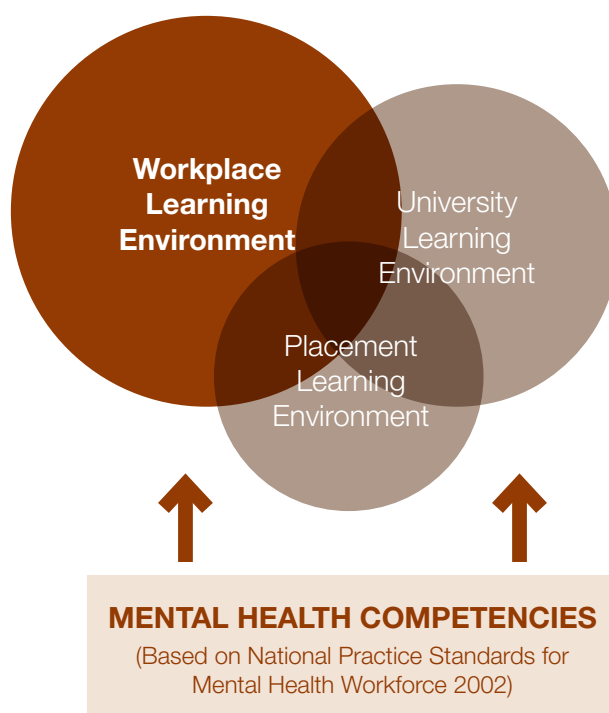


chapter 3:

workplace training and support

This chapter describes the **workplace learning environment** component of the Aboriginal Mental Health Worker Training Program Learning Model. It is organised into three sections covering various aspects of workplace training and support: 'Trainees as team members', 'Planning the workplace learning experience' and 'Supporting Trainees and teams'. It outlines sound practice in workplace training and support as documented in the *Implementation Review* of the Training Program,¹ and covers orientation and induction processes, key policies, how to conduct skills audits and plan the on-the-job training program, performance review processes, and how to establish support structures for Trainees and teams. It includes a range of supporting materials such as sample checklists and guidelines, examples of work plans and useful websites.



Trainees as team members

The workplace is the primary place of learning and professional development for the Trainee, so high-quality training and support from the mental health team are critical to the development of a competent Aboriginal Mental Health Worker.

A comprehensive orientation and induction program, careful planning of the on-the-job training program, a good understanding of the required university course and a supportive environment will set the scene for the successful development of a mental health professional who is Aboriginal and who is a credit to the team.

Sound practice

During the implementation review of the Aboriginal Mental Health Worker Training Program, the reviewers conducted interviews with mental health staff, Aboriginal Medical Service (AMS) personnel and Trainees, and, from these interviews, established the following sound practices for workplace training and support.

- The Traineeship was working best in teams where the managers and team members understood the Program aim, objectives and expectations.
- Managers who established clear boundaries around what Trainees can do at any given time in the Traineeship provided a safe working environment.
- Area Health Services that allocated experienced preceptors and clinical supervisors to the Trainees were providing a high level of on-the-job training for the Trainee.
- A thorough orientation and induction process during the first three months provided a good foundation for Trainees to learn about mental health, the workplace and the related community organisations and services.
- Having a preceptor, supervisor and team members who were available to discuss assignments directly assisted the Trainee in completing these assignments and increased the knowledge about the university component of the Traineeship.
- The more managers, clinical supervisors and preceptors knew about the university's expectations, the better able they were to support the Trainee.²

Training on-the-job

On-the-job training provides opportunities for Trainees to learn about:

- the field and scope of mental health work
- what it means to be a mental health practitioner within NSW Health
- how to practice competently
- how to be a contributing member of a mental health team.

Trainees are employed in mental health teams in different types of workplaces across NSW.³ Each team provides a different range of services and programs to its respective community and therefore provides a different workplace learning experience for Trainees.

The type and range of mental health services and programs will depend on the location of the workplace, its service focus and the composition of its staff. For example, a multidisciplinary team may provide a range of clinical services to a hub community and clinical outreach services to a number of surrounding small communities. Specialist teams such as case management teams, crisis assessment teams, and social and emotional wellbeing teams provide one aspect of the range of mental health services. Some services focus on particular groups such as Child and Adolescent Mental Health Teams, providing clinical services to young people.

In addition, Trainees will have an opportunity to experience how a range of services and programs are delivered though the university course requirement of undertaking clinical placements. Some larger services may decide to rotate Trainees through different specialist teams so they are exposed to a wider range of services and programs.

Understanding the Training Program

Managers and team members who have a good understanding of the Training Program's aim and objectives and how the Learning Model can be implemented will ensure that Trainees are provided with the necessary balance of work and support experiences. Orientating team members to the Program can prevent misunderstandings about the intention of the Program, roles and responsibilities of Trainees and team members, benefits of the Program and entitlements due to the Trainees. The team will have gained some understanding of the Program prior to recruitment. However, it is often the case that once the Program is implemented, issues arise that need to be clarified. It is also the case that team members come and go and new staff will need to be briefed.

There are a number of ways to familiarise the team with the Program and to deal with any misunderstandings and unrealistic expectations:

- invite a Aboriginal Mental Health Workforce Program Reference Group member or the Clinical Leader or Area Coordinator Aboriginal Mental Health to a meeting to brief the team and answer questions
- invite the State-wide Coordinator Aboriginal Mental Health Workforce Program to present at a team meeting and answer questions (the Coordinator undertakes a number of visits to the different Area Health Services each year)
- have the Program as a standing item at team meetings and discuss different aspects of the Program at each one

- develop a reference group across the Area Health Service to ensure standardisation and consistency across the teams employing Trainees
- identify a 'champion(s)' for the Program who has a sound working knowledge of it and who will work with the Clinical Leader or Area Coordinator Aboriginal Mental Health to provide guidance and support to the teams
- ensure that team members have access to the *New South Wales Aboriginal Mental Health Worker Training Program: Implementation Review*⁴
- ensure that team members know how to access this Practical Guide, which supports the Program.

Mental health teams employing Trainees will need to be prepared for the additional time and commitment required to ensure that Trainees receive an effective on-the-job training experience. Some team leaders and staff have been surprised by the time, resources and effort needed to train and support Trainees, especially in the first year of the Traineeship. On-the-job training includes a mix of one-to-one coaching, supervising and mentoring.

Time spent with a Trainee may reduce the number of clients a clinician can see in a day. Small teams especially may experience added time pressures and will need to consider how to combine their caseload requirements with providing a high standard of on-the-job training. It is important to record the time spent in training and support activities in the Mental Health Outcomes and Assessment Tool (MH-OAT). Recording this type of data will assist in accounting for the actual time cost of the Training Program (see Chapter 7: Monitoring and Evaluation).

Orientation and induction

Trainees will have negotiated a number of hurdles to become the preferred applicants for the Traineeships. The first day of work as a NSW Health employee is a time to celebrate and make the Trainees feel welcome. They may well be a bit nervous and apprehensive. It is important to remember that Trainees may have never worked for the public service before; this Traineeship will be an entirely new experience for them.

To successfully prepare Trainees to be well-informed employees and contributing members of their mental health teams:

- have the Trainees' workstations set up
- have a welcoming letter and diary at the workstation
- have a well-prepared orientation and induction program ready to be implemented.

The induction program begins on the first day. The welcoming letter should outline what is in the accompanying folder and the first day schedule. It is a good idea for the Team Leader or delegated person (an induction partner or 'buddy') to be available to introduce the Trainee to team members and other health staff, show the Trainee around the facility and answer any questions. It would be helpful for the buddy to continue to be available beyond the first day as an ongoing resource for the Trainee.

There are some user-friendly checklists that can be provided to employees and managers for easy follow up to make sure all the important topics and issues have been covered.



See 'Supporting documents and resources' at the end of this chapter for a sample welcome letter to Trainees, an example of an orientation program developed by Justice Health and various checklists.

Line Managers will want to be sure that Trainees, as new employees, have been informed about all the important NSW Health and operational policies, procedures and issues. Trainees will need to know where the local policy and procedure manual is located. Policies and procedures are subject to a continuous process of development and review. There are also local processes that are not documented but are part of the workplace culture. These will need to be learned from colleagues.

However, Trainees may feel intimidated by the mountains of paperwork and new information. It is important to ensure that Trainees do not feel overwhelmed, isolated or unwelcomed during this period of orientation and induction.

It is suggested that Trainees spend three days reading and participating in induction and orientation activities and two days each week shadowing their 'buddies'. Trainees would then be able to discuss the policies and procedures they had been reading about with their buddies and gain an appreciation of how they are being applied, especially in clinical practice. Alternatively, there could be a 'Trainee Diary' in the staff room for clinicians to book Trainees to accompany them on activities.⁵



Refer to 'Policies and procedures', 'Checklist: Policies and legislation' and an excerpt of the NSW Health Code of Conduct in 'Supporting documents and resources' at the end of this chapter.

New employees will be expected to attend the Area Health Service's orientation program. Include the dates it is being offered and the required paperwork in the orientation and induction folder. Each Area Health Service will have a quick web link through the intranet to information given out at orientation.

It can also be helpful to have a self-guided orientation program with an accompanying work plan already developed for the Trainee to cover the first three months of the Traineeship. There is further discussion about work plans later in this chapter.



See 'Supporting documents and resources' for the self-guided orientation program developed by Maari Ma Health Aboriginal Corporation for all employees and the accompanying induction period work plan for a new Trainee.

Orientation and induction essentials

Check and ensure that:

- all commencement paperwork has been completed (for example, 'Authority for academic progress to be shared' form, confidentiality agreements, immunisation status, driver's licence check, Trainee enrolled in university course), and send documents to Human Resources for the personnel file established for the Trainee
- the Trainee is on the payroll and all forms (taxation, superannuation, banking details) are completed
- the Trainee knows how to access policies and procedures and who to ask about them

- the Trainee understands the consequences of not working within policies or regulations such as the *NSW Health Code of Conduct, Communications – Use & Management of Misuse of NSW Health Communication Systems* and the *CSU Student Academic Misconduct Policy* and the *Student General Misconduct Policy*⁶
- the Trainee knows who to see about particular issues or problems
- the Trainee understands the importance of keeping an up-to-date diary.



See 'Supporting documents and resources' for the 'Authority for academic progress to be shared' form and the information sheet that explains it.



It is important to reinforce the message to Trainees that asking questions is positive and demonstrates a willingness to learn.

Planning the workplace learning experience

Trainees learn most about how to be a mental health clinician on-the-job as members of a mental health team. A well-planned training program takes into account the knowledge, skills and experiences the Trainee brings to the job and builds on these. The workplace learning experience, coupled with the university course and clinical placement experiences, ensures that the Trainee is able to meet the selection criteria for a mental health professional position at the end of three years.

Research study after research study all show the same thing – that most learning at work happens through the everyday working practices of the workers. That is, the biggest influence on learning at work is the work itself. It follows that a major way in which workplace learning can be improved is to change the ways in which people work.⁷

This section includes information about how to conduct a skills audit, what to consider when planning the workplace training program and how to plan a training program that fits into the team's everyday work. Considerations to take into account when planning include the Trainee as a full-time equivalent student, the time available for training, and the resources and staff needed. The time to decide who will be taking responsibility for the various aspects of the Trainee's on-the-job training is during preparation of the workplace for employing a Trainee. Planning will also need to include how to provide the Trainee with learning opportunities and how to manage a range of associated expectations. Careful monitoring of the Trainee's progress will ensure that problem areas are identified early.



See Chapter 2: Workplace Preparation and Recruitment for information about mental health team members' roles and responsibilities.

Sound practice

During the implementation review of the Aboriginal Mental Health Worker Training Program, the reviewers conducted interviews with mental health staff, Aboriginal Medical Service (AMS) personnel and Trainees, and, from these interviews, established the following sound practices for planning the workplace learning experience.

- Having an allocated [learning and development] day during the week between residential teaching blocks and having resources, such as a laptop computer, enabled Trainees to more easily complete university requirements.
- Trainees who were able to organise a tutor reported that it had helped them with their time management and ability to understand and complete their assignments.
- Undertaking placements in the same geographic area in different health services, programs and local AMSs contributed to building an understanding of the Training Program and strengthening links between services. It also decreased the Trainees' stress by not having to be away from family and support people.
- Having realistic expectations about what can be reasonably expected of a Trainee at each stage of the Traineeship was viewed as very useful by both Trainees and teams where they were applied.
- Documentation of training and support activities, including time allocated to the Traineeship, was important for monitoring and evaluation.⁸

A skills audit

The starting point for planning the on-the-job training program is a skills audit.⁹

A skills audit identifies:

- knowledge and skills a Trainee brings to the job
- strengths, as well as gaps, in the Trainee's knowledge and skills
- training and development needed to do the job well.

The starting point for a skills audit is the position description. What are the duties and tasks of an Aboriginal Mental Health Worker? Next unpack each task to identify the knowledge and skills to undertake it. This process would usually be carried out by the Trainee, the Clinical Supervisor and Clinical Leader Aboriginal Mental Health. It is a good idea to ask the Trainee to bring his/her application for the Traineeship to the meeting to use as a reference. Then it is a matter of documenting the Trainee's experience, current level of knowledge, and skill and confidence to do the task. It is useful to assign a score to the level of skill, for example, 0 for 'no skill' to 3 for 'advanced skill'. The Trainee will need to provide evidence of knowledge or demonstrate a skill. Once completed, a training plan can be developed to address gaps. Gaps can be prioritised for attention (for example, not understanding the *NSW Health Code of Conduct* or the importance of confidentiality may be high priorities for attention). Finally, it is a matter of documenting who is going to do what by when in a work plan.

How to do a skills audit

The Trainee and the nominated team member(s) do the skills audit together.

Step 1

Start with the position description. What are the main tasks involved in undertaking each duty?

Example: Professional conduct

Duty: *(All employees are required to) abide by the NSW Health Code of Conduct, key legislation and Area Health Service policies and procedures, maintain confidentiality and act professionally and within ethical boundaries.*

The Trainee's main tasks are to:

- abide by *NSW Health Code of Conduct* and Area Health Service policies and procedures
- maintain confidentiality
- act professionally and within ethical boundaries.

Step 2

In order to perform each of these tasks, certain knowledge and skills are required. Look at each main task and 'unpack' it. Record the specific knowledge, skills or competencies needed to carry out the task.

Task: *Abide by the NSW Health Code of Conduct, key legislation and Area Health Service policies and procedures.*

Is the Trainee able to:

- demonstrate knowledge of the *NSW Health Code of Conduct*
- demonstrate knowledge of key legislation, policies and procedures
- identify situations when policies need to be referred to
- access specific Area Health Service policies and procedures for specific situations
- follow standard procedures for dealing with mandatory notifications (e.g. Child Protection) and emergency situations (e.g. potential suicide intent)?

Task: *Maintain confidentiality*

Is the Trainee able to:

- demonstrate knowledge of confidentiality and privacy and the consequences of breaching legislation
- explain when it is appropriate and legitimate to share information and with whom?

Task: *Act professionally and within ethical boundaries*

Is the Trainee able to:

- demonstrate knowledge of the moral, legal and ethical issues of professional conduct
- maintain essential professional standards (e.g. punctuality and appropriate dress)
- evaluate own professional conduct and practice?

Step 3

Talk about and document:

- any experience the Trainee has of doing the task
- the level of experience
- how he or she can show this knowledge or skill (evidence).

The Trainee can score his or her current level of knowledge and skills (e.g. on a scale of 0 to 3). Scoring can help identify learning priorities and re-scoring after training can assess new learning.

For example, a Trainee may have previously worked for a community service non-government organisation and learned about client confidentiality and privacy and the importance of maintaining these at work. However, after discussion, it is agreed that the Trainee will be rated as having 'basic knowledge/skills' in relation to this task. The Trainee is not familiar with the *NSW Health Code of Conduct* or the relevant legislation and is unsure of the consequences of breaching confidentiality. It is agreed that the Trainee needs at least 'average skills' in this area now and 'advanced skills' in the future. It is now a matter of planning what learning experiences need to be put in place immediately for the Trainee to develop the required knowledge and skills as soon as possible.



See 'Supporting documents and resources' at the end of this chapter for 'Planning skills audit, Example 1: Professional and ethical behaviour', 'Documentation of evidence, Example 1: Professional and ethical behaviour' and other examples of a skills audit and documentation (for example, 'Advocate and advise on behalf of Aboriginal consumers', 'Computer skills audit') and templates. There are also proformas that could be adapted in an Area Health Service's performance appraisal and performance planning documentation, usually available through Human Resources.

The learning and development and work plans

Developing an annual learning and development plan is the next step after a skills audit. The nominated team members and the Line Manager work with the Trainee to develop a plan that includes what needs to be learned, the best ways to learn it and a timeframe. Importantly, it needs to be linked to the work that the team does every day. The plan will assist the wider team to know what activities the Trainee needs to experience and when to involve the Trainee.

The learning and development plan needs to:

- address gaps in knowledge and skills to do the job
- avoid re-training in areas of competence
- be tailored to suit the Trainee
- utilise the knowledge and skills of team members.

The learning and development plan is incorporated into the Trainee's work plan.



It is useful to have a draft work plan developed to cover the orientation and induction period. For example, as part of the work plan for the first three months, the Trainee is expected to access and read the relevant legislation and policies and discuss them with his/her buddy or other team members. Based on the skills audit, this plan can be modified as required.

Line Managers will expect Trainees to regularly plan, review and report on their work. Trainees will be expected to develop a quarterly work plan based on the annual work plan, prepared in collaboration with the Line Manager as part of the yearly performance review process. This process can include the skills audit.

Trainees will find making a quarterly work plan to be a good way to document what they plan to do by a certain date and who to involve. It will need to incorporate the university residential and clinical placement components. The quarterly work plan can serve as a useful communication tool and may be given to other team members to let them know what the Trainee is planning. It will indicate where team members could provide assistance.

As part of the yearly performance appraisal and planning processes, employees are expected to identify areas for further skills development. Each Area Health Service will have a specific policy, procedures and accompanying forms to be used.

For useful tools and resources:



See 'Supporting documents and resources' at the end of this chapter for the 'Quarterly work plan' template, the Work Plan developed to accompany the Maari Ma Orientation Program, the 'Community mental health workload guidelines', the 'Example workload guidelines: Justice Health Aboriginal Mental Health Worker Trainee' for a 10-week period and a sample meeting timetable.



Access the Area Health Service's policy, procedures and forms for conducting performance appraisal and performance planning processes.



See Chapter 6: Linking Work and Study for an overview of the three-year Traineeship Program.

The Trainee as student

At all times during the planning of the on-the-job training program, it must be remembered that the Trainee is also a full-time equivalent student. Careful planning results in a reasonable and realistic workload for the Trainee and the team.

It is important to realise that the university course will not provide all the necessary knowledge and skills at the time these are needed in the workplace (see 'Example: Confidentiality and privacy'). Like any curriculum, students are introduced to basic concepts initially and these are built upon over the three years of the course. The course complements and reinforces the on-the-job learning. The workplace learning experience also needs to be designed to introduce Trainees progressively to more advanced mental health skills.¹⁰ The challenge is to link work and study, the practice and the theory, to maximise the training and educational experiences and to develop a competent, confident and independent mental health professional.

Example: Confidentiality and privacy

The Djirruwang Program is underpinned by the *National Practice Standards for the Mental Health Workforce*; 'Standard 1: Rights, responsibilities, safety and privacy' states:

Mental health professionals uphold the rights of people affected by mental health problems and mental disorders and those of their family members and/or carers, maintaining their privacy, dignity and confidentiality and actively promoting their safety.¹¹

In the *second half* of the first year, Trainees take a subject called 'Healing our people (Counselling 1)' and, at the completion of the subject, Trainees are expected to be able to discuss confidentiality and ethical and legal issues. This subject has a two-week clinical placement requirement in a mental health service at which time Trainees are expected to achieve a number of clinical placement objectives. The relevant clinical placement objective for Standard 1 states, 'Demonstrate an awareness of the importance of informing consumers of their right to informed consent for treatment and of their right to refuse treatment'.

In terms of knowledge related to confidentiality and privacy, these are not covered as a clinical placement objective until the second year in 'Assessment, diagnosis and management in psychiatry'.

Confidentiality and privacy are fundamental concepts that need to be understood by Trainees and practised from the beginning of their employment. The only place where this knowledge and accompanying skills can be acquired at the time they are needed is in the workplace. It cannot be assumed that the Trainee already possesses them.



For subject descriptions, see Chapter 4: University Study and Support and Chapter 5: Clinical Placements and Support. For the clinical objectives for each subject and placement, see the Djirruwang Clinical Handbook and the Djirruwang Clinical Assessment Tool.¹²

Two-way learning

The mental health team offers the Trainee multidisciplinary learning opportunities and support. Where teams develop a sense of responsibility for the Trainee in the workplace, the Trainee's sense of acceptance, belonging and support is significantly increased. It generally also means that the Trainee is regularly offered a range of supervised clinical and non-clinical experiences that advance 'theory to practice' learning. Trainees can guide team members to work more effectively with Aboriginal people and provide advice on and advocate for Aboriginal consumers, their families and communities. It is the team's responsibility to take advantage of what the Trainee can impart to the team.¹³

Recognition of Trainees' experience, knowledge and skills

As well as identifying gaps in the Trainee's knowledge and skills, the skills audit provides the opportunity to recognise what the Trainee brings to the job in terms of his or her experiences, prior knowledge and skills.

As mentioned above, an important Aboriginal Mental Health Worker duty is to advocate and advise on behalf of Aboriginal consumers at case discussions as appropriate to ensure that their needs are met. Trainees, based on their personal and work experiences, may already possess considerable knowledge and the advanced skills necessary to undertake this duty. During discussion at the skills audit, the Trainee may suggest a score of 3 (advanced skills) in response to the skill 'Is able to bring local cultural awareness and issues to supervisors', team members' and managers' attention'. The Trainee then provides evidence that, as a member of the local community, he/she is able to discuss the local history, identify the local families, relate the protocols for engaging with families and the community, and demonstrate an understanding of key community issues. This information is documented and verified by the Clinical Leader and/or Aboriginal community leaders.

Using this example, the process of recognition should give both the Trainee and the team confidence in the Trainee's ability to provide advice on cultural and community matters and will ideally lead to a more accessible and appropriate mental health service being delivered by the team from the beginning of the Traineeship.



See 'Planning skills audit, Example 2: Advocate and advise on behalf of Aboriginal consumers' and 'Documentation of evidence, Example 2: Advocate and advise on behalf of Aboriginal consumers' in 'Supporting documents and resources' at the end of this chapter.

Time available for training and development

Planning also needs to take into account the actual number of days available for on-the-job training. As a guide, Table 2 sets out the number of days allocated to each of the different work, university study and clinical placement activities expected to be undertaken by Trainees.

In the first year there are about 120 days, and in second and third years about 102 days, available for on-the-job training. Careful planning is needed to use this time as productively as possible to develop the Trainee as a clinician. It is recommended that approximately 75 per cent of the available on-the-job learning time be dedicated to providing the Trainee with clinical experiences (consumer-related activities) and 25 per cent with undertaking community engagement and development activities and

administrative tasks (non-consumer-related activities). The proportion of time spent on clinical work will vary over the three years, with more time spent undertaking community development and engagement activities and administrative tasks in the first year. As the Trainee becomes more experienced and skilled, the clinical component will increase.



For each task planned for the Trainee, ask the questions, 'Does this task fit into clinical experiences, community engagement and development or administrative tasks?', 'What will the Trainee learn by completing this task?' and 'How will this learning outcome be measured?'

Table 2: Allocated days over a year at a glance

Activity	1st Year days allocated	2nd/3rd Years days allocated
Mental Health Service work days*	120	102
Mandatory and approved training†	8	6
University residential teaching blocks‡	37	37
Learning and development days in workplace§	24	24
Placements	20	40
Aboriginal Mental Health Forums	10	10
Allocated day off	12	12
Annual leave	20	20
Weekends	104	104
Public holidays	10	10
TOTAL	365	365

Notes: These numbers are a guide only and may vary in each worksite depending on local policies. This table was developed by Russell Roberts and Verina Crawford and included in the GWAHS Manual 2006.¹⁴ *Up to 12 days per year are available for sick leave. †Estimated. ‡Plus travel—two days per residential teaching block. When Trainees attend residential teaching blocks, they will be on learning and development leave, not study leave. §Learning and development days were endorsed by the Aboriginal Mental Health Workforce Program Reference Group to be made available during semesters to complete university assignments.

The *Implementation Review* of the Training Program found that balancing a new job with tertiary study in the first year presented Trainees with some of their most challenging times.¹⁵ In addition, some Trainees had significant family commitments to fulfil. Circumstances and strategies that made it possible for Trainees to more easily manage the on-the-job training and study combination included:

- being in teams supportive of professional development
- having allocated time in the workplace to complete assignments
- undertaking placement requirements within commuting distance of home
- operating within clearly demarcated boundaries.



Learning and development days

Up to 24 days per year are available as allocated days for working on university assignments (one day per week is provided during each semester). It is recommended that these days are taken on a nominated day of the week as negotiated with the Trainee's Line Manager. Some Area Health Services have established additional policies and procedures to manage these learning and development days. For example, time at residential teaching blocks and when on placement includes the allocated day and these days cannot be accumulated. In addition, if a sick day, annual leave or allocated day off or any other form of leave is taken on the allocated day, this day cannot be accumulated or taken later. Once all university assignments are completed or the semester ends, Trainees are expected to attend work as usual.

At the discretion of the Line Manager, additional time to complete university requirements may be negotiated and planned in advance. For example, in the third year of the university course, some Line Managers have allowed additional time to be taken during working days as 'research time', as Trainees are expected to plan and conduct a research project on some aspect of mental health. Ideally the Trainee will have discussed the research or quality improvement project with team members to ensure that it is ethical, achievable and useful to the service.

Area Health Services will need to provide a study environment relatively free from distraction. If this is not possible, the Trainee may be permitted to study off site at a location approved by the Line Manager. The Trainee is on duty and must be contactable at this time. The Trainee must provide details in advance about how to be contacted.



See 'Learning and development leave' in 'Supporting documents and resources' at the end of this chapter.

Resources for training and development

Trainees will need access to certain resources such as a computer, internet access and a quiet space to study. The *Implementation Review* found that Trainees who had been assigned a laptop computer reported being able to work on assignments in the evenings, on weekends and at the residential teaching blocks.¹⁶

Other useful resources to make available to Trainees include key mental health and drug and alcohol policies, standard reference books, important mental health reviews, local service directories and community profiles.



Encourage Trainees to establish their own reference libraries and to visit the health service or local university or TAFE library.

On-the-job trainers: preceptors and clinical supervisors

The more experienced clinicians are, the more able they will be to act as preceptors and supervisors to provide Trainees with high quality on-the-job training. It is recommended that preceptors have at least two years of mental health clinical experience. Preceptors and supervisors with training skills will likely be the most confident providers of training, support and supervision. They will be acting as 'coaches' and facilitators of learning, enabling the Trainees to develop as independent and competent practitioners.



Preceptor and clinical supervisor training can be accessed through a nearby university or TAFE or through a private provider for those clinicians who require additional training.

There can be value in assigning a dedicated preceptor to the Trainee, at least initially. Over time the preceptor and the Trainee will be able to develop a trusting, working relationship. It is important for the preceptor and Trainee to reflect on how the relationship is developing and if for any reason it is not going as well as it could, other arrangements can be made for the Trainee. It is also important that the Trainee has the experience of working with a range of mental health clinicians with different types of professional education and training.

Other professionals associated with the mental health service can also provide training and support. For example, in a number of services, visiting or local psychiatrists or psychologists provide education and clinical supervision. Like other mental health workers, Trainees will need access to formal clinical supervision on the same basis as other team members.



See the Area Health Service's policy and procedures on clinical supervision.



See 'Supporting documents and resources' for a 'Clinical supervision handbook', which is a useful document on clinical supervision and has a number of proformas that can be adapted.

Providing learning opportunities

It is the mental health team's responsibility to provide the Trainee with a supported and supportive learning environment and the opportunities to gain clinical experience. It is expected that Trainees will be proactive in seeking opportunities to learn from their colleagues and to take advantage of learning opportunities as they present. GSAHS has identified five 'Es' for providing Trainees with the opportunities to gain a wide range of clinical skills.

Experiences¹⁷

- Graded exposure in clinical practice with various clinicians in all mental health scenarios.
- Rotations and placements in specialised mental health teams, mental health services and allied health services (e.g. drug and alcohol services).

Exercises

- Conduct brief verbal presentations.
- Conduct discussion of their observations supported by clinician.
- Undertake notations of observations (e.g. use of mock progress notes).
- Practice documentation of assessments and discuss content with clinician.
- Establish diagnosis with clinician.
- Formulate care plan with team.
- Discuss all aspects of exercises with Clinical Leader/Supervisor using clinical supervision documentation.

Expertise

- Graded direct clinical interventions supported and observed by a clinician.
- Increasing levels of clinical interventions governed by competencies.
- Review of each client contact with clinician, including feedback.
- Frequent competency reviews with Clinical Leader and/or Clinical Supervisor using skills audit and documentation of evidence proformas and Area Health Service clinical supervision documentation.

Education

- Review of university progress with aid of training manual, including discussion with Clinical Leader.
- Provision of resources towards forthcoming academic assignments.
- Development and nurturing of Trainee's professional progression, competencies and skill attainment.
- Coaching and supporting Trainee on an ongoing basis.

Expectations of the Trainee

- Be a conscientious and contributing member of the mental health team.
- Meet clinical targets and competencies within timeframes.
- Complete university assignments to a satisfactory level in a timely manner.
- Complete clinical placements as organised.
- Able to practice as a mental health clinician independently on completion of university studies.

Managing expectations

An important issue for early discussion with Trainees is the establishment of clear boundaries around professional and personal issues. Trainees need to know what the rules are and what is reasonable to expect from a mental health worker at their level of competence. There may be circumstances when Line Managers and clinical supervisors will need to guide and assist Trainees to set boundaries and, in some cases, reinforce these boundaries when Trainees are under pressure to work beyond their 'scope of practice'. Failure to set clear boundaries may expose Trainees to an unsafe working environment.

Trainees can come under pressure from their communities, family members, health staff and team members to undertake work that they are not yet qualified or authorised to do. They can also be expected to perform certain tasks or to know certain things because they are Aboriginal. There may be cultural reasons why they are not able to meet these expectations. Some Trainees nominated managing these expectations as challenging or the most challenging aspects of the Traineeship.¹⁸



See 'Considering culture' in Chapter 2: Workplace Preparation and Recruitment.

Monitoring the Trainee's progress

The Line Manager is responsible for monitoring the Trainee's progress. A number of tools are provided for this process, including a suggested meeting timetable and work plan and report templates. It is recommended that the Line Manager organise formal performance review meetings every three months in the first year and usually six monthly in the second and third years. Line Managers are encouraged to meet with Trainees more often to find out how they are progressing.

At the end of each academic year, it is recommended that the Line Manager, the Clinical Leader Aboriginal Mental Health and the Trainee undertake a formal review of the Trainee's progress. This meeting provides an opportunity to critically assess how the Trainee is developing and whether additional supports are needed, either in the workplace or within the university structure. It is expected that the Line Manager and/or Clinical Leader will organise the additional supports within the workplace and formally negotiate the required supports with the education provider.

If the Trainee is progressing very well, it is time to discuss how to congratulate him or her and provide additional challenges. On the other hand, if the Trainee's work or academic performance has been repeatedly unsatisfactory, it is an opportunity to commence a disciplinary process and/or termination.



See 'Supporting documents and resources' for a suggested meeting timetable, work plan template, 'Monthly activity report' template and the 'Practice Log Book, Year 1'.

Supporting Trainees and teams

Staff members value a workplace that is supportive and where their contributions are recognised. It is particularly important in areas such as mental health and alcohol and other drugs where workload demands and pressures are high. Teams are often understaffed and the consumer/client groups are challenging. This section includes information about how to create a learning environment, identifies the support structures and resources at the organisational level, and lists some strategies for providing managerial and co-worker support. It also describes the formal and informal structures and processes that different Area Health Services have in place to support Trainees and teams. It contains references to some key resources and examples of documented support mechanisms.

Sound practice

During the implementation review of the Aboriginal Mental Health Worker Training Program, the reviewers conducted interviews with mental health staff, Aboriginal Medical Service (AMS) personnel and Trainees, and, from these interviews, established the following sound practices for supporting Trainees and teams.

- It was reported to be important for teams to know they had policy direction and support for the Training Program from the Minister, senior management, the State-wide Coordinator and the Aboriginal Mental Health Workforce Program Reference Group.
- Area Health Services that established formal groups or mechanisms to guide the operation of the program were able to provide support to both the Trainees and their managers.
- A wide range of informal supports were being provided to Trainees or Trainees were organising them for themselves.
- Cultural mentors provided important additional support and guidance for Trainees inside and outside the workplace.¹⁹

Manager and co-worker support: creating a learning environment

Support for both the Trainee and the team learning environment is a crucial factor in the Trainee's ability to develop as a mental health practitioner and the team's ability to facilitate and enable the Trainee's professional development.

A team that supports the Trainee's professional development has a number of characteristics conducive to the creation of a 'learning environment'. These include a Line Manager who values training, study and ongoing professional development and a team that is willing and enthusiastic about being involved in a Trainee's learning.

To create a learning environment, some of the actions a Line Manager can take include:

- stressing the importance of the Traineeship period and the value of the knowledge gained through university study to the Trainee and team
- assigning Trainees preceptors who are undertaking further study themselves or have just completed it, as they may better appreciate what the Trainee is experiencing and can share information about what they are studying with the Trainee
- encouraging informal mentoring
- encouraging information sharing, discussion and debate about the many aspects of mental health practice
- passing on useful articles to the team for discussion
- inviting health professionals from other services and programs to speak at staff forums and workshops
- inviting health professionals to form a service network for the purpose of ongoing professional development.

In teams that host students regularly, there tends to be a greater understanding of the level of support required for Trainees. In teams where a number of staff members are studying, it is easier to create an environment supportive of study and learning.



If a service hosts too many students, Trainees may feel that they need to step aside for students to have the learning opportunities or Trainees' supervision and support may suffer because staff are too stretched supervising the students.

What is workplace support?

Workplace support refers to actions and work practices that are designed to facilitate workers' effectiveness and wellbeing.

Support has two key functions. It can:

- Ensure workers' wellbeing (social/emotional support)
- Enhance workers' capacity to perform effectively (instrumental [practical] support).

Support can be provided by:

- The organisation
- Managers/supervisors
- Coworkers.²⁰

Learning about the university course

The more managers, clinical supervisors and preceptors know about the course expectations, the better they will be able to support the Trainee. They will be able to discuss the course topics that Trainees are studying or are particularly interested in. It is very useful for managers and co-workers to know what the Trainees are doing each semester.

To help team members understand the university course:

- have a copy of the course handbook available in the staff room or staff resource area for team members to look at
- post the name, content and objectives of the courses each semester on the staff bulletin board
- ask the Trainee to brief the team about course work objectives and clinical placements at the beginning of each semester
- remind staff about this Practical Guide and how to access it.

Organisational support: policies, resources and positions

As described in Chapter 1, there are a number of NSW Health policies that stress the importance of increasing the number of Aboriginal staff employed in the Department and supporting their professional development. The Aboriginal Mental Health Worker Training Program has high-level support from NSW Health and the Minister for Health. Funding has been provided for a State-wide Coordinator position and Reference Group, for Clinical Leaders Aboriginal Mental Health in key Area Health Services and for 19 specifically funded, permanent Aboriginal Mental Health Worker Trainee positions. Directors of Mental Health in some Area Health Services have also converted difficult-to-fill Aboriginal Mental Health Worker positions to Trainee positions in order to attract local Aboriginal people.

A State-wide Coordinator Aboriginal Mental Health Workforce Program position was established in 2006 to oversee the implementation of the Training Program. The Coordinator periodically visits Area Health Services to build relationships, offer assistance with Program implementation and collect information for Program monitoring and evaluation. The Coordinator is guided by the State-wide Reference Group, which currently meets monthly by teleconference. The Reference Group members provide an important formal mechanism for communication and direction for mental health services employing Trainees.

Clinical Leader Aboriginal Mental Health positions have been funded in key Area Health Services to provide support for the Aboriginal mental health workforce, to promote service utilisation by Aboriginal people, and to assist services to provide culturally appropriate care to Aboriginal people and communities. In relation to the Training Program, they have an important role in liaising with and supporting the Line Managers and teams who have employed Trainees and in liaising with the university with regard to Trainee support.



For 'Mental health staff: Roles and responsibilities' in relation to the training program, see 'Supporting documents and resources' at the end of Chapter 2: Workplace Preparation and Recruitment.

The Mental Health and Drug and Alcohol Office keeps the Minister for Health advised about priority policy issues. The Office employs a senior project officer who is responsible for providing policy support to the Aboriginal Mental Health Workforce Program. Such support includes the Training Program, the Aboriginal Clinical Leadership Program, the Aboriginal Community Controlled Health Services Program, and the annual Aboriginal Mental Health Workers Forum.



Have copies of the following policies available for staff to read: the *NSW Aboriginal Mental Health and Well Being Policy 2006–2010*,²¹ *A New Direction for NSW: State Health Plan towards 2010*,²² *New South Wales: A New Direction for Mental Health*²³ and the *NSW Community Mental Health Strategy 2007–2012*.²⁴

Managerial/supervisor support

To provide social/emotional support, managers/supervisors can:

- Ensure fairness of treatment
- Provide valued rewards
- Ensure adequate job conditions (e.g., job security, promotion paths, autonomy)
- Provide [opportunities for] social and emotional support (e.g., socialising, helping to alleviate stressful situations, addressing negative feelings, sharing feelings/emotions)
- Ensure private and public recognition of good work
- Facilitate opportunities for workers to participate in decision making (e.g., asking for ideas or opinions, acting on workers' ideas).²⁵

To provide instrumental (practical) support, managers/supervisors can:

- Manage role stressors (workload, role ambiguity, role conflict)
- Ensure sufficient resources are available
- Provide effective performance monitoring (e.g., maintaining regular contact, providing constructive positive feedback, timely monitoring, reacting to problems with understanding and help).²⁶

Co-worker support

The opportunity to interact with co-workers as part of daily work, during breaks and after work hours forms the foundation of social/emotional support.

Coworkers can provide instrumental [practical] support by:

- Providing help and advice
- Filling in when others are absent
- Providing assistance to alleviate workload
- Providing constructive feedback
- Providing appreciation and recognition
- Sharing duties and responsibilities.²⁷

Formal support structures and processes

A number of Area Health Services have established formal groups and mechanisms to guide and support the operation of the Training Program including manager, supervisor and Trainee groups, steering groups, formal site visits by managers, mentor groups, formal relationships with AMSs, (specifically in relation to cultural mentoring), and area-wide forums.

Following are examples of actions that different Area Health Services have taken (or are taking) to support the establishment of the Traineeship Program to sustain it and keep it on track.

- **Greater Southern Area Health Service established a network of support from the beginning of the Traineeship.**

Workshop to prepare mental health teams for a Trainee: prior to recruitment to the 10 Trainee positions (eight converted from unfilled Aboriginal Mental Health Worker positions and two newly funded positions), a workshop was held with team leaders, managers and support people to prepare the individual services for implementation of the Training Program. The workshop provided an overview of the objectives of the Program and the State-wide rollout activities; identified what health service teams needed to do to prepare the workplace for employing the Trainee; clarified what was expected of each team member and of the Trainee; and identified how the Area Health Service management could support the Program.

Regular meetings for managers and supervisors: the Manager Service Development Mental Health and Drug and Alcohol convened a bi-monthly teleconference for managers of Trainees to share information about the Training Program, to provide an opportunity for discussion about issues arising, to consider practical solutions for addressing them and to generally encourage the managers in their leadership role for the Program.

Regular meetings for Trainees: Trainees meet monthly by teleconference and work through a set agenda. They are invited to submit items for the agenda. It is facilitated by the Clinical Leader Aboriginal Mental Health and the Area Manager joins in for some of it. The teleconference is a time for checking where Trainees are up to with their workplace training and study, sharing information, discussing issues and problem solving.

In the first year of the Traineeship, the Trainees met quarterly face to face with the Manager Service Development Mental Health and Drug and Alcohol for a day to discuss their issues, to share information and develop strategies for support. The Manager relayed any issues back to the relevant managers or to the university for their attention. The Manager realised that it was important in the early stages to establish peer support links between Trainees across the area to combat loneliness and cultural isolation.

Communicating to other managers about the Training Program: the Manager Service Development Mental Health and Drug and Alcohol passes on information about the Training Program and issues raised by the managers and Trainees to the Area Health Service management via monthly senior management meetings. It is another avenue for raising awareness about the Program. In addition, the Traineeship Program is a regular item on the monthly Strategic Leadership and Management meeting agenda.

- **The North Coast Area Health Service established a steering group to guide the Traineeship.**

Network Manager and the Network Education and Training Project Officer (NETPO) made it a priority to ensure that the workplace was prepared and the Trainees would be well supported during their first year. Among other processes, the NETPO established a steering committee to provide guidance and support for the Trainees. The meetings provided a formal opportunity for raising and addressing issues. On the committee were the Senior Aboriginal Mental Health Worker, the Aboriginal Network Manager, AMS representative, Line Manager, Network Manager, the two preceptors and the two Trainees. It was chaired by the NETPO and met quarterly after each of the residential teaching blocks at CSU. On the agenda were such items as updates from the Trainees, clinical placements, workplace training, and any issues or problems. Trainees knew that at the meeting there would be a formal mechanism for dealing with their issues in a supportive environment. The action taken was reported at the next meeting.

- **In Northern Sydney Central Coast Area Health Service, the Area Manager made formal site visits.**

The Service's position was an area position and the Trainee was rotated to different mental health teams. The Area Manager visited the Trainee and host team weekly to provide assistance, management oversight and academic supervision. During the visits the Area Manager reviewed the Trainee's activities from the previous week, found out what he had learned and dealt with any questions or issues that had arisen. They also did some preparation and planning for university tasks, such as organising clinical placements.

- **Justice Health established a formal arrangement with an AMS to provide cultural mentoring for the Trainee.**

Cultural mentors, often Aboriginal people working within the health system or the local AMS, can provide valuable guidance to Trainees. At an AMS, they will experience a range of different programs in a service accessed by Aboriginal people, many of whom may not access mainstream health services. The additional benefits of involving an AMS in the Traineeship include building support, networking and relationship strengthening. The Trainee can bring another perspective and a set of skills to the AMS. It is a mutually beneficial arrangement for all.

Justice Health established a formal relationship with the Aboriginal Medical Service Western Sydney to support the Justice Health Trainee. The Director Adolescent Health and the Manager Adolescent Mental Health and Drug and Alcohol Programs approached the AMS Social and Emotional Wellbeing Team to have the Trainee placed there for cultural supervision and to introduce him to the Aboriginal community as a number of the young people from the local government area go through the court system. The Team Leader agreed to have him attend one day a fortnight initially. At the six-monthly review, his time was increased to one day a week as the arrangement was working so well. Besides learning about the community, the Trainee was also exposed to AMS workers who encouraged and supported him.

- **Greater Western Area Health Service established a formal mentoring arrangement pairing psychiatrists with Trainees and Aboriginal Mental Health Workers.**

The Aboriginal Mental Health Worker Mentoring Program was initiated by the GWAHS Mental Health and Drug and Alcohol Service (MHDA) Executive in 2007. All Aboriginal MHDA Trainees and graduates were offered mentoring under the Program. Visiting psychiatrists who provide an outreach service to a number of communities are matched to Aboriginal Mental Health Worker (AMHW) Trainees and graduates employed in the locations they visit. In addition to their usual clinical activities, the psychiatrists spend one day per month on mentoring activities based on the needs of the AMHW. The purpose of the day is for the psychiatrists to assist and guide the AMHW by sharing their clinical skills and experiences with them. It is expected that participating psychiatrists will gain a greater understanding of the context and communities in which AMHWs operate and a greater appreciation and understanding of Aboriginal mental health issues within the family and community systems.

The Clinical Leader Aboriginal Mental Health in each region ensures the Trainees and workers have access to the mentors and that meeting dates and times are regularly scheduled. The Area Coordinator Aboriginal Mental Health monitors how things are going by talking with the psychiatrists and mentees from time to time. The Mentoring Program is also a standing item on the GWAHS MHDA Training, Support and Development Committee as it is considered an important workforce development initiative and investment in Aboriginal mental health through building effective relationships between psychiatrists and AMHWs at a local level. An external evaluation of the Mentoring Program is planned for 2011.

- **Hunter New England Area Health Service holds the Aboriginal Trainee and Mental Health Worker Partnership Networking Forum bimonthly.**

The Area Health Service conducts a bimonthly, four-hour forum to develop and maintain partnerships and for a group of experienced mental health workers and clinicians to provide support to Trainees. The forum is an opportunity to share information and problem solve workplace, community or Trainee issues, as well as to undertake clinical reviews. The terms of reference are based on the *NSW Aboriginal Mental Health and Well Being Policy 2006–2010* with an aim to foster links and provide a networking opportunity for stakeholders. A number of Trainees and mental health clinicians from a range of ACCHOs, non-government organisations and the Area Health Service come from Taree, Quirindi and Newcastle to Tamworth to attend the forum. It is facilitated by the Clinical Leader Aboriginal Mental Health.

Clinicians collaborate on a presentation focused on a particular topic. For example, a mental health clinician may present a case review of a consumer with a mental illness and a drug and alcohol problem. A drug and alcohol counsellor then does a presentation on managing the consumer's drug and alcohol problems. At the end of the session, there is time for questions and problem solving clinical practice issues.



See the 'Example of a forum agenda' in 'Supporting documents and resources' at the end of this chapter.

Informal support structures and processes

Trainees have initiated a number of ways to ensure support for themselves by:

- linking up with other Aboriginal workers locally in the Area Health Service or in other departments or organisations; support activities can include regular email and telephone contact and occasional visits
- establishing contact with other Trainees to discuss university assignments and work issues
- utilising the networking structures set up by the university
- seeking out and taking the advice of Aboriginal mental health colleagues and other Aboriginal workers, particularly those who have already been through university studies
- accepting significant support and encouragement from family, friends, church members and community members
- taking advantage of the informal support offered by the Line Manager, Clinical Supervisor and Preceptors who have made themselves accessible and available for Trainees (these informal processes complement the formal processes in place)
- finding a person working in the area of mental health to be their mentor. This informal mentoring is based on having a personal, trusting relationship outside the workplace.



See 'Fact Sheet: Mentoring Matters' in 'Supporting documents and resources'.

Reviewers of the implementation phase of the Training Program identified that having at least one person who took responsibility for the Trainee was important in creating some stability for the Trainee.²⁸ The person served as a constant point of contact, especially in services where there was high staff turnover and high workload demands.

When life gets difficult

Trainees have reported that balancing work and study with family and community responsibilities and obligations can be extremely challenging. It may not always be obvious when life events start to become overwhelming for them. Timely intervention may prevent the situation getting worse and becoming a crisis.

The foundations of work/study balance should be laid down at the beginning, monitored and adhered to, to avoid a situation where study and work are overwhelming.²⁹

Be alert to signs of stress. In the period from three to six months into the Traineeship, observe carefully what is happening with the Trainees.

- Are they engaging with the team or are they isolating themselves or becoming confrontational?
- Are they not showing up for work at all?
- Are there unexplained absences from the workplace?
- Is work stressing them? Study? Personal problems?

The Line Manager and/or Clinical Leader Aboriginal Mental Health are in the best position to talk with Trainees about any difficulties they may be having. It may be a matter of adjusting workloads, dealing with a conflict situation in the workplace, temporarily providing additional time at work to complete university assignments or referring the Trainee to a counselling service.

Options for counselling and assistance include the following services.

- The Employee Assistance Program is 'a work-based, early intervention strategy which provides appropriate, timely, professional and confidential counselling and referral services for staff (and their families) in order to assist them to identify and resolve professional, personal, health or work-related issues'.³⁰ An Employee Assistance Program operates in each Area Health Service. Information for accessing the program is available through the intranet and is free.
- The Bush Support Line is 'a free 24-hour telephone support service staffed by psychologists with rural and remote experience... [it offers] anonymity and confidentiality... [and] tries to be culturally aware and as safe as possible' for Indigenous practitioners.³¹ It can be called free from anywhere in Australia—call 1800 805 391.
- The Anti-Bullying Advice Line is a State-wide telephone advice line for all NSW staff. Advisors can answer questions about the process for managing bullying complaints, or what a person can do to make the bullying behaviour stop. The Advice Line provides independent, confidential advice. Advisors are available between 7am and 6pm, Monday to Friday—call 1300 416 088 or see <<http://intranet.hss.health.nsw.gov.au/insidehss/workforce/abal/>>.
- The Health Services Union is a State and federally registered organisation of employees, consisting of people employed in a range of health services. The union has 'a proven commitment to advancing and protecting the wages, conditions, rights and entitlements of its members. The Union also provides a range of services to assist members with many aspects of working and family life'.³²
- A general practitioner can provide access to a psychologist or other allied mental health professional through the Access to Allied Psychological Services.
- The CSU Student Central website has a list of 'how to' articles under 'Health and wellbeing', including how to make an appointment with a counsellor.

What services are available?

- Free and confidential service available to all students.
- Assistance with personal concerns.
- Assistance with academic and administrative problems.
- Referrals to community groups.
- Assistance with stress, assertiveness and exam anxiety.
- Workshops on a variety of topics.
- Assistance with depression, loss and grief, abuse issues, family conflicts, relationships etc.³³

Students can contact Student Central to make an appointment with a counsellor— call 1800 ASK CSU (1800 275 248).

Online Counselling is also available. Online counselling is free for currently enrolled CSU students. Once students have filled out the online registration form, they can expect to hear back from a counsellor via email within three working days. For more information or to register for this service visit <www.csu.edu.au/division/studserv/counsell/online-counselling.htm>.

Glossary

Competency-based training:

Competency-based training (CBT) is an approach to vocational education and training that places emphasis on what a person can do in the workplace as a result of completing a program of training.

Competency standards are industry-determined specifications of performance that set out the skills, knowledge and attitudes required to operate effectively in a specific industry or profession. Competency standards are made up of units of competency, which are themselves made up of elements of competency, together with performance criteria, a range of variables, and an evidence guide. Competency standards are an endorsed component of a training package.

For a person to be assessed competent they need to demonstrate the ability to perform tasks and duties to the standard expected in employment. CBT focuses on the development of the skills, knowledge and attitudes required to achieve those competency standards.³⁴

Social support:

Types and sources of social support may vary... [there are] four main categories of social support: emotional, appraisal, informational and instrumental.

- Emotional support generally comes from family and close friends and is the most commonly recognized form of social support. It includes empathy, concern, caring, love, and trust.
- Appraisal support involves transmission of information in the form of affirmation, feedback and social comparison. This information is often evaluative and can come from family, friends, co-workers, or community sources.
- Informational support includes advice, suggestions, or directives that assist the person to respond to personal or situational demands.
- Instrumental support is the most concrete direct form of social support, encompassing help in the form of money, time, in-kind assistance, and other explicit interventions on the person's behalf.³⁵

Mentoring:

Mentoring is a relationship which gives people the opportunity to share their professional and personal skills and experiences, and to grow and develop in the process. Typically, it is a one-to-one relationship between a more experienced and less experienced employee. It is based upon encouragement, constructive comments, openness, mutual trust, respect and a willingness to learn and share.³⁶

Mentoring is essentially a collaboration, whereby the mentor works with the protégé to enhance learning and address issues and challenges. Mentoring relationships differ in a number of key ways, relating to the formation and aim of the relationship, the context in which it occurs and the degree of difference in experience between mentor and protégé.³⁷

Informal mentoring relationships are those that arise spontaneously. This relationship possesses many characteristics of close personal relationships—it is based on a good rapport and mutual attraction and tends to develop slowly without a formal commitment by either party... In contrast, formal mentoring relationships are initiated and managed by an external party... For this reason, formal mentoring is often referred to as facilitated or structured.³⁸

[Informal mentoring] is traditionally thought of as a learning relationship in which the more experienced person (the mentor) is a guide, helper and role model to the less experienced person (the mentee). Mentoring relationships happen naturally, such as an Elder's role and a parent/aunty/uncle role. Mentoring offers knowledge sharing in a personalised way. It offers informal learning in the context of the real life and real work setting.³⁹

...a trusted friend, counselor or teacher, usually a more experienced person. Some professions have 'mentoring programs' in which newcomers are paired with more experienced people, who advise them and serve as examples as they advance. Schools sometimes offer mentoring programs to new students, or students having difficulties... mentors provide expertise to less experienced individuals to help them advance their careers, enhance their education, and build their networks... The student of a mentor is called a protégé.⁴⁰



Supporting documents and resources

Supporting document	File type	File name	Purpose
Trainees as NSW Health employees and team members			
Welcome Letter	Word document	WTS_1	Example
Staff information sheet	Word document	WTS_2	Example
Line Manager's induction checklist	Word document	WTS_3	Example
New team member checklist	Word document	WTS_4	Example
Workplace induction, Day 1	Word document	WTS_5	Example
Staff checklist	Word document	WTS_6	Example
Orientation calendar	Word document	WTS_7	Example
Policies and procedures	PDF	WTS_8	Information
Checklist: Policies and legislation	Word document	WTS_9	Example
Excerpt from: NSW Health Policy Directive PD2005_626 Code of Conduct	PDF	WTS_10	Excerpt
Orientation to Maari Ma Health Aboriginal Corporation program for staff	Word document	WTS_11	Example
Induction period work plan for a first year Aboriginal Mental Health Worker Trainee	Word document	WTS_12	Example
Authority for academic progress to be shared between Charles Sturt University and your employer	PDF	WTS_13	Form
Authority for academic progress to be shared between Charles Sturt University and your employer: information sheet	PDF	WTS_14	Information sheet
Planning the workplace learning experience			
Planning skills audit, Example 1: Professional and ethical behaviour	Word document	WTS_15	Example
Documentation of evidence, Example 1: Professional and ethical behaviour	Word document	WTS_16	Example
Planning skills audit, Example 2: Advocate and advise on behalf of Aboriginal consumers	Word document	WTS_17	Example
Documentation of evidence, Example 2: Advocate and advise on behalf of Aboriginal consumers	Word document	WTS_18	Example
Computer skills audit	Word document	WTS_19	Example
Planning skills audit	Word document	WTS_20	Template
Documentation of evidence	Word document	WTS_21	Template

Quarterly work plan	Word document	WTS_22	Template
Community mental health workload guidelines	Word document	WTS_23	Example
Example workload guidelines: Justice Health Aboriginal Mental Health Worker Trainee	Word document	WTS_24	Example
Meeting timetable based on yearly cycle: Monitoring a Trainee's progress	Word document	WTS_25	Example
Learning and development leave	PDF	WTS_26	Information
Clinical supervision handbook	Word document	WTS_27	Template
Monthly activity report	Word document	WTS_28	Template
Practice log book, Year 1	PDF	WTS_29	Example
Supporting Trainees and teams			
Example of a forum agenda	Word document	WTS_30	Example
Mentoring matters	PDF	WTS_31	Fact sheet

Resource	Description
Trainees as NSW Health employees and team members	
Proformas	If a team or work unit wants to develop further proformas for local use, templates can be found by an internet search using search terms such as 'proforma for orientation and induction'. This will give both site specific and generic proformas, such as < http://office.microsoft.com/en-us/templates/TC012340531033.aspx >.
<i>Orientation Policy for NSW Health</i>	The NSW Health Strategic Directions for Health 2000–2005 identifies the need to implement an effective orientation program for all people working in NSW Health which incorporates active discussion of Strategic Directions for Health. An effective orientation program is one that welcomes the employee into the organisation, clearly articulates the goals and directions for NSW Health and the health service, defines the role and professional expectations of the employee, and establishes support and communication strategies that foster loyalty, commitment and job satisfaction. The policy is available at < www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_187.pdf >.
<i>Induction Program—NSW Department of Health</i>	The aim of this induction program is to ensure that all new staff members entering the Department are provided with the necessary information, training and orientation to ensure that they can carry out the duties of their position effectively within as short a period as possible. This should enhance job satisfaction for the staff member and provide an appropriate open system of communication between the manager and staff members. It forms a link to ongoing training and development and with managing performance. Manager and employee checklists are provided and should be used to ensure that the induction process is properly implemented. The policy is available at < www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_244.pdf >.

Planning the workplace learning experience	
Supporting Indigenous researchers	<p>Alison Laycock with Diane Walker, Nea Harrison and Jenny Brands (2009). <i>Supporting Indigenous Researchers: A Practical Guide for Supervisors</i>, Cooperative Research Centre for Aboriginal Health, Darwin. Available at <www.lowitzja.org.au/crcah/list-crcah-publications>.</p> <p>See Part B:Workplace strategies and resources.</p>
Workforce development TIPS	<p>N Skinner, AM Roche, J O'Connor, Y Pollard and C Todd (eds) (2005). <i>Workforce Development TIPS (Theory into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field</i> (Overview Booklet and CD-Rom), National Centre for Education and Training on Addiction, Flinders University, Adelaide.</p> <p>Each chapter can be downloaded at <www.nceta.flinders.edu.au/wdt/>.</p> <p>A kit, including an Overview Booklet and CD-ROM, are also available for \$20.00. The Overview Booklet and CD-ROM are available free of charge.</p> <p>The order form for the Kit can be downloaded at <www.nceta.flinders.edu.au/pdf/TIPS/TIPS-Order-Form.pdf>.</p>
Templates	<p>A skills audit tool is available from Sussex Postgraduate Skills Programmes at <www.sussex.ac.uk/sp2/1-2-2.html>.</p> <p>The Workforce Skills Audit Tool is available from Labour Market Planning Skills Program, Local Government Association and the Department of Further Education, Employment, Science and Technology, at <www.lga.sa.gov.au/site/page.cfm?u=259>.</p> <p>The Computer Skills Audit is available at http://www.longbeachplace.org.au/computing.htm</p> <p>For useful information about competency-based training and learning, access the NSW TAFE website at <www.icvet.tafensw.edu.au>.</p>
Supporting Trainees and teams	
Supporting Indigenous researchers	<p>Alison Laycock with Diane Walker, Nea Harrison and Jenny Brands (2009). <i>Supporting Indigenous Researchers: A Practical Guide for Supervisors</i>, Cooperative Research Centre for Aboriginal Health, Darwin. Available at <www.lowitzja.org.au/crcah/list-crcah-publications>.</p> <p>See Part A:Supervision issues and approaches.</p>
Workforce development	<p>A list of excellent publications available from the National Centre for Education and Training on Addiction is available at <www.nceta.flinders.edu.au/publications/>.</p>

<p>Mentoring books</p>	<p>J McDonald (2002). <i>Mentoring: An Age Old Strategy for a Rapidly Expanding Field: A What, Why and How Primer for the Alcohol and Other Drugs Field</i>, National Centre for Education and Training on Addiction, Flinders University, Adelaide. Available at <www.nceta.flinders.edu.au/pdf/mentoringmonograph.pdf>.</p> <p>Carlie Spencer (2004). <i>Mentoring Made Easy: A Practical Guide</i>, 3rd edn, updated by Kathy Tribe, Employment Equity and Diversity, Public Employment Office, NSW Premier’s Department, Sydney. Available at <www.eeo.nsw.gov.au/__data/assets/file/0017/25541/Mentoring_Made_Easy_A_Practical_Guide.pdf>.</p> <p><i>Cultural Mentor Handbook and Suggested Guidelines for the Development of Indigenous Cultural Mentors</i></p> <p>The <i>Cultural mentor handbook</i> provides information for Aboriginal and Torres Strait Islander people who are acting as cultural mentors for GPs and medical students in North Queensland. The second resource, <i>Suggested guidelines for the development of Indigenous cultural mentors</i>, covers the role, selection process, qualifications, remuneration, training, and support requirements for cultural mentors.⁴¹</p> <p>For information about how to access these handbooks, see the website at <http://archive.healthinonet.ecu.edu.au/html/html_bulletin/bull_33/bulletin_resources.htm>.</p>
<p>Self-help books</p>	<p><i>Surviving the Day to Day Hassles—A Guide for Remote Health Workers</i></p> <p>Remote health practice can often be a challenging and intensely rewarding experience. This booklet aims to identify some of the major sources of stress associated with remote health practice. It also attempts to offer some skills and strategies to assist practitioners to successfully deal with some of these pressures.⁴²</p> <p><i>Surviving Stress with Self-Care: A Guide for Remote and Rural Health Workers and their Families</i></p> <p>It has long been known that traumatic events can have profound psychological effects on victims and their families. It is now known that those who are required to assist during these emergencies can be affected too. This booklet has been developed to support remote and rural health practitioners to deal with their normal human responses to such events. And, hopefully, to emerge stronger and better for the experience.⁴³</p> <p>Hard copies are available through Bush Support Services—call (08) 8959 1110 or email <bss@crana.org.au>.</p>



Notes:

- ¹ C Watson and N Harrison (2009). op. cit.
- ² C Watson and N Harrison (2009). op. cit., pages 29 and 48.
- ³ In this guide, teams are referred to as 'mental health teams'. It is acknowledged that in some Area Health Services, mental health and drug and alcohol services are provided by one team.
- ⁴ C Watson and N Harrison (2009). op. cit.
- ⁵ Adapted from R Manzie, T Toomey and L Ross (2009). *Greater Southern Area Health Service Aboriginal Mental Health Traineeship Program Guidelines*, Draft Version 1.0, GSAHS, Albury, NSW.
- ⁶ NSW Department of Health (2005). op. cit. NSW Department of Health (2009). *Communications - Use & Management of Misuse of NSW Health Communications Systems*, NSW Department of Health, Sydney. Available at: <http://www.health.nsw.gov.au/policies/pd/2009/PD2009_076.html> The two university documents can be downloaded from the university's web page for its Office of Academic Governance at <www.csu.edu.au/acad_sec/ccinfo/mis.htm>.
- ⁷ TAFE NSW (n.d.). 'Improving workplace learning: Learning cultures the key'. Viewed 1 September 2010 at: <www.icvet.tafensw.edu.au/ezone/year_2008/feb/thinkpiece_workplacelearning.htm>.
- ⁸ C Watson and N Harrison (2009). op. cit., pages 29 and 48.
- ⁹ This section is based on information sourced from A Laycock with D Walker, N Harrison and J Brands (2009). op. cit.
- ¹⁰ One clinical supervisor described this process as 'the slow build'.
- ¹¹ Department of Health and Ageing (2002). op. cit., page 8.
- ¹² Charles Sturt University (2010). *Bachelor of Health Science (Mental Health) Djirruwang Program Clinical Handbook*, CSU, Wagga Wagga, NSW.
- ¹³ Sourced from R Manzie, T Toomey and L Ross (2009). *Greater Southern Area Health Service Aboriginal Mental Health Traineeship Program Guidelines*, Draft Version 1.0, GSAHS, Albury, NSW, page 24, with minor edits.
- ¹⁴ C Watson and N Harrison (2006). op. cit., page 48.
- ¹⁵ C Watson and N Harrison (2009). op. cit., page 48.
- ¹⁶ C Watson and N Harrison (2009). op. cit., page 50.
- ¹⁷ Adapted from a presentation to Mental Health Teams, 'Trainees are our "Apprenticeship" in Mental Health', by J Medway and T Toomey (2008), in R Manzie, T Toomey and L Ross (2009). op. cit.
- ¹⁸ C Watson and N Harrison (2009). op. cit., pages 41–42.
- ¹⁹ C Watson and N Harrison (2009). op. cit., page 29.
- ²⁰ N Skinner (2005). 'Workplace support' in N Skinner, AM Roche, J O'Connor, Y Pollard and C Todd (eds), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*, National Centre for Education and Training on Addiction, Flinders University, Adelaide, page 4.
- ²¹ NSW Health (2007a). op. cit.
- ²² NSW Department of Health (2007). *A New Direction for NSW: State Health Plan towards 2010*, NSW Department of Health, North Sydney.
- ²³ NSW Department of Health (2006). op. cit.
- ²⁴ NSW Health (2008). *NSW Community Mental Health Strategy 2007–2012: From Prevention and Early Intervention to Recovery*, NSW Department of Health, North Sydney.
- ²⁵ N Skinner (2005). op. cit., page 10.

- ²⁶ *ibid.*, page 11.
- ²⁷ *ibid.*, page 12.
- ²⁸ C Watson and N Harrison (2009). *op. cit.*, page 46.
- ²⁹ R Manzie, T Toomey and L Ross (2009). *op. cit.*, page 33.
- ³⁰ NSW Health (2005). *Employee Assistance Programs: NSW Health Policy and Better Practice*, NSW Department of Health, North Sydney, page 4. Viewed 2 September 2010 at: <www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_568.pdf>.
- ³¹ CRANAplus (n.d.). 'About Bush Support Services'. Viewed 2 September 2010 at: <<http://bss.crana.org.au/1-confidential-24-hour-support-line-1800-805-391.html>>.
- ³² Health Services Union (n.d.). 'About us'. Viewed 2 September 2010 at: <www.hsu.asn.au/Default.aspx?pid=ABOUTUS2154>.
- ³³ Student Services, CSU (n.d.). 'What services are available?' Viewed 2 September 2010 at: <www.csu.edu.au/division/studserv/counsell/about.htm>.
- ³⁴ TAFE NSW (2008). 'Competency based training'. Viewed 2 September 2010 at <www.icvet.tafensw.edu.au/resources/competency_based.htm>.
- ³⁵ JS House (1981). *Work, Stress and Social Support*, Addison Wesley, Reading, MA, quoted in OS Dalgard (2009). 'Social support—definition and scope', European Union Public Health Information System. Viewed 2 September 2010 at: <www.euphix.org/object_document/o5479n27411.html>.
- ³⁶ C Spencer (2004). *Mentoring Made Easy: A Practical Guide*, 3rd edn, updated by Kathy Tribe, Employment Equity and Diversity, Public Employment Office, NSW Premier's Department, Sydney, page 5. Viewed 2 September 2010 at: <www.eeo.nsw.gov.au/__data/assets/file/0017/25541/Mentoring_Made_Easy_A_Practical_Guide.pdf>.
- ³⁷ J McDonald (2002). *Mentoring: An Age Old Strategy for a Rapidly Expanding Field: A What, Why and How Primer for the Alcohol and Other Drugs Field*, National Centre for Education and Training on Addiction, Flinders University, Adelaide, page 13. Viewed 2 September 2010 at: <www.nceta.flinders.edu.au/pdf/mentoringmonograph.pdf>
- ³⁸ *ibid.*, page 14.
- ³⁹ A Laycock with D Walker, N Harrison and J Brands (2009). *op. cit.*, page 134.
- ⁴⁰ Wikipedia (2010). 'Mentor'. Viewed 2 September 2010 at: <<http://en.wikipedia.org/wiki/Mentor>>.
- ⁴¹ Australian Indigenous HealthInfoNet (2009). 'Resources'. Viewed 2 September 2010 at: <http://archive.healthinonet.ecu.edu.au/html/html_bulletin/bull_33/bulletin_resources.htm>
- ⁴² CRANAplus (n.d.). 'Self-help books'. Viewed 2 September 2010 at: <<http://bss.crana.org.au/17-self-help-books.html>>.
- ⁴³ *ibid.*