PRACTICE STANDARDS

for

Mental Health Social Workers

PRACTICE STANDARDS

Foreword

It is with great pleasure that I publicly release the revised Mental Health Standards on behalf of the Australian Association of Social Workers (AASW). This document sits alongside the AASW Practice Standards as a clear statement by the professional association of the expectations of social workers regarding the knowledge, skills and values utilised in their roles and functions, as well as the requirements of ethically sound and accountable practice. The Mental Health Standards are much more than an aspirational statement. They are an important practical guide for social workers, those who use their services, and the broader community about they ways in which social work services are to be delivered. These standards are a definitive affirmation of the specific professional expertise that social workers bring to contemporary mental health practice, which has been rapidly evolving in recent years because of advances in policy, government funding initiatives, and research in to practice processes and outcomes. This progress has led to increased access, higher quality services and better outcomes for those seeking professional assistance to address mental health needs.

In acknowledging the importance of the Mental Health Standards it is also important to recognise that they have resulted from the volunteer efforts of a group of experienced, talented and committed AASW members, namely:

Professor Robert Bland (Chair)
Mr Stephen Brand (Convenor, National Mental Health Committee)
Dr Valerie Gerrand
Ms Ros Giles
Dr Noel Renouf
Dr Maria Harries
Ms Liz Sommerville

Special thanks must also go to Melody West for her outstanding contribution to the success of the project. Put simply, without their involvement the timely revision of the Mental Health Standards would not have occurred.

This impressive document evidences the high standards attained by all involved in articulating the critically important part that professional social work plays in this vitally important area. I thank them for their exceptional work and longstanding dedication toward the ongoing improvement of mental health social work practice.

Bob Lonne, B Soc Wk, PhD
National President - Australian Association of Social Workers

Table of Contents

Definitions and Understandings

This document is guided by the following definitions and understandings.

How to read the standards
The summary of standards present, in detail, the knowledge, skills and values for social work practice in mental health. The practice domain is divided into six areas:

- Area One - Direct Practice
- Area Two - Service Management
- Area Three - Organisational Development and System Change
- Area Four - Policy
- Area Five - Research, and
- Area Six – Education and Professional Development.

These practice domains reflect those outlined in AASW (2003) Social Work Practice Standards: Achieving Outcomes. The AASW (2003) practice standards outline minimum practice standards and practice outcomes for all social workers regardless of their context. Practice Standards for Mental Health Social Workers (2008) builds on these outlining specific contextual knowledge and standards required for social workers in the field of mental health. Mental Health social workers are encouraged to work towards applying both sets of standards in their practice.

Each area is divided into practice standards, and then into indicators. The indicators capture the practice activities that reflect the standards in operation. Where there are aspects of practice based on special skill development and knowledge, these are listed as *specialised* indicators.

Meaning given to 'client'
The definition of "client" for the purposes of these standards is that applied in other AASW documents such as the Code of Ethics (1999, 2002) and the Practice Standards for Social Workers (2003) – "clients are individuals, groups, communities, organisations and societies…"

Working with individuals, families, groups and communities comprises those standards in which the focus of social work activity is the client – as individual, the family, groups and communities.

The individual as client. Working with individual clients comprises all those activities in which the focus of practice is the individual client, specifically relationship building, assessment, advocacy, case management and intensive casework.

The family as client. Social work practice with families or individual family members recognises that the impact of mental illness on family members often

extends beyond the demands of caring and that while this caring role is very important, it does not describe adequately the complexity of relationships among family members. Moreover, some family members who are not carers are often greatly affected by the mental illness of a family member.

The standards distinguish between family work and working with individuals who may be family members of the primary consumer. Individual intensive work with family members is best conceptualised as intensive casework. Family work requires that the social worker consider the family unit as the focus of professional practice. Balancing the competing demands of individual and family work is basic to effective practice in this complex domain.

The group as client. Group work has long been a method of social work practice. Group work theory recognises the potential for individual change based on the principles of shared activity and experience. Groups have been used in mental health settings for a range of educational, therapeutic and social action purposes. Social work activity in such groups seeks to address the social consequences of illness, and treatment response.

The community as client. Definitions of "community" within the practice literature reflect a range of theoretical and ideological positions. A pragmatic and inclusive definition is used here. "Community" means a group defined in geographical, cultural, economic, social, demographic, or special interest terms. The essence of community is a sense of common bond, the sharing of an identity, or membership to a group holding things in common.

Community may thus include:
- The neighbourhood, immediate and extended, in which a person lives and the network of relationships among the people who live there.
- A group of people who recognise a shared identity. Such a community may not be restricted by geographical boundaries.
- The network of formal and informal services and resources within a defined geographical area.

Section One: Social Work Domain in Mental Health

Introduction

The social work profession has been active in many areas of health and social welfare, including mental health, family welfare, aged care and the welfare of migrants and ethnic communities, using practice methods such as individual counselling, community work, group work, social action, social planning and social policy. Social work qualifying courses are generic programs that prepare graduates for practice across this diversity of fields and methods, and this broader focus is a strength of social work in mental health.

This section will present a brief summary statement of the domain of mental health social work, and outline the knowledge and values for practice. The statement of domain attempts to capture the particular *gestalt* of skills, knowledge and values that constitute mental health social work practice. Section two will detail the practice standards organised around six areas of practice.

Statement of Domain

The domain of social work in mental health is that of the **social context** and **social consequences** of mental illness. The purpose of practice is to promote recovery, restore individual, family, and community wellbeing, to enhance development of each individual's power and control over their lives, and to advance principles of **social justice**. Social work practice occurs at the interface between the individual and the environment: social work activity begins with the individual, and extends to the contexts of family, social networks, community, and the broader society.

Social context
At the level of "social context", social work is concerned with the way each individual's social environment shapes their experience of mental illness and mental health problems. Its concerns include issues of individual personality, vulnerability and resilience, family functioning, strengths and stressors, support networks, culture, community, class, ethnicity and gender.   In addition to the intrapsychic aspects of ego functioning, self-esteem, and spirituality, and interpersonal aspects of family functioning and personal relationships, its concerns include broader social issues of economic wellbeing, employment and housing.

Social consequences
At the level of "social consequences", social work is concerned with the impact of mental illness and mental health problems on the individual, the family and personal relationships, and the broader community, including the impact on sense of self, on life chances, on family wellbeing, and on economic security, employment, and housing.   Social work is concerned with the interface between

mental illness and broader health and welfare issues such as child protection and domestic violence.

Social justice
At the level of "social justice", social work is concerned with issues of stigma and discrimination, of political freedoms and civil rights, of promoting access to necessary treatment and support services, and of promoting consumer and carer rights to participation and choice in mental health services.   It is concerned with making all human services more accessible and responsive to the specific needs and wishes of people with mental illness, and their family and other carers.

Underpinning Knowledge, Values and Skills

Social work knowledge

Introduction The knowledge base for social work practice is broad and eclectic. Social work has its own knowledge base, which includes theories of intervention, practice-based research, history and philosophy. To this base is added specific knowledge from political science, sociology, psychology and medicine. Foundation knowledge from the social and behavioural sciences includes theory such as theories of gender, theories of economics and power, political theory, moral philosophy, and theories of human development. The breadth of social work knowledge is seen as a strength of the profession.

Knowledge, concepts and theories of the individual in society

- Concepts and theories of human development through the lifespan. The emphasis is on development within a family and social context.

- Concepts and theories of family formation and functioning. Knowledge of the family in the Australian context covers areas such as marriage, separation and divorce, parenting, step-parenting, extended family support systems, and changes to family functioning over time. It also includes recognition of diversity in family form based on ethnicity, culture, class, and rurality, and significant relationships beyond the traditional family structure such as same-sex relationships.

- Group behaviour and theories of group work.

- The impact of illness on the individual's sense of self, family and other intimate relationships, and relationships with the broader community including issues of stigma, social disadvantage, and social justice.

- The impact of abuse and trauma in the individual's life.

- The impact of illness on the individual's socio-economic status and wellbeing, including issues of income security, poverty, housing, employment and broader quality of life.

- The relationship between mental health issues and family welfare, child protection, and domestic violence.

- Disability theory, and the application of disability concepts to mental illness, treatment and rehabilitation.

- The "strengths perspective" of individual, family, and community functioning that supports the recovery process of individuals with mental illness.

- Theories of individual, family and group interventions. Examples here include psychodynamic theories, family therapy, and group work theory.

- General social work theory and its application to practice in the mental health field.

- Organizational structure and change processes within organisations.

Knowledge of Community

- Theories of community structure and functioning, community work and community development.

- Resources in the community.

Knowledge of Society

- Theories and knowledge of the social and political processes that influence the social environment for the individual, their family, groups and community. These include areas such as social class, race, gender, social control, deviance, crime, and poverty.

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

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

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

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

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

Knowledge of Social Work Research Methods

- Research methods and methods of data analysis.

- Program and service evaluation.

- Methods of obtaining relevant data through use of databases and Internet.

- The basis for gathering, assessing, and applying knowledge to establish the evidence base for practice.

Knowledge of Mental Health and Illness

- Health and disease.

- The psychiatric classification, major syndromes, theories and knowledge of aetiology, and theories and knowledge of intervention.

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

- The social history of mental illness and relevant sociological perspectives.

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

- Consumer and carer issues including the sociology of alienation and oppression, and the history of mutual support and empowerment processes.

- The practice paradigms for practice of the other mental health disciplines.

Social Work Values

Introduction. All AASW statements of practice standards are based on the AASW Code of Ethics (2001). Accordingly, this statement of the *Practice Standards for Mental Health Social Workers* builds on the Code of Ethics (2001). While all parts of the code are relevant to practice, a number of general ethical principles can be identified as particularly relevant to social work practice in mental health. Beyond these, it is important to identify a number of value positions that capture the particular emphasis of social work practice in mental health.

General principles

- **Respect for the individual.** Every human being has a unique dignity irrespective of nationality, ethnicity, social and economic status, gender, sexual preference, age, beliefs, or contribution to society. Social workers will afford consumers, families and other client groups every respect appropriate to this unique dignity. This respect extends to work colleagues.

- **Self-determination**. Each individual has the right to self-fulfillment provided the rights of others are not violated. The social worker will act to encourage the self-determination of consumers, family carers, and groups and communities.

- **Social Justice.** Regardless of its form, each society has the obligation to pursue social justice, protect its members from harm and provide maximum

benefits for all. Social workers will act to promote principles of social justice at all levels of their work.

- **Confidentiality.** The social worker will respect the privacy of clients, and hold information obtained in the course of professional service in confidence, except where the law demands otherwise or there are ethical or moral reasons not to do so.

Principles specific to mental health

- **Emphasising personhood.** Social workers recognise the complexity of human experience, and try to see beyond the limits of illness, diagnosis, and treatment labels. Accordingly, social workers recognise that people are much more than an illness or diagnostic label, and that individuals have broad human needs beyond specific treatment needs. Social workers recognise the importance of family and friendship relationships beyond concepts of "carer".

- **Valuing the lived experience of individual consumers and family members and carers.** A guiding principle for practice is a respect for the lived experience of mental illness and consequences for individual consumers, families and other carers.

- **Affirming the importance of partnership and mutuality.** Social workers recognise the importance of working in respectful partnerships with consumers and family carers. These respectful partnerships are marked by efforts to ensure consumer/carer participation and choice in decision-making and self-determination (empowerment), as well as mutuality in assessment and action planning. Partnership and mutuality are values that extend to working with professional colleagues.

- **Addressing powerlessness, marginality, stigma and disadvantage.** Social workers recognise the impact of illness, treatment and stigma on the experience of people with mental illness and their family carers. Social worker practice promotes equity, access, and participation, and the recognition of all civil and human rights.

- **Conveying empathy, compassion and hope.** Social workers seek to bring human qualities of empathy, compassion and hopefulness to their work.

Section Two - Standards for Social Work Practice in Mental Health

Area One: Direct Practice

This section builds on Objective: Direct Practice in *Practice Standards for Social Workers: Achieving Outcomes* (AASW 2003).

Area one - *Working with individuals, families, groups and communities* comprises those competencies in which the focus of social work activity is the client – as individual, the family, groups and communities. The nine standards in this area are generic and apply to all four ways of understanding the concept of *client*. The first standard – *1.1 Establishes a respectful and empathic working relationship with the client* – underpins the other standards in the area.

Standard 1.1: Establishes a respectful and empathic working relationship between the social worker and client

All social work practice in mental health is based on the capacity to form working relationships with others. In an appropriate working relationship between the individual social worker and client, the worker

- *demonstrates respect for the consumer as a unique person of worth,*
- *values the lived experience of the consumer,*
- *reflects principles of client self determination, mutuality, confidentiality, and professional accountability*
- *acknowledges and makes use of the healing potential of such relationships; and*
- *strives to be empathic, empowering, compassionate and hope giving.*

Indicators

- Listens respectfully to the client.

- Communicates mutuality in relationship by using inclusive language, avoiding terms that emphasises differences in experience, power and personhood between the consumer and the worker, and avoiding blocks to communication and the use of jargon, sexist, racist, ageist, or other language that is disrespectful of others.

- Gathers and provides information in a way that respects the client's experience, beliefs, and feelings.

- Welcomes and invites client feedback on worker - client activity.

- In all aspects of client work, encourages maximum levels of client participation in decision-making, emphasising choice and power over day-to-day activities.

- Is respectful of the client's age and cultural background, and sensitive to ethnicity, race, class and gender as variables that might affect the worker-client relationship.

- Is able to accommodate the needs, language and understanding, relevant to working with different age groups, particular children and young people.

- When working with families and groups, recognises and seeks to accommodate the different experiences and perspectives of different family and group members.

Standard 1.2: Developing a social work assessment

Social work assessment in mental health refers to the process of developing with the client a shared understanding of their situation and related problems and strengths. Comprehensive assessment is bio-psychosocial, addressing the physical, psychological and social aspects of the client and their situation. It includes problems and strengths in social role functioning, in meeting financial and other basic needs, in family interactions, significant relationships and other social supports, and cultural factors. Sources of information include the client, the client's family and significant others, the assessments of other treating staff, and treatment records. Assessment is both a product and a process.

Indicators

- Establishes an empathic and respectful working relationship with the client.

- Explores with clients their understanding of their problems and strengths.

- Gathers information with the client from a range of sources to build up a comprehensive understanding of the client's problems and strengths, and problems and strengths in their situation.

- Identifies and assesses relevant indicators in order to minimise risk to the client or to others. Risk assessment includes the risk of self harming behaviour, the client's vulnerability to domestic violence and other safety issues in the home and living environment, issues of child protection, and the potential for the client's capacity to harm others.

- Applies specific assessment schedules as appropriate to develop a detailed knowledge of specific aspects of the problems and strengths of the client, or problems and strengths of the client's social context.

- In consultation with the client, applies knowledge and theory to the information gathered to develop a comprehensive statement linking the client's individual functioning and its strengths and problems with those in the client's social context.

- Reviews this assessment statement with the client so as to develop a mutual understanding and agreement about the assessment.

- Regularly reviews the assessment with the client to retain the focus on shared understanding of problems and strengths.

- Maintains records of activity as required by accountability standards within the agency.

- Undertakes Mental State Examinations and other assessments of clinical functioning as part of providing a comprehensive assessment service.

- Undertakes other assessments in specific clinical and related areas, for which additional specific training may be required to attain competence. These may be social work based, or related to other disciplines or multidisciplinary practice. Examples are assessment of psychiatric disability, vocational capacities, age-related matters concerning children, adolescents, or older people, forensic issues, or the application of standardised assessment schedules requiring skilled analysis of data.

Standard 1.3: Develops and implements a range of psycho-social interventions with clients

Psychosocial interventions comprise the range of individual, family and group interventions used by social workers to achieve specific therapeutic outcomes. These interventions are typically evidence-based. They include a range of counselling modalities, family therapy, therapeutic groups, and psycho-educational approaches to working with individual consumers, families and groups.

Indicators

- Establishes a respectful and empathic working relationship with the client.

- Identifies the evidence base for the psychosocial intervention.

- Contracts with the client to establish a basis for the intervention.

- Provides the client with information about the purpose, nature, risks, and likely outcomes of the intervention.

- Negotiates with the client a timeline for the intervention.

- Monitors the implementation of the intervention.

- Evaluates the intervention with the client.

Indicators – specialised

- Undertakes additional training as necessary, including at an advanced level, in specialised psychosocial interventions.

Standard 1.4: Advocates with and for clients in relation to rights and resources

Advocacy refers to activities undertaken by social workers with clients to promote and support basic human rights, and rights access to resources, services, and information. It may include the support to take action to resolve identified problems. The emphasis at all times is on encouraging the client to take control of the process in order to meet their needs. The aim of such advocacy is client empowerment.

While the principles of individual advocacy can generally be applied to family work, issues of competing demands need to be addressed in family advocacy. Family members may have conflicting needs. For example the needs of family carers for respite may conflict with the individual consumer's preference for continuity of care at home. Social workers may need to support advocacy of family members, as well as advocate for individual consumer's needs, in complex decision making tasks.

Advocacy also includes activities to challenge disempowering or discriminatory practices at a systemic level. This is called systems level advocacy.

Advocacy occurs when clients either individually or collectively seek to negotiate with individuals, agencies and systems in order to meet their needs, and accept social work assistance in this endeavour. Examples are a client's unease about the way mental health law and procedures are applied, and client concerns about the impact of particular service policies, and of stigmatising media reports. It may also be related to accessing services with complex, formal and unwelcoming procedures, such as hospitals, courts, and police.

Indicators

- Establishes an empathic and respectful working relationship with the client.

- Establishes with the client the need for some form of advocacy to address the client's identified rights or problems.

- Explores with the client the range of alternative actions available in order to address the identified need and supports action chosen.

- Makes representations on behalf of clients and facilitates negotiation as appropriate.

- Monitors the activity of the treatment team to ensure that all decision making at every stage is respectful and inclusive of the needs and wishes of both consumers and family members.

- Supports and encourages client self-advocacy through assisting with preparation, providing resources and giving feedback on performance.

- Uses principles of mediation, negotiation, assertion, and conflict resolution.

- Links individual consumers and family members with family mutual support and advocacy groups as a resource for alternative or additional advocacy support.

- Challenges agencies or systems of service provision which are disempowering or discriminatory of people with mental illness and their families.

- Uses high-level communication skills to ensure a client's best interests are represented.

- Evaluates with the client the outcome of advocacy.

Indicators – specialised

- Advocates with and for clients within specialist complex contexts such as the forensic provisions of mental health legislation.

Standard 1.5: Case management

A large part of community mental health work is carried out by case managers. Case management may be seen as a method of service coordination, as in the following definition:

"Case management" is the mechanism of ensuring access to and co-ordination of the range of services necessary to meet the identified needs of a person within and outside the integrated mental health service. People requiring case management are usually living in the community and have long term needs necessitating access to health and other relevant community services (Australian Health Ministers, Second National Mental Health Plan, 1996:25).

Models of case management practice lie on a continuum, from 'brokerage' at one end, through models that are based on 'relationship' and 'continuity of care' to 'clinical case management' including specialist interventions and rehabilitation, and 'intensive case management' at the other end. In Australian mental health services, case managers generally work directly with the client, with at least a measure of responsibility for the core functions of assessment, planning, linking, advocacy, review and case closure. Social work case managers work collaboratively with clients and their families and friends to achieve the things that are important for each client's recovery and wellbeing in society. Social work activity is thus at multiple levels (individual, family, relationships, community and the broader social context), and the primary setting for case management work is the community.

Indicators

- Establishes an empathic and respectful working relationship with the client.

- Develops an assessment of the client's circumstances and needs in collaboration with the client, other members of the treatment team, other service providers, and family and friends wherever possible.

- Develops a service plan with the client that takes account of short-term and long-term goals and identifies how the case manager will support those goals.

- Implements the service plan with the client.

- Consults with family, significant others, members of the treatment team and other service providers as appropriate for the implementation of the service plan.

- Advocates with and for the client to obtain resources and to support the client to achieve goals.

- Reviews, revises and monitors the plan regularly with the client.

- Maintains records of activity as required by accountability standards within the agency.

Standard 1.6: Develops an assessment of community needs and resources

A comprehensive assessment of the community is aimed at understanding the social context in which people with a mental illness and their families live. Elements of this broad assessment would be then distilled in terms of application to a particular client and their family.

The comprehensive assessment entails developing an understanding of local resources, assets and supports available to the people with a mental illness and their families, together with stressors and problems in the community which might affect outcomes. As with assessment in other areas, assessment is both a process and a product. Community is defined broadly to include concepts both of "neighbourhood" and "sense of shared identity".

Indicators

- Accesses and interprets demographic data from appropriate sources.

- Obtains relevant publications from government and non-government agencies to gather data for assessment purposes.

- Accesses information from media sources such as newspapers, journals, radio, television and the Internet.

- Engages with key informants in the community to identify community resources, and gaps between resources and needs. Such key informants would include elected representatives and government staff at local, state and commonwealth levels, community leaders in church, police, government agencies, service managers, and representatives of community organisations.

- Engages with marginalised individuals and groups in the community to identify community resources and gaps between resources and needs.

- Gathers detailed information about agencies through site visits and discussions with staff and consumers of services.

- Integrates data gathered to form a tentative assessment of community needs and resources.

- Reflects on assessment with individuals and groups in the community to validate conclusions drawn.

- Monitors regularly the assessment formed.

Standard 1.7: Engages in mental health promotion and prevention activities

Mental health promotion is any action taken to maximize mental health and wellbeing among populations and individuals. It aims to protect, support, and sustain the emotional and social wellbeing of the population by promoting the factors that enhance mental health. Prevention is defined as interventions that

*occur before the initial onset of disorder to prevent the development of the
disorder. Prevention programs are generally grouped as primary, secondary or
tertiary – based on reducing the incidence of new cases, reducing the development
of disorders through early intervention, or reducing the duration of disorder and
preventing relapse. Many of the broadly based community work interventions of
social workers in general health and welfare settings can be recognized as mental
health promotion or prevention programs. This is recognized as a highly creative
site for social work intervention.*

Indicators

- Engages with individuals, groups, and communities to establish needs for intervention.

- Engages with the literature to determine the range of programs that have been applied and evaluated.

- Works with stakeholders to develop a plan for intervention, identifying program activities and time lines.

- Works with stakeholders to determine appropriate outcome measures for the project.

- Implements the project.

- Monitors the project.

- Evaluates the project.

- Reports on the project.

Standard 1.8: Networking

- *Networking is the development of a range of working relationships among relevant organisations in the community. The aim of networking is to enhance purposeful communication among stakeholders in areas relevant to mental health. It further serves to support co-operative activities among stakeholders, and reduce bureaucratic barriers between services. Community is defined broadly to include concepts both of "neighbourhood" and "sense of shared identity".*

Indicators

- Makes contact with stakeholders from all sectors relevant to mental health, including housing, income security and employment, as well as health care practitioners.

- Develops a working knowledge of relevant services in the community, and maintains formal and informal contact with service providers and management within these services.

- Provides information about the social worker's agency and encourages appropriate liaison between this agency and the range of community services.

- Supports communication networks and co-operation among all stakeholders of services in the community relevant to people with a mental illness and their families.

- Brings individuals and groups together to share ideas on issues of common concern.

Standard 1.9: Engages in activities of social action

Social work has a long and respected tradition of promoting social justice through social action. Social work seeks to support the activities of consumers and family carers in promoting social inclusion and social justice, and challenging all forms of stigma and discrimination.

Indicators

- Establishes in consultation with individuals and community groups the need for action to resolve specific injustices.

- Analyses the social, political and cultural context within which action is required.

- Supports the advocacy and education activities of community groups seeking to raise awareness of stigma and discrimination experienced by individuals and groups with mental health problems.

- Facilitates among participants an awareness of political and legal processes available for pursuing different forms of social action.

- Supports the referral of individuals to advocacy groups to enhance opportunities for collective action.

- Supports individuals and groups in reviewing alternatives for action to resolve injustice, and in planning action.

- Supports individuals and groups in reviewing action strategies and evaluating outcomes.

Area Two – Service Management

This section builds on Objective 2: Service Management in *Practice Standards for Social Workers: Achieving Outcomes* (AASW 2003).

All social workers, regardless of their organisational position or the context of their practice, have a responsibility to manage their own service provision and practice in a consistent way with these standards. Within this area are two standards: manages personal workload, and manages social work and mental health services. This standard applies to social workers in private practice as well as those in salaried positions.

Standard 2.1: Manages personal workload

A core element of social work practice is the management of the individual social worker's own workload.

Indicators

- Develops a clear understanding of the range of professional and administrative tasks required in their social work position.

- Articulates the role of social work within the agency.

- Understands, respects and collaborates with other disciplines in the delivery of mental health services

- Recognises the management structure of the agency and understands the lines of professional and administrative accountability.

- Prioritizes work activities.

- Meets agency professional and administrative deadlines.

- Maintains agency procedures for efficient completion of administrative and professional tasks.

- Maintains agency requirements for record keeping, data collection and accountability of resources.

- Complies with agency occupational health and safety policies.

- When self employed, complies with professional indemnity requirements.

- When self-employed applies sound business management practices to ensure optimum services for clients.

Standard 2.2: Manages social work and mental health services

Social workers are employed as managers of social work services, multidisciplinary mental health services and service systems. This management involves the application of social work knowledge skills and values to the range of management and service development activities.

Indicators

- Develops and monitors all agency policy and procedures to ensure that services are provided in a way that complies with the principles of respect for and inclusion of, consumers and carers who receive services from the agency.

- Develops formal and informal arrangements to include consumers and carers in service planning, implementation, and evaluation.

- Understands and clearly states the range of mental health services within the agency or service and manages these services according to agency or government policy.

- Understands and develops a clear statement of the range of social work services and contributions within the agency according to the statement of domain in this document.

- Promotes respectful relationships among all staff within the agency.

- Promotes an understanding of and collaboration between all disciplines working in the mental health service. This will involve a clear understanding of, and respect for, the domain of other disciplines.

- Articulates within the organisational structures of services provision a management perspective that is reflective of social work values and philosophy.

- Develops budgets and monitors allocation of financial and other resources as part of agency accounting systems.

- Manages the recruitment of staff within agency procedures according to the service needs.

- Analyses staff development needs and plans how to meet these.

- Manages and/or contributes to strategic planning as part of the agency planning process.

- Monitors the overall performance and quality of the service.

- Initiates and manages quality assurance programs within the agency.

- Allocates work responsibilities to staff.

- Monitors staff performance in meeting agency expectations for standards of practice and adherence to established procedures for accountability.

- Manages and mentors staff in a respectful and compassionate manner and according to social work values.

Standard 2.3 Practises as a member of a multidisciplinary team

In treatment and rehabilitation settings, mental health services are typically provided by a team of professionals from various discipline backgrounds.

Indicators

- Demonstrates respect for the profession of social work, and for other mental health disciplines.

- Articulates the scope of the social work domain, skills, knowledge and values in the mental health area.

- Articulates a specific statement of social work purpose, roles and activities within the agency.

- Articulates the knowledge, values, and practice bases of social work in relation to other mental health disciplines.

- Supports the activities of other mental health professionals in the agency.

- Promotes the importance of the domain of social work in mental health in developing a comprehensive service approach to understanding mental illness and providing services for people with a mental illness.

- Contributes a social work perspective in team deliberations around clinical activity at every level – individual client work, group and family work, community work and work at the broader systems level.

- Applies a range of skills in problem solving, education, and conflict resolution to the management of day-to-day professional social work activity within the multidisciplinary team.

Area Three - Organisational Development and Systems Change

This section builds on Objective 3: Organisational Development and Systems Change in *Practice Standards for Social Workers: Achieving Outcomes* (AASW 2003).

This area concerns the application of the social worker's knowledge, values and skills are applied with the purpose of developing services and creating systems change.

Standard 3.1: Service development

> *Service development comprises the translation of policy, assessment, community consultations, networking, and other research activities, into providing new services, or providing better services, for consumers and family carers. Service development may also address the agency needs for more efficient or effective services. Service development refers both to specific programs, for example, introduction of a vocational rehabilitation program in a service, and also to broad approaches to service provision, for example, improving intake and assessment or the agency's, or the community liaison.*

Indicators

- Identifies specific service needs through assessment and consultation with stakeholders.

- Provides information and advice to community groups on mental health issues. This is a process of making available to general health and welfare services the specialist expertise of the mental health service.

- Encourages the coming together of different stakeholders to develop a shared understanding of needs and possible approaches to service development.

- Supports the involvement of marginalised individuals and groups in the review and planning of service development.

- Supports the development of mutual support and advocacy groups among isolated and marginalised individuals.

- Supports strategies of co-operation, campaign and conflict adopted by community groups in seeking to develop services.

- Supports negotiation, problem solving and conflict resolution strategies in resolving differences among stakeholders in working towards service development.

- Assists community groups to access funding and other resources for service development.

- Analyses the evidence for options for service delivery to meet identified needs.

- Analyses resource implications for alternative service responses.

- Consults with stakeholders in reviewing alternative approaches to service development and selecting a preferred option.

- Develops a detailed plan for service development, implementation and evaluation.

- Negotiates with management access to the resources required for service implementation.

- Negotiates with stakeholders the introduction of the service.

Standard 3.2: Working at the interface of mental health and other social and human services systems

A specific concern to social work practice in mental health is the interface between mental health and a range of other individual, family, and community problems typically addressed by other health and welfare services. The experience of mental illness interacts in a complex way with such issues as child protection, domestic violence, poverty, housing, employment, income security, legal services, transport and recreational services. These are recognised as the domains of social inclusion, and are fundamental to the principles of social justice. The concept of "working at the interface" is basic to the principle of inter-sectorial linking.

Indicators

- Analyses the relationship, for individual clients, between mental health and related social and human service issues (individual level).

- Analyses the relationship, at the level of policy implementation, between mental health and related social and human service issues (policy level).

- Provides consultation and liaison to service providers in relation to individual clients where the interaction of mental health issues with other social and human service issues is an important concern for practice.

- Educates service providers and policy makers in social and human services about the special needs of people with a mental illness who may need to access those services.

- Advocates with a range of social and human services to ensure that the special needs of people with a mental illness when accessing those services are understood and accommodated by such services.

- Solves problems with clients and service providers around specific difficulties encountered by individuals and groups in accessing services.

- Develops protocols and policy for service delivery in areas of interface between mental health and other social and human services.

Area Four – Policy

This section builds on Objective 4: Policy in *Practice Standards for Social Workers: Achieving Outcomes* (AASW 2003)*.

Policy is seen as a vehicle for promoting both social justice and health and welfare outcomes for clients. Social work practice includes the application and interpretation of policy, as well as contributing to the creation and evaluation of policy.

Standard 4.1: Analysis and development of agency policy

A core element of practice is the understanding and development of policy and procedures for practice within the social worker's agency.

Indicators

- Analyses the political and policy context in which service policy is implemented.

- Consults with stakeholders to determine the range of perspectives, areas of agreement and disagreement among consumers, family carers, service provider and managers.

- Identifies the specific legal dimensions, research base, values and practice principles relevant to policy development.

- Drafts policy and procedures for review by relevant stakeholders.

- Negotiates introduction of policy.

- Monitors policy implementation.

- Revises policy in response to ongoing monitoring.

Standard 4.2: Interpreting and applying mental health policy

Understanding and applying the principles for service delivery as set out in the various policy documents of the National Mental Health Strategy, and other policies developed by State and employing agencies, is a central part of social work practice. It comprises a critical understanding of the policy context for practice.

Indicators

- Articulates the principles of national and state policy.

- Articulates the specific mental health policies of state and regional mental health services.

- Articulates related human service policies relevant to social work practice in mental health, and to clients with a mental illness and their families, such as disability policy, broader health policy, income security and housing policy.

- Articulates principles and policy specific to the agency in which the social worker is employed, and agencies with which the social worker has ongoing contact.

- Applies these principles and policies in practice in determining work priorities and procedures.

- Identifies and documents areas where policies conflict with each other or conflict with the social work professional code of ethics, or where policy is deficient in addressing the needs of clients.

Standard 4.3: Contributes to mental health policy development.

The social work contribution to policy development is based on detailed and specialised understanding of the importance of social justice and the social context and consequences of mental illness for the individual consumer, family carer, and the broader community.

Indicators

- Systematically monitors the worker's own activity to determine the effectiveness of professional activity and overall agency service.

- Seeks feedback from consumers and carers about agency services.

- Provides detailed feedback to management in relation to existing policy implementation.

- Suggests directions for mental health policy development within the policy making process.

- Consults with representatives of stakeholder groups.

- Monitors service delivery patterns and contributes to relevant forums at an agency, regional and state level.

- Identifies policy options in state, regional, national and international contexts.

- Contributes to the consideration and selection of policy options through negotiation with management and engagement with relevant political processes.

- Monitors policy implementation.

Area Five – Research and Evaluation

This section builds on Objective 5: Research, in *Practice Standards for Social Workers: Achieving Outcomes* (AASW 2003).

Research is seen as the application of social work knowledge, values and skills in the research process to address client needs, competency to practice, organisational goals, and social policy. Research is conceptualised as an area of social work practice. We acknowledge the importance of maintaining a critical reflective approach to social work practice as basic to competence in research and evaluation activities, and the need for a working knowledge of a broad range of research methods.

Standard 5.1: Maintains a critical reflective approach to social work practice

The commitment to, and capacity for, critical reflection on practice is a basis for effective social work practice in mental health. Practice brings together the personal qualities of the worker, with the knowledge, skills and values of the profession. The process of critical reflection on practice provides a basis for integrating the personal and professional, and is a starting point for evaluation of practice at every level.

Indicators

- Identifies personal strengths in skill development and knowledge building.

- Maintains systematic records of social work practice activities as a basis for reflection.

- Identifies areas for personal development in knowledge and skill base for practice.

- Identifies recurring problems and achievements of the service as a whole.

- Explores areas of key professional activity as described and developed in the research literature.

- Shares critical reflections on practice within the professional supervision process and in formal and informal discussions with colleagues.

- Reflects on professional activity in relation to the research literature.

Standard 5.2: Accesses the research literature to establish the evidence base for professional practice

The research literature is broadly defined to include books, journals, governmental and agency reports and publications, film and video resources, newspapers and other media, as well as computer databases and Internet resources and includes information specifically based on the lived experience.

Indicators

- Regularly consults books and journal articles relevant for practice through professional library resources and the Internet

- Uses the Internet to obtain relevant information and data.

- Critically evaluates research literature by applying knowledge of research design and processes, and standards for the analysis of data.

- Maintains reading and exploration of knowledge in relevant research areas in order to inform practice.

Standard 5.3: Plans and implements research and evaluation projects

Participation in research and evaluation projects represents a broad and diverse area of practice. A broad definition of research is applied to include all aspects of systematic investigation involving the collection and analysis of information.

Indicators

- Identifies and establishes the need for research and evaluation projects as part of the ongoing process of improving service delivery within the agency.

- Identifies a particular research question or evaluation issue to be investigated.

- Consults with consumers and carers about the need for, and approaches to, the research/evaluation project.

- Consults with other stakeholders to establish the range of perspectives on the research/evaluation project.

- Explores with stakeholders the ethical issues relevant to the project.

- Develops support for the project among all stakeholders.

- Consults with researchers or others with specialist knowledge to help strengthen the research/evaluation design and process of implementation.

- Applies basic knowledge and skills in qualitative and quantitative research methods in planning and implementing research and evaluation projects.

- Selects a methodology for the project that is appropriate for the project's aims, respectful of the needs and wishes of consumers and carers, and addresses the ethical issues identified for the research.

- Develops a detailed plan for the implementation of the research/evaluation project.

- Develops a plan for the dissemination of project findings.

- Obtains the necessary resources to implement the research project.

- Implements the research plan.

- Analyzes research data and writes up the research project.

- Shares research findings with participants in the research.
- Disseminates the results of the research project through presentation at appropriate agency and professional forums, and through publishing research papers.

Area Six: Education and Professional Development

This section builds on Objective 6: Education and Professional Development in Practice Standards for Social Workers: Achieving Outcomes (AASW 2003)

The social worker recognises the importance of continually increasing their knowledge and skills and is committed to a process of ongoing education. This field is underpinned by principles of ethical practice as set out in the AASW Code of Ethics. It includes practice in multidisciplinary teams, giving and receiving supervision, maintaining professional development activities and acknowledging that in many situations in mental health and other practice it is the tensions between the ethical principles that have to be mediated

Standard 6.1: Practices within the ethical guidelines of the AASW

The AASW Code of Ethics sets out principles for practice as follows:
- *Commitment to social justice.*
- *Development of knowledge.*
- *Relationship with employing organisation.*
- *Confidentiality and privacy.*
- *Client self-determination.*
- *Service*
- *Integrity of the profession.*
- *Competence and professional development.*
- *Professional conduct.*

Source: AASW Code of Ethics, 1999/2002.

Indicators

- Practices within the guidelines for ethical practice as detailed in the AASW *Code of Ethics.*

Standard 6.2: Uses social work supervision to enhance practice

Social work supervision comprises four related activities:

- *administrative supervision based on worker accountability to provide services within the agency at a satisfactory level;*

- *educational supervision based on a process of developing skills and knowledge through a critical reflection on work with the help of a skilled supervisor;*

- *supportive supervision based on a process of providing cognitive and emotional support for the worker through a relationship with a supportive supervisor.*

- *meditational supervision based on engaging the individual with the organisation.*

Each of these dimensions of supervision is relevant to mental health practice. This standard concerns the use of supervision by the supervisee.

Supervision arrangements can be provided within line management situations between base grade social workers and their senior social worker. Other arrangements are possible for educational and supportive supervision between a social worker and a respected colleague outside the social worker's agency. Peer supervision arrangements are also possible, with two or more social workers seeking to develop a supportive relationship with each other to allow purposeful review of each other's practice.

Indicators

- Contracts a supervisory relationship with a social work colleague.

- Determines the specific goals and processes of supervision to be applied, and the frequency and structure of the supervision meetings.

- Prepares analyses of practice as the basis for discussion at supervision sessions.

- Engages with the supervisor in a process of critical reflection on practice during supervision sessions.

- Identifies practice issues specific to social work through discussions with supervisor.

- Identifies strengths and weaknesses in practice competence through discussions with supervisor.

- Negotiates learning goals for supervision.

- Applies a problem-solving model to resolve problems in practice and to develop plans for practice activity, in discussions with supervisor.

- Reviews progress towards identified goals and modifies these in ongoing discussions with supervisor.

Standard 6.3: Provides social work supervision

Experienced or senior social workers typically provide supervision for less experienced colleagues, or to social workers for whom they are responsible for service provision. Such supervision is seen as one of the range of management tasks. The concept of supervision is broader than ensuring accountability, and includes educational, supportive and mediational components as described in Standard 4.3. (AASW Social Worker Practice Standards: Achieving Outcomes 2003) In some agencies, social workers may provide supervision to workers from disciplines other than social work.

Indicators

- Contracts to provide supervision with a social work colleague.

- Determines the specific goals and processes of supervision to be applied, and the frequency and structure of the supervision meetings.

- Supports and encourages the supervisee to reflect critically on practice.

- Encourages and supports the supervisee's identification of strengths and weaknesses in practice.

- Negotiates learning goals for supervision.

- Using educational principles, encourages the supervisee's development of practice skills and knowledge.

- Applies a problem-solving model to assist the supervisee to resolve problems in practice and to develop plans for practice activity.

- Reviews progress towards identified goals and modifies these in ongoing discussions with the supervisee.

- Undertakes relevant training programs to improve their own knowledge and skills in supervision.

Standard 6.4: Maintains professional development

Maintenance of professional skills and knowledge remains one of the key principles for ethical practice for social work. It is central to effective performance within the rapidly changing and constantly challenging field of mental health.

Indicators

- Contributes to the field education of social work students on placement in the mental health area

- Identifies personal needs for development of knowledge and skills in order to work more effectively in the agency.

- Identifies needs for knowledge and skills, experience and qualifications in order to work in other parts of the mental health or human services system.

- Maintains a strong knowledge base through reading professional journals, attending workshops, seminars and conferences.

- Writes papers for presentation at conferences and for publication in professional journals.

- Participates in AASW sponsored and agency based professional development activities in order to achieve and maintain the status of an accredited social worker.

- Undertakes postgraduate programs and research courses to upgrade professional qualifications.