to *others*

- Accepting the necessity of being dependent on outside support while still making independent choices that can give satisfaction
- Maintaining meaningful social relationships
- Adapting to the views and choices of other generations

3. The client in relation to *the world*

- Developing a sense of purpose in the absence of paid work
- Transitioning to new living environments according to level of support needs
- Maintaining and engaging in meaningful activities within physical limitations
- Organising finances, possessions and legal arrangements

PART 2

The Competencies

Competency Overview

Universal Competencies

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal people, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership, collaboration and integration

Clinical Competencies

8. Intake
9. Assessment, formulation and care planning
10. Interventions
11. Transfer of care

Population Approach Competencies

12. Mental health promotion and primary prevention

Competency 1

Responsible, safe and ethical practice

1.1 Provides care and treatment to clients and families within the boundaries prescribed by law and professional, national and local requirements, and codes of ethical practice

1.2 Applies the principles of international and national standards on human rights and responsibilities. Including:

The United Nations Convention on the Rights of the Child
http://www2.ohchr.org/english/law/crc.htm

Racial Discrimination Act 1975
Australian Human Rights Commission Act 1986
http://www.comlaw.gov.au/Series/C2004A00274

Mental Health Statement of Human Rights and responsibilities (1991)
http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-rights-toc

NSW Health: Your Health Rights and Responsibilities. PD2011_022
http://www.health.nsw.gov.au/policies/pd/2011/PD2011_022.html

Charter for Mental Health Care in NSW (2000)
http://www.health.nsw.gov.au/pubs/2000/mhcharter.html

1.3 Complies with State legislation related to treatment of mental illness, safety, privacy and confidentiality. Currently:

Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

Mental Health Act 2007 Information Bulletin Doc No: IB2007_053
http://www.health.nsw.gov.au/policies/ib/2007/IB2007_053.html

Privacy Act 1988
http://www.comlaw.gov.au/Series/C2004A03712

NSW Health Privacy Manual
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html

Use and Management of Misuse of NSW Health Communications Systems. No: PD2009_076
http://www.health.nsw.gov.au/policies/pd/2009/PD2009_076.html

1.4 Complies with current Child Protection legislation and reporting requirements. Currently:
Children and Young Persons (Care and Protection) Act 1998 No.157 (NSW)
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+157+1998+cd+0+N

NSW Health Frontline Procedures for the Protection and Wellbeing of Children and Young People – Interagency Guidelines
http://www.health.nsw.gov.au/pubs/2006/iag_child protection.html

Keep Them Safe:
Reporting Children at Risk – Keep Them Safe
http://www.keepthemsafe.nsw.gov.au/reporting_children_at_risk

Information Bulletin:
http://www.health.nsw.gov.au/policies/ib/2010/IB2010_005.html

1.5 Provides information on the rights of clients, family and/or carers and on legislation which may impact on their rights. Currently:

Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

Mental Health Act 2007 Information Bulletin Doc No: IB2007_053
http://www.health.nsw.gov.au/policies/ib/2007/IB2007_053.html

NSW Health: Your Health Rights and Responsibilities. PD2011_022
http://www.health.nsw.gov.au/policies/pd/2011/PD2011_022.html

1.6 Recognises when the Mental Health Act would apply and engages assistance of senior mental health staff and other associated professionals in implementing relevant treatment and care. Currently:

Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

1.7 Organises the provision of involuntary treatment and care, only when indicated and in compliance with State legislation and in the least restrictive environment. Currently:

Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

Guardianship Act
http://www.gt.nsw.gov.au/

1.8 Complies with service procedures that relate to staff and service user safety and privacy, taking into account risk as well as relevant age, gender, developmental and other socio-cultural considerations

1.9 Develops authentic professional and therapeutic relationships with clients, families, colleagues and wider communities while maintaining safe and professional boundaries

1.10 Assesses risk to self and others regarding aggression, self-harming and difficult behaviours by conducting adequate risk assessments and using de-escalation and harm minimisation techniques

1.11 Maintains an environment that protects clients and families/carers from financial, sexual, psychological and physical abuse and exploitation whilst receiving mental health care and reports incidences of abuse or violence to appropriate authorities

1.12 Reports critical incidents and near misses through the local service's Incident Management System and follows procedures accordingly

1.13 Follows service procedures in relation to safety, privacy and confidentiality in shared care arrangements and transfer of care

1.14 Identifies when an alternative consent provider should be engaged, obtains relevant consent and acts consistently with pertinent legislation

Competency 2

Working with clients, families and carers in recovery-focussed ways

2.1 Works with clients, families and carers as partners

2.2 Engages in family focussed practice reflecting that the client is not viewed in isolation but sits within the context of family and community

2.3 Demonstrates respect for family member and carer roles acknowledging diverse family capacities and value systems

2.4 Expresses hope and optimism, applying a strengths based approach and valuing client and family/carer knowledge

2.5 Inquires about the efforts that the client and family/carers are making to support their own health and wellbeing, respectfully acknowledging these efforts, including and supporting the development of them in care planning

2.6 Identifies with the clients and their families/carers any barriers to receiving care

2.7 Partners in genuine ways with the client and family/carers in decision making, supporting self-determination where possible

2.8 Assists clients and families/carers to contact appropriate client/carer advocates and consultants

2.9 Identifies the impact of the client's mental health problems on the family/carers, including siblings, partners, children and parents and supports referrals and interventions to help meet these needs

2.10 Provides information on mental disorders, mental health problems, physical and comorbid conditions, mental health services, other support services and self-help organisations to educate clients, families/carers

2.11 Uses language that demonstrates respect for the client and family/carers at all times

2.12 Facilitates social inclusion and engagement of the client in activities of meaning for the client such as education, recreation/leisure, relationships and vocation, e.g. work for pay in the mainstream workforce, volunteering

2.13 Invites and involves clients and families/carers in providing feedback on services and in service planning

2.14 Participates in activities that support social inclusion, antidiscrimination and the de-stigmatisation of mental illness

Competency 3

Meeting diverse needs

3.1 Identifies that diversity exists amongst clients, families and communities in areas including class, gender, culture, religion, disability, age, power, status, sexual preference and value systems

3.2 Demonstrates respect and impartiality in working with clients and their families/carers

3.3 Understands and articulates the diverse needs of the local community including priority populations, e.g. refugees, groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors

3.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks. Currently including:

Multicultural Mental Health Plan 2008-2012 http://www.health.nsw.gov.au/policies/pd/2008/PD2008_067.html

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

3.5 Recognises that a positive, secure cultural identity is a protective factor for the mental health and wellbeing of the client and family/carers

3.6 Respectfully collects and records information identifying the cultural background and the language preferred by clients from culturally and linguistically diverse backgrounds

3.7 Completes the Transcultural Assessment module, Transcultural Referral Guide and Transcultural Assessment Checklist where appropriate. Currently:

http://internal.health.nsw.gov.au/policy/cmh/mhoat/protocols.html

3.8 Seeks to understand how the client relates to their own culture/s and community and, where relevant, how the client relates to the culture of their family/carers

3.9 Offers the use of interpreter services and engages interpreters according to current policies Currently:

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

3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care

3.11 Articulates the extent and limits of own cultural understanding and knows when to seek cultural advice/support

3.12 Asks if there are cultural considerations that if taken into account could assist the client and family/carers feel more comfortable during service contact

3.13 Attempts to overcome service and resource access barriers to meet the health needs of diverse groups

Competency 4

Working with Aboriginal people, families and communities

4.1 Develops an understanding of Aboriginal history, and particularly the impact of colonisation on present day trauma and loss

4.2 Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history

4.3 Uses culturally sensitive language and preferred terminology in line with current policy directives. Currently:
http://www.health.nsw.gov.au/policies/PD/2005/PD2005_319.html

Communicating positively - A guide to appropriate Aboriginal terminology
http://www.health.nsw.gov.au/pubs/2004/aboriginal_terms.html

4.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal people. Currently:

Aboriginal Mental Health and Well Being Policy 2006-2010
http://www.health.nsw.gov.au/policies/pd/2007/PD2007_059.html

NSW Health Statement of Commitment to Aboriginal People
http://www.health.nsw.gov.au/publichealth/aboriginal/index.asp

FOR SMHSOP: Aboriginal Older People's Mental Health Project Report
http://www.health.nsw.gov.au/resources/mhdao/pdf/aboriginal_older_peoples_.pdf

4.5 Respectfully collects and records information identifying Aboriginal status in line with current policy directives. Currently:
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_547.html

4.6 Accesses Aboriginal cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks

4.7 Seeks to understand and work within kinship structures of Aboriginal communities

4.8 Seeks to understand and work within local cultural protocols

Competency 5

Communication

5.1 Establishes positive rapport with clients and families/carers adapting communication style and using age appropriate mediums to facilitate engagement

5.2 Uses culturally appropriate non-verbal communication, including eye contact and body posture

5.3 Demonstrates active listening skills

5.4 Communicates in verbal interactions and written documentation in a well formulated, concise and clear way

5.5 Provides timely written feedback/correspondence to referrers, families/carers and other appropriate involved professionals

5.6 Informs clients and families/carers about information exchanged that relates to their care

5.7 Legibly completes designated forms for documentation and reporting

5.8 Fulfils reporting requirements in a timely manner

5.9 Uses current technology to facilitate timely communication and effective service delivery

Competency 6

Continuous quality improvement

6.1 Research and evaluation

    6.1.1 Accesses information and applies it in practice where relevant

    6.1.2 Critically analyses research

    6.1.3 Collects, analyses and interprets data

    6.1.4 Interprets and communicates evaluation findings

    6.1.5 Shares information, contributing to the Mental Health Services workforce knowledge base

6.2 Service improvement

    6.2.1 Seeks out resources and equipment to improve service delivery

    6.2.2 Participates in quality improvement processes

    6.2.3 Contributes to service planning

    6.2.4 Facilitates service access to support improved health outcomes for priority groups, e.g. Aboriginal people, children in out of home care and people with severe BPSD, and groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors

6.3 Professional practice and development

    6.3.1 Participates in professional development relevant to role and professional interests

    6.3.2 Actively participates in supervision, peer review and mentoring adjusting clinical care based on feedback

    6.3.3 Engages in reflective and reflexive practice

    6.3.4 Describes the rationale for choosing a particular frame of reference or approach

    6.3.5 Practices self-care for good mental health and wellbeing

    6.3.6 Manages time and workload effectively

    6.3.7 Seeks assistance where necessary

    6.3.8 Maintains contemporary skills in the use of information technology and practices, (e.g. electronic records, video conferencing

    6.3.9 Demonstrates a willingness to learn and to share learnings

    6.3.10 Actively participates in performance appraisal and review planning

Competency 7

Partnership, collaboration and integration

7.1 Interagency

7.1.1 Demonstrates a current local knowledge of other service providers and their roles and makes appropriate referrals for clients and families/carers

7.1.2 Maintains current information on intake criteria for partner agencies, approximate waiting times and required processes/forms for referral

7.1.3 Identifies important issues for clients that require collaboration and integration of care from different agencies, e.g. physical health care, accommodation

7.1.4 Gains required consent where applicable to share information with other agencies

7.1.5 Plans treatment or interventions in collaboration with other agencies

7.1.6 Advocates on behalf of clients and families/carers with other agencies

7.1.7 Co-ordinates and/or participates in interagency case conferences

7.2 Multi/Interdisciplinary Team

7.2.1 Identifies important issues for clients, e.g. mental, physical, social, occupational and spiritual needs that require collaboration and integration of care from different disciplines within the multidisciplinary team

7.2.2 Contributes discipline specific skills to multidisciplinary/interdisciplinary team practice

7.2.3 Utilises the multidisciplinary team at each stage of the client's journey through the mental health system (Intake, Assessment, Intervention and Transfer of Care); where relevant

7.2.4 Provides an impartially selected list of private health providers for clients and families/carers where referral is required

7.2.5 Participates in multidisciplinary/ interdisciplinary case conferences

7.2.6 Speaks about team members' work with respect, recognising that diversity may exist between professions and amongst individuals within professions in relation to their approach to mental health practice

7.2.7 Uses language understood by all members of the multidisciplinary team in verbal and written communication

7.2.8 Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities

Competency 8

Intake

Variation may exist in local intake processes and requirements, therefore Intake and Assessment competencies may overlap. Please also note the Mental Health Service context in Section 4, including the developmental context.

CORE COMPETENCIES

8.1 Follows local intake processes and protocols to support a positive client and family/carer experience of the service and to facilitate team work

8.2 Listens sensitively to client and family/carer's requests while clearly explaining the service parameters, constraints of confidentiality and processes

8.3 Determines if the potential client is aware of the referral

8.4 Appropriately documents, records and communicates the intake assessment, brief case formulation and initial management plans in a clear summary for team members and clients/carers

8.5 Systematically gathers and collates information at intake, taking into account issues related to safety, consent and confidentiality for responsive prioritising and triage

8.6 Identifies if the client has parenting responsibilities

8.7 Identifies the particular needs and responsibilities of clients who are carers for others in relation to prioritising and their ability to attend the service

8.8 Identifies and responds appropriately to child protection and domestic violence concerns

8.9 Where appropriate, conducts a developmentally relevant risk assessment at intake, taking into account mental state, suicidality, self-harm, violence and risk of harm to others

8.10 Clearly documents the client's legal status and takes this into account in care planning

8.11 Where appropriate, conducts a forensic and drug and alcohol screening/assessment at intake

8.12 Accurately triages new referrals in a timely manner, seeking advice from senior staff where required

8.13 Generates an intake initial care plan that addresses key risk issues in a timely manner

8.14 Applies intake service acceptance criteria to all referrals and refers client to appropriate services within or external to the mental health service system

8.15 Advocates for client and family/carer referral needs with relevant services, including schools, Family and Community Services, accommodation, health, residential aged care facilities, aged care providers and other services

8.16 Sensitively gathers client and parent/carer and related family member physical, mental health, general psycho-social information and intergenerational conflict

8.17 Gathers relevant information about family context such as possible migration and refugee history, exposure to torture and trauma, impact of cultural adaptation, integration and/or marginalisation

8.18 Gathers relevant family information regarding housing, support networks, history of engagement with community supports/services as well as about recent stresses, losses or changes, e.g. in family relationships and structure, financial circumstances, carer employment and other significant losses

8.19 Recognises the age specific impact of neglect and abuse (physical, emotional and sexual), trauma and loss on development, mental health and wellbeing

8.20 Recognises the impact of exposure to familial trauma on the client and family

8.21 Expresses to families/carers an awareness of the impact of the client's presentation on the family and community

8.22 Conducts brief therapeutic interventions at the initial intake contact where appropriate, e.g. psychoeducation, relevant symptom management and agreed safety strategies

8.23 Provides realistic information to the client and family/carers about services and resources able to be offered including type, setting and time frames

8.24 Informs the client and family/carers that they will be asked to complete surveys to assist treatment and service planning, e.g. clinical documentation modules and satisfaction surveys

ADVANCED COMPETENCIES

8.25 Assists less experienced clinicians and peers to develop a clear formulation and initial management plan

8.26 Reviews plans of less experienced clinicians

8.27 Provides support with intake clinical decision-making, risk assessment and triage to less experienced clinicians and peers

8.28 Demonstrates an extensive knowledge of resources and services for information and referral of clients and families/carers

8.29 Supports less experienced clinicians and peers to develop rapport and facilitate engagement and communication with complex clients and families/carers

Competency 9

Assessment, formulation and care planning

Variation may exist in local intake processes and requirements, therefore Intake and Assessment competencies may overlap. Please also note the Mental Health Service context in Section 4 including the developmental context

Core Competencies

9.1 Creates a welcoming environment that sets the client and family at ease and supports the establishment of rapport

9.2 Clearly explains the limitations and constraints of confidentiality and the proposed structure of the interview/assessment to the client and family/carers and flexibly negotiates aspects of this where possible, e.g. who would like to be seen first, who will be in the room together, for how long etc

9.3 Invites the client to participate in decision-making as appropriate to their capabilities

9.4 Appropriately identifies and uses assessment tools including age specific, discipline specific and culturally relevant assessments commensurate with experience

9.5 Conducts a comprehensive mental health assessment including a Mental State Examination (MSE)

9.6 Conducts a comprehensive assessment that allows differentiation of mental health conditions from normal aging changes, cognitive impairment, substance related or physical illness

9.7 Conducts or facilitates a relevant and timely physical assessment and examination

9.8 Asks age appropriate questions using developmentally appropriate language and tools, facilitated by interpreters where required

9.9 Uses an interactional and interpretive approach in the assessment of infants, younger children and non-verbal or less verbal clients of any age

9.10 Observes, interprets and records the presentations and interactions of non-verbal/less verbal clients

9.11 Completes a multidimensional assessment of the client and their family/carers, attending to the following dimensions:

- o Biological
- o Social
- o Psychological
- o Cultural
- o Spiritual

9.12 Respectfully explains the reasons for and records a complete developmental and family history from client pre-conception through to present age including relevant details of other pregnancies/siblings, recognising that this may be traumatic for some people

9.13 Recognises the impact of perinatal exposure to adverse events and toxins/substances, e.g. foetal alcohol syndrome and lead exposure

9.14 Applies a knowledge of developmental tasks and life stages when conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4.

9.15 Assesses for triggers including age-related triggers for suicidality and risk of harm to self and others, e.g. relationship breakdown/tensions, school stressors, bullying, loss of support structures

9.16 Identifies both risk and protective factors within the client's family and extended environment

9.17 Assesses the impact of life stage transitions for the client and family/carers. This may include but is not limited to:

  o Commencing, changing or leaving school
  o Commencing employment or job losses
  o Leaving home or moving house
  o Marriage
  o Retirement
  o Loss of family, friends and associates
  o The impact of issues surrounding the death and dying process

9.18 Assesses the impact of the client's sense of mastery in the key age related domains of function (see Section 4) with respect to vulnerabilities and protective factors

9.19 Sensitively explores issues related to drug and alcohol use including prescription medications, exposure to trauma, grief and loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships

9.20 Demonstrates flexibility to the client and family/carer needs and capacities by using a variety of tools and methods to collect assessment information, e.g. drawing, games, talking, observation

9.21 Assesses empathy and attunement by observing verbal and non-verbal interactions within the presenting family

9.22 Reflects an understanding of the impact of parent/carer/client temperament and fit

9.23 Assesses parenting skills either by unstructured observation or structured parenting assessment

9.24 Evaluates family and caregiver expectations for the client through unstructured observation and/or discussion

9.25 Identifies the client and family's readiness to participate in treatment

9.26 Takes into account the impact of technology on social connections when exploring peer and supportive relationships

9.27 Identifies gaps in assessment information and its potential impact on formulation, completing information where possible

9.28 Recognises bias that may exist in information presented by clients, families, carers and partner agencies when developing an assessment formulation

9.29 Completes age appropriate sections of clinical documentation forms

9.30 Reflects to the client that their story is valuable and has been heard while taking into account the information and perspectives provided by others which may or may not be contradictory to the client's story

9.31 Reflects in discussions and formulations an understanding that there is a broad range of 'normal' particularly related to some age specific behaviours, e.g. risk taking is generally greater in adolescence

9.32 Independently or with assistance develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant DSM/ICD classifications

9.33 Articulates the impact of multiple systems on the client and family/carer's presentation in the formulation

9.34 Identifies possible impacts of family member or caregiver disability, mental health and/or drug and alcohol problems on the client and other family members

9.35 Identifies the impact of culture and ethnicity on the presentation and management of mental health problems

9.36 Identifies possible impacts of migration and adaptive cultural changes made by families

9.37 Identifies existing physical health issues and other co-morbidities during assessment and demonstrates an understanding of the impact on care planning, including on possible shared care arrangements

9.38 Demonstrates an understanding of the effects of hospitalisation, e.g. geographical distance, transport issues, on the client and family by considering this in care planning

9.39 Develops a client focussed treatment plan in collaboration with the client and family/carers and other service providers as appropriate, which includes clear identification of the problem, actions and timeframes

9.40 Provides client and/or family/carers or other service providers with a copy of the care plan taking into consideration confidentiality and child protection concerns

9.41 Communicates with permission, relevant aspects of the care plan to involved partners

9.42 Completes and uses throughout the episode of care, both relevant clinical documentation and outcome measures to monitor the clients progress

ADVANCED COMPETENCIES

9.43 Demonstrates to peers and less experienced clinicians the use of a range of assessment tools including age specific, discipline specific and culturally relevant assessments

9.44 Guides less experienced clinicians and peers in assessing for and responding to risk

9.45 Applies an in-depth knowledge of stage of life context in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4

9.46 Independently develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant DSM/ICD classifications assisting less experienced clinicians to do the same

9.47 Assists less experienced clinicians and peers to formulate assessments and work with complexity, e.g. management of physical condition in relation to mental health and ageing

Competency 10

Intervention

CORE COMPETENCIES

10.1 Plans and implements a range of engaging, creative, safe and effective interventions chosen with the client and family/carers and consistent with experience, professional background and roles within the multidisciplinary team setting

10.2 Informs clients and their families/carers of their right to informed consent for treatment and of their right to refuse treatment

10.3 Informs clients and their families/carers of the range of treatment options available, identifying potential benefits and risks pertaining to experimental or controversial treatment or treatment with an under-developed evidence base

10.4 Delivers interventions along the spectrum from prevention through to tertiary treatment and in the context of a recovery focus

10.5 Delivers treatments and interventions using a family focussed approach

10.6 Recognises when to ask senior clinicians or peers for assistance in managing clients and families and refers on when needed

10.7 Identifies a range of culturally and developmentally appropriate interventions that may be derived from but are not limited to the following approaches

   o Cognitive
   o Behavioural
   o Interpersonal
   o Attachment-based
   o Motivational
   o Systemic
   o Psychoeducation
   o Psychodynamic
   o Psychopharmacological

10.8 Considers different belief systems about health and values regarding traditional treatments when choosing interventions with the client and family

10.9 Delivers treatments and interventions in the most appropriate formats, which may include:

   o Sessions with individuals
   o Group work
   o Family/systems interventions

10.10 Recognises, works with and develops client and family/carer strengths

10.11 Works flexibly at the client's pace and with their priorities and schema, facilitating engagement throughout the course of intervention

10.12 Includes appropriate service partners in implementing treatment

10.13 Uses appropriate and engaging materials and resources in treatment

10.14 Assists clients and families to see things from the other's perspective and to develop shared understandings

10.15 Supports the client in parenting/carer roles where relevant

10.16 Promotes effective parenting strategies relevant to the client's age, developmental needs and family circumstances

10.17 Articulates an understanding of common medications commensurate with role and experience

10.18 Seeks expert opinion regarding the role of medication and its potential impact

10.19 Monitors client for evidence of appropriate and sufficient response to medication and communicates this to team/medical practitioner

10.20 Monitors client for symptoms of possible side effects

10.21 Observes the dynamics of transference and countertransference and uses these observations in therapy, seeking supervision support to process if required

10.22 Responds appropriately to disruptive and inappropriate behaviours taking into account the age of the client and the diagnosis

10.23 Provides or facilitates management of client's physical health care needs

10.24 Reviews client status throughout the episode of care and responds appropriately to changes

10.25 Monitors client on an ongoing basis for child protection concerns and assesses their potential impact on therapy

10.26 Reviews and updates treatment plan with client and family/carers as appropriate, consistent with progress and changing needs

10.27 Ensures management and care planning considers social inclusion

ADVANCED COMPETENCIES

10.28 Delivers a variety of appropriate interventions demonstrating a high level of knowledge and expertise

10.29 Provides supervision and/or education and training for less experienced staff and peers in the delivery of interventions

10.30 Provides supervision and support for supervisors

10.31 Leads collaborative case management for mental health clients with co-morbid and/or complex conditions and facilitates case conferences with partners

10.32 Leads investigations related to critical incidents and near misses

10.33 Collaboratively develops specialist care plans for clients with complex needs, e.g. BPSD, physical health conditions or children in OOHC, to provide effective discharge planning and reduced readmission

Competency 11

Transfer of care

CORE COMPETENCIES

11.1 Negotiates with the client and the family/carer at the initial point of contact the anticipated length of treatment

11.2 Prepares clients and families/carers for closure from the service or transfer of care

11.3 Adheres to policies and procedures with regards to transfer of care, with a focus on relapse prevention

11.4 Establishes effective partnerships with key professionals, respecting the roles of partner agencies and multidisciplinary teams

11.5 Regularly reviews the transfer of care plan with the client and family/carers in respect to clinical status, client and family/carer wishes and estimated date of transfer

11.6 Completes relevant outcome measures and obtains client/carer feedback to support decision making related to planning for transfer of care

11.7 Clearly identifies and follows through on roles and responsibilities in partnership/shared care arrangements including engaging in assertive follow-up

11.8 Provides client, family/carer and relevant agencies with information to support transfer of care and assist with relapse prevention

11.9 Provides clear documentation using designated transfer of care forms in a timely manner to the service where the client is being transitioned or referred

ADVANCED COMPETENCIES

11.10 Negotiates complex issues related to transfer of care, e.g. readmission

11.11 Assists less experienced clinicians or peers with decision making and implementation of transfer of care arrangements

Competency 12

Mental health promotion and primary prevention

12.1 Implements mental health promotion practice informed by the 5 key action areas articulated in the Ottawa Charter (1986) http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

12.2 Develops strategies across the mental health spectrum that address the social determinants of health, risk and protective factors

12.3 Plans, implements and evaluates appropriate mental health promotion and primary prevention programs and initiatives

   12.3.1 Conducts a needs assessment

   12.3.2 Develops a comprehensive project plan that includes elements of planning, monitoring and evaluation

   12.3.3 Applies culturally-relevant and appropriate approaches for people from diverse backgrounds

   12.3.4 Evaluates program/project using appropriate measures, collating and effectively analysing information

12.4 Develops effective partnerships with key stakeholders, gatekeepers and target group representatives

12.5 Communicates and promotes initiatives clearly and effectively through a range of media which may include report writing, submission of articles to professional journals and media releases

12.6 Implements negotiation, team building, motivation, conflict resolution and problem solving skills

PART 3

Implementation guide & Competency Review Tools

Implementation guide

Responsibility

These guidelines for implementation provide non-mandatory suggestions for using and implementing the Mental Health Services Competency Framework (the Framework).

Guidelines are provided for individuals, managers, supervisors and resource developers. The terms 'manager' and 'supervisor' are used broadly and may apply to a number of positions that have responsibility for overseeing professional development planning for Mental Health staff.

It is the responsibility of Mental Health Services to encourage the incorporation of the Framework into routine practice. The tools associated with the Framework are designed to assist its implementation.

The Framework should be used in conjunction with the current National Practice Standards for the Mental Health Workforce and the discipline-specific mental health competencies and standards developed by each of the national professional organisations.

Target groups

The Framework is specifically targeted for the following professions who are most frequently employed in NSW Mental Health Services:

- Psychiatry
- Nursing
- Social work
- Psychology
- Occupational therapy

As stated earlier, there are other health service providers who may also work with Mental Health client group and who may choose to align their practice with competencies described in this framework.

It is anticipated that fulfilling the *Core competencies* will be a target for 'new to mental health' clinicians in their first 2 years of Mental Health practice.

Advanced competencies should apply to more experienced clinicians who are developing advanced general or age group specific clinical skills.

Uses

Amongst other things, the Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

It is not intended to be used as a performance management tool.

Measuring competence

The level of knowledge and skills that could be expected from a mental health professional from one of the five targeted professions listed above on first entering a mental health service and those which could be expected after two years in the workforce may vary greatly.

It is therefore the combined responsibility of managers and professionals to negotiate an expected standard of competence relative to the professional's experience, position description and responsibilities. Supervisors and clinical leaders may also be able to assist managers in determining an appropriate benchmark.

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

When reviewing competence it is important that supervisors and managers collaborate with Mental Health Service staff to create supportive learning environments which will facilitate the development of competence.

Implementation for individuals

The Competency Review Tools provide a format for professionals, managers and supervisors to identify an individual's achievements and make plans for future competency development.

The tools can be used in collaboration with the following structures that ideally, a professional will have in place:

Reflective practice

Reviewing the Mental Health Services competencies provides structure for Mental Health staff to reflect on their own practice.

Supervision and mentoring

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

Professionals may choose to use the competencies to provide direction in clinical supervision and peer/discussion groups or journal clubs.

Professional development

The Competency Review Tools can be used to develop a Learning and Development plan such as a Professional Appraisal and Development (PAD) plan or equivalent.

The Mental Health Services Competency Development Plan may be used to inform a professional's PAD to address current training needs and preferences for future development.

Performance appraisals

It is hoped that a professional's position description has been developed in alignment with the Mental Health Service Competencies. As professionals engage in core business in line with their position they may use the competencies to review their competence in the key role responsibilities, particularly prior to a professional appraisal and review meeting.

Individuals may also like to take a completed CDP with signed off evidence of competence gained throughout the year to support professional development planning.

The performance appraisal process followed by most Health Services consists of a 3 month initial review for new staff and 12 monthly reviews thereafter.

Implementation for managers

A number of areas exist for which managers can use the Competency Framework. They include:

Recruitment

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

- Develop job descriptions.
- Develop selection criteria
- Inform advertisements for positions
- Develop questions for interview

A link to the Competency Framework on-line may be included in Job Descriptions to provide prospective applicants information on core Mental Health Services practice.

Performance appraisals

Most Health Services have developed a system for performance appraisal and development planning for professional staff.

The Competency Review Tools can provide a format for professionals and their managers to speak about worker achievements and make plans for future competency development. This should ideally occur at 3 month initial reviews for new staff and regular 12 monthly ongoing reviews.

Supervision

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

Professional development for individual staff

The Competency Review Tools can be used with individual professional staff to develop a Learning and Development plan such as a Professional Appraisal and Development (PAD) plan or equivalent.

Team development and processes

The Competencies can be used by managers to identify overall competencies within their team at both core and advanced levels. This can assist with:

- Setting a professional development agenda
- Improving processes and procedures
- Supporting clarification of roles and developing a shared understanding of the specialist knowledge and skills within the team
- Promoting the development of specialty practice across disciplines, thereby creating a multi-skilled workforce
- Identifying team recruitment gaps and staff skills mix for planning.

Implementation for supervisors

Supervisors may use the Mental Health Services Competencies in assisting professionals with the following:

Professional development planning

The Competency Review Tools assist professionals to determine any current gaps in competence and provide direction for future professional growth.

Professionals may bring the CDP to supervision to guide direction for future sessions.

Development of training and resources

Supervisors with responsibilities for multiple professionals may use common themes noted on Competency Development Plans to guide group supervision, the development of training and direction setting for journal clubs.

Performance appraisals

Supervisors can assist professionals in preparing for performance appraisals by reviewing worker competence using the Competency Review Tools throughout the year and supporting them to access ways of developing competence.

Implementation for Resource Developers

The Mental Health Service Competencies provide direction for Tertiary education providers and local training and resource developers to create and source relevant competency-based training.

The Competencies provide a focus for undergraduate and postgraduate core and advanced course development and research.

The Competency Review Tools may assist Universities and training places in developing criteria to guide mental health student clinical placements and student assessment.

SECTION 6

Competency Review Tools

Following are instructions on how to complete the Competency Review Tools:

Competency Review Form (CRF)

1. Choose the applicable Competency sections of the CRF to complete

   Universal competencies apply to all mental health workers. *Clinical competencies* apply to clinical staff and *Population approach competencies* apply to professionals with health promotion and primary prevention responsibilities

   If using the CRF to review competence for the first time, a professional may choose to review all applicable competencies

   If using the CRF for subsequent reviews, the professional may decide to only review those identified for progression

2. Enter the name of the professional, current position and the date of review on each form

3. Enter the name of the reviewer, their role and whether they have completed the NSW Mental Health Services Competency Reviewer Training on each form

4. Note in column 2 whether the competency was achieved (Yes (Y)/ Developing (D)/ No (N)). If not applicable to role, enter N/A

5. Complete columns 3-5 if required

   a. If competency was not fully achieved, enter plans to assist development

   b. Some professions require additional details such as evidence of achievement. Enter if required

   c. Dates achieved may be entered if preferred

6. Complete the reviewer and professional's signatures and dates on the bottom of each page

7. Use the CRF to inform local training, support and development processes or complete a Competency Development Plan (CDP) as below

Competency Development Plan (CDP)

1. On the CDP collate all competency items from the CRFs that require development and add time frames and details

2. Enter the name of the professional, current position and the date of review on each form

3. Enter the name of the reviewer, their role and whether they have completed the NSW Mental Health Services Competency Reviewer Training on each form

4. As plans on the CDP are completed, a supervisor or appropriate person in authority who can confirm evidence of competence signs them off and/or supports further progress

5. Additional Competencies and plans may be added for development at any time

6. Use the CDP for:

   a. personal use in reflective practice

   b. guiding supervision

   c. targeting professional development planning

   d. providing evidence of competence when required, e.g. registration, job applications

   e. performance appraisal and review preparations

NSW Health

Competency 1

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

1. Responsible, safe and ethical practice	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here)	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
1.1 Provides care and treatment to clients and families within the boundaries prescribed by law and professional, national and local requirements and codes of ethical practice				
1.2 Applies the principles of international and national standards on human rights and responsibilities				
1.3 Complies with State legislation related to treatment of mental illness, safety, privacy and confidentiality				
1.4 Complies with current Child Protection legislation and reporting requirements				
1.5 Provides information on the rights of clients, family and/or carers and on legislation which may impact on their rights				
1.6 Recognises when the Mental Health Act would apply and engages assistance of senior mental health staff and other associated professionals in implementing relevant treatment and care				
1.7 Organises the provision of involuntary treatment and care, only when indicated and in compliance with State legislation and in the least restrictive environment				
1.8 Complies with service procedures that relate to staff and service user safety and privacy, taking into account risk as well as relevant age, gender, developmental and other socio-cultural considerations				
1.9 Develops authentic professional and therapeutic relationships with clients, families, colleagues and wider communities while maintaining safe and professional boundaries				

1. Responsible, safe and ethical practice continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
1.10 Assesses risk to self and others regarding aggression, self-harming and difficult behaviours by conducting adequate risk assessments and using de-escalation and harm minimisation techniques				
1.11 Maintains an environment that protects clients and families/carers from financial, sexual, psychological and physical abuse and exploitation whilst receiving mental health care, and reports incidences of abuse or violence to appropriate authorities				
1.12 Reports critical incidents and near misses through the local service's Incident Management System and follows procedures accordingly				
1.13 Follows service procedures in relation to safety, privacy and confidentiality in shared care arrangements and transfer of care				
1.14 Identifies when an alternative consent provider should be engaged, obtains relevant consent and acts consistently with pertinent legislation				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

2. Working with clients, families and carers in recovery focussed ways	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
2.1 Works with clients, families and carers as partners				
2.2 Engages in family focussed practice reflecting that the client is not viewed in isolation but sits within the context of family and community				
2.3 Demonstrates respect for the family member and carer roles acknowledging diverse family capacities and value systems				
2.4 Expresses hope and optimism, applying a strengths based approach and valuing client and family/carer knowledge				
2.5 Inquires about the efforts that the client and family/carers are making to support their own health and wellbeing, respectfully acknowledging these efforts, including and supporting the development of them in care planning				
2.6 Identifies with the clients and their families/carers any barriers to receiving care				
2.7 Partners in genuine ways with the client and family/carers in decision making, supporting self-determination where possible				
2.8 Assists clients and families/carers to contact appropriate client/carer advocates and consumer consultants				

2. Working with clients, families and carers in recovery focussed ways	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
2.9 Identifies the impact of the client's mental health problems on the family/carers including siblings, partners, children and parents and supports referrals and interventions to help meet these needs				
2.10 Provides information on mental disorders, mental health problems, physical and comorbid conditions, mental health services, other support services and self-help organisations to educate clients, families/carers				
2.11 Uses language that demonstrates respect for the client and family/carers at all times				
2.12 Facilitates social inclusion and engagement of the client in activities of meaning for the client such as education, recreation/leisure, relationships and vocation, e.g. work for pay in the mainstream workforce, volunteering				
2.13 Invites and involves clients and families/carers in providing feedback on services and in service planning				
2.14 Participates in activities that support social inclusion, antidiscrimination and the de-stigmatisation of mental illness				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

3. Meeting diverse needs	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
3.1 Identifies that diversity exists amongst clients, families and communities in areas including class, gender, culture, religion, disability, age, power, status, sexual preference and value systems				
3.2 Demonstrates respect and impartiality in working with clients and their families/carers				
3.3 Understands and articulates the diverse needs of the local community including priority populations, e.g. refugees, groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors				
3.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks				
3.5 Recognises that a positive, secure cultural identity is a protective factor for the mental health and wellbeing of the client and family/carers				
3.6 Respectfully collects and records information identifying the cultural background and the language preferred by clients from culturally and linguistically diverse backgrounds				
3.7 Completes the Transcultural Assessment module, Transcultural Referral Guide and Transcultural Assessment Checklist where appropriate				
3.8 Seeks to understand how the client relates to their own culture/s and community and where relevant, how the client relates to the culture of their family/carers				

3. Meeting diverse needs continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
3.9 Offers the use of interpreter services and engages interpreters according to current policies				
3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care				
3.11 Articulates the extent and limits of own cultural understanding and knows when to seek cultural advice/support				
3.12 Asks if there are cultural considerations that if taken into account could assist the client and family/carers feel more comfortable during service contact				
3.13 Attempts to overcome service and resource access barriers to meet the health needs of diverse groups				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Competency 4 Review Form

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

4. Working with Aboriginal children, adolescents, families and communities	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
4.1 Develops an understanding of Aboriginal history and particularly the impact of colonisation on present day trauma and loss				
4.2 Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history				
4.3 Uses culturally sensitive language and preferred terminology in line with current policy directives				
4.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal people				
4.5 Respectfully collects and records information identifying Aboriginal status in line with current policy directives				
4.6 Accesses Aboriginal cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks				
4.7 Seeks to understand and work within kinship structures of Aboriginal communities				
4.8 Seeks to understand and work within local cultural protocols				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

5. Communication	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here)	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
5.1 Establishes positive rapport with clients and families/carers adapting communication style and using age appropriate mediums to facilitate engagement				
5.2 Uses culturally appropriate non-verbal communication, including eye contact and body posture				
5.3 Demonstrates active listening skills				
5.4 Communicates in verbal interactions and written documentation in a well formulated, concise and clear way				
5.5 Provides timely written feedback/correspondence to referrers, families/carers and other appropriate involved professionals				
5.6 Informs clients and families/carers about information exchanged that relates to their care				
5.7 Legibly completes designated forms for documentation and reporting				
5.8 Fulfils reporting requirements in a timely manner				
5.9 Uses current technology to facilitate timely communication and effective service delivery				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Name of professional: _____ **Current position** _____ **Date of plan:** _____

Name of reviewer: _____ **Role:** _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

6. Continuous quality improvement	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
6.1 Research and evaluation				
6.1.1 Accesses information and applies it in practice where relevant				
6.1.2 Critically analyses research				
6.1.3 Collects, analyses and interprets data				
6.1.4 Interprets and communicates evaluation findings				
6.1.5 Shares information, contributing to the Mental Health Services workforce knowledge base				
6.2 Service improvement				
6.2.1 Seeks out resources and equipment to improve service delivery				
6.2.2 Participates in quality improvement processes				
6.2.3 Contributes to service planning				
6.2.4 Facilitates service access to support improved health outcomes for priority groups, e.g. Aboriginal people, children in out of home care and people with severe BPSD, and groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors				

6. Continuous quality improvement continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
6.3 Professional practice and development				
6.3.1 Participates in professional development relevant to role and professional interests				
6.3.2 Actively participates in supervision, peer review and mentoring adjusting clinical care based on feedback				
6.3.3 Engages in reflective and reflexive practice				
6.3.4 Describes the rationale for choosing a particular frame of reference or approach				
6.3.5 Practices self-care for good mental health and wellbeing				
6.3.6 Manages time and workload effectively				
6.3.7 Seeks assistance where necessary				
6.3.8 Maintains contemporary skills in the use of information technology and practices, e.g. electronic records and video conferencing				
6.3.9 Demonstrates a willingness to learn and to share learnings				
6.3.10 Actively participates in performance appraisal and review planning				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

7. Partnership and collaboration	Achieved Competency Yes (Y) Developing(D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
7.1 Interagency				
7.1.1 Demonstrates a current local knowledge of other service providers and their roles and makes appropriate referrals for clients and families/carers				
7.1.2 Maintains current information on intake criteria for partner agencies, approximate waiting times and required processes/forms for referral				
7.1.3 Identifies important issues for clients that require collaborative and integration of care from different agencies, e.g. physical health care, accommodation				
7.1.4 Gains required consent where applicable to share information with other agencies				
7.1.5 Plans treatment or interventions in collaboration with other agencies				
7.1.6 Advocates on behalf of clients and families/carers with other agencies				
7.1.7 Co-ordinates and/or participates in interagency case conferences				

7. Partnership and collaboration continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
7.2 Multi/Interdisciplinary Team				
7.2.1 Identifies important issues for clients, e.g. mental, physical, social, occupational and spiritual needs that require collaboration and integration of care from different disciplines within the multidisciplinary team				
7.2.2 Contributes discipline specific skills to multidisciplinary/interdisciplinary team practice				
7.2.3 Utilises the multidisciplinary team at each stage of the client's journey through the mental health system (intake, assessment, intervention and transfer of care) where relevant				
7.2.4 Provides an impartially selected list of private health providers for clients and families/carers where referral is required				
7.2.5 Participates in multidisciplinary/interdisciplinary case conferences				
7.2.6 Speaks about team members' work with respect, recognising that diversity may exist between professions and amongst individuals within professions in relation to their approach to mental health practice				
7.2.7 Uses language understood by all members of the multidisciplinary team in verbal and written communication				
7.2.8 Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

8. Intake	Achieved Competency Yes (Y) Developing(D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
8.1 Follows local intake processes and protocols to support a positive client and family/carer experience of the service and to facilitate team work				
8.2 Listens sensitively to client and family/carer's requests while clearly explaining the service parameters, constraints of confidentiality and processes				
8.3 Determines if the potential client is aware of the referral				
8.4 Appropriately documents, records and communicates the intake assessment, brief case formulation and initial management plans in a clear summary for team members and clients/carers				
8.5 Systematically gathers and collates information at intake, taking into account issues related to safety, consent and confidentiality for responsive prioritising and triage				
8.6 Identifies if the client has parenting responsibilities				
8.7 Identifies the particular needs and responsibilities of clients who are carers for others in relation to prioritising and their ability to attend the service				
8.8 Identifies and responds appropriately to child protection and domestic violence concerns				
8.9 Where appropriate conducts a developmentally relevant risk assessment at intake, taking into account mental state, suicidality, self-harm, violence and risk of harm to others				

8. Intake continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.10 Clearly documents the client's legal status and takes this into account in care planning				
8.11 Where appropriate conducts a forensic and drug and alcohol screening/assessment at intake				
8.12 Accurately triages new referrals in a timely manner, seeking advice from senior staff where required				
8.13 Generates an intake initial care plan that addresses key risk issues in a timely manner				
8.14 Applies intake service acceptance criteria to all referrals and refers client to appropriate services within or external to the mental health service system				
8.15 Advocates for client and family/carer referral needs with relevant services, including schools, Family and Community Services, accommodation, health, residential aged care facilities, aged care providers and other services				
8.16 Sensitively gathers client, parent/carer and related family member, physical, mental health, general psycho-social information and intergenerational conflict				
8.17 Gathers relevant information about family context such as possible migration and refugee history, exposure to torture and trauma, impact of cultural adaptation, integration and/or marginalisation				
8.18 Gathers relevant family information regarding housing, support networks, history of engagement with community supports/services as well as about recent stresses, losses or changes, e.g. in family relationships and structure, financial circumstances, carer employment and other significant losses				
8.19 Recognises the age specific impact of neglect and abuse (physical, emotional and sexual), trauma and loss on development, mental health and wellbeing				

8. Intake continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.20 Recognises the impact of exposure to familial trauma on the client and family				
8.21 Expresses to families/carers an awareness of the impact of the client's presentation on the family and community				
8.22 Conducts brief therapeutic interventions at the initial intake contact where appropriate, e.g. psychoeducation, relevant symptom management and agreed safety strategies				
8.23 Provides realistic information to the client and family/carers about services and resources able to be offered including type, setting and time frames				
8.24 Informs the client and family/carers that they will be asked to complete surveys to assist treatment and service planning, e.g. clinical documentation modules and satisfaction surveys				
Advanced Competencies				
8.25 Assists less experienced clinicians and peers to develop a clear formulation and initial management plan				
8.26 Reviews plans of less experienced clinicians				
8.27 Provides support with intake clinical decision-making, risk assessment and triage to less experienced clinicians and peers				
8.28 Demonstrates an extensive knowledge of resources and services for information and referral of clients and families/carers				
8.29 Supports less experienced clinicians and peers to develop rapport and facilitate engagement and communication with complex clients and families/carers				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

9. Assessment, formulation and care planning	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
9.1 Creates a welcoming environment that sets the client and family at ease and supports the establishment of rapport				
9.2 Clearly explains the limitations and constraints of confidentiality and the proposed structure of the interview/assessment to the client and family/carers and flexibly negotiates aspects of this where possible, e.g. who would like to be seen first, who will be in the room together, for how long, etc				
9.3 Invites the client to participate in decision-making as appropriate to their capabilities				
9.4 Appropriately identifies and uses assessment tools including age specific, discipline specific and culturally relevant assessments commensurate with experience				
9.5 Conducts a comprehensive mental health assessment including a Mental State Examination (MSE)				
9.6 Conducts a comprehensive assessment that allows differentiation of mental health conditions from normal aging changes, cognitive impairment, substance related or physical illness				
9.7 Conducts or facilitates relevant and timely physical assessment and examination				

9. Assessment, formulation and care planning continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.8 Asks age appropriate questions using developmentally appropriate language and tools, facilitated by interpreters where required				
9.9 Uses an interactional and interpretive approach in the assessment of infants, younger children and non-verbal or less verbal clients of any age				
9.10 Observes, interprets and records the presentations and interactions of non-verbal or less verbal clients				
9.11 Completes a multidimensional assessment of the client and their family/carers, attending to the following dimensions: biological, social, psychological, cultural and spiritual				
9.12 Respectfully explains the reasons for and records a complete developmental and family history from client pre-conception through to present age including relevant details of other pregnancies/siblings, recognising that this may be traumatic for some people.				
9.13 Recognises the impact of perinatal exposure to adverse events and toxins/substances, e.g. foetal alcohol syndrome and lead exposure				
9.14 Applies a knowledge of developmental tasks and life stages when conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4.				
9.15 Assesses triggers including age-related triggers for suicidality and risk of harm to self and others, e.g. relationship breakdown/tensions, school stressors, bullying, loss of support structures				
9.16 Identifies both risk and protective factors within the client's family and extended environment				
9.17 Assesses the impact of life stage transitions for the client and family/carers. This may include, but is not limited to, commencing, changing or leaving school, commencing employment or job losses, leaving home or moving house, marriage, retirement, loss of family, friends and associates and the impact of issues surrounding the death and dying process				

9. Assessment, formulation and care planning continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.18 Assesses the impact of the client's sense of mastery in the key age related domains of function (See Section 4) with respect to vulnerability and protective factors				
9.19 Sensitively explores issues related to drug and alcohol use including prescription medications, exposure to trauma, grief and loss, violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships				
9.20 Demonstrates flexibility to the client and family/carer needs and capacities by using a variety of tools and methods to collect assessment information, e.g. drawing, games, talking, observation				
9.21 Assesses empathy and attunement by observing verbal and non-verbal interactions within the presenting family				
9.22 Reflects an understanding of the impact of parent/carer/client temperament and fit				
9.23 Assesses parenting skills either by unstructured observation or structured parenting assessment				
9.24 Evaluates family and care giver expectations for the client and through unstructured observation and/or discussion				
9.25 Identifies the client and family's readiness to participate in treatment				
9.26 Takes into account the impact of technology on social connections when exploring peer and supportive relationships				
9.27 Identifies gaps in assessment information and its potential impact on formulation, completing information where possible				

9. Assessment, formulation and care planning continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.28 Recognises bias that may exist in information presented by clients, families, carers and partner agencies when developing an assessment formulation				
9.29 Completes age appropriate sections of clinical documentation forms				
9.30 Reflects to the client that their story is valuable and has been heard while taking into account the information and perspectives provided by others which may or may not be contradictory to the client's story				
9.31 Reflects in discussions and formulations an understanding that there is a broad range of 'normal' particularly related to some age specific behaviours, e.g. risk taking is generally greater in adolescence				
9.32 Independently or with assistance develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant DSM/IDC classifications				
9.33 Articulates the impact of multiple systems on the client and family/carer's presentation in the formulation				
9.34 Identifies possible impacts of family members or caregiver disability, mental health and/or drug and alcohol problems on the client and other family members				
9.35 Identifies the impact of culture and ethnicity on the presentation and management of mental health problems				
9.36 Identifies possible impacts of migration and adaptive cultural changes made by families				
9.37 Identifies existing physical health issues and other co-morbidities during assessment and demonstrates an understanding of the impact on care planning, including on possible shared care arrangements				
9.38 Demonstrates an understanding of the effects of hospitalisation, e.g. geographical distance, transport issues, on the client and family by considering this in care planning				

9. Assessment, formulation and care planning continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.39 Develops a client focussed treatment plan in collaboration with the client and family/carers and other service providers as appropriate, which includes clear identification of the problem, actions and timeframes				
9.40 Provides client and/or family/carers or other service providers with a copy of the care plan taking into consideration confidentiality and child protection concerns				
9.41 Communicates with permission, relevant aspects of the care plan to involved partners				
9.42 Completes and uses throughout the episode of care, both relevant clinical documentation and outcome measures to monitor the clients progress				
Advanced Competencies				
9.43 Demonstrates to peers and less experienced clinicians the use of a range of assessment tools including age specific, discipline specific and culturally relevant assessments				
9.44 Guides less experienced clinicians and peers in assessing for and responding to risk				
9.45 Applies an in-depth knowledge of stage of life context in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4				
9.46 Independently develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant DSM/ICD classifications assisting less experienced clinicians to do the same				
9.47 Assists less experienced clinicians and peers to formulate assessments and work with complexity, e.g. management of physical condition in relation to mental health and ageing				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

![NSW Health logo]

Competency 10 Review Form

Competency 10

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

10. Interventions	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here)	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
10.1 Plans and implements a range of engaging, creative, safe and effective interventions chosen with the client and family/carers and consistent with experience, professional background and roles within the multidisciplinary team setting				
10.2 Informs clients and their families/carers of their right to informed consent for treatment and of their right to refuse treatment				
10.3 Informs clients and their families/carers of the range of treatment options available, identifying potential benefits and risks pertaining to experimental or controversial treatment, or treatment with an under-developed evidence base				
10.4 Delivers interventions along the spectrum from prevention through to tertiary treatment and in the context of a recovery focus				
10.5 Delivers treatments and interventions using a family focussed approach				
10.6 Recognises when to ask senior clinicians or peers for assistance in managing clients and families and refers on when needed				
10.7 Identifies a range of culturally and developmentally appropriate interventions that may be derived from but are not limited to the following approaches: cognitive, behavioural, interpersonal, attachment based, motivational, systemic, psychoeducation, psychodynamic and psychopharmacological				

10. Interventions continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.8 Considers different belief systems about health and values regarding traditional treatments when choosing interventions with the client and family				
10.9 Delivers treatments and interventions in the most appropriate formats, which may include sessions with individuals, group work and family/systems interventions				
10.10 Recognises, works with and develops client and family/carer strengths				
10.11 Works flexibly at the client's pace and with their priorities and schema, facilitating engagement throughout the course of intervention				
10.12 Includes appropriate service partners in implementing treatment				
10.13 Uses appropriate and engaging materials and resources in treatment				
10.14 Assists clients and families to see things from the other's perspective and to develop shared understandings				
10.15 Supports the client in parenting/carer roles where relevant				
10.16 Promotes effective parenting strategies relevant to the client's age, developmental needs and family circumstances				
10.17 Articulates an understanding of common medications commensurate with role and experience				
10.18 Seeks expert opinion regarding the role of medication and its potential impact				
10.19 Monitors client for evidence of appropriate and sufficient response to medication and communicates this to team/medical practitioner				

10. Interventions continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.20 Monitors client for symptoms of possible side effects				
10.21 Observes the dynamics of transference and countertransference and uses these observations in therapy, seeking supervision support to process if required				
10.22 Responds appropriately to disruptive and inappropriate behaviours taking into account the age of the client and the diagnosis				
10.2 Reviews client status throughout the episode of care and responds appropriately to changes				
10.23 Provides or facilitates management of client's physical health care needs				
10.24 Reviews clients status throughout the episode of care and responds appropriately to changes				
10.25 Monitors client on an ongoing basis for child protection concerns and assesses their potential impact on therapy				
10.26 Reviews and updates treatment plan with client and family/carers as appropriate, consistent with progress and changing needs				
10.27 Ensures management and care planning considers social inclusion				
Advanced Competencies				
10.28 Delivers a variety of appropriate interventions demonstrating a high level of knowledge and expertise				
10.29 Provides supervision and/or education and training for less experienced staff and peers in the delivery of interventions				

10. Interventions continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.30 Provides supervision and support for supervisors				
10.31 Leads collaborative case management for mental health clients with co-morbid and/or complex conditions and facilitates case conferences with partners				
10.32 Leads investigations related to critical incidents and near misses				
10.33 Collaboratively develops specialist care plans for clients with complex needs, e.g. BPSD, physical health conditions or children in OOHC, to provide effective discharge planning and reduced readmission				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Competency 11 Review Form

Competency 11

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

11. Transfer of Care	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here)	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
11.1 Negotiates with the client and the family/carer at the initial point of contact the anticipated length of treatment				
11.2 Prepares clients and families/carers for closure from the service or transfer of care				
11.3 Adheres to policies and procedures with regards to transfer of care, with a focus on relapse prevention				
11.4 Establishes effective partnerships with key professionals, respecting the roles of partner agencies and multidisciplinary teams				
11.5 Regularly reviews the transfer of care plan with the client and family/carers in respect to clinical status, client and family/carer wishes and estimated date of transfer				
11.6 Completes relevant outcome measures and obtains client/carer feedback to support decision making related to planning for transfer of care				
11.7 Clearly identifies and follows through on roles and responsibilities in partnership/shared care arrangements including engaging in assertive follow-up				
11.8 Provides client, family/carer and relevant agencies with information to support transfer of care and assist with relapse prevention				
11.9 Provides clear documentation using designated transfer of care forms in a timely manner to the service where the client is being transitioned or referred				

11. Transfer of Care continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
Advanced Competencies				
11.10 Negotiates complex issues related to transfer of care, e.g. readmission				
11.11 Assists less experienced clinicians or peers with decision making and implementation of transfer of care arrangements				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Competency 12 Review Form

Competency 12

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

12. Mental health promotion and primary prevention	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CDP note 'see CDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
12.1 Implements mental health promotion practice informed by the 5 key action areas articulated in the Ottawa Charter (1986)				
12.2 Develops strategies across the mental health spectrum that address the social determinants of health, risk and protective factors				
12.3 Plans, implements and evaluates appropriate mental health promotion and primary prevention programs and initiatives				
12.3.1 Conducts a needs assessment				
12.3.2 Develops a comprehensive project plan that includes elements of planning, monitoring and evaluation				
12.3.3 Applies culturally-relevant and appropriate approaches for people from diverse backgrounds				
12.3.4 Evaluates program/project using appropriate measures, collating and effectively analysing information				

12. Mental health promotion and primary prevention continued	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
12.4 Develops effective partnerships with key stakeholders, gatekeepers, and target group representatives				
12.5 Communicates and promotes initiatives clearly and effectively through a range of media which may include: report writing, submission of articles to professional journals and media releases				
12.6 Implements negotiation, team building, motivation, conflict resolution and problem solving skills				

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

NSW Health

Competency Development Plan

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

Competency	Plans to assist competency development	Date Added	Person/s responsible	Planned Time Frame to develop competence	Date Achieved	Reviewer Signature & registration No. if relevant

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____

Competency Development Plan

Name of professional: _____ Current position _____ Date of plan: _____

Name of reviewer: _____ Role: _____ NSW Competency Reviewer Training completed (✓): Yes ☐ No ☐

Competency	Plans to assist competency development	Date Added	Person/s responsible	Planned Time Frame to develop competence	Date Achieved	Supervisor or Team Manager Signature & registration No. if relevant
3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care	1. Attend staff in-service presentation by Transcultural MH staff on 5th December 2. Find cultural advisor contact directory on MH share drive 3. Discuss any client cases that may benefit from additional cultural knowledge with supervisor 4. If required, make contact with appropriate cultural advisors and discuss pertinent client related issues	20th Nov	1. Joe 2. Joe and Admin 3. Clinician and Supervisor 4. Joe	8 wks	3rd Jan	JHF (Supervisor)
5.3 Demonstrates active listening skills	1. Practices the use of open questions in supervision 2. Uses more open questions in assessments with clients and families/carers	20th Nov	1. Joe and supervisor 2. Joe	4 weeks	20th Dec	JHF (Supervisor)

Signature of professional: _____ Date: _____

Signature of reviewer and registration no. (if relevant): _____ Date: _____