

AASW
requirements for accreditation to
practise as a

Mental Health Social Worker



Australian Association of Social Workers
Level 4, 33-35 Ainslie Place
CANBERRA CITY ACT 2601
[PO Box 4956 KINGSTON ACT 2604]
Tel: (02) 6232 3900 Fax: (02) 6230 4399

AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS BOARD OF DIRECTORS

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Introduction

In this document, the Australian Association of Social Workers (AASW) outlines the principles, policies and procedures for the accreditation of Mental Health Social Workers. Accreditation is required to register with Medicare Australia for a Medicare Provider Number.

This document represents a revised version of the policies and procedures which were initially introduced in 2004 when the Government implemented the Enhanced Primary Care program under which General Practitioners were able to refer patients with complex care requirements to a range of allied health services. Under this initiative social workers were recognized as one of the group of eligible mental health workers.

While it has been acknowledged that five disciplines – mental health nursing, occupational therapy, psychiatry, psychology and social work – make up the bulk of mental health workforce in Australia, social work practice is much broader than mental health. Therefore, qualifications in social work do not automatically mean that a social worker has the necessary competencies and skills to work in the mental health field.

In order to meet the eligibility requirements of this initial program, social workers were required to be a ‘member’ of the AASW and be

accredited by the AASW as meeting the standards for mental health set out in AASW’s *Standards for Mental Health Social Workers, 1999, 2004*.

In 2006 the Government introduced a new program “Better Access to Mental Health Care”, under which General Practitioners, Paediatricians and Private Psychiatrists could refer to allied health professionals, namely social workers, psychologists and occupational therapists for the provision of ‘focused psychological strategies’. In order to meet the requirements of the program AASW undertook a review of its accreditation process in 2007. In 2008 the *Standards for Mental Health Social Workers, 1999, 2004* were revised and published as *AASW Practice Standards for Mental Health Social Workers, 2008*.

Part I of this document specifies the minimum requirements and the competencies required by social workers to meet the accreditation requirements.

Part II of this document details the process for application for accreditation as a Mental Health Social Worker for the purpose of registering with Medicare Australia.

This document comes into full effect from June 8, 2009.

Definitions

ACCREDITED SOCIAL WORKER

Member of AASW who has met the AASW Continuing Professional Education (CPE) requirements.

ACCREDITED MENTAL HEALTH SOCIAL WORKER

An Accredited Social Worker who has achieved the standards as outlined in the *AASW Practice Standards for Mental Health Social Workers, 2008* and who has appropriate pre- and post-qualifying training which allows them to meet the requirements that enable them to apply to Medicare Australia for a Medicare Provider Number.

AUSTRALIAN ASSOCIATION OF SOCIAL WORKERS (AASW)

The AASW is the professional body representing social work in Australia. It was formed in 1946 and is incorporated under the Companies Act (ACT), Corporations Act.

CONTINUING PROFESSIONAL EDUCATION (CPE)

The AASW definition of CPE is the ongoing maintenance and growth of professional excellence through participation in learning activities which are planned and implemented to achieve excellence for the benefit of participants, clients and the community.

FIELDS OF PRACTICE

Fields of practice are either particular areas of practice, such as mental health or rehabilitation, or practice which focuses on a particular client group, such as children at risk or persons with a disability.

FOCUSSED PSYCHOLOGICAL STRATEGIES (as specified by Medicare Australia)

1. Psycho-education (including motivational interviewing)
2. Cognitive behavioural therapy including:
 - Behavioural interventions
 - o Behaviour modification
 - o Exposure techniques
 - o Activity scheduling
 - Cognitive interventions
3. Relaxation strategies including:
 - Progressive muscle relaxation
 - Controlled breathing
4. Skills training including:
 - Problem solving
 - Anger management
 - Social skills
 - Communication
 - Stress management
 - Parent management
5. Interpersonal therapy (especially for depression)

There may be flexibility to include narrative therapy for Aboriginal and Torres Strait Islander people.

KNOWLEDGE FOR PRACTICE

This is commonly used to mean knowledge from all intellectual and professional disciplines that is regarded as an integral part of social work education.

MENTAL DISORDER (as specified under *Better Access to Mental Health Care* program)

- Chronic psychotic disorders
- Acute psychotic disorders
- Schizophrenia
- Bipolar disorder
- Phobic disorders
- Generalised anxiety disorders
- Adjustment disorder
- Unexplained somatic complaints
- Depression
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Post traumatic stress disorder
- Eating disorders
- Panic disorders
- Alcohol use disorders
- Drug use disorders
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems\hyperkinetic (attention deficit) disorder
- Enuresis (nonorganic)
- Obsessive compulsive disorder
- Mental disorder (not otherwise specified)

MENTAL HEALTH

A state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing and optimise opportunities for development and the use of mental abilities. Mental health is not simply the

absence of mental illness. Its measurement is complex and there is no widely accepted measurement approach to date. The strong historical association between the terms 'mental health' and 'mental illness' has led some to prefer the term 'emotional and social wellbeing', which also accords with holistic concepts of mental health held by Aboriginal peoples and Torres Strait islanders and some other cultural groups, or, alternatively, the term 'mental health and wellbeing'.

NATIONAL MENTAL HEALTH COMMITTEE

A panel of experts in mental health social work appointed from within AASW membership. The panel oversees the assessment for accreditation as Mental Health Social Workers for the AASW.

PRACTICE KNOWLEDGE

This is shorthand for the body of knowledge, skills and value stances that has been developed by the profession of social work to inform its work.

PRACTICE SETTING

Practice setting is the location in which social work practice occurs. Examples are a community setting, a social work agency, an organisation.

SOCIAL WORKER

A social worker is a person who is eligible for membership of the AASW.

SUPERVISED PRACTICE

The term 'supervised practice' as used throughout this document is defined broadly as referring to the range of activities undertaken to meet professional development needs and accountability requirements. (See AASW practice standards on supervision at: www.aasw.asn.au)

PART I – Minimum requirements for AASW accreditation as a Mental Health Social Worker

1.0. INTRODUCTION

This section outlines the policy underpinning the accreditation of AASW members as Mental Health Social Workers and the minimum requirements needed for accreditation.

2.0. DEFINITION OF MENTAL HEALTH DOMAIN IN SOCIAL WORK

Social workers who consider they are practicing in a mental health related field need to be able to clearly demonstrate the relationship between mental health practice and the work they are doing.

The *AASW Practice Standards for Mental Health Social Workers* (2008) defines the domain of social work in mental health as “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 the 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.

This document further defines the following three elements:

2.1 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. Its concerns include issues of individual personality, vulnerability and resilience, family functioning, strengths and stressors, support networks, culture, community, class, ethnicity and gender. Beyond the intrapsychic aspects of ego functioning, self-esteem, spirituality, and interpersonal aspects of family functioning and personal relationships, its concerns include broader social issues of economic well being, employment and housing.

2.2 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.

2.3. 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 carers.

3.0 MENTAL HEALTH AND RELATED FIELDS

Mental health and related fields can include:

- direct experience working in a dedicated or specifically identified mental health service government, non-government or private practice
- direct experience working with people with mental health issues in their lives. This might include working in a counselling service with a proportion of clients with mental health and/or dual diagnosis issues in their lives, or a drug and alcohol service with a high proportion of clients with coexisting mental health issues in their lives, or a family or adolescent support service with experience in working with mental health issues, or a mental health consumer organisation.

4.0 PRACTICE STANDARDS FOR MENTAL HEALTH SOCIAL WORKERS (AASW 2008)

The AASW Practice Standards for Mental Health Social Workers are summarised in Box 1.

Section One of the Practice Standards document sets out a range of social work skills, knowledge and values that together comprise the practice standards. The knowledge and values considered specific to social work in mental health and central to our practice are:

- **Emphasising personhood.** Social workers recognise the complexity of human experience, and try to see beyond the limits of the 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 the concept 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.

5.0 SUMMARY OF ASSESSMENT REQUIREMENTS

The applicant, in the first instance, must:

- hold current membership of AASW
- meet AASW Continuing Professional Education (CPE) requirements to be an Accredited Social Worker

The applicant will need to provide a formal application for accreditation as a Mental Health Social Worker to the AASW Mental Health Assessment Officer that includes:

1. confirmation that the applicant has achieved the standards as outlined in AASW document *Practice Standards for Mental Health Social Workers, 2008*. (Please note is not expected all elements in the Standards need to be met.)
2. provision of evidence of at least two years of supervised social work practice (post qualifying) in mental health or demonstrably related field
3. provision of evidence of pre-qualifying, qualifying or post-qualifying education and/or recognised professional development or training that addresses the mental health standards and the evidence-based practices as identified by Medicare Australia.
4. provision of a testimonial from an employer or other supervisor (past or present), summarising the applicant's skills and competencies in working in the mental health field.

5.1 Current membership of AASW

Applicants must be current accredited members of AASW (through completion of CPE requirements) and provide their membership number.

Non-members wishing to apply for accreditation as a Mental Health Social Worker need to apply for membership before their application for accreditation can be processed. Non-members should refer to www.aasw.asn.au.

Non-members with overseas qualifications will need to have their qualifications assessed through the overseas membership processes. Details are available on the AASW website. (*Please note that only Australian residents can register with Medicare Australia for a provider number.*)

5.2 Evidence of two years of supervised practice (post qualifying) or equivalent in the mental health or demonstrably related field

Guidelines for supervised practice

Applicants should be able to demonstrate that they have at least two years of supervised practice (post qualifying) in the mental health or demonstrably related field. Supervised practice is mental health practice that has been subject to an identified form of professional appraisal. Ideally, applicants should be able to demonstrate that they have been formally supervised in line with the Practice Standards of the AASW (see AASW practice standards on supervision at: www.aasw.asn.au).

In general, supervisors should have a higher level of practice experience than their supervisees and have had some training in supervision. For the purposes of this assessment, the supervisor or consultant does not necessarily need to have a background in social work, but should have provided the applicant with appraisal and assessment in relation to practice in a mental health field.

BOX 1 – Summary of Practice Standards for Mental Health Social Workers

Area One: Direct Practice	
1.1	Establishes a respectful and empathic working relationship between the social worker and client
1.2.	Developing a social work assessment
1.3.	Develops and implements a range of psychosocial interventions with clients
1.4.	Advocates with and for clients in relation to rights and resources
1.5.	Case management
1.6.	Develops an assessment of community needs and resources
1.7.	Engages in mental health promotion and prevention activities
1.8.	Networking
1.9.	Engages in activities of social action
Area Two: Service Management	
2.1.	Manages personal workload
2.2.	Manages social work and mental health services
2.3.	Practises as a member of a multidisciplinary team
Area Three: Organisational Development and Systems Change	
3.1.	Service development
3.2.	Working at the interface of mental health and other social and human service systems
Area Four: Policy	
4.1.	Analysis and development of agency policy
4.2.	Interpreting and applying mental health policy
4.3.	Contributes to mental health policy development
Area Five: Research and Evaluation	
5.1.	Maintains a critical reflective approach to social work practice
5.2.	Accesses the research literature to establish the evidence base for professional practice
5.3.	Plans and implements research and evaluation projects
Area Six: Education and Professional Development	
6.1.	Practices within the ethical guidelines of the AASW
6.2.	Uses social work supervision to enhance practice
6.3.	Provides social work supervision
6.4.	Maintain professional development

Guidelines for 'mental health or demonstrably related field'

The definition of the mental health field for the purposes of social work is discussed in Section 2 above. Social workers are considered to have worked in the mental health field if they can demonstrate that they have covered the areas in the *Practice Standards for Mental Health Social Workers, 2008*. Among other things, this would necessitate them showing that they have used specific knowledge about mental illness and serious mental health problems (a main requirement of the practice standards).

Where the applicant has worked in a field that they consider to be highly related to the mental health field, the applicant will need to make a case to demonstrate its relevance.

5.3 Evidence of pre-qualifying, qualifying or post qualifying education and/or recognised professional development or training relevant to working in mental health

Knowledge about mental health and illness is essential to working in the mental health field. Applicants need to provide evidence that they have specifically learned about mental illness and mental health problems, and have engaged in recognised professional development or training for working in this field. (For the purposes of registering with Medicare Australia, applicants are encouraged to take note of the 'focussed psychological strategies' identified by the government as attracting Medicare rebates – accessible at www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-amhpm)

Continuing Professional Education (CPE) that is directly related to the mental health domain can be used as relevant evidence.

5.4 A testimonial from an employer or other supervisor (past or present) summarising the applicant's skills and competencies in working in the mental health field

A testimonial from an employer or other supervisor, either past or present, is required to confirm the claims of the applicant. The primary purpose of the testimonial is to seek information about the applicant's skills and competencies in practice.

A form for the testimonial can be found in Part B of the application form. The section contains explanatory notes for employers/supervisors to help them complete the form. The employer/supervisor is asked to forward the testimonial separately. Please note that the employer/supervisor may be contacted directly by the assessing officer if further clarification is needed.

For the purposes of this assessment, the supervisor or employer does not necessarily need to have a background in social work.

PART II – Process for the Accreditation of AASW Members as Mental Health Social Workers

1.0 THE ASSESSMENT

The assessment will be undertaken by a designated officer in the National Office of the Australian Association of Social Workers. The assessing officer will conduct an initial assessment to ensure that the applicant has completed the application and provided evidence required. The staff member reports to the National Mental Health Committee.

2.0 THE NATIONAL MENTAL HEALTH COMMITTEE

The National Mental Health Committee is the collective name given to those Association members approved by the Board to act as assessors of AASW members for accreditation as Mental Health Social Workers. Committee members are experienced accredited practitioners and academics who have knowledge and understanding of mental health social work and the related practice standards.

3.0 ASSESSMENT OUTCOMES

Possible assessment outcomes:

- If the application clearly meets all the assessment criteria, the applicant will be notified by letter and will then be granted accreditation on the payment of an 'accreditation fee'. The applicant may then apply to Medicare Australia for a provider number, and complete the appropriate forms to register on the AASW website as an accredited mental health social worker;
- If the assessing officer determines that further information is required, the applicant will be notified; in some instances, the application may be referred to the National Mental Health Committee for further assessment;
- If the application is determined not to meet the requirements, the assessing officer will contact the applicant, and provide advice on the sort of professional development or practice experience that will facilitate accreditation.

4.0 DURATION AND MAINTENANCE OF ACCREDITATION

Following successful assessment, the applicant will be required to pay an 'accreditation fee' after which they may apply to Medicare Australia for a Medicare Provider Number. Accreditation as a mental health social worker will remain valid until the end of the current financial year. Social workers will thereafter need to renew their accreditation annually.

To maintain accreditation, social workers will need to maintain their status as an accredited member of AASW (through completion of CPE requirements), and will need to provide evidence annually of specific mental health training over the previous CPE cycle to the total of 30 points.

5.0 APPEALS PROCESS

Applicants may appeal to the National Mental Health Committee against an assessment outcome. Appeals for reconsideration:

- may be made on the grounds of improper procedure or new evidence;
- need to be lodged within 30 days of the original notification of the decision;
- need to be lodged, in writing, to the Executive Officer of AASW
- must include payment of \$220 (including GST) which is non refundable.

Upon receipt of an appeal for reconsideration, a panel from the National Mental Health Committee must, within 30 days, on the basis of the appeal and documentation relevant to the case:

- resolve that there are insufficient grounds for reconsideration and notify the appellant in writing, or,
- resolve that there are sufficient grounds for reconsideration and refer the matter to the National Mental Health Committee for review.

The Committee will notify the appellant of the decision taken, and that this decision is final and binding.

6.0 WITHDRAWAL OF ACCREDITATION

Where a member resigns from membership or where membership is withdrawn for any reason, the member's accreditation to practice as a mental health social worker will be withdrawn. It should be noted that Medicare Australia has registration requirements that include an obligation on the registrant to inform them if accreditation as a mental health social worker ceases or membership lapses. AASW is also obliged to inform Medicare Australia should this situation arise.

7.0 FEE STRUCTURE

The following fee structure will apply:

- **Assessment fee** – The fee to lodge an application for assessment for accreditation as a mental health social worker is \$385.00 (including GST)
- **Accreditation fee** – Upon successful assessment, the applicant will need to pay a fee of \$154.00 (including GST) for accreditation purposes. The social worker will be required to pay this fee annually in order to renew their accreditation.
- **Appeals fee** – The fee to lodge an appeal is \$220.00 (including GST) (non refundable).