



Options Paper

Training and Other Workforce Development for the Mental Health NGO Sector

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Abbreviations

AH&MRC	Aboriginal Health & Medical Research Council
AIMhi	Australian Integrated Mental Health Initiative
AMS	Aboriginal Medical Service
AQF	Australian Qualifications Framework
AQTF	Australian Quality Training Framework
AOD	Alcohol and Other Drugs
APS	Australian Psychologists Society
AASW	Australian Association of Social Workers
CCWT	Centre for Community Welfare Training
CMHS	Centre for Mental Health Studies
DET	NSW Department of Education and Training
DEWR	Department of Employment and Workplace Relations (Commonwealth)
HASI	Housing Assistance and Support Initiative
HECS	Higher Education Contribution Scheme
HIV	Human Immunosuppressant Virus
iiMH	Illawarra Institute of Mental Health
IOP	Institute of Psychiatry
ITAB	Industry Training Advisory Body
MAP	Mapping, Analysis and Performance
MDAA	Multicultural Disability Advocacy Association
MHB	Mental Health Branch (Victoria)
MHC	Mental Health Coalition of South Australia
MHCC	Mental Health Co-ordinating Council
MISU	Mental illness and substance use
MISA	Mental illness and substance abuse
MSO	Management Support Online
NADA	Network of Alcohol and Drug Agencies
NCETA	National Centre for Education and Training on Addiction
NCOSS	NSW Council of Social Services
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
OTEN	Open Training Education Network
PRA	Psychiatric Rehabilitation Association
RPL	Recognition of Prior Learning
RTO	Registered Training Organisation
TAFE	Technical and Further Education
USPRA	United States Psychiatric Rehabilitation Association
UTS	University of Sydney, Technology
VET	Vocational Education and Training
VETAB	Vocational Education and Training Advisory Board
WHO	World Health Organisation

Summary

The purpose of this paper is to explore training and workforce development options for the MHCC's NGO Development Strategy: Mental Health. It provides the Strategy's Steering Committee with information required to make key decisions necessary to advance the Strategy in these areas.

The NGO Development Strategy aims to carefully position the NGO mental health sector to ensure it is well equipped to meet future challenges including growth of the sector and increased demands for professionalism, efficiency and accountability. The Strategy was conceived in response to the outcomes of the Mapping Analysis and Performance Project (MAP), undertaken by the MHCC in 2000 to scope the NGO mental health workforce in NSW.

In presenting options for the Steering Committee, this paper examines the training system currently available to mental health NGOs in NSW. It identifies existing needs, outlines comparable training models in other states and countries, and identifies opportunities to strengthen training and workforce development in the sector.

The paper examines the training needs of all workers of the sector, including specialist and non-specialist mental health workers, those with tertiary qualifications and non-qualified workers. The paper also considers the needs of generalist NGOs who have clients affected by mental illness, consumers who wish to become workers and volunteers.

This paper attempts to clarify the best way forward for the implementation of the Strategy. It develops debate around three main issues. These issues are that:

- MHCC follows the VICSERV model and becomes the major training provider for the sector by investigating potential partnerships with appropriate registered training organisations (RTOs);
- MHCC positions itself strategically, to ensure that available training providers are accessible and relevant to the needs of the sector. This includes drawing upon existing training providers, such as TAFE and universities, as well as forming relations with the Industry Training Advisory Body (ITAB) to advocate for changes in the existing system and the introduction of a traineeship for the sector;
- the mental health NGO sector considers the introduction of a voluntary minimum standard for all workers.

This paper presents an opportunity for the NGO Development Strategy Steering Committee to discuss and evaluate the opportunities identified and decide on the most appropriate direction for the training and workforce development component of the Strategy.

Introduction and scope

The NGO mental health sector has expanded as more people either living with, or recovering from, a mental illness are cared for in the community, in line with recommendations within the *Australian National Mental Health Strategy 1996-2004*¹.

In 2000, the MAP project recorded the mental health NGO sector as made up of 12 different service types:

- Consumer support groups (illness related)
- Community Consultative Committees
- Carer support groups
- Supported residential services
- Advocacy, education and information services
- Open employment services
- Telephone support services
- Drop in centres or Clubhouses
- Supported employment services
- Consumer networks
- Respite services
- Outreach services.²

The diversity of services offered has provided the sector with flexibility but has also lead to a lack of identity. Debate around this issue could benefit the sector by clarifying and defining the work of the sector, helping those outside the sector to have a better understanding of its role.

In 2002, the *National Practice Standards for Mental Health*³ were developed for staff with graduate qualifications in mental health: psychiatrists, mental health nurses, psychologists, occupational therapists and social workers. These practice standards provide a benchmark for the levels of practice required for mental health practitioners working with people with a mental illness.

Owing to the nature of community based care, many workers in the mental health NGO sector are not trained in these five disciplines, therefore fall outside these practice standards, yet the provision of high quality mental

¹ Department of Health and Aging, *National Mental Health Strategy*, 1996-2004. Commonwealth Government.

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mentalhealth-mhinfo-nmhs-index.htm> Downloaded 5/08/2005.

² MHCC *Pathways to Partnerships The Mapping Analysis And Performance Project Towards a framework for mental health non-government organisations in NSW* July 2000, p.4.

³ Commonwealth Department of Health and Aging, *National Practice Standards for Mental Health*, 2002. *Health* Downloaded 20/07/05.

http://www.aasw.asn.au/adobe/publications/mental/MH_practice_standards.pdf

health rehabilitation services relies on the commitment, quality, skills and attitudes of staff providing these services.⁴

In 2004 the Mental Health Co-ordinating Council (MHCC) established the NGO Development Strategy⁵ to build the capacity of the NGO sector to meet future mental health needs of the community. This includes working with mental health NGOs as well as NGOs that provide other services to clients who may also have a mental illness.

The strategy has identified three main program areas to develop:

- Workforce development and training
- Quality and outcomes
- Promoting partnerships.

Training is only one aspect of strengthening the community based mental health sector's workforce. The NGO Development Strategy needs to implement wider systemic change, including organisational development and career pathway development, to ensure that the sector meets the needs of consumers in the 21st century. Furthermore, with the growing recognition of the need for expansion of the mental health NGO sector through new initiatives, such as the Housing Assistance and Support Initiative (HASI) program, it is vital that the MHCC NGO Development Strategy addresses the expected increase in workforce demands, thus ensuring the viability of future NGO initiatives.

This paper explores training and workforce development options that would best develop the attitudes, skills and knowledge of the NGO mental health sector workforce. The paper aims to:

- examine the current training situation in NSW for the NGO mental health sector
- identify the training needs of the sector
- give an outline of comparable training models such as that used by other sectors, states and countries
- identify opportunities for strengthening training and workforce development in NSW
- recommend future developments to strengthen the training and workforce development options for the mental health sector in NSW.

In discussing the workforce development and training needs of the sector, it is necessary to define some specific terms identifying the work undertaken by the sector, including:

- **Psychiatric rehabilitation**, Boston University in collaboration with the World Health Organisation (WHO), defines psychiatric rehabilitation as a

⁴ NSW Health, Framework for Rehabilitation for Mental Health. 2002, p.23.

⁵ The MHCC NGO Development Strategy: Mental Health is a three year project funded by NSW Health.

combination of traditional rehabilitation principles with cognitive rehabilitation and educational psychology techniques.⁶

- **Psycho-social rehabilitation** is used in Victoria to define the work carried out by all organisations caring for people with a mental illness living in the community. In 2000 the Victorian government defined psycho-social rehabilitation as involving *the provision of ongoing support that assist the person with psychiatric disabilities to experience an improved quality of life, learn or re-learn skills of daily living, participate to their maximum extent in social, recreational, educational and vocational activities and live successfully at an optimal level of independent functioning in the community.*⁷
- **Recovery** describes a vision for guiding mental health services based on the belief that people living with psychiatric disability are able to develop meaningful and productive lives, despite experiencing mental illness, including its negative and sometimes disabling consequences⁸.....The concept of recovery underpinning this vision draws strongly from consumers' first hand accounts, in which recovering is seen as a deeply personal process of adapting and overcoming the challenge of psychiatric disability to live a satisfying, and hopeful life.⁹
- **Mental health non-clinical and psychiatric disability support**, are terms used in NSW to broadly describe the diverse roles given to the work undertaken by mental health NGOs providing non-clinical support to people living in the community with a mental illness.

A wide range of stakeholders, training providers and other relevant sectors have been consulted (**Appendix 1**). Stakeholders were asked a series of questions about the nature of the workforce, the availability of training, including the relevance and accessibility of training currently on offer and the main obstacles to staff of NGO organisations accessing relevant training. Organisations were also asked about preferred training models including the desirability of a minimum requirement qualification and the importance of attending accredited training, gaining recognition of prior learning (RPL) and articulation into higher education.

Literature search

A range of background information was reviewed to inform this paper (**Appendix 2**) including:

1. Recent questionnaires undertaken by MHCC between 2001 and 2005,¹⁰ a training needs survey undertaken by the Hunter Mental Health NGO Network (2004) and a 2003 report on workforce development in the non government Alcohol and other Drugs (AOD) sector.

⁶ Cited in Prahran Mission Centre of Psychosocial Rehabilitation, Downloaded on 1/08/2005 from <http://www.prahranmission.org.au/trainres.htm>

⁷ Pepper, S., *Towards Recovery*, New Paradigm Press, 2002, p.40.

⁸ Anthony W, *A recovery – orientated service system: setting some system level standards*. From *Psychiatric Rehabilitation Journal*, 24 (2), 2000, pp.159-168.

⁹ Dun, C., Fossey, E., "Promoting the Process of Recovery" in *Towards Recovery*, Pepper, S., (Ed), New Paradigm Press, 2002, p.45.

¹⁰ MHCC annual member surveys, 2001-2005 (unpublished).

2. A range of Commonwealth and State Government documents were also consulted including the *National Mental Health Report (2004)*, the *National Mental Health Plan 2003-2008*, the *National Standards for the Mental Health Workforce (2002)* and the *National Mental Health Strategy (2004)*.
3. A range of MHCC documents including the 2004 Annual General Meeting Report¹¹ and the MAP report.
4. Documentation and websites from other relevant sectors.
5. Documentation and websites from New Zealand, the United States and the Victorian NGO mental health sectors.

Current situation

Identity of the sector

The mental health NGO sector is very diverse, consequently it is not surprising that a common thread to consultations was a noted lack of identity in the mental health NGO workforce. In the *Framework for Rehabilitation for Mental Health*¹², NSW Health argues that NGO services should concentrate on disability support, leaving clinical work to be undertaken by NSW Health services. Currently, the national certificate is called Mental Health (Non-clinical) thus reinforcing the division advocated by NSW Health. However there are NGOs within NSW who are unhappy with this division, arguing that they also offer clinical services, such as counselling.

In comparison, in Victoria all organisations undertaking psycho-social rehabilitation identify as belonging to the one sector, regardless of whether they are government, private or NGO services. Victorian services have found that by defining the sector in terms of what they do, (psycho-social rehabilitation) rather than what they don't do, gives their sector a clearer identity than NSW.

Many workers feel that a lack of identity for the sector is paralleled by a lack of respect for the services provided by the sector in comparison to the work provided by the wider mental health industry. This lack of a cohesive identity may be one of the leading factors contributing to its low status.

Structural issues

The diversity of the NSW sector needs to be accommodated in training plans. There is a core set of skills that all workers need plus there is also a need for specialist training. Furthermore, the diverse educational backgrounds of the sector must be taken into consideration. Training plans must also accommodate the needs of workers new to the sector (including consumers who wish to become workers), those of workers with extensive experience who lack formal qualifications, volunteers and generalist NGO workers with clients with a mental illness.

¹¹ MHCC *Annual General Meeting Report*, 2004.

¹² NSW Health, *op.cit.*, 2002, p.39.

The lack of workers in the sector has been exacerbated by the introduction of a generic training course for most disciplines working in the mental health industry. The lack of specialised training at an undergraduate level combined with the abolition or reduction of the Higher Education Contribution Scheme (HECS) for post graduate courses means there is a reduction in access and participation in specialised mental health education for all areas except for psychiatry.¹³ For example, a generic undergraduate education in nursing has displaced hospital based specialist training and does not sufficiently equip a nurse for working in the mental health field. This leaves most nurses¹⁴ who wish to undertake such training to complete 'user pays' graduate courses.¹⁵ As nurses are the largest group of workers in the mental health field, and are often employed in the NGO sector, this has led to substantial reduction in numbers of available workers.

Qualifications of workers

Although a detailed needs assessment of the sector was beyond the scope of this options paper, sources from other projects indicate that while many workers in the sector are highly educated, others in areas with low skill requirements, have low levels of training. This paper will address the needs of both these sections of the workforce; however the need to recruit new workers and the training needs of volunteers, generalist and unqualified NGO workers will receive greater emphasis, reflecting concern within the sector that these areas are most in need of development.

Recent assessments of the NGO mental health workforce have indicated the following education levels:

- In 2004 Hunter Mental Health Network undertook a study of 336 NGO mental health workers and of those:
 - 32% (106) have TAFE level qualifications in mental health, AOD and welfare
 - 2% (7) were currently studying an undergraduate degree in occupational therapy
 - 10% (34) had an undergraduate degree in psychology, social work, counselling or social science
 - 1% (4) had post graduate qualifications
 - 15% (51) had other qualifications including non-clinical, RN, TAFE
 - 36% (120) had no formal training.¹⁶

¹³ Deakin Human Services Australia *Education and Training Partnerships in Mental Health* Commonwealth Department of Health and Aged Care, February 1999, Executive Summary.

¹⁴ Currently four Area Health Services in Sydney are conducting year long 'Induction Courses' for general nurses wishing to work in the mental health field. These courses are affiliated with universities and offer RPL towards post graduate qualifications.

¹⁵ Deakin Human Services Australia, op.cit., p6.

¹⁶ Allen, A., Haering K., *Survey of training needs for Non-clinical NGO staff employed by members of the Hunter Mental Health NGO Network in the Hunter Region*, 2004.

- In 2003 a survey was undertaken of the alcohol and other drugs (AOD) workforce in Australia by peak body organisations.¹⁷ This study of 101 AOD workers, most of whom work for the non-government sector, found that:
 - 18% (18) had a diploma or advanced diploma from a TAFE or university;
 - 23% (23) had an undergraduate degree;
 - 15% (15) had a post graduate certificate or honours degree;
 - 22% (22) had a post graduate masters degree or PhD
 - 23% (23) had no formal qualifications.¹⁸

- MHCC questionnaires given to member organisations in 2001 received 28 replies to the question “What is your education level?” and received the following responses:
 - 10% (3) had gained the School Certificate or the Higher School Certificate
 - 18% (5) had a TAFE certificate or diploma
 - 40% (11) had a university degree
 - 32% (9) had post graduate qualifications.¹⁹

- VICSERV conducted a Training Needs Survey in 2002-2003. There were 336 respondents, who reported the following levels of qualification:
 - No qualifications 16.1%
 - One qualification 56.5%
 - Two qualifications 20.2%
 - More than 2 qualifications 7.2%
 - Certificate 8.9%
 - Diploma 18.7%
 - Degree 39.9%
 - Grad Dip 3.6%
 - Post Grad 12.8%²⁰

Existing training providers

At present a wide variety of training is available in NSW for the mental health NGO sector. The main training providers include:

¹⁷ NADA, VAADA, WANADA, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, *Alcohol and other Drug Workforce Development in Australia: The Assessment of needs and the identification of strategies to achieve sustainable change Jurisdictional Reports, New South Wales, Queensland, Australian Capital Territory, 2003.*

¹⁸ Due to rounding of the percentages amount adds up to 101%.

¹⁹ MHCC members survey, (unpublished) 2001.

²⁰ VICSERV 2002-2003 Training Needs Survey, Executive Summary, p.2.

- **TAFE NSW** - Certificate IV in Mental Health (Non-clinical) and units of competence from this course are used in short courses and in other welfare based TAFE qualifications. The Certificate IV in Mental Health (Non-clinical) is only offered in a few locations. Current training being provided by TAFE NSW include:
 - Hunter Institute is providing a Certificate IV in Mental Health (Non-clinical) for 15 students, five are experienced workers and ten are new entrants to the sector (many of whom are consumers). The course will be completed at the end of 2005. It has been conducted specifically to address the lack of workers in the sector in the Hunter region.
 - Illawarra Institute, in partnership with the Illawarra Forum (a peak body for NGO community based services), delivers training with a work place focus, developed to address current issues. TAFE develops the training and ensures that it is accredited by the Vocational Education and Training Advisory Board (VETAB). The courses are usually in the form of short accredited courses.
 - Illawarra Institute also has a work place learning program for government and NGO services, usually at Certificate IV or Diploma level, for experienced, current employees. The training addresses identified gaps in knowledge and skills. All students have individual advisors who negotiate their RPL and develop a training program.
 - North Coast Institute have been conducting the Certificate IV in Mental Health (Non-clinical) for workers or people who already have a Certificate IV in Community Services. As the institute is trying to get current workers accredited qualifications, many students are granted RPL. Students come from a variety of vocational backgrounds including employment and accommodation support services, carer agencies and living skills workers.
 - North Coast Institute also offers accredited short courses in Mental Health (Non-clinical) for less experienced workers.
 - Western Sydney Institute (Blue Mountains Campus) and Northern Sydney Institute (Brookvale Campus) offer Certificate IV (Non – clinical).
- **Centre for Community Welfare Training (CCWT)** is a registered training organisation that provides a wide range of reasonably priced courses, including management, counselling and introductory level mental health topics. Many courses provide Australian Psychologists Society (APS)/ Australian Association of Social Workers (AASW) points, some courses are VETAB accredited, while others can be delivered flexibly. Courses are conducted in 16 venues across NSW.
- **NSW Institute of Psychiatry (IOP)** is a RTO that offers training in a range of mental health topics including accredited post graduate courses, professional development and customised courses in mental health. Additionally, courses can be self paced and flexibly delivered. Course fees

are higher than community training providers, such as CCWT. However, their fees are comparable or cheaper than equivalent university courses.

- **The Illawarra Institute for Mental Health (iiMH)** at the University of Wollongong is affiliated to a number of post graduate programs which provide professional training in Mental Health related fields including psychology, nursing and science (mental health). The iiMH also offers a variety of short training courses (one to five days) that include dual diagnosis and a variety of therapeutic approaches such as cognitive behaviour and family therapies.
- **The Centre for Mental Health Studies (CMHS)** is a joint Hunter Health and University of Newcastle venture which offers certificate courses in nursing and counselling and post graduate programs in alcohol and other drugs and nursing.
- **Transcultural Mental Health** offers training in transcultural mental health.
- **Centre for Rural and Remote Mental Health (CRRMH)**, based in Orange, provide a range of training and other workforce development services. Education offered by the Centre range from short courses and online seminars to a Bachelor of Medicine in Rural Mental Health and a Graduate Certificate in Rural Mental Health for GPs. They also have an online forum and provide a lot of online resources to assist mental health workers in rural and remote areas.
- **Australian College of Applied Psychology** offers courses from Certificate IV to Masters Degrees in Counselling and Human Resources. The training can be provided on location, off site and on-line.
- **Area Health Services**, NGOs are often invited to relevant in-house training with minimal cost. However this training is often clinically based and lacks relevance for NGO workers.
- **NGOs** that are training providers, for example:
 - **Lifeline** is a registered training organisation (RTO) with branches throughout NSW that offers courses in counselling, organisational development and consumer involvement. Each Lifeline region has a different training calendar.
 - **Multicultural Disability Advocacy Association (MDAA)** is an RTO offering training in multicultural disability awareness. MDAA has the ability to tailor courses to suit mental health NGO needs.
- **Local councils** often provide training programs for community organisations that are usually free of charge, including for volunteers e.g. Volunteering Illawarra.
- **Mental Health First Aid** is a 12 hour course developed in 2000 to improve the mental health literacy of the Australian community. There is also an accredited five day instructor training course that enables graduates to deliver the course to community groups.
- **Universities** provide training in:
 - Nursing

- Social work
- Psychology
- Medicine
- Social Sciences
- Occupational Therapy
- Management (for community organisations)
- Aboriginal mental health (Charles Sturt University)
- **Aboriginal Health and Medical Research Council (AH&MRC)** is an RTO and a peak body for the state wide Aboriginal Medical Services (AMS). In the past Redfern AMS delivered a Diploma in Mental Health to Aboriginal health workers. In future, the AH&MRC will be developing and delivering mental health training to Aboriginal health workers working for both the AMSs and the area health services. This training will involve two courses:
 - the Practice Care course delivering clinical training in mental health
 - the Community Care course delivering non-clinical training in mental health.²¹
- **In house training.** The Hunter Mental Health Network Survey of Training Needs (2004)²² found that in the initial orientation process, organisations offer staff training that includes:
 - Suicide prevention and child protection
 - Recovery
 - Information on mental illness, psychiatric disability and the impact on the family.
- **Other training resources** include conferences, workshops and seminars. There are also a large range of educational resources available such as books, CD ROMs and internet sites e.g. *Management Support Online (MSO)*²³ and the *CommunityMindEd* resource²⁴.

Characteristics of the training

Relevance

As outlined above, there is a wide variety of training available for mental health NGO workers; however there is no planning in the spread of training and this results in inconsistency in training availability, relevance and quality. A feature of mental health NGOs is the wide variety of roles undertaken by staff. This makes it difficult for training providers to meet their vocational

²¹ Meeting with Chris O'Connell and Melinda Bell, AH&MRC on 21/07/2005

²² Allen, A., Haering, K., op.cit., 2004.

²³ Provided by New South Wales Council of Social Services (NCOSS).

²⁴ Community Services and Health Industry Skills Council, *CommunityMindEd A Mental Health Promotion and Suicide Prevention Resource for VET Teachers of Community Services*, Attorney General's Department, Commonwealth of Australia. 2005.

needs. Many mental health NGOs complain that a lot of training from TAFE and universities doesn't adequately equip workers for their role.

Accreditation, RPL and articulation into higher education

At present a small percentage of the training on offer to NGO staff is accredited. Some of the more formal vocational training on offer to mental health workers in the NSW NGO sector offers RPL. Some accredited modules allow articulation into higher level courses. However, consultations have shown that course relevance is more important to workers than any of these three factors when choosing a course.

Access and affordability

There are many barriers preventing workers throughout the sector from accessing appropriate training. However, these barriers are greatest amongst lower skilled workers. This is because there are fewer courses available to meet the needs of these workers than there are for the higher skilled workers. Lower skilled workers are generally receiving less pay and are therefore less able to pay for their own training and organisations they work for can usually not afford to adequately resource their training.

Training needs to be accessible in terms of cost, location and timing. This is particularly important for workers in rural, remote and regional areas where a lack of nearby training options is compounded by a lack of experienced workers to deliver the training.

Consultations with NGOs have revealed that in NSW there is a shortage of suitable potential employees with the necessary skills available for employment in the sector, particularly with the move to generic training for health professionals. Furthermore, the expected expansion of NGO mental health services in NSW²⁵ means that there is an increasing need for a large number of people to be recruited into the sector over a short period of time.

During consultations some NGOs expressed the view that recruiting and retaining suitable staff was difficult as often workers took the job because they needed employment, rather than because they particularly wanted to work in the sector. Combined with low rates of pay this has led to some services having a high staff turnover.

Many NGOs offering mental health services operate on very tight budgets, with little money available to spend on training. The high costs and amount of training required, mean that many NGO staff receive an inadequate amount of vocational training.

A further impediment for NGO staff accessing training is the ability of their organisation to provide backfill, especially for remote areas, managers or specialised and independent workers. Backfill is often difficult due to the cost and the nature of the role, where any relief worker needs to have a detailed knowledge of the workplace and current clients.

²⁵ The HASI program is set to expand over the next the few years. With mental health becoming an increasingly important focus within the health sector it is expected that the mental health services will continue to expand.

A lot of available training is Sydney based, meaning that workers in rural, regional and remote areas have increased difficulties accessing training. The additional costs and time involved in travel and accommodation combined with lack of suitable relief staff, especially in very small organisations make accessing training especially difficult for this group of NGO workers. Furthermore, needs specific to rural, regional and remote workers are often not addressed in city based training.

In order for the NGO mental health workforce to address the needs of diverse communities, it is important that members of these communities are recruited into the sector workforce. Furthermore courses need to be developed and delivered in a culturally appropriate manner and students need to be educated about the needs and practices of different communities including people:

- from culturally and linguistically diverse backgrounds
- with an Aboriginal or Torres Strait Islander heritage
- with disabilities
- from rural, regional and remote areas
- who identify as gay, lesbian, bisexual or transgender
- of all ages
- facing financial hardship
- who are homeless
- who are, or have been, in detention or prison
- with an additional diagnosis such as substance abuse or an intellectual disability.

Another barrier to NGO mental health workers accessing suitable training is that some workers' roles are very specialised, (such as counselling, supervising others and working with people with multiple diagnoses) and there is a lack of relevant training for these workers.

Timetabling of training is particularly important. Consultations have consistently shown the need for training to be delivered out of work hours or in the work place. Access to appropriate training is further hindered by the very complex structures and language used by the vocational education sector.

Apart from barriers due to lack of time, funding and available backfill as previously mentioned, consultations identified a lack of computers and access to the internet and a lack of computer literacy as being barriers to training. This is particularly relevant for workers in NGOs in rural, regional and remote areas.

Another barrier identified was the reluctance of many workers who already have a university degree to undertake further training at TAFE as they consider the training too basic and that TAFE qualifications lack status.

Training needs

Any training developed and delivered for the mental health NGO sector must take into account the experience and views of consumers and carers and ensure it is developed in consultation with professional bodies and employers in the mental health non-clinical sector.

With such a diverse workforce, there are some core skills that all workers require. These are the skills involved in community based mental health care, (sometimes known as psychosocial rehabilitation). They involve assisting those with mental illnesses to live a fulfilling life within their community. The Psychiatric Disability Support Standards published by the Victorian Government (2000) define psychosocial rehabilitation as involving 'the provision of on-going support that assists the person with psychiatric disabilities to experience an improved quality of life, learn or relearn the skills of daily living, participate to their maximum extent in social, recreational, educational and vocational activities and live successfully at an optimal level of independent functioning in the community.'²⁶ There are a wide variety of activities involved in the provision of community based mental health support services. The diverse types of services provided (as detailed on page 5 of this paper) include supported residential services, advocacy, education and information, outreach, respite, drop in centres, telephone support and employment services. The skills required to provide these services also vary considerably. However, there are a significant range of core skills common to all psychosocial rehabilitation workers. These are the types of skills which are taught in the Certificate IV in Mental Health (Non-clinical). They concern areas such as: individualised support, both informally and as a key worker, facilitating activities and groups, team work, facilitating and participating in service networks, administrative skills, understanding of mental illnesses, support to carers, health promotion, facilitating co-operative behaviour, assessing and responding to individuals at risk of self harm or suicide, working within a legal and ethical framework, case management and other related skills. Those working in the field of community based mental health need to have training in these core skills in order to ensure a base skill level enabling successful service provision. Much of this paper addresses a diversity of options to make such training accessible to those who are currently working or are intending to work in the non government mental health sector.

Conversely, there are also areas that require specialist skills. In addition, management and administration skills are required within the sector by workers and Boards / Committees of Management. This paper also addresses ways in which specialist skills could also be gained by workers in the sector. There are some broad structural initiatives that, if adopted, could foster the development and up take of appropriate training in the sector. Some of these are outlined below.

²⁶ Pepper, S., Psychosocial Rehabilitation, Towards Recovery, VICSERV, 2002, p. 40.

Workplace structures and practices to support training

Research for this paper has identified the benefit of implementing workplace structures and practices to support training, such as mentoring, supervision and attending clinical reviews.

Currently, these supports are often available to workers in an ad hoc manner, due to budget and time restraints and a lack of available skilled workers to provide these supports. Some area health services allow NGOs to attend clinical reviews and assist with supervision; however this relies on good will and the individual relationship between the NGO Manager and the area health service.

Training planning

The way training is currently provided means that often training opportunities are not part of a structured program that takes into account the needs of the worker, the organisation or the sector as a whole. Training is often delivered in short courses of one to two day's duration, by a variety of providers, resulting in a patchy distribution of training. The content of training needs to be well planned so as to equip workers with the skills they need in their current and future employment in the sector. This will provide the sector with well trained staff and also equips workers with the skills they need to further develop their career.

During consultations, managers remarked that training is often identified by workers based on their personal interests rather than identified in a work plan or performance appraisal. This can result in workers attending training that is interesting but not always relevant to the workplace. Managers emphasised that appropriate training needs to be identified by the worker and their manager together, as part of a larger organisational plan.

Transfer of knowledge into skills and workplace training

During consultations it emerged that organisations manage the transfer of training into practice in several ways. When training is offered externally, some organisations prefer to train two or more workers simultaneously, thus enhancing the likelihood of the training bringing about changes in work place practice. However, increasingly managers are preferring training to be delivered in the workplace. This has several benefits; it ensures the relevance of training for the organisation, embeds organisational practice change and lessens the need for organisations to find replacement staff.

While there are obvious benefits of work based training, during consultations some people cautioned that there is a need for a mixture of training delivery modes. External training can often expose workers to a cross fertilisation of ideas that will enhance their practice and education. Furthermore, the sector needs to be wary of developing a silo mentality where training is not seen as relevant unless it is specific to the sector or just the organisation. This reduces the opportunities for workers to form wider networks and exchange information with other sectors delivering human services. It also lessens the portability of their skills and thus limits career pathways.

Minimum qualification

During consultations there was discussion around the need for the sector to develop a minimum qualification for workers in the sector. An example of a minimum qualification would be if all workers completed a Certificate IV in Mental Health (Non-clinical). This would ensure that workers in the sector would all share a core set of skills providing a basis to work in any of the diverse areas covered by the NSW NGO mental health sector.

Some people viewed the introduction of a minimum standard as a means of enhancing the sector's identity and value amongst the mental health industry and building the sector from "the bottom up".

However, other managers expressed the view that imposing a compulsory minimum standard on the sector would be unacceptable, fearing it may influence arrangements with funding providers. It was felt that providing incentives to encourage organisations to increase training opportunities for staff (for example through traineeships), would be preferable to imposing a compulsory minimum standard on the sector. However, a voluntary minimum standard was seen as beneficial by most workers in the sector.²⁷

Areas of specialised training:

Aside from the core body of knowledge and skills that all workers in the sector require, there are some specialised areas within the sector that require strengthening through training and workforce development initiatives. In particular, there is a need for training in the areas of:

- governance, management and administration
- the management of people with a mental illness who also have an additional diagnosis such as drug and alcohol misuse, intellectual disability, dementia and brain injury
- forensic mental health
- volunteer training
- transition processes for consumers to become workers.

Training for managers

Consultations indicated a need to identify appropriate training for managers. Often managers are appointed because they are good workers and have extensive knowledge of the sector, but are ill prepared to manage workers, budgets and legislative requirements such as occupational health and safety and accreditation. In some organisations funding comes from several different government departments, each with their own reporting requirements, making managers' roles even more complicated.

There are a range of organisations currently providing courses and resources in management skills in both the private and community services sectors. Examples of the latter include the NSW Council of Social Services' (NCOSS) MSO. In addition, universities and RTOs provide training in community

²⁷ MHCC members survey (unpublished) 2005.

management. Supporting management practices through training, resources and mentoring has been a strong focus of workforce development in other sectors.

Training for generalist NGOs

There is a need for workers in generalist NGOs to receive training in mental health issues to enable them to plan and deliver services for clients who may have a mental illness. This needs to be delivered at levels appropriate to the role of the worker. Currently there are some opportunities for these workers to receive such training, for example:

- some Area Health Services run one day workshops on basic mental health issues
- some area health services have paid for NGO workers to be trained instructors in the Mental Health First Aid Course and then provide this training to NGOs in the area
- the national Community Services and Health industry Skills Council has produced the CommunityMindEd²⁸ resource for Vocational Education and Training (VET) teachers of community services, dealing with mental health promotion and suicide prevention.

However, some of these workers require more detailed mental health knowledge and skills, for example financial counsellors or those who work with torture and trauma survivors.

Training for Aboriginal health workers

In particular, there is an urgent need for Aboriginal communities to receive skilled, culturally appropriate support to assist them respond to the overwhelming mental health problems experienced in their communities due to the past government policy of forced removal of children from their families.²⁹ This support needs to include both the provision of mental health training for Aboriginal health workers and for mental health workers in mainstream community services to improve access to these services for Aboriginal people.

In the past trained Aboriginal mental health workers have battled for recognition of their qualifications by mainstream services, where qualifications outside the five main mental health disciplines are often viewed as less worthy.³⁰

Vocational Education and Training sector

The NSW VET sector is part of a national system that regulates post school training to ensure that it meets the needs of industry. This sector's role includes the registration of RTOs and the development of national training

²⁸ Community Services and Health Industry Skills Council, op.cit.

²⁹ Petchovsky, L., San Roque, C., Napaljarri Jurra, R., Butler, S. *Indigenous maps of subjectivity and attacks on linking: Forced separation and its psychiatric sequelae in Australia's Stolen Generation* in Australian e-Journal for the Advancement of Mental Health, Vol. 3, Issue 3, 2004p.2.

³⁰ Brideson, T., *Guest Editorial Moving beyond a 'Seasonal Work Syndrome' in mental health: Service responsibilities for Aboriginal and Torres Strait Islander populations.* Australian e-journal for the Advancement of Mental Health (AeJAMH), Vol. 3, Issue 3, 2004, p 2.

packages and traineeships. National and state industry training advisory bodies (ITABs) assist trainers, industries, employers, unions and peak bodies to navigate the system. (A map outlining the sector is included in **Appendix 3.**)

Registered training organisations

In NSW all training organisations that issue Australian Qualifications Framework (AQF) qualifications and Statements of Attainment must be registered by the VETAB. VETAB grants registration to organisations for up to five years. Registration refers to the products and services that a training organisation is registered to provide, including:

- training and assessment products and services
- products and services (up to a specified qualification level) that are based on Training Packages and/or accredited vocational education and training courses where there are no relevant Training Packages.

An organisation that is not registered with VETAB may offer training or assessment services, but cannot issue national or state recognised qualifications.³¹

Gaining and maintaining RTO status

Applying for, and maintaining, RTO status requires considerable expertise and commitment. Organisations wishing to apply need to understand the *Australian Quality Training Framework (AQTF) Standards* and the *AQTF Evidence Guide for Registered Training Organisations* and have a staff member attend a VETAB workshop beforehand.

Under AQTF standards RTOs are required to:

- have documented systems for quality training and assessment
- conduct an internal audit at least annually
- have documented agreements with other organisations when they provide training or assessment in partnership
- have written procedures for recruitment, induction and professional development of staff
- use trainers and assessors with specified competencies
- follow explicit requirements for quality assurance in assessment
- have an RPL process in place
- follow specific requirements for developing, validating and implementing learning and assessment strategies.³²

Costs

The costs of gaining RTO status vary according to the number and level of qualifications the organisation wishes to register. For example, the costs of

³¹ VETAB website http://www.vetab.nsw.gov.au/be_ro/whatisreg.htm Downloaded 15 June 2005.

³² ANTA website <http://www.anta.gov.au/aqtf/What.asp>. Downloaded 16 June 2005.

registering between four and eight units of competence is between \$2,500 and \$3,500. If an organisation's RTO status is suspended, the cost of reinstatement is \$7,500.³³ Additional costs to the organisation include preparing the training programs to meet the national training framework and establishing the necessary record keeping systems.

Advantages

Once an organisation is granted RTO status there can be advantages and opportunities for them. Under the AQTF, each state and territory has agreed to recognise the decisions of other states and territories in registering RTOs. This enables an RTO to operate in any state and territory without a further registration process.

Furthermore, RTOs must recognise and accept AQF qualifications and statements of attainment issued by other RTOs. This enables individuals to have qualifications and statements of attainment they have undertaken, recognised in other states and territories.³⁴

One NGO consulted, that has spent a considerable amount of money to become an RTO, claims that the organisation is now recouping some of the costs incurred by:

- conducting an expanded training calendar
- entering into partnerships with other organisations to develop specialist training that meets the qualification standards
- providing a consultancy assisting other organisations wishing to become RTOs.

Disadvantages

Many organisations consulted, like VICSERV and NADA, decided against becoming an RTO due to the costs and amount of work involved in gaining and maintaining registration. Other organisations, like the NSW Department of Community Services (DoCS), reported dropping their RTO status because of the amount of work involved in maintaining it. All three organisations prefer partnering with other RTOs to deliver accredited training.

Industry Training Advisory Body

The NSW Community Services and Health ITAB, is the key training and assessment information resource for the community services and health sectors, providing advocacy, advice, support and leadership. It is a not for profit association formed from, and made up entirely of, people and organisations associated with the industry. It is the authoritative voice on the provision of training for the community services and health industry in NSW.

Membership

Individuals, employers, unions, industry associations, service providers and RTOs can all be members. Members typically include charities, consumer

³³ VETAB, op.cit., Downloaded 15 June 2005.

³⁴ ANTA, op.cit., Downloaded 16 June 2005.

organisations, peak bodies and advocacy groups as well as small for profit businesses who work within the industry. Benefits of membership include:

- being kept up-to-date on industry training reform
- participating in processes that influence industry training policies, packages and programs
- being advised of funding opportunities
- being advised of training opportunities and changes.

To become a member of the ITAB, MHCC will need to pay \$660 per annum.³⁵

Benefits of working with the ITAB

A conversation with Susan Scowcroft, Executive Director, NSW Community Services and Health ITAB, indicated that she is willing to engage with the sector to discuss the possibility of advocacy for:

- changes to the National Training Package when reviewed later in 2005
- the introduction of traineeships (Mental Health Non-clinical)
- the application to the NSW Department of Education and Training (DET) for a grant to develop resources in the second half of 2005.³⁶

Traineeships

Consultations with NGOs have shown a desire within the sector for a non-clinical mental health traineeship scheme to be established. This could attract new workers to the sector and provide them with practical skills. Traineeships could also be a means for NGOs to access training for their workers.

Traineeships are jobs that combine work and structured training. Most traineeships take 12 months to complete. They include paid employment under an appropriate industrial arrangement, a Training Contract that is signed by both the employer and trainee and signed by the NSW Department of Education and Training (DET) and a qualification delivered by an RTO that meets the requirements of a declared traineeship in NSW and leads to a nationally recognised qualification.

Recent changes mean that now traineeships in NSW can be:

- delivered completely in the workplace
- customised to meet the needs of employers
- delivered part time
- offered to existing workers and school students
- established in new industries and at higher qualification levels, and
- easily linked to VET and university studies.

³⁵ NSW Community Services & Health Industry Training Advisory Body <http://www.csh-itab.com.au/i/membapp.pdf> 16/06/ 2005.

³⁶ Conversation with Susan Scowcroft, Executive Director, NSW Community services and Health Industry Training Advisory Body on 15/06/2005.

There are over 600 traineeship vocations in NSW. There are a number of training options, including traineeships being offered full and part time. The traineeship system is administered by DET. They are usually run through Group Training Companies who employ trainees and place them with host employers, providing organisations which may not be able to employ a trainee for the full term of the training an opportunity to host trainees for varying periods. However, it is possible for an organisation to employ a trainee directly, without going through a Group Training Company. As Group Training Companies charge host organisation approximately 10% of the costs involved in employing a trainee, employing a trainee directly can save money for an employer organisation. However, the amount of work involved in administering a traineeship placement and the inclusion of a subsidy to partially cover the costs of utilising a host company means that it is generally more beneficial for an organisation to use the services of a Group Training Company rather than employing the trainee directly.

Traineeships also provide employers with a range of financial incentives to encourage employment of new or untrained workers in the field. All traineeships attract some subsidy as an incentive for employers to utilise the traineeship scheme. However, there are numerous additional subsidies available for employing trainees in a range of special circumstances. For example, if a trainee is a new worker, rather than an existing worker, an additional subsidy is available. Also, if a traineeship is for an innovative project, in a rural or remote area, for a mature worker or for a female in a non traditional role or an Aboriginal worker then additional subsidies are available. A full list of available subsidies is provided in **Appendix 3**.

Subsidies gained through a traineeship scheme are designed to be used for training and related supports to assist in the employment of the trainee. The employer receives funds with which to buy education for the workers. This is designed to give people the opportunity to gain qualifications. Unofficially, this traineeship can provide training to additional members of the workplace as they can also attend training purchased for the trainee. Education included in a traineeship can be offered up to Diploma level.

Currently there are no traineeships in mental health; however, there are traineeships that may be able to be tailored to include some mental health training. There are currently traineeships available in the AOD and community welfare sectors. It is possible for mental health rehabilitation and support workers to complete a Community Welfare traineeship taking electives from AOD and Mental Health non-clinical modules.

To establish a traineeship in community based mental health it is necessary for MHCC to gain the support of the Community Services and Health ITAB to establish a meeting of relevant stakeholders (unions, employer groups and RTOs, including TAFE) to hold preliminary discussions with a view to developing a Vocational Training Order to enable the enrolment of trainees against the national Certificate IV in Mental Health (Non-clinical).

TAFE NSW

In NSW, TAFE is a key deliverer of qualifications in the non clinical mental health sector. However, TAFE NSW have been slow to adopt the Certificate IV in Mental Health (Non-clinical) National Training Package. Instead TAFE NSW has tended to deliver the state based qualification through accredited short courses. Additionally, TAFE often offers modules from the Mental Health (Non-clinical) Certificate IV as electives in other Community Services qualifications.

Discussions with TAFE teachers indicate that demand from the sector for training in mental health is growing rapidly, particularly in rural and regional areas. However, consultations reveal that some workers in the sector have reservations about TAFE courses, including:

- there are few colleges offering the Certificate IV in Mental Health (Non-clinical), making access to the qualification difficult
- the content of course material is pitched at too low a level
- workers with a university degree see attending TAFE training as a backward step
- TAFE courses don't always provide workers with the knowledge and skills required in the workplace.

Conversely others in the sector identify TAFE as the preferred training organisation for the sector. This is because TAFE is affordable, state wide, responsive to sector needs and offers flexible delivery of training, e.g. work based training. For this reason, they would like to see the Certificate IV in Mental Health (Non-clinical) as the voluntary minimum qualification adopted for the sector.

Currently, TAFE is also developing several new initiatives to address the needs of the sector including the following:

- a mental illness and substance use (MISU) module at Certificate IV and Diploma levels
- The Open Training and Education Network (OTEN) is planning to offer a Statement of Attainment and the Certificate IV Mental Health (Non-clinical) Training Package, by distance education from Semester One 2006.
- In Semester Two 2005, Newcastle Institute is commencing a 'fee for service' course with the Richmond Fellowship, conducting four basic units of competence for 15 students
- a Post Graduate Certificate in Mental Illness and Substance Abuse (MISA).

Training and workforce development models

Other countries and states

We have researched training models operating in other sectors, states and countries and have analysed their applicability to the mental health NGO

sector in NSW. An outline of each of the models we investigated is described below.

New Zealand

Background

During the 1990's New Zealand underwent a major shift away from hospital based delivery of mental health care to the community sector. In New Zealand this has resulted in a rapid expansion of community services³⁷ and an increase in funding to the sector in the last 10 to 12 years. Currently NGOs deliver about a third of all mental health services in New Zealand.³⁸

Workforce development strategies

To meet the needs of this expanding sector, the development of the sector's workforce was identified as a priority to ensure adequate workforce numbers and skill configuration³⁹. Some of the main workforce development issues identified include organisational development, career development, retention and recruitment issues.

Minimum standard qualification

One workforce development strategy was the introduction of a minimum standard qualification in 1998, to improve retention and recruitment rates within the sector. The National Certificate in Mental Health Support Work is an entry level qualification for people wishing to enter the field of mental health support work, or for those unqualified workers (both paid and unpaid) already working in the sector.⁴⁰

Completion of the National Certificate requires students to attend 30 days of training over 12 months. The training is delivered in Polytechnics and private training organisations, with rural and regional workers receiving training through the Open Polytechnic.

Although not compulsory, an organisation's funding is dependant on them having a certain number of workers either trained or in training (with the National Certificate being the lowest training level acceptable to meet funding bodies needs). To encourage employers to meet this requirement organisations receive a National Support Worker Training Grant of \$2000 for each person enrolled in the training.

The introduction of this qualification has brought about substantial changes to the NGO mental health sector. Marion Blake, Executive Officer of Platform, the New Zealand peak body for mental health NGOs, believes that the introduction of the National Certificate has been beneficial to the sector overall.

³⁷ Ministry of Health, *Mental Health (Alcohol and Other Drugs) Workforce Development Framework*, New Zealand, 2002, p.2.

³⁸ Discussion with Marion Blake, Platform New Zealand, 31/05/2005.

³⁹ Ministry of Health, *Op. Cit.*, p.2.

⁴⁰ Case Consulting Ltd., *Evaluation of the National Certificate in Mental Health Support Work*, 2003, p.3.

Blake identified the importance of the certificate being a national qualification as a factor in its success. Now organisations can employ someone with the qualification and know exactly what skills and knowledge the staff member will bring to their organisation. In addition, the certificate has given workers greater career mobility, allowing them to move regions and still have a recognised qualification.⁴¹

Identity

One of the major benefits of the introduction of the National Certificate has been that the NGO sector is now valued more highly amongst the wider mental health industry. The NGO mental health sector has also developed a stronger identity, with workers having a clearly defined area of expertise. Training has allowed a stronger identity to emerge by bringing groups of workers from different organisations together, thus increasing opportunities for incidental learning and a cross fertilisation of ideas amongst various groups within the sector.

Advantages of a minimum qualification

Managers in New Zealand report that the introduction of the National Certificate has meant that workers combining work and training are more engaged with, and effective in, their work.⁴² Furthermore, training has meant that workers get together to talk about their work and compare conditions. In a recent survey, Platform found there is a big disparity in salary levels between services. However, since the introduction of the National Certificate, Blake suspects that there is more equality of salary levels across the sector.

Disadvantages of a minimum qualification

Some disadvantages have been noted with the introduction of the National Certificate. The curriculum has become very crowded as there are such a large number of subjects to be covered. This has meant that some subject areas such as Ethics receive scant attention. Further, there is inconsistency in the quality of the training provided throughout the country as it is reliant on the skills and knowledge of teachers available in the local area.⁴³

The National Certificate does not give RPL, which is particularly disappointing for Maori working with Maori,⁴⁴ and does not articulate into higher qualifications, such as a university degree. Some workers do not find this to be a problem as they do not want to go on to higher education and are satisfied with the relevance of the curriculum. Currently, there is also concern that some workers are working in positions of considerable autonomy and have greater responsibilities than they are qualified for, especially Maori working with Maori.⁴⁵

Another disadvantage is that some sections of the community feel that the National Certificate does not equip workers to competently provide services to

⁴¹ Marion Blake, op.cit.

⁴² Marion Blake, op.cit.

⁴³ Case Consulting Ltd, 2003, op. cit., p.iii.

⁴⁴ *ibid.*

⁴⁵ *ibid.*

Maori and Pacific communities. Training in this area is seen as inadequate and reliant on input from Maori and Pacific students.⁴⁶

Career pathways

To address these concerns New Zealand is introducing a National Diploma in Mental Health Support Work. This qualification will provide a deeper and more academic understanding of factors affecting the recovery of people with a mental illness. The National Diploma will also provide much needed skills and knowledge for workers that are required to work autonomously. There is not unanimous agreement within the sector about the value of the National Diploma, with many workers being fearful that it will lead to a two tiered system which will impact on salaries and force workers with the National Certificate to undertake additional training.

Other workforce development initiatives

A detailed workforce development plan for the NGO sector in New Zealand is due to be released. It is expected to cover issues such as organisational development, funding equity, career development, retention and recruitment. Currently an increased number of universities are offering management courses for 'not for profit' organisations. Blake sees the strengthening of management and governance skills and practice in the sector as a very important development.⁴⁷

Another current workforce development strategy is the introduction of legislation requiring all clinical staff, (such as nurses, psychologists, social workers and occupational therapists) to have a certificate of competence demonstrating that they have kept abreast of new developments in the field. This will impact on NGOs who often employ clinical staff but not in their clinical speciality. Blake predicts this will raise questions about when someone is a practitioner and when they aren't.⁴⁸

Although the New Zealand model still has areas in need of workforce development, there are lessons for the NSW NGO mental health sector to consider. On balance it would seem that the introduction of a minimum standard has brought many benefits to the sector. Tying training with funding arrangements and offering organisations financial incentives to send employees to training, has meant the voluntary minimum standard has been widely adopted, resulting in an increased number of skilled workers in the sector.

US Psychiatric Rehabilitation Association (USPRA)

Background

The United States Psychiatric Rehabilitation Association (USPRA) is an organisation of psychosocial rehabilitation agencies, practitioners, and interested organisations and individuals dedicated to promoting, supporting and strengthening community-oriented rehabilitation services and resources for persons with psychiatric disabilities. With nearly 1,500 members, USPRA is the leading psychiatric rehabilitation organisation in the United States.

⁴⁶ *ibid.*

⁴⁷ Marion Blake, *op.cit.*

⁴⁸ Marion Blake, *op.cit.*

USPRA acts as a peak body for psychiatric rehabilitation associations in the US. Membership of USPRA is voluntary as is gaining the USPRA psychiatric rehabilitation practitioner certification. However most psychiatric rehabilitation organisations are members and most practitioners have gained certification. Practitioners do not have to be employed by member organisations to be eligible for certification.

Certification process

Prior to 2001 there was a voluntary registry for psychiatric rehabilitation practitioners. Participants in this program met initial eligibility requirements, submitted an application, and provided case studies for committee review to gain the credential.⁴⁹

This voluntary registry is currently being phased out and replaced by a test based credential, administered through USPRA. The new credential is also voluntary, however, USPRA hopes to position their certification process as the industry standard. The requirements of the test based certification are far more rigorous than the previous voluntary registry.

Minimum standard

The major function of the USPRA certification program is to ensure competence and professionalism in the field of psychiatric rehabilitation. In order to gain certification psychiatric rehabilitation practitioners sit an examination which evaluates their mastery of the knowledge and skills required to function as a competent psychiatric rehabilitation practitioner. Due to the significant standing of USPRA in the sector and the rigorous process used in the development of the certification program, it has increasingly becoming recognised as the minimum standard for the sector.

Renewal of certification

In order to maintain their certification psychiatric rehabilitation practitioners have to pay an annual renewal fee. Every three years they are also required to reapply for their certification. The reapplication process requires practitioners to provide updated information on their practice as a psychiatric rehabilitation professional and documentation that they have completed 60 hours of training in psychiatric rehabilitation for adults with serious mental illness.

Ongoing training

In order to maintain their certification, practitioners are required to undertake ongoing professional education. Relevant training in this area can be provided by any training provider, including USPRA.

Boston University

In the US Boston University offers a range of options for gaining qualifications in psychiatric rehabilitation. The university's Centre for Psychiatric Rehabilitation offers training to gain the USPRA certification as well as various

⁴⁹ United States Psychiatric Rehabilitation Association website
<http://www.uspra.org/certification/> Downloaded 14/05/2005

other qualifications that have a recovery focus, such as a Certificate Program and an international training program delivered through distance education.⁵⁰

The Boston University theoretical framework incorporates a vision of recovery for those with psychiatric disability, within a Rogerian,⁵¹ or client-centred approach, and is recognised by the World Health Organisation as best practice in psychiatric rehabilitation. It is a total approach, from organisation mission statement to worker/client partnerships and interactions.

The model is centred around the notion of 'choose, get and keep'. This means that the client chooses what their goal is in one of four domains: living, learning, working or socialising. The worker's role is to help them obtain and keep their goal. Assessing a clients' readiness for rehabilitation can include using Prochaska and DiClemente's *Stages of Change* model⁵². This assessment of a client's readiness for rehabilitation provides a starting point for both the worker and the client to work from.

Boston University is very specific and comprehensive in its approach to the client. Detailed techniques with decision matrices, are used to support and skill the professional, in order to maximise the potential of the client. Nothing is left to the presumed skill or insights of the worker. Hence, for each client process there will be a corresponding training module for workers. The skills to be developed are determined by the client's chosen goal.⁵³

Since 2000 the Prahran Mission Centre of Psychosocial Rehabilitation in Victoria has been accredited to deliver the Boston University training in Australia and offers a range of one and two day training packages. Adopting the Boston University approach involves changes to the whole organisation. Prahran Mission offers training to whole organisations to develop their organisational and client practices according to the model.

The high reputation of the training offered by Boston University and their strong recovery focus makes their training program (either through their international distance education program or the training programs offered by Prahran Mission) an attractive option for NSW practitioners and for consumers wishing to gain qualifications in the field.

⁵⁰ Boston University Centre for Psychiatric Rehabilitation Professional Development Program website <http://www.bu.edu/cpr> Downloaded 30/06/2005.

⁵¹ A client centred (Rogerian) therapist strives to provide an environment of empathy, unconditional positive regard, and acceptance. Therapists are trained to accept the client where they are at the moment. Client-centred therapists consider diagnosis and treatment planning to be much less important than being supportive to the client. Instead they act as an understanding listener, helping the client by providing advice and alternate interpretations to past events only when asked. <http://www.therapistfinder.net/glossary/Client-Centered-Therapy-Rogerian-Therapy.html> 01/07/2005.

⁵² Prochaska, J.O. & DiClemente, C.C. The transtheoretical approach. In J. Norcross (Ed.), *Handbook of eclectic psychotherapy*. New York, Brunner/Mazel.(1986).

⁵³ Prahran Mission Website <http://www.prahranmission.org.au/trainres.htm> Downloaded 01/07/2005.

VICSERV

Background

VICSERV is the peak body for psychiatric disability rehabilitation support services in Victoria. They have been operating since 1984. In that time they have seen rapid growth in the sector, with between 1,500 to 2,000 people currently employed.

VICSERV began providing training for this sector in 1994 in response to the scarcity of appropriate training. They received funding from the state Mental Health Branch (MHB) to establish a training program. Since then, they have consistently received funding to provide on going training to the sector. The MHB also provide funds for organisations to cover the costs of backfill while employees are attending training.

A motivation for offering training was the need for the sector to develop a more professional profile. Despite organisations offering high quality services, the reputation of the sector did not reflect this. VICSERV believed that if the sector was well trained, this would increase their professionalism and ability to work more effectively in partnerships with the rest of the industry. The experience of the past 11 years have confirmed this.

Qualifications of the sector

Surveys conducted by VICSERV found staff working in the sector are well educated with approximately 60% having university qualifications, with most of the remainder possessing a Certificate IV or Diploma in Community Services or Mental Health.⁵⁴ VICSERV regard the Certificate IV and Diploma as pre employment qualifications and design their training accordingly. Consequently, people with the above qualifications still find VICSERV courses very worthwhile. Unofficially, VICSERV's core training courses are emerging as the minimum standard in Victoria.

Courses offered

VICSERV provide training to meet core requirements of workers in the sector. This consists of a three day orientation program followed by additional training for three further levels. Training is also offered in a range of other relevant subject areas.

Training is provided in a variety of delivery modes and can be tailored to meet the needs of individual organisations. Most training is provided at VICSERV's training centre, however it can also be delivered in the workplace when required.

VICSERV also offers training for workers who do not work in mental health, but have mental health clients. This is taken up by workers from Local Government, community organisations, government departments, police and other emergency workers and private enterprise.

VICSERV convene reference groups made up of workers and consumers to review, update and develop new training.

⁵⁴ VICSERV, Training Needs Survey, Executive Summary, 2002-2003.p.2.

Partnerships

Currently VICSERV is partnering with Monash University to provide a Psycho-social Rehabilitation module as part of a Graduate Certificate and Graduate Diploma in Mental Health.

VICSERV partner with a variety of RTOs. This allows them to avoid the high costs and time consuming administration required to maintain RTO status. They prefer to partner with small RTOs finding them more flexible, cheaper and of a higher standard than the larger RTOs.

Accreditation and articulation into higher education

VICSERV have found that accreditation of courses is not a very important factor when people are selecting training. The relevance and quality of the training is seen as more important. Conversely, students like courses that articulate into higher education, but often cannot afford the cost of university education. Many people prefer VICSERV courses over TAFE or university as they have less arduous assignments.

Costs

VICSERV courses are inexpensive, with fees usually being \$100 a day. VICSERV also offers free training to voluntary groups. This usually involves a 3 hour introductory session.

South Australia

Mental Health Coalition of South Australia (SA) Inc.

The Mental Health Coalition (MHC) is a peak body organisation that was incorporated two years ago and in October 2004 received funding for three years⁵⁵. With this limited funding base, MHC staff feel they must act strategically in order to ensure the best gains for the sector within the timeframe. Therefore MHC has decided to concentrate on strengthening the capacity of the small mental health NGOs, that have been largely overlooked by the government sector, by providing assistance with quality management and training. To achieve this MHC began a workforce development program in February 2005 that has including undertaking a training needs analysis and developing a two year training plan.

This needs analysis found that some mental health NGO workers wanted accredited training, but for others this was unimportant. To implement this training plan, MHC has decided to contract various training providers, such as VICSERV, to offer a range of training to mental health NGOs. Some of the contracted training providers are RTOs and will offer some accredited training, while other training will not be accredited.

VICSERV is the only training provider from outside SA that MHC is contracting. VICSERV have been operating in SA for about 10 years and offer a *Train the Trainer* program which will enable SA to eventually develop their own programs.

⁵⁵ Conversation with Geoff Harris, Executive Officer Mental Health Coalition South Australia Inc, 5 July 2005

TAFE also deliver training in mental health in SA, and were previously involved in a successful preferred provider program that has ceased. In developing their training plan, MHC decided to look at providers other than TAFE, as they wanted to target small organisations that may not have access to TAFE.

Other workforce development initiatives being undertaken by MHC include offering mental health NGOs conference sponsorship, where an organisation is provided with up to \$500 towards conference fees⁵⁶.

NSW Institute of Psychiatry (IOP)

Recently the SA Department of Health distributed funds to develop the NGO sector to better support people with mental health issues living in the community. The Department has contracted the NSW IOP for two years, to develop and deliver training in psycho-social rehabilitation, with mainly generalist NGOs. The Department also wants the IOP to develop a similar, smaller centre in SA, to the NSW IOP⁵⁷.

The Department wants this training to bring about a change in culture and attitude amongst residential support workers so they are better able to support clients with a mental illness. For example, the Department wants NGO workers to have a greater understanding of some of the effects mental illness, and the medication, can have on a person's ability to function.

The SA Department of Health chose the NSW IOP to develop and deliver the training believing it is the only organisation in Australia to deliver such high quality, accredited training. Additional reasons for choosing the IOP included the university status of the courses, the fact that all IOP trainers are clinicians and that the Institute is involved in research.⁵⁸

Collaborative Recovery model

The iimH is taking part in a nation wide initiative called the Australian Integrated Mental Health Initiative (AIMhi) being conducted by the National Health and Medical Research Council (NHMRC). Headed by the University of Queensland with more than 20 other organisations participating, this project aims to promote the health of people with chronic or recurring mental health problems and has three main streams: Rural, Indigenous and High Support. The project has been running for two years and is continuing until June 2008.

The iimH is the lead agency for the High Support Stream, which is evaluating the effects of training mental health staff in a case management approach called Collaborative Recovery. The main aim is to evaluate the effect of the training on the longer-term health outcomes for people with chronic and recurring mental disorders with high support needs.

⁵⁶ Conversation with Kate Hawke, Project Officer-Training, Mental Health Coalition South Australia Inc, 04/07/2005.

⁵⁷ Conversation with Dorothy Dalperio, SA Department of Health, 04/07/2005.

⁵⁸ *ibid.*

Key NSW partners involved in the High Support stream include Illawarra Area Health Service (Illawarra and Shoalhaven) Illawarra Division of General Practitioners, Aftercare, PRA and Wentworth Area Health Service, Richmond Fellowship & Neami.⁵⁹

Collaborative recovery incorporates several approaches of care that workers and agencies may already be using, such as the recovery concept and the instillation of hope, in a systematic way. The training provides specific skills in needs assessment, motivational interviewing, goal development and psychosocial interventions for consumers. Intervention priorities include collaborative goal setting and homework that maximises ongoing self management and interventions that can be transported and sustained in multiple settings beyond the traditional rehabilitation/community case management. The training is a competency based program.⁶⁰

To date 275 clinicians have been trained, about 140 of these are participating in the study and are working with approx 200 clients. Consumer advocates are invited to attend the training.⁶¹

Alcohol and other drugs sector

Network of Alcohol and Drug Agencies Inc. (NADA)

Background

NADA is the peak body for approximately 100 AOD NGOs in NSW and is funded through NSW Health's NGO grants program. The 1999 NSW Drug Summit identified workforce development as a high priority for the AOD industry and subsequently provided NADA with a funded, ongoing workforce development position which has influenced the approach NADA has adopted to strengthen training within the sector.

Training

Larry Pearce Executive Director of NADA, reported that when exploring workforce development for the sector, it was decided it wasn't appropriate for NADA, as a peak body, to deliver training or become a RTO. Furthermore, NADA thought that becoming an RTO was too expensive and onerous a process.⁶² With 64% of the AOD NGO workforce already having relevant tertiary qualifications,⁶³ NADA decided to concentrate on assisting new entrant or low skilled workers, recovered persons or those with generic skills, to undertake the Certificate IV and Diploma.

NADA has achieved this by strengthening its relationship with existing training bodies (mainly CCWT and TAFE NSW) to deliver training that is relevant to

⁵⁹ Australian Integrated Mental Health Initiative (AIMhi) webpage
<http://www.uq.edu.au/health/index.html?page=19441&pid=18650> Downloaded 08/07/2005.

⁶⁰ Oades, L.G., Lambert, W.G., Deane, F.P., Crowe, T.P. *Collaborative Recovery Training Program: Workbook* Illawarra Institute for Mental Health, University of Wollongong 2003

⁶¹ Conversation with Trevor Crowe, 08/07/2005.

⁶² Conversation with Larry Pearce, Executive Officer, NADA, 26/05/2005.

⁶³ NADA, VAADA, WANADA, the Alcohol Education and Rehabilitation Foundation and the National Centre for Education and Training in Alcohol and Other Drugs, 2003, Op.cit., p.2.

workers and ensure that AOD NGOs training needs are adequately meet. To date NADA has worked with TAFE to produce extra resources where needed, improve RPL status and deliver more work based training.

Another NADA initiative to support training is to provide funds to supply 'backfill', allowing NGO workers to attend training. NADA also encourages NGO's to send two people to training simultaneously thus increasing the likelihood of knowledge translating into workplace practice and facilitating culture change within the NGO.⁶⁴

Other workforce development initiatives

Wider workforce development initiatives that NADA has implemented to strengthen the sector have included becoming a member of a committee of the NSW Community Services and Health ITAB. This has allowed NADA to advocate for changes to competencies and training packages to improve training for AOD NGOs. NADA is also a member of the NSW AOD Workforce Development Council that was established following the 1999 Drug Summit to develop the capacity of the AOD workforce in NSW.

In another initiative, NADA contributes to the development of a regular training calendar in partnership with the Workforce Development Program in Hepatitis, HIV and Sexual Health and the Centre for Drug and Alcohol, NSW Health.

Additional workforce development initiatives provided by NADA to support the AOD NGO sector include:

- linking NGOs into NCOSS's *MSO* service, by paying for their subscription for twelve months
- working directly with boards experiencing difficulties on governance issues, when required
- working with the National Centre for Education and Training on Addiction (NCETA) to advance best practice in supervision
- supplying support for NGOs to implement clinical supervision.

Overall, NADA feels this strategy has been a success and that member organisations are also happy with the results. Notably, Pearce believes that the ongoing funding provided by NSW Health to the strategy, has been a crucial element in its success.

Kedesh House

Kedesh House is a 22 bed, twenty four hour a day, alcohol and other drug treatment facility in Wollongong that specialises in working with clients with dual AOD and mental health diagnoses. Seven years ago, Kedesh House entered an informal agreement with Wollongong University to recruit fourth year psychology students into a twelve month internship. The internship was established in response to a perceived gap in the training students were receiving, from both university and TAFE colleges, in equipping them to be

⁶⁴ Conversation with Diana McConachy, Manager, Workforce Development, NADA, 15/04/2005.

effective workers in the field. The internship was developed into a formalised training program two years ago.⁶⁵

Each twelve months, Kedesh House has between six to eight students undertaking 16 hours of volunteer work each week. In addition interns are expected to attend two hours training per week. The internship is staged, with interns needing to pass each competency before progressing to the next stage, once they begin seeing individual clients then Kedesh House pays for their supervision.

Benefits to the interns

Students undertaking the internship receive enhanced career and academic benefits. They have a clinical placement with paid supervision for 12 months and are able to claim up to 20 hours of the supervision they receive as part of their requirement for registering as a psychologist. In addition, although the training isn't accredited, interns can receive RPL at a university level.

Employment prospects for interns after completing the course are excellent. All of the current staff at Kedesh House are previous interns and all of the 2004 interns gained employment after completing the program.

Benefits to Kedesh House

Despite the large amount of work involved in establishing the internship program, there are numerous benefits for Kedesh House. For the costs of providing supervision and staff members' time to manage the internship, Kedesh House gains two interns on each shift to staff their service. This works out at each intern costing Kedesh House approximately \$5.00 per hour.

Additional benefits include:

- training sessions for interns include other staff whenever possible ensuring that Kedesh House workers are constantly updating their knowledge and skills
- each training session begins with a discussion on issues that have arisen in the workplace, which means that issues are addressed immediately
- Kedesh House, and Wollongong AOD and social services in general, have a pool of well trained staff providing services with an in depth knowledge about AOD and mental health issues.

Future plans

Despite the intensive work involved in establishing an internship, Jo Lunn, Clinical Director of Training,⁶⁶ sees the program as very successful. The program has a very low attrition rate and currently Lunn is exploring options for expanding the internship to include other disciplines, such as nursing, social work and occupational therapy. Lunn believes that it is possible for other organisations to establish similar traineeships programs, possibly for the shorter period of six months.

⁶⁵ Conversation with Jo Lunn, Clinical Director of Training, Kedesh House, 03/06/2005.

⁶⁶ *ibid*

TAFE NSW AOD short courses

Since 1999, DET has been granting funds to regional and rural TAFE colleges to conduct AOD customised short courses for frontline workers, working with clients with AOD related issues. The courses are based on core modules from the Certificate IV in AOD.

Each grant requires the college to conduct a needs assessment to identify community needs for AOD training for workers and to deliver at least one module to frontline community workers. Colleges wishing to conduct non-core modules can do so, providing they also conduct at least one core module.

The courses are free for community frontline workers, although some colleges/institutes charge an enrolment fee. The courses are designed to be flexibly delivered, by a mixture of modes, including work based and distance education. Workers who complete the short course are granted RPL if they enrol in the Certificate IV in AOD. Demand for the courses is growing. Most colleges deliver more than one module per year, or deliver the same module in several different locations.⁶⁷

Opportunities

There is currently a number of training and workforce development opportunities for the MHCC to explore that will strengthen the capacity of mental health NGOs to deliver care to people with a mental illness living in the community. These opportunities include:

- identifying funding to develop new or deliver existing resources
- forming strategic partnerships to deliver training and workforce development initiatives
- working with institutions to strengthen career pathways for workers in the sector.

Resources

Resources that could strengthen the sector include electronic supports, educational aids and information and referral data bases. Resources will help workers at all levels within the sector. Some key resources are discussed below.

Development of a training calendar

Another opportunity for MHCC is to develop a training calendar that would inform the sector of available training. This could take several forms:

- Inclusion in existing training calendars
NADA developed a partnership with the Hepatitis, HIV and Sexual Health Workforce Development Program to be included in their training calendar. Consultations with both partners indicate that this is a mutually beneficial arrangement and assists workers to obtain training outside their specialty area.

⁶⁷ Information from the author, J Fisher, who administered these courses for DET between 2002-2005.

Initial discussions with the Hepatitis, HIV and Sexual Health Workforce Development Program indicate that there could be an opportunity for MHCC to be included in this calendar. This would foster opportunities for mental health NGO workers to receive training in AOD and other relevant issues. As well as inclusion on this calendar, courses that MHCC delivers in partnership with other RTOs, could also be included on their calendars.

- MHCC develops a training calendar. MHCC can lobby for a small amount of ongoing funds to produce and maintain a training calendar for its web site, similar to that developed by Platform in New Zealand. The calendar could also be included in the organisation's quarterly magazine, *View From the Peak*.

Electronic supports

Management Support On-line

This is a service provided by the NCOSS to assist managers and Boards/ Management Committees of NGOs. The annual costs for organisations to join are scaled to annual organisational income and range from \$350 to \$715. Services include on-line training resources and telephone forums. MHCC could lobby for funds to assist small NGOs to purchase this service for one or two years to strengthen their organisational capacity.

Better Service Delivery program

This is a NSW wide resource that is currently being developed. It enables organisations to share information with other organisations on clients that are attending more than one service. The program also assists with referrals between services and provides information resources for service providers. MHCC needs to monitor the development of this resource. If the resource is seen to be useful, then the MHCC should lobby for assistance for those NGOs that haven't the resources to access this service.

CommunityMindEd Mental Health project⁶⁸

This resource is a CD ROM dealing with mental health promotion and suicide prevention. It has been produced for VET providers by the national Community Services and Health Industry Skills Council. It has been designed to support VET teachers (and other practitioners) involved in training community service workers who are not mental health specialists.

The resource is linked to relevant units of competence from the Community Services Training package and contains assessment activities and is free of charge. When delivered by an RTO, the resource can be used in its entirety to gain national Community Services units of competence. Parts of the resource can also be integrated into existing training programs or used as a professional development tool to assist mentoring new workers. Another use of the resource is as a general source of information about suicide prevention and mental health promotion.

⁶⁸ CommunityMindEd webpage. http://www.cshisc.com.au/view_page.asp?ID=64
Downloaded 07/07/2005.

MHCC could promote this resource to increase the capacity of generalist NGOs and new workers in mental health NGOs. Options for MHCC to promote this resource includes:

- identifying suitable RTO partners to deliver the CommunityMindEd resource to NGOs state-wide
- consider holding an education session for training providers and NGO managers and human resource staff on how the resource can be used in their organisation as an information and staff development tool (including mentoring)
- investigating distribution of the resource to mental health and generalist NGOs across the state
- promote the resource to RTOs and Area Health Services who offer training to community organisations.

Orientation resource

There are various opportunities to receive grant funding for the development of workforce development initiatives. An example of such an opportunity is the Employment Innovation Fund, offered by the Federal Department of Employment and Workplace Relations. It is designed to provide seed funding to organisations to develop innovative approaches to resolve specific labour market problems and open up employment opportunities. Funding of up to \$100,000 for up to 12 months is available for projects that address a specific employment or labour market problem in an innovative way. Successful projects will provide best practice models which can be used to improve employment outcomes on a broader scale.

MHCC could use this scheme to develop initiatives that support NGOs develop a culture that values training and learning. Examples of initiatives include an orientation program for new workers. This could be developed as an interactive resource for flexible delivery of units of competence from the National Certificate IV in Mental Health (Non-clinical). Here, workers would gain a qualification and have the option of furthering their training while simultaneously being orientated to the workplace. A similar initiative could assist organisations develop staff appraisals around units of competence, again contributing to workers' career development opportunities.

Strengthening partnerships

Currently there are training and workforce development opportunities. However these are unstructured and not always tailored to meet the needs of mental health NGO staff. By working with organisations already involved in these initiatives, MHCC could help them to plan, design and co-ordinate to better suit the needs of the sector.

Training in Aboriginal mental health needs

As mentioned above, there is a need for both mental health training for Aboriginal health workers and for workers in mainstream mental health services, to improve access to services and appropriate care for Aboriginal people. Currently, the AH&MRC is planning to develop and deliver mental

health training to Aboriginal health workers in both the AMSs and the area health services. However, there is currently a gap in training for mainstream mental health workers working with Aboriginal clients. There is an opportunity for MHCC to partner with the AH&MRC to develop and deliver this training for the NGO mental health sector.

TAFE NSW

MHCC has been involved in ongoing discussions with the Community Services, Health, Tourism and Recreation Curriculum Centre, OTEN and community welfare teachers within TAFE, to improve and expand available training for the sector.

Despite reservations some members of the sector have about the capacity of TAFE NSW to deliver relevant training for NGO mental health workers, the authors have found staff from TAFE NSW aware of their current limitations and of the needs of the sector and keen to address any gaps in training that will strengthen the sector.

MHCC has the opportunity to capitalise on the responsiveness of TAFE by working with them and the Community Services and Health ITAB to lobby for changes to the Certificate IV National Training Package to make it more appropriate to the needs of the NSW sector.

MHCC also has the opportunity to continue engagement with the TAFE Community Services, Health, Tourism and Recreation Curriculum Centre to develop supportive resources for the National Training Package which hopefully will encourage its use by a greater number of Institutes.

The MHCC needs to explore opportunities with the Centre for Mental Health and DET for funds to boost the delivery of free short courses across NSW, similar to the AOD short courses, to meet the training needs for generalist NGOs and new entrant workers in mental health issues.

Higher education sector

As there is a high level of tertiary education amongst workers in the sector it is important that opportunities for further training at a university level are provided to meet the needs of these workers. People for whom this would be particularly appropriate would be nurses, social workers, psychologists, occupational therapists, managers and board members.

Development of an effective clinical psychology workforce

There is a shortage of mental health nurses and psychiatrists in NSW. This is problematic for the NGO sector because with the move towards community based rehabilitation, there is an increased need for mental health professionals working in the NGO sector. Currently there is a good supply of psychologists graduating from Australian universities. The work of psychologists (clinical and non-clinical) could be valuable within the NGO

sector to enhance outcomes in recovery and rehabilitation.⁶⁹ Often psychologists employed in the NGO sector are new graduates who gain experience and then leave the sector for higher pay and greater opportunities in the wider industry.

Increasing incentives for psychologists to remain in the NGO sector would improve client outcomes and help address the gap left by reduced numbers of psychiatrists and mental health nurses. There are several ways to improve the career pathways for psychologists and other graduates working in the NGO mental health sector. These include:

- working with universities to develop courses that are relevant to the mental health non-clinical workforce
- forming closer ties with research organisation
- developing best practice guidelines for mentoring and supervision.

Higher education sector

Preliminary discussions with academics have indicated a willingness to develop higher education courses to meet the needs of higher level community based mental health workers. Consultations have stressed the need for education, even at university level, to be delivered in a flexible mode, (including work based) and relevant to their roles in the workplace.

When considering the development of new post graduate courses universities need to include employers, unions and professional organisations in discussions on curriculum and standards of education and training, to ensure that future courses reflect the needs of workers and employers in the sector.⁷⁰

Current opportunities identified during consultations include:

- the Mental Health Nursing course, conducted by Northern Sydney Health, providing post graduate training for nurses in mental health. The 12 month course involves four clinical rotations, which could include mental health NGOs if there were workers from this sector enrolled in the course.
- Internships similar to that offered by Kedesh House could be developed to include nurses, occupational therapists and social workers and other relevant disciplines. Internships would work best in organisations where there is sufficient staff resources to ensure good supervision. For this to happen organisations need to form links with universities to advertise the internship amongst relevant undergraduate students. Furthermore the NGO would need to develop a training program for the interns and negotiate with the university for this training to be given RPL status. MHCC could assist organisations by identifying and lobbying appropriate university schools.
- The University of Technology, Sydney (UTS) offers a Graduate Certificate in Child and Adolescent Mental Health Care. This is open to graduates regardless of their discipline. Currently UTS is reviewing their Graduate

⁶⁹ Renner, P., Blaszczyński, A., 2004, *Discussion Paper Towards a more efficient and effective Mental Health Service in NSW Health: The development of an effective clinical psychology workforce.*

⁷⁰ Deakin Human Services Australia, February 1999, op.cit., p.16.

Certificate of Mental Health (Nursing) to consider opening the course to graduates from other disciplines. UTS is also looking at developing a Graduate qualification for community based mental health service provision. For this to happen the university would need a minimum of 10 students to enrol in the course. In developing this community based mental health course UTS would be looking to the MHCC for guidance regarding course content.

- TAFE is currently developing a Post Graduate Certificate in Mental Illness and Substance Abuse (MISA) (as mentioned above). TAFE is looking to partner with a university to allow for this qualification to articulate into a higher qualification.

Research organisations

In strengthening higher education options for workers there is a need for MHCC to investigate the development of partnerships with research organisations to inform course development. This would enhance the sector's professionalism and credibility within the mental health industry. Furthermore, research organisations can develop and pilot innovative training models to identify best practice in working with clients with mental illnesses. For example, the iiMH is trialling the CR model.

Developing best practice for mentoring and supervision

Mentoring and clinical supervision are necessary for development as a worker and are a professional requirement for registration in some disciplines, such as psychologists. In addition, mentoring is particularly important for managers and Boards/Management Committees of small mental health NGOs to ensure that these organisations are able to implement appropriate governance measures.

Many smaller NGOs don't have the resources to provide adequate mentoring and supervision. The MHCC needs to work with research organisations such as the IOP to develop best practice guidelines and assist small NGOs to source appropriately trained professionals and funds to enable all mental health NGOs to implement these practices.

MHCC providing short courses

Currently, there are many short courses of relevance to mental health NGO workers. They are provided by a diversity of training providers, and courses are not provided as part of a planned approach. To provide a more comprehensive and structured spread of training options that meet identified industry needs, MHCC is well positioned to become a major provider of short course training to the sector. There are a number of options for the MHCC to explore in becoming a training provider.

Developing partnerships with RTOs

Here, MHCC would develop a training calendar relevant to the sector's training needs and then negotiate, or enter into partnerships, with appropriate RTOs to provide the training. These RTOs could include the NSW IOP, MDA and CCWT.

Preliminary discussions with MDAA about a possible future partnership with MHCC, identified their role, as an RTO, to include:

- ensuring that the training meets RTO standards, course competencies are met and courses are accredited (where accredited courses are conducted)
- helping to adapt courses to meet an identified need while still meeting the necessary competencies and standards
- developing and distributing certificates to students, with both partner's names on them.⁷¹

Contracting external training providers to deliver training

There is an opportunity for MHCC to partner with external training providers to deliver training to the sector. For example, initial discussions with the Centre for Psycho-Social Rehabilitation, Prahran Mission, indicate they would be able to provide training in the Boston University model in Sydney. Staff from the Centre estimate that the cost of providing a two day training course for 25 workers would be approximately \$5,000 (approximately \$200 per worker). Additional costs would include providing a venue, travel, sustenance and accommodation for workers attending the course.⁷²

The training needs of generalist NGO staff and new entrant workers could also be partially addressed by MHCC contracting trainers to conduct short courses. For example, MHCC could provide Mental Health First Aid training by either employing a Mental Health First Aid instructor or by a MHCC staff member becoming a Mental Health First Aid instructor to deliver the training. Another opportunity is for MHCC to identify a trainer to deliver the CommunityMindEd resource to new entrant or generalist NGO workers. Providing this training would provide alternative training to the short courses in mental health provided by TAFE NSW as discussed above, particularly for workers in regions where TAFE does not conduct these courses.

Conclusion

This paper presents results from an extensive review and consultation processes concerning training options for the NGO Development Strategy and outlines the current situation, highlighting existing gaps and opportunities. The paper also examines other models and examines lessons to be learnt from the experience of others.

The Strategy needs to address ways in which the sector can prepare and position itself so as to thrive in response to the expected growth in the sector, and the increased need for accountability, professionalism and partnership arrangements. The strategy also needs to present opportunities for organisations to strengthen their abilities to become more effective learning workplaces. There are many opportunities for training for the NGO mental health sector in NSW. The challenges to this strategy are to develop a plan

⁷¹ Conversation with Barbel Winter, MDAA on 30/05/2005.

⁷² Conversation with Dianne Friend, Assistant Director, Centre of Psychosocial Rehabilitation Prahran Mission on 06/07/2005.

that presents workers with a map of the various opportunities available for furthering their careers.

The paper looks at the needs of all sectors of the workforce, including specialist and non specialist mental health workers, those with tertiary qualifications and unqualified workers. The sector stands to benefit the most through addressing the needs of its less qualified staff and providing education for new entrants so as to meet the growing shortage of skilled support workers.

After considering all the relevant information presented in this paper, the writers have come to the conclusion that the MHCC needs to investigate potential partnerships with another major training provider/s to become the major training organisation for the sector. In addition, MHCC needs to position itself strategically, through the fostering of well considered partnerships, to strengthen the access, relevance and quality of available training for all workers in the sector, including volunteers and generalist NGOs.

Recommendations

In considering the findings outlined in this Options Paper, it is noted that a key element of success in the NADA, VICSERV and New Zealand models is the provision of ongoing funds to support workforce development initiatives. Any recommendations for sustainable training and workforce development will require the MHCC to lobby the Centre for Mental Health and the NSW Department of Education and Training for ongoing funds. Ongoing funds would need to cover the costs of a full time worker, grants to ensure the uptake of training, (these could include grants to training organisations to deliver training or grants to NGOs to attend training), and funds to cover the costs of smaller projects such as the maintenance of a training calendar.

Key to the success of the recommendations is the formation of an expert committee to provide guidance on what training is needed in the sector. This committee would examine key competencies needed for mental health NGO workers as well as areas of specialisation to be offered in training curricula.

Specific recommendations emerging from this paper are that MHCC:

- 1) establishes an expert committee to provide:
 - a) information about the sector's training needs, and
 - b) direction for the training and workforce development component of the Strategy, including a training plan / map for sector for MHCC to implement.
- 2) investigates a partnership with RTOs (such as the IOP, AH&MRC, MDAA) to develop a joint training calendar and deliver training to the sector workforce. This training should include:
 - a) modules from the Certificate IV in Mental Health (Non-clinical)
 - b) post graduate courses at university level

- c) forms a partnership with the AH&MRC, to develop training in delivering mental health services to Aboriginal people, for mainstream mental health NGO workers
 - d) forms a partnership with MDAA, to develop training for working with CALD populations with a mental illness.
- 3) becomes a member of the Community Services and Health ITAB to:
- a) garner support to lobby on behalf of the sector for changes to the national training package, and
 - b) introduce a system of traineeships linked with the Certificate IV in Mental Health (Non-clinical).
- 4) engages with TAFE NSW to:
- a) develop course resources including for distance learning and flexible delivery
 - b) influence curriculum development
 - c) assist in lobbying for traineeships
 - d) promote increased uptake of short courses for generalist workers in mental health (Non-clinical)
 - e) promote the uptake of the Certificate IV in mental health (Non-clinical)
- 5) works with CCWT, the IOP and other relevant training providers to ensure their training calendars address industry needs.
- 6) promotes and assists NGOs to form partnerships with universities to develop and administer internships for nurses, social workers, psychologists, occupational therapists and other relevant courses.
- 7) establishes links with UTS or other interested universities to:
- a) develop a post graduate course in mental health (non clinical) work
 - b) include non-clinical mental health course work into relevant undergraduate programs
 - c) ensure that community management courses are relevant to the needs of mental health NGOs.
- 8) promotes the Mental Health Nursing 'transition course' currently being conducted in four Sydney regions (Central, Western, South Eastern and Northern) amongst NGOs that employ nurses, so as to foster links between NGOs and other mental health providers.
- 9) investigates the development of partnerships with research organisations to develop and pilot innovative training models to identify best practice in working with clients with mental illness, for example in the development of benchmarks for mentoring and supervision for workers.
- 10) considers application for an Employment Innovation Fund grant from DEWR to develop an Orientation Program for the sector based on core modules from the Certificate IV in Mental Health (Non-clinical).
- 11) promotes the development and use of a voluntary minimum standard of qualifications for working in the sector

- 12) considers the possibility of the core modules used in the Orientation Program being used as a voluntary minimum standard for the sector.
- 13) promotes the Mental Health First Aid course amongst new entrant workers, volunteers and workers from generalist NGOs.
- 14) liaises with the Hepatitis, HIV, Sexual Health Workforce Development Program to have mental health training opportunities included in their training calendar.
- 15) develops a list of training providers conducting mental health courses for inclusion on a training calendar on the MHCC website.
- 16) lobbies the Centre for Mental Health for ongoing funds to ensure sustainability of training and workforce development initiatives, such as providing membership fees for MSO and salary for NGO workforce development officer.
- 17) investigates sources of funding for short courses in mental health for generalist NGO's, similar to the AOD short courses provided by TAFE NSW to regional and rural frontline workers.
- 18) promotes the uptake of the *CommunityMindEd* (mental health promotion and suicide prevention) resource amongst VET teachers and learners in the community services industry.
- 19) promote the uptake of NCOSS's MSO for small NGOs to develop their capacity including:
 - a) investigating the efficacy of grants NADA gave to small NGOs to join MSO
 - b) lobbying the CMH for funds to develop a pilot that assists small NGOs to purchase the MSO service for one or two years.
- 20) lobbies funding providers of generalist NGOs for funds to employ a workforce development officer.
- 21) lobbies funding providers of generalist NGOs for funds to conduct Mental Health First Aid courses.

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Appendix 1: Training and workforce development recommendations

Workers without relevant qualifications	Workers with relevant tertiary qualifications	Workers from Generalist NGOs	Managers and Boards of Management
Membership of ITAB	Promote internships	Pilot short courses	Promote use of NCOSS' Management Support Online
Work with ITAB and TAFE to develop traineeships	Promote ties with universities to develop post graduate courses	Promote <i>Mental Health First Aid</i> and the <i>CommunityMindEd</i> resource	Investigate ways to provide mentoring
Develop training resources using grants from DET	Promote postgraduate nursing induction courses being conducted by Area Health Services	Liaise with RTOs re training calendar	Identify management training and place on MHCC training calendar
Influence National Training Package	Provide short specialist courses		
Development and use of a voluntary minimum standard	Investigate ways to support professional supervision		
Develop orientation package			
Investigate ways to support professional supervision			
Influence curriculum development in TAFE, University and other training providers			
Form partnership with training provider/s to develop a joint training calendar and deliver training			
Form partnerships with research organisations to develop innovative training models			
Seek ongoing funding to ensure sustainability of initiatives			

Appendix 2: Organisations consulted with include:

- Department of Community Services (DoCS)
- Health Industry Group Training Company
- Mental Health NGOs including:
 - Active Employment
 - Aftercare
 - Care Employment
 - Charmian Clift Cottages Inc.
 - Kaiyu Enterprises Inc
 - Lifeline
 - On Track Community Options
 - Pioneer Clubhouse
 - Prahran Mission
 - Richmond Fellowship
 - Schizophrenia Fellowship
 - Triple Care Farm
- Non mental health NGOs including:
 - Centacare Hornsby
 - Kedesh House
 - Multicultural Disability Advocacy Association - Cultural Abilities
 - Migrant Network Services
 - Mountains Community Resource Network
 - NADA
 - Ryde Family Support Services
 - The Buttery
 - Wollondilly Camden Family Support Services
- NSW Health:
 - Aboriginal Health and Medical Research Centre
 - Area Mental Health Directors or their representatives
 - Area Mental Health Services, Northern Sydney, Hunter New England
 - Centre for Drug and Alcohol and Workforce Development
 - Centre for Mental Health
 - Learning and development units
 - Transcultural Mental Health Centre
 - Workforce Development Program in Hepatitis, HIV and Sexual Health
- NSW Community Services and Health ITAB
- Mental Health NGO Peak Bodies
 - MHCC board members
 - Mental Health Council, South Australia
 - Platform, New Zealand
 - Queensland Alliance
 - VICSERV
- TAFE NSW: Curriculum Centre, Illawarra, Hunter, North Coast Institutes and OTEN
- University of Technology, Sydney
- University of NSW
- South Australian Department of Health

Appendix 3: Incentives available to employers of trainees

Australian Government Incentives claimable for Trainees
 Source: Health Industry Group Training Company

Incentive Type	Amount Claimable
Commencement Certificate II	\$1,375.00
Commencement of certificate III or IV	\$1,650.00
Women in non-Traditional Trades	\$1,100.00
Group Training	\$550.00
Sporting Operations	\$1,650.00
Innovation	\$1,210.00
School based	\$825.00
Rural and Regional Shortage	\$1,100.00
Declared Drought Areas	\$1,650.00
Mature Aged Worker	\$825.00
Recommencement	\$825.00
School Based Retention	\$825.00
Completion	\$2,750.00
Group Training – Special completion (Certificate II commencements from 1 July 2004)	\$1,100.00
Sporting Operations	\$1,650.00
Declared Drought Areas	\$1650.00
Mature Aged Worker	\$825.00

Appendix 4: Responses to the 2005 MHCC questionnaire

A total of 25 responses were received by 24 June 2005.

Responses to Question 7: Will a minimum qualification for mental health rehabilitation and disability support workers, e.g. four or five core modules in the Certificate IV in Mental Health Work (Non-clinical), help raise the recognition/value of the sector amongst the mental health industry?

Yes	No	Unsure	Other	Total
17	6	1	RPL would achieve this	25

Additional comments:

- Only if people pick up the courses.
- Need to encourage mental health consumers to be educated and then employed, to help with their recovery.
- Credibility in service provision is not that important.
- While qualifications are not the only requirement (for a worker), they would boost the morale of the carer and the quality of the service.
- It's unfair to inflict minimum standard on all areas as there is currently no distance learning.
- NGOs allow AHSs to relegate NGO work to the domestic side of mental health support.
- Minimum qualification needs to be Certificate IV, not just 4 or 5 modules. There needs to be a diploma level in future. The sector needs traineeships.
- RPL would allow workers to gain recognised qualification that could improve the status of the industry.
- This would be a concern if it became a requirement for applying for a job.
- Won't raise the profile, but minimum standards are needed.
- TAFE is not a good teacher of mental health.
- Possibly industry registration would help raise quality.
- Any education is better than none.

Response to Question 8: Will a post graduate qualification in Mental Health Rehabilitation be useful in developing a career pathway for mental health rehabilitation and disability support workers?

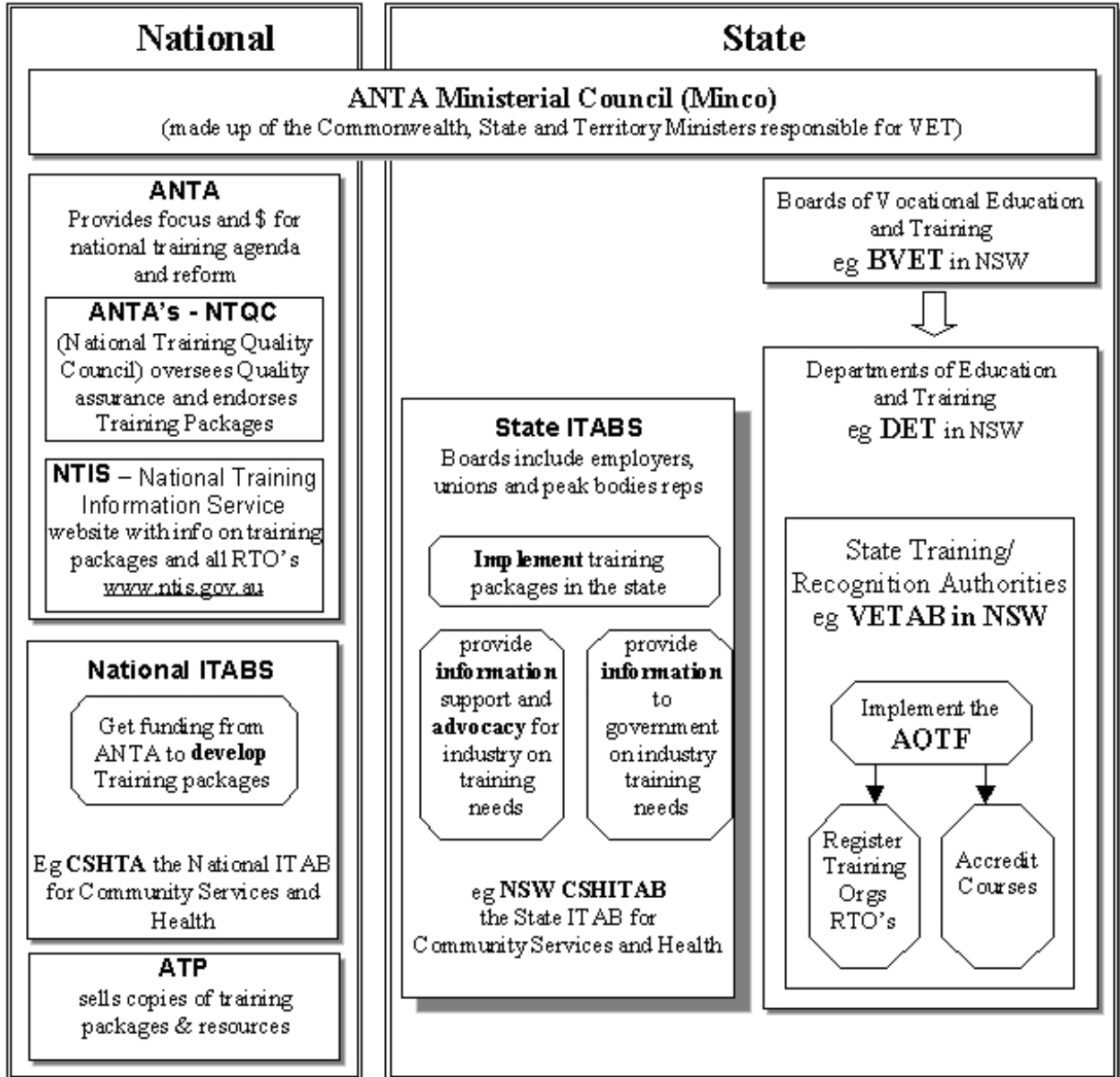
Yes	No	Unsure	Other	Total
24	1			25

Additional comments:

- This would need to include a compulsory, practical component.
- Another option is certification like the US and Canada.
- Most NGOs are too small to provide career opportunities. What qualifications are needed to be a domestic help?
- This would give status to the sector and develop skills.
- Needs to be practical rather than theoretical.
- The sector needs workers who are primarily compassionate and empathetic.

- If money is available, it is best spent on consumer education.
- This course would need to be marketed well. Good start to increasing the workforce.
- TAFE probably can teach mental health, but at present their curriculum and teachers are extremely poor, with no idea of applied mental health skills.
- Resources within the sector may preclude career paths. Could AHSs recognising this qualification assist with workforce issues?
- Mental health issues are very complex.

Appendix 5: A map of the VET sector



Source: NSW Community Services and Health Industry Training Advisory Body website
<http://www.csh-itab.com.au/FAQ.html>

Appendix 6: Certificate IV in Mental Health (Non-clinical) Competency units

Depending on the student's study program, they may achieve units of competence from the list below.

- BSBCMN206A Process and maintain workplace information
- CHCAOD2B Orientation to the alcohol and other drugs sector
- CHCAOD2C Orientation to the alcohol and other drugs sector
- CHCAOD8C Assess the needs of clients who have alcohol and/or other drugs issues
- CHCCD2B Provide community education projects
- CHCCD4B Develop and implement community programs
- CHCCD4C Develop and implement community programs
- CHCCED501A Develop and implement education programs in the area of sexual and reproductive health
- CHCCH26A Support client participation in the organisation
- CHCCHILD1C Identify and respond to children and young people at risk of harm
- CHCCM1C Undertake case management
- CHCCOM3C Utilise specialist communication skills to build strong relationships
- CHCCS10A Facilitate client participation in the organisation
- CHCCS301A Work within a legal and ethical framework
- CHCCS304A Assist with self medication
- CHCCS3C Co-ordinate the provision of services and programs
- CHCCS401A Facilitate co-operative behaviour
- CHCCS402A Respond holistically to client issues
- CHCCS403A Provide brief intervention
- CHCCS405A Work effectively with culturally diverse clients and co-workers
- CHCCS406A Provide education and support on health, well being and parenting
- CHCCS501A Assess and respond to individuals at risk of self-harm or suicide
- CHCCS9A Provide support services to clients
- CHCDIS6C Plan and implement community integration
- CHCGROUP3C Plan and conduct group activities
- CHCHPROM1A Share health information
- CHCHPROM2A Implement health promotion and community intervention
- CHCMH1B Orientation to mental health work
- CHCMH4B Provide non-clinical services to people with mental health issues
- CHCMH7A Provide, with consumers, support and interventions to meet the needs of carers and families
- CHCMH8A Provide interventions to meet the needs of consumers with mental health and AOD issues
- CHCNET2B Maintain effective networks
- CHCNET4A Work with other services
- CHCOHS401A Implement and monitor OHS policies and procedures for a work place
- CHCORG5B Maintain an effective work environment
- CHCRF2A Provide intervention support to children and families
- CHCYTH10A Work effectively with the families of young people
- HLTFA1A Apply basic First Aid
- HLTFA2A Apply advanced First Aid