

Our workforce, our future

A capability framework for the
mental health and wellbeing workforce



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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Acknowledgement

The Victorian Department of Health (the department) acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community, and pays respect to Aboriginal people and cultures, and to Elders past, present and emerging.

The department recognises the strength of people living with trauma, neurodiversity, mental illness and substance use or addiction, and their families, carers and supporters, and remembers those who have been lost to suicide.

The department acknowledges the many individuals and organisations who contributed their time, stories, experience and wisdom to guide and contribute to the development of this framework.

For your safety

Some people may find parts of this document confronting or distressing. If you are in crisis, contact Lifeline on 13 11 14 or see other ways to seek help by visiting www.aihw.gov.au/suicide-self-harm-monitoring/research-information/crisis-support-links.



Foreword

Victoria's mental health workforce is at the heart of our mental health and wellbeing system – a fact recognised by the Royal Commission into Victoria's Mental Health System.

The Royal Commission's final report recommended a number of workforce reforms, to ensure that our workforce has the right:

- size, diversity and distribution across the state
- support for their practice
- capabilities for the future.

These recommendations included developing this mental health and wellbeing workforce capability framework, which will apply to the whole of the workforce across roles, professions and settings.

The framework supplements current and future workforce initiatives underpinning system reforms that will build the new, responsive and integrated Victorian mental health and wellbeing system envisioned by the Royal Commission.

The practice principles in the framework are intended to support implementation of the principles of the new *Mental Health and Wellbeing Act 2022*, reflecting the recommendations of the Royal Commission. They focus on human rights, respectful, compassionate and collaborative practice, and understanding the diverse needs of individuals and their families and carers. The framework sets out the collective knowledge, skills and ways of working our workforce needs to deliver quality care, support and treatment.

The framework puts consumers, carers, and families at the centre. It also acknowledges the breadth of diverse expertise and experience across the mental health and wellbeing workforce. It recognises and values all forms of expertise equally.

This first version of the framework is the beginning of a conversation. It is a platform from which further reflection and innovation will occur at individual, team, service, and system levels to inform future iterations.

We invite every Victorian mental health and wellbeing professional, team, service leader, educator, training organisation and other system stakeholders to embrace, use and build upon the framework. Together, we can build a mental health and wellbeing service system with a culture of collaboration, curiosity, continuous learning and care.

Translating the framework into practice and creating meaningful change rests in our collective hands. The more the workforce is supported to develop its capabilities in line with this new framework, the better equipped it will be to enact the principles and requirements of the new *Mental Health and Wellbeing Act 2022*.

As we continue on this reform journey together, the framework represents a foundational tool to support a more reflective and collaborative approach in the way we think about capability development in the new, more responsive and better integrated mental health and wellbeing system.

Professor Euan Wallace AM
Secretary, Department of Health

Contents

Acknowledgement	4
For your safety	4
Foreword	5
A note on language and terminology	8
Introduction and overview	9
Background and development	9
Purpose and objectives	9
How the framework supports mental health reform	10
Alignment with other frameworks and standards	10
How to use this framework	12
Section 2: About the capability framework	14
Safe and supportive working environments	14
Principles	14
Capabilities	15
Section 3: A safe and supportive working environment	16
Cultures of curiosity, collaboration and care	16
Section 4: Principles	17
1. All practice responds to the consumer's needs	20
2. All practice understands the consumer in their context	21
3. All practice focuses on the consumer's strengths and wellbeing	22
4. All practice is trauma-informed	23
5. All practice is culturally safe and responds to diversity	24
6. All practice is ethical and grounded in human rights	25
7. All practice is respectful, compassionate and collaborative	26

Section 5: Capabilities.....27

1. Embedding responsible, safe and ethical practice	31
2. Working with Aboriginal consumers, families, and communities	34
3. Working with diverse consumers, families, and communities	37
4. Understanding and responding to trauma	40
5. Understanding and responding to mental health crisis and suicide.....	43
6. Understanding and responding to substance use and addiction.....	46
7. Understanding and responding to family violence	49
8. Working effectively with families, carers and supporters	53
9. Delivering holistic and collaborative assessment and care planning	56
10. Delivering compassionate care, support and treatment.....	59
11. Promoting prevention, early intervention and help-seeking	62
12. Supporting system navigation, partnerships and collaborative care.....	65
13. Enabling reflective and supportive ways of working	68
14. Embedding evidence-informed continuous improvement.....	71
15. Working effectively with digital technologies.....	74

Appendix: Glossary.....77

A note on language and terminology

Language is powerful. The words we use to describe ourselves and each other can convey hope, compassion and empathy. They can empower and embolden. They can also cause division and create stigma.

We aim to use inclusive and respectful language in this document – but we realise not everyone will agree with the terminology we have chosen. Different mental health and wellbeing professionals describe themselves in different ways. People with lived experience of mental illness also have diverse experiences, and definitions of mental health or illness may be different for different people at different times. The appendix contains a glossary of terminology.

We use 'person', 'person with lived experience' and 'consumers' rather than terms such as 'clients', 'service users' or 'patients'. We use the terms 'families', 'carers' and 'supporters', which include partners, carers, significant others, friends and anyone who has a personal, supporting and caring relationship with the person. We also use the term 'community' to denote that people from specific populations like LGBTQI and Aboriginal and Torres Strait Islander peoples often draw their support from that community.

The mental health and wellbeing workforce is a large and diverse workforce that works in a range of roles and settings. We have not always been able to capture the nuances and the unique and important elements that each workforce cohort brings to the system. For example, in some workforce roles, such as Family and Carer Consultant roles, it is the family member or carer who receives services or support, rather than the consumer.

This framework places consumers, carers and families at the centre. It also recognises breadth of expertise and experiences that exist across the mental health and wellbeing workforce. It acknowledges that the Victorian mental health and wellbeing workforce encompasses people from many different professions, education and backgrounds, who all have the passion and drive to work in the sector. Every member of the workforce draws on their own expertise, experience and background to enable and deliver care, support and treatment for consumers, their families, carers and supporters. We recognise and value all forms of experience equally.

Introduction and overview

Our workforce, our future: a capability framework for the mental health and wellbeing workforce (the framework) is a foundational resource for Victoria's mental health and wellbeing workforce.

This first iteration of the framework sets out the **knowledge, skills** and **ways of working** that our diverse, multidisciplinary and evolving workforce needs.

It provides a **common language** for all members of the mental health and wellbeing workforce in both direct care roles and support functions – regardless of professional discipline, background, role and setting.

Ultimately, it seeks to generate a sense of **collective identity** and **reciprocal responsibility** for how we deliver care, support and treatment in Victoria's mental health and wellbeing system.

Background and development

The framework has been developed following the recommendations of the Royal Commission into Victoria's Mental Health System (the Royal Commission) and the many contributions received through the course of its inquiry undertaken between 2019–2021.

This includes thousands of submissions and witness statements, a wide range of sector and community consultations and a frontline mental health and wellbeing workforce survey.

The Victorian Department of Health (the department) then undertook a series of targeted consultations with frontline professionals from diverse backgrounds, roles and settings, as well as lived experience representatives, subject-matter experts, service leaders and professional bodies to test and refine the framework.

The Department's Workforce Technical Advisory Group and Lived Experience Advisory Group supported this engagement. The framework is the result of all these efforts, and the many valuable contributions from individuals and organisations.

Purpose and objectives

The framework sets out the knowledge, skills and ways of working required to effectively deliver care, support and treatment in the mental health and wellbeing system, now and into the future. It provides a common language that can be used across professions, disciplines, specialties and roles to encourage an inclusive, shared approach to professional practice.

It aims to:

- support members of the workforce – regardless of professional discipline, background or setting – to understand what knowledge, skills and attributes (capabilities) they need to meet the responsibilities of their role
- empower teams to consider their collective skills and expertise and how best to use them to support positive health and wellbeing outcomes for consumers, families, carers and supporters
- support educators, managers and leaders to plan, develop and invest in professional development and learning
- support educators, managers and leaders with workforce planning, recruitment and career development
- inform strategic workforce planning, including recruitment, induction, and retention
- inform and guide responses to research and gaps in workforce capabilities
- support monitoring and evaluation of activities designed to develop and embed workforce capabilities
- support the design of balanced, multidisciplinary teams that meet the needs of consumers, service settings and context.

Ultimately, the framework will support our workforce to use its individual and collective skills and expertise to deliver better multidisciplinary practice across the Victorian mental health and wellbeing system.

How the framework supports mental health reform

A diverse, skilled and multidisciplinary workforce is at the heart of the Royal Commission's vision for a reformed mental health and wellbeing system – a system that supports better outcomes for consumers, families, carers and supporters.

The workforce will play a vital role in driving continuous improvement of the system as we seek to work in new ways across different settings.

The reformed mental health and wellbeing system will bring together our workforce's expertise to deliver evidence-informed care, support and treatment in collaborative ways, within and across services. All forms of expertise will be valued and respected, including lived experience expertise, as well as other unique contributions from different disciplines.

To realise the full potential of genuine multidisciplinary, integrated and collaborative practice, we need to work in new ways. We need to transform our workforce's cultures, and create more nuanced, holistic and person-centred approaches and capabilities across the system.

These system-wide reforms, including commencement of the *Mental Health and Wellbeing Act 2022*, will involve new and integrated models of care and service design that respond to the needs of consumers, families, carers and supporters. This will entail creating new roles and changing workforce composition.

The framework values and recognises all forms of expertise, experience, knowledge and skills that already exist within the mental health and wellbeing system. It will support the workforce to evolve and expand upon existing capabilities to realise the vision of an integrated and collaborative system. It will support a common understanding of the knowledge and skills needed to achieve positive outcomes for all consumers, families, carers and supporters.

This document is the first iteration of the framework. It represents a point in time in the early stages of a 10-year reform journey towards the future integrated and responsive mental health and wellbeing system. We will revise and review it to keep pace with the emerging and evolving needs of a complex and diverse system.

Ultimately, the framework aims to support the transformation of the mental health and wellbeing system. It seeks to harness the passion of the workforce to create better outcomes for all by building collaborative, compassionate relationships with consumers, families, carers and supporters.

Alignment with other frameworks and standards

The framework sits alongside professional discipline- and service-specific requirements and capability frameworks.

It seeks to support multidisciplinary and collaborative practice across roles and settings, by supporting knowledge and skills to be developed in more consistent ways from a single point of reference.

The principles of the capability framework align with those in the *Mental Health and Wellbeing Act 2022* and provide the workforce with practical guidance on how to enact the principles in their work.

It does not replace existing profession- or discipline-specific standards, guidelines or training protocols. Table 1 shows the documentation for some of the relevant mental health and wellbeing workforces.

While the framework focuses on shared capabilities across the entire workforce, we know that certain service settings and consumer cohorts will need tailored approaches.

We also understand that the people who use the mental health and wellbeing system also engage with other parts of the broader healthcare and social services system – including but not limited to disability, children and families, justice, family violence and education. Members of these other workforces, particularly those working as part of multidisciplinary teams, will draw on the capabilities set out in this framework.

Table 1: Alignment with other frameworks and professional standards

Workforce	Frameworks and standards
Aboriginal health and/or mental health practitioners	<ul style="list-style-type: none">• Registration standards• Code of conduct
AOD workers	<ul style="list-style-type: none">• Code of ethics• Specialist competencies
Carer or family peer workers	<ul style="list-style-type: none">• Scope of practice• Practice standards and frameworks• Practice guidelines and policies
Case managers	<ul style="list-style-type: none">• Code of ethics• Standards of practice
Consumer peer workers	<ul style="list-style-type: none">• Scope of practice• Practice standards and frameworks• Practice guidelines and policies
Counsellors	<ul style="list-style-type: none">• Training standards• Code of ethics and practice• Specialist competencies
Emergency services	<ul style="list-style-type: none">• Education and accreditation standards• Training standards• Code of ethics and practice• Specialist competencies
Lived experience workers	<ul style="list-style-type: none">• Practice standards and frameworks• Practice guidelines and policies
Medical practitioners	<ul style="list-style-type: none">• Registration standards• Advanced training standards• Codes of ethics and conduct• Professional practice framework• Practice guidelines and policies
Mental health occupational therapists	<ul style="list-style-type: none">• Registration standards• Code of conduct• Practice standards• Competency standards
Nurses	<ul style="list-style-type: none">• Registration standards• Codes of ethics and conduct• Practice standards• Practice guidelines and policies• Specialist competencies
Psychiatrists	<ul style="list-style-type: none">• Education and accreditation standards• Code of ethics• Practice standards and guidelines
Psychologists	<ul style="list-style-type: none">• Registration standards• Code of ethics• Practice guidelines and policies
Social workers	<ul style="list-style-type: none">• Education and accreditation standards• Code of ethics• Scope of practice• Practice standards and frameworks• Practice guidelines and policies



How to use this framework

The framework is for individual members of the workforce, service leaders, organisations, and institutions that engage with the system.

It aims to support reflection, growth and development at all these levels.

The ultimate goal is to improve the experience for consumers, carers and families. We want to ensure that all Victorians have positive mental health and wellbeing outcomes.

For members of the workforce, the framework helps you undertake reflective practice. You can use it to self-assess your knowledge and skills. You can also use it to discuss capability development with your peers, team leaders, supervisors and managers.

For service leaders, the framework helps you determine professional development priorities, as well as create diverse teams, and assess team capabilities so you can take advantage of group learning opportunities. It also provides approaches to professional practice supervision and supports growth and career pathways.

For organisations, the framework supports values-based recruitment, team composition and role descriptions, and career development. It sets out how individuals and organisations need to adapt, grow and continuously improve to achieve the highest standards of practice.

For institutions, such as education and professional bodies, the framework will guide the development of education, training programs and curriculum. It complements or informs professional development requirements for formal or informal accreditation. You can use it to review standards of practice to provide another layer of insight and consistency.

The capability framework provides reflective practice questions that can help you develop your practice.

Here are some examples of the ways different members of the workforce can use the capability framework:



As a **frontline worker**, I will use the capability framework, along with my experience, education and other learning, to inform the way I work with consumers, families, carers and supporters. The framework will help me to work collaboratively with colleagues within and across services.



As a **consumer peer-support worker**, I will use the capability framework to guide my interactions with consumers and with colleagues in multidisciplinary teams. This will help me provide safe and effective peer support.



As a **service leader**, I will use the capability framework to support the recruitment and professional development of my team. The framework will help me understand and communicate the approaches and capabilities our organisation needs to deliver effective outcomes.



As a **training or education provider** for the sector, we will use the capability framework to guide design, delivery and continuous improvement of our curriculum. We understand the need for consistent practice across the sector, and we will align our learning and development training and resources with the principles and capabilities set out in the framework.



As a **family peer-support worker**, I will use the capability framework to guide my interactions with families, carers and supporters, as well as to guide how I work with colleagues in multidisciplinary teams. The framework will help us all recognise that families and carers have their own support needs too.



As a **practice supervisor** and mentor for the team, I will use the capability framework to guide my reflective practice. I will use it to prepare development plans and assess progress against performance goals. The framework will also help me understand the skills and knowledge the team needs to deliver effective care, support and treatment.



As a **people manager**, I will use the capability framework to support workforce planning, and to understand the capabilities that I need to recruit for and continually develop and assess. This will ensure that our organisation has the right mix of capabilities to deliver positive mental health and wellbeing outcomes for all people and their families, carers and supporters.

Section 2: About the capability framework

The capability framework supports our workforce to understand and respond to the needs of consumers, families, carers and supporters at every point of care. It does this by setting out shared principles and capabilities.

The framework includes three core components: safe and supportive working environments, principles, and capabilities. Each of these puts the needs of consumers, families, carers and supporters at the centre of the mental health and wellbeing system.

Safe and supportive working environments

A safe and supportive working environment is the foundation and prerequisite for all members of the workforce to use their existing capabilities effectively.

Principles

Our workforce shares common values, approaches, attitudes and ways of working with consumers, families, carers, supporters and colleagues – both within and across services. The framework sets out seven principles to guide our practice, regardless of setting, role or level of specialisation.

7 PRINCIPLES

The common values, approaches, attitudes and ways of working that guide all practice.

15 CAPABILITIES

The knowledge and skills required to deliver safe and effective care, support and treatment in the Victorian mental health and wellbeing system.

A SAFE AND SUPPORTIVE WORKING ENVIRONMENT

with a culture of curiosity and continuous learning, collaboration and communication, and care.

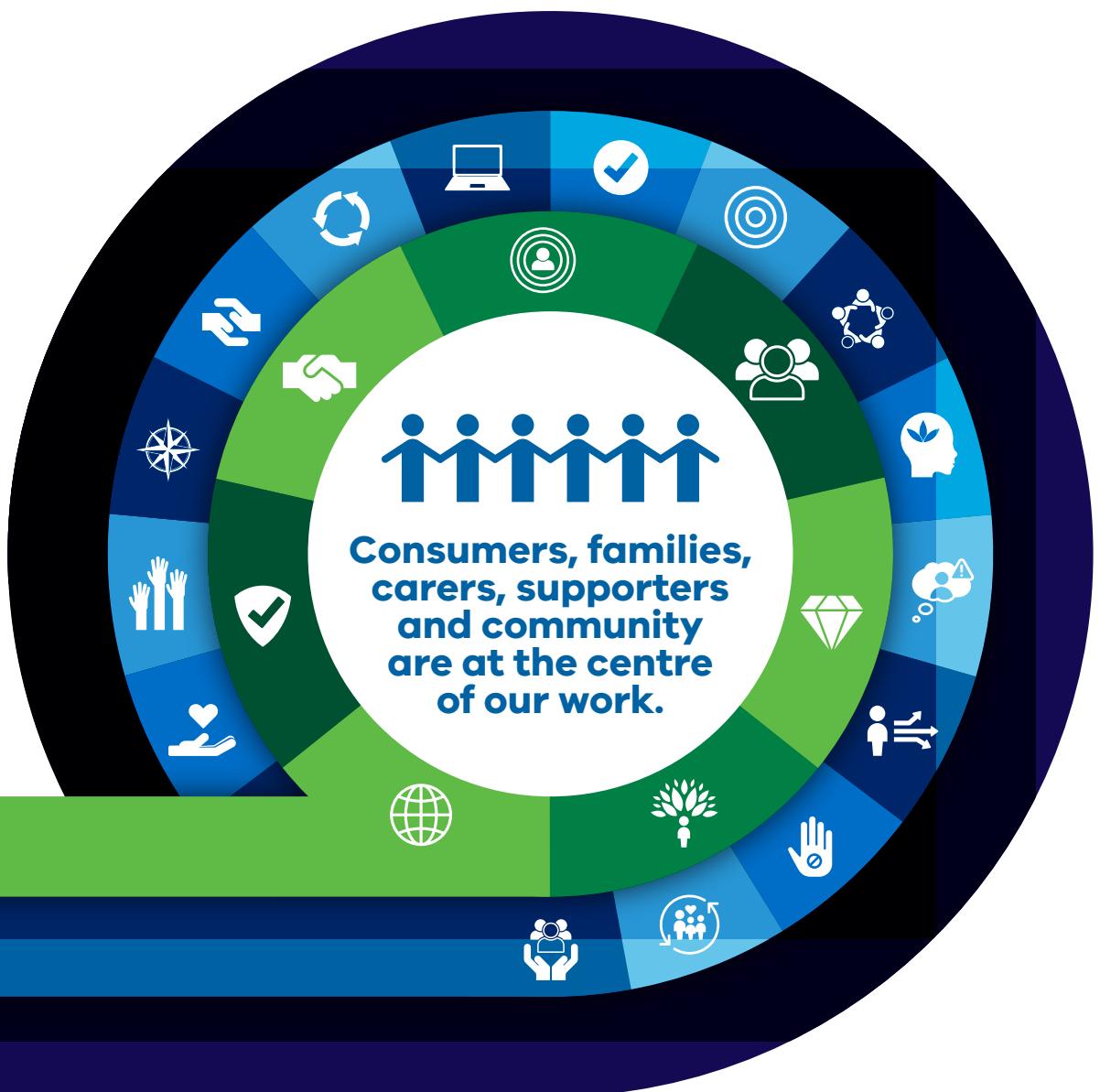
Capabilities

The framework also sets out 15 capabilities that outline the knowledge and skills required to deliver safe and effective care, support and treatment.

Capabilities are described for:

- **whole-of-workforce** – all workers who interact with consumers, families, carers and supporters within and intersecting with the mental health and wellbeing system. This includes support and administration staff, and workers who support mental health and wellbeing learning, development and broader sector engagement

- **care, support and treatment professionals** – those involved in the direct provision of mental health and wellbeing care, support and treatment for consumers, families, carers and supporters
- **technical or specialist professionals** – those who have specialist and technical skills within the described capability, which may include technical and specialist expertise in one or more areas of that capability domain but not necessarily all areas
- **leadership** – team managers and service leaders across a variety of service functions and settings, inclusive of those in auxiliary services such as education institutions, peak bodies and unions.



Section 3: A safe and supportive working environment

A safe and supportive working environment is at the centre of effective practice, capability development, and sustainable, lifelong careers for our workforce.

Cultures of curiosity, collaboration and care

It takes great dedication, compassion and strength to work in the mental health and wellbeing sector.

As a workforce, you told us how important it is for you to feel empowered, trusted and respected in your daily work. You told us you want to feel safe and supported in your roles, with enough time for reflective practice and professional practice supervision. You told us you want to have the right balance of time with consumers alongside other responsibilities.

In addition, the Royal Commission emphasised that an effective workforce needs a mental health and wellbeing system that:

- encourages and supports excellence, and values all types of expertise – including lived experience expertise
- enables the workforce to use existing capabilities, and develop skills and knowledge to continually improve the quality of treatment, care and support
- ensures the workforce feels safe, trusted, respected and valued
- ensures the Victorian mental health and wellbeing system is an attractive, contemporary and sustainable place to work that supports workforce wellbeing and career progression.

We also know that to create safe and supportive working environments, our workforce needs good physical working environments, with robust occupational health and safety, effective supervision and allocation of resources.

Some workforce groups face additional challenges. These include those working in rural and isolated services, lived experience workforces and workforces with diverse identities such as Aboriginal practitioners, LGBTIQ+ practitioners and culturally diverse practitioners. We know we will need tailored approaches to create safe and supportive working environments for these workforce cohorts.

This capability framework helps service providers, organisations, workforce professional bodies, educators and others to support the wellbeing and safety of the mental health workforce. It seeks to build cultures of curiosity, collaboration and care through evidence-informed practice.

If we wish to provide a recovery-oriented, compassionate experience for consumers, carers, families and supporters, we need to do the same thing for our workforce. We need to create working environments that make our workforce feel safe, respected and valued for the expertise you bring to your work. This will allow our workforce to build knowledge, skills and collaborative ways of working with each other as well as consumers, families, carers and supporters.

Section 4: Principles

All practice responds to the consumer's needs	20
All practice understands the consumer in their context	21
All practice focuses on the consumer's strengths and wellbeing	22
All practice is trauma-informed	23
All practice is culturally safe and responds to diversity	24
All practice is ethical and grounded in human rights	25
All practice is respectful, compassionate and collaborative	26

Section 4: Principles

The seven principles provide a common set of core values and approaches that underpin all interactions between professionals and consumers, carers and families.

The following figure provides an overview of the principles and definitions.

Figure 1: The seven practice principles





1. All practice responds to the consumer's needs.

Services, teams and practitioners put the person at the centre of practice and service delivery.



2. All practice understands the consumer in their context.

Services, teams and practitioners consider the broader context that affects a person's mental health. This includes socioeconomic, environmental and relational factors. Practice uses evidence-informed approaches according to the preferences and needs of the person, their family, carers and supporters.



3. All practice focuses on the consumer's strengths and wellbeing.

Services, teams and practitioners work together with consumers and their families, carers and supporters to identify the person's strengths and support recovery and wellbeing.



4. All practice is trauma-informed.

Services, teams and practitioners understand about trauma and its prevalence among people who use mental health services. They understand and respond to the neurological, biological, psychological and social effects of trauma.

Care, support and treatment emphasises physical, psychological and emotional safety for consumers, families, carers and supporters. It seeks to help people rebuild a sense of control and empowerment.



5. All practice is culturally safe and responds to diversity.

Services, teams and practitioners understand that Victoria's population is diverse. They respond to the consumer's unique background and needs. This includes personal and cultural identity, values, beliefs, language and circumstances.

All care, support and treatment is safe and inclusive. It incorporates principles of respect, inclusion, equity, compassion and cultural safety. It values shared respect, knowledge and learning.

Care, support and treatment recognises that people's needs will vary depending on their culture, language, background and identity.



6. All practice is ethical and grounded in human rights.

Services, teams and practitioners act ethically and with integrity in everything they do. They work in accordance with the principles, objectives and specific provisions of relevant legislation.

They support consumers, families and carers to make decisions about their own care, treatment and recovery. They use human-rights approaches that challenge stigma and discrimination and prioritise strengths-based recovery and wellbeing.



7. All practice is respectful, compassionate and collaborative.

Services, teams and practitioners at all levels actively involve, value and respect all types of expertise, including lived experience expertise. They use mutual respect, compassion and collaboration in all their relationships. This includes professional relationships as well as with consumers, families, carers and supporters.

1. All practice responds to the consumer's needs



Services, teams and practitioners put the person at the centre of practice and service delivery.

What this looks like in practice

All care, support and treatment respects and responds to the preferences, needs, life stage, and values of consumers, families, carers and supporters.

People providing care take the time to identify and understand what and who is important to the consumer. We foster trust, establish mutual respect, and work together to share decisions and plan care.

- All consumers services are actively engaged in shaping their care, support and treatment.
- Care, support and treatment draws on and includes the existing resources and strengths of families, carers and supporters.
- Care, support and treatment outcomes are regularly assessed from the points of view of the consumer and their families, carers and supporter. We make sure that people's needs and preferences are being considered and met.



Considerations for the workforce

- Am I putting the consumer's wishes, needs and preferences at the centre of my engagement?
- Am I using holistic planning to address all aspects of the consumer's wellbeing and context?
- Am I actively seeking to understand consumers' diverse and changing needs, and exploring their options for support with them – within my own expertise (or 'scope of practice') and beyond (through referral pathways)?



Considerations for managers and leaders

- How do we include people's voices (consumers, carers and families, as well as the entire workforce) in the development of our services? What do we need to do to hear voices that are rarely considered?
- In what ways are leaders championing person-centred practice?
- How do we use feedback to improve our practice?
- Are we collecting and reporting experience data?
- How are person-centred principles part of core business and embedded in all documentation?

2. All practice understands the consumer in their context



Services, teams and practitioners consider the broader context that affects a person's mental health. This includes socioeconomic, environmental and relational factors. Practice uses evidence-informed approaches according to the preferences and needs of the person, their family, carers and supporters.

What this looks like in practice

All care, support and treatment seeks to understand the consumer in their context. This includes the person's connections with other people and service systems. People providing care understand the social determinants of mental health and wellbeing.

Care, support and treatment considers people in relation to other factors and does not view them in isolation.

Service delivery respects people's broader context and circumstances.



Considerations for the workforce

- What have I done to build positive rapport and collaborative relationships with the consumer and key people in their life?
- How have I built my understanding of the relationships that are important to the consumer?
- How am I working with the consumer to understand their relational context, including how these relationships support their wellbeing?
- How am I including the consumer's family, carers and supporters in my decision-making?



Considerations for managers and leaders

- How do we assess and respond holistically to diverse needs in our care, treatment and support?
- How do our policies and procedures involve consumers, families, carers and supporters in our service model and ways of working?
- How do we involve people with lived experience in the design of our policies and procedures?
- Do we have collaboration pathways and networks to help us respond to the needs of all members of our community?
- Do we provide training for staff on person-centred, holistic care? Do we embed stories from families, carers and supporters in our training material?
- Do our recruitment and evaluation processes include questions about holistic and person-centred approaches?

3. All practice focuses on the consumer's strengths and wellbeing



Services, teams and practitioners work together with consumers and their families, carers and supporters to identify the person's strengths and support recovery and wellbeing.

What this looks like in practice

All care, support and treatment recognises the following:

- Everyone has the capacity for positive health and wellbeing.
- All people have strengths, including relationships, that can and should support their recovery.
- Recognising a person's strengths supports them to feel good about themselves and believe in their own recovery.



Considerations for the workforce

- How do I promote a message of hope and optimism, supported by realistic goal setting?
- How do I actively draw on and foster the person's strengths, resilience and personal resources?
- How do I include the person's family, carers and supporters in my decision-making?
- How do I engage with the person to develop a collaborative and inclusive approach to care?



Considerations for managers and leaders

- How does our organisation support its workforce to focus on people's capabilities and strengths, rather than their deficits?
- How do we privilege the person's thoughts and values, and incorporate them into our approaches?
- How do our care plans, tools and approaches support strengths, goals and aspirations?
- How do we embed people's personal agency, self-esteem and overall wellness in our care, treatment and support?
- How do our services promote protective factors, including partnerships, networks and supports?



4. All practice is trauma-informed

Services, teams and practitioners understand trauma and its prevalence among people who use mental health services. They understand and respond to the neurological, biological, psychological and social effects of trauma.

What this looks like in practice

Care, support and treatment emphasises physical, psychological and emotional safety for consumers, families, carers and supporters. It seeks to help people rebuild a sense of control and empowerment.

All care, support and treatment will be mindful of and respond appropriately to trauma and its impact on the mental health and wellbeing of consumers, families, carers and supporters. It understands the prevalence of trauma among consumers accessing mental health and wellbeing supports.

Service providers move from a caretaker role to a collaborator role. This approach is at the heart of the transformed mental health and wellbeing system. The entire workforce has a foundational awareness of how trauma affects consumers' lives.



Considerations for the workforce

- How do I create a safe and inclusive environment in my engagements and interactions?
- How do I show the consumer that I have listened to them and want to and am seeking to understand their experiences?
- Do I focus on consumers' experiences when I seek to understand them and their needs?
- Do I regularly update my trauma-informed awareness and practice?
- Do I apply trauma-informed principles in all my interactions with consumers, including: safety, trustworthiness, choice, collaboration and empowerment?
- Do I monitor the effect my work has on me? Am I practising self-care strategies as part of my responsibilities to myself, consumers and colleagues?
- Do I seek to understand whether the consumer has been harmed previously by services? If they have, how do I think about how this might affect their relationships with me and other staff?
- How do I enable, foster and support a safe and inclusive environment?



Considerations for managers and leaders

- How do we build awareness of the impacts of trauma?
- How do we balance service outputs against the importance of relationships?
- How have I, as a leader, embedded trauma-informed principles at all levels? Does this include the physical environment of services, procedures, professional development and practice guidelines?
- How do we consider the risk of vicarious trauma? Does our workforce know that personal awareness, conduct and self-care have major implications for their work with consumers?
- How do our recruitment, training and development policies and procedures follow trauma-informed principles? Does the organisation provide regular reflective supervision practice?
- Do all levels and aspects of our services use apply trauma-informed principles, including: safety, trustworthiness, choice, collaboration, empowerment?

5. All practice is culturally safe and responds to diversity



Services, teams and practitioners understand that Victoria's population is diverse. They respond to the consumer's unique background and needs. This includes personal and cultural identity, values, beliefs, language and circumstances.

All care, support and treatment is safe and inclusive. It incorporates principles of respect, inclusion, equity, compassion and cultural safety. It values shared respect, knowledge and learning.

Care, support and treatment recognises that people's needs will vary depending on their culture, language, background and identity.

What this looks like in practice

All care, support and treatment respects and responds to the cultural needs and diverse identities of individual consumers. People providing care use and advocate for culturally safe practices. They understand and recognise different types of diversity and the barriers that individuals face.

Care, support and treatment is safe and respectful.

Service delivery is adapted to meet the diverse needs and background of the individual.



Considerations for the workforce

- How do I consider barriers to care? What do I do to find and implement practical solutions to make sure people from diverse communities can access our service?
- How do I improve my understanding of culturally safe engagement and practice?
- How do I consider what I need to do differently to be more culturally safe and responsive?



Considerations for managers and leaders

- How do we create and maintain awareness of unconscious bias?
- How do we support our workforce to think about consumers' different needs and backgrounds?
- How do we provide a safe and inclusive environment for all?
- How do we support staff to deliver diversity-responsive and culturally safe care?
- How do we review training and development in diversity-responsive and culturally safe care to ensure it is up to date?
- How do we include language and cultural factors in service design and delivery?
- How do we embed a zero-tolerance approach to racism and discrimination?



6. All practice is ethical and grounded in human rights

Services, teams and practitioners act ethically and with integrity in everything they do. They work in accordance with the principles, objectives and specific provisions of relevant legislation.

They support consumers, families and carers to make decisions about their own care, treatment and recovery. They use human-rights approaches that challenge stigma and discrimination and prioritise strengths-based recovery and wellbeing.

What this looks like in practice

All service delivery, engagement and interactions are ethical and informed by relevant human rights responsibilities. They empower individuals to make their own decisions.

Services uphold and respect individuals' rights and values.

Services promote and prioritise safety across the workforce.

Human rights responsibilities and ethical practice underpin all care provision.



Considerations for the workforce

- How do I ensure that ethical practice underpins all my interactions with consumers, families, carers and supporters?
- How do I ensure that I support consumers to actively engage in decision-making?
- How do I acknowledge consumers' backgrounds, needs, strengths and treatment preferences?
- How do I include families, carers and supporters in decision-making wherever possible?



Considerations for managers and leaders

- How do we integrate human rights principles and practice into our everyday work?
- How do we model ethical behaviour and ethical decision-making?
- How do we consider and incorporate lived experience insights to support our reflective practice?
- How do we reward behaviour that aligns with ethical and rights-based behaviours?
- How do we ensure people's rights are being protected?

7. All practice is respectful, compassionate and collaborative



Services, teams and practitioners at all levels actively involve, value and respect all types of expertise, including lived experience expertise. They use mutual respect, compassion and collaboration in all their relationships. This includes professional relationships as well as with consumers, families, carers and supporters. All practice is respectful, compassionate and collaborative

What this looks like in practice

All care, support and treatment is respectful and compassionate. We work collaboratively to ensure mutual respect is present at every point of care.

Care, support and treatment respects the individual at all times.

We value and consider different perspectives, experiences and expertise.

Service delivery, where possible, caters to the needs of the consumer and their family, carers and supporters.

Services, teams and practitioners respect colleagues with diverse backgrounds, experience and professional types. They understand the importance of diverse expertise in people's treatment.



Considerations for the workforce

- How do I incorporate the consumer's values and ways of thinking into my practice?
- How do I work collaboratively with the consumer to develop an inclusive approach?



Considerations for managers and leaders

- How do we create and maintain a culture that is compassionate, genuinely collaborative and authentic?
- What do we value in our team? Do we celebrate respectful and collaborative interactions and engagements?
- How do we build the capacity of our team to think about approaches that enhance respect and reciprocity?

Section 5: Capabilities

Embedding responsible, safe and ethical practice	31
Working with Aboriginal consumers, families, and communities	34
Working with diverse consumers, families, and communities	37
Understanding and responding to trauma	40
Understanding and responding to mental health crisis and suicide	43
Understanding and responding to substance use and addiction	46
Understanding and responding to family violence	49
Working effectively with families, carers and supporters	53
Delivering holistic and collaborative assessment and care planning	56
Delivering compassionate care, support and treatment	59
Promoting prevention, early intervention and help-seeking	62
Supporting system navigation, partnerships and collaborative care	65
Enabling reflective and supportive ways of working	68
Embedding evidence-informed continuous improvement	71
Working effectively with digital technologies	74

Section 5: Capabilities

This framework organises the capabilities into domains that represent key areas of practice in the mental health sector.

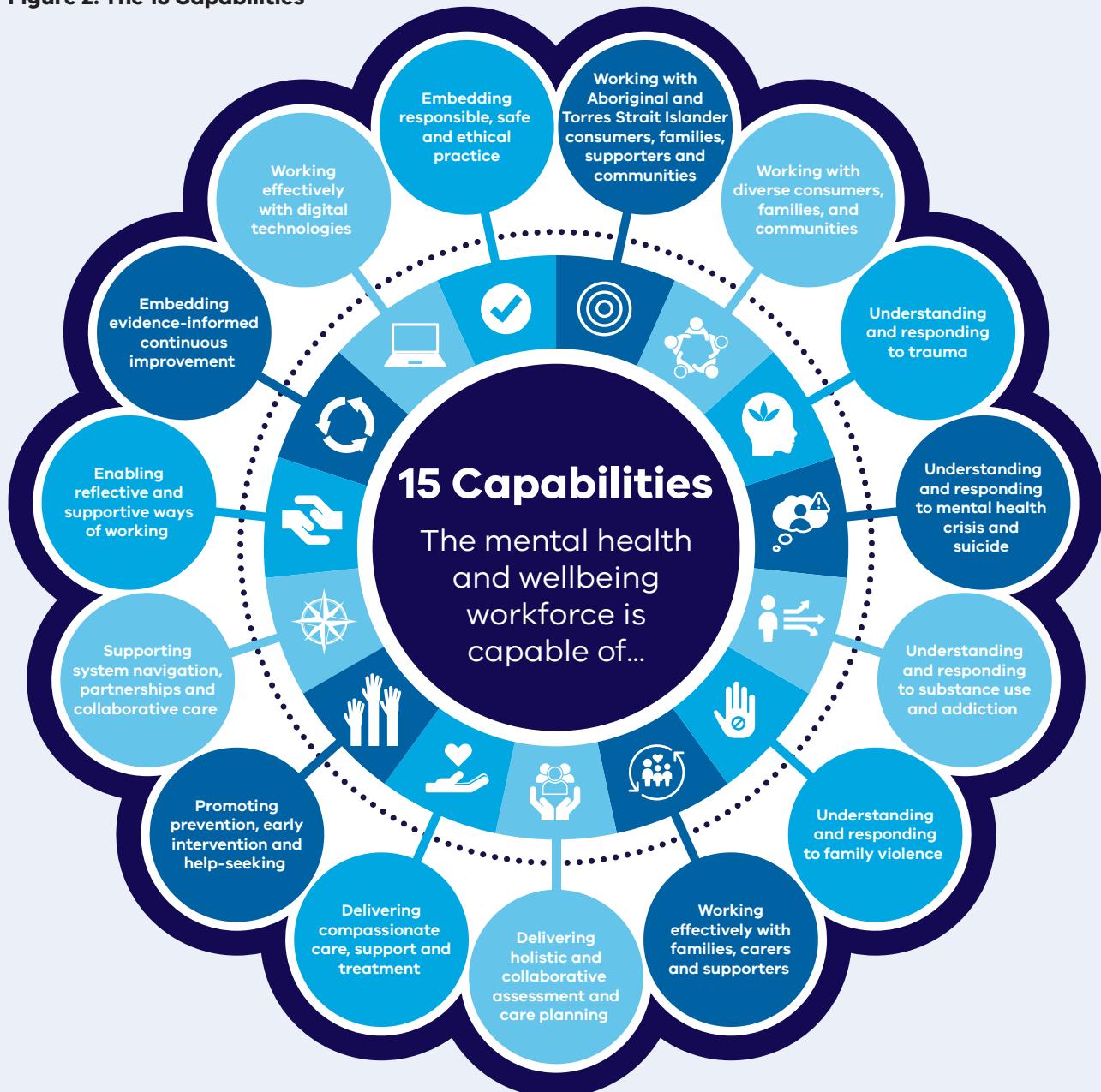
We consider these capabilities from the perspectives of the consumer, family, carer and workforce, to ensure that practice remains person-centred. Each capability also includes a collective outcome.

We also set out the desired knowledge and skills for all members of the workforce in the mental health sector.

Taken together, the capabilities aim to strengthen and support the Victorian mental health workforce to be able to meet the needs of consumers, families, carers and supporters into the future.

The following table provides an overview of the capabilities and their definitions.

Figure 2: The 15 Capabilities





1. Embedding responsible, safe and ethical practice

Care, support and treatment is consistent with professional, legal and ethical codes of conduct and practice. It respects and protects the preferences and rights of consumers, families, carers and supporters. All interactions, including supported decision-making, are consistent with human rights frameworks.



2. Working with Aboriginal and Torres Strait Islander consumers, families, supporters and communities

Care, support and treatment enables Aboriginal consumers, families, supporters and communities to achieve resilience, self-determination and empowerment. It also seeks to provide a sense of identity and belonging. Collaboration with Aboriginal people requires a holistic view of Aboriginal social and emotional wellbeing, where connectedness and relationships are central. This includes connection to Country and culture, spirituality and ancestors, family and community. It also recognises the influence of past experiences, broader social factors and physical health on wellbeing.



3. Working with diverse consumers, families and communities

Care, support and treatment is culturally safe and welcoming for all people. It recognises and celebrates diversity. Culturally safe and diversity-responsive approaches extend to consumers, families, supporters and communities. These approaches acknowledge the many forms of often intersecting diversity, including diverse cultural, linguistic and faith communities, people with a disability, LGBTIQ+ people and people with many other backgrounds, attributes and characteristics.



4. Understanding and responding to trauma

Care, support and treatment recognises the prevalence of trauma. It uses trauma-informed approaches to empower consumers in their recovery by emphasising autonomy, collaboration and strength-based approaches. Care, support and treatment recognises that people can be traumatised through their engagement with mental health services and treatment, and takes action to minimise this at every point.



5. Understanding and responding to mental health crisis and suicide

Care, support and treatment recognises risk and protective factors. It uses strategies to respond to crisis and risk, including involving the person's family, carers and supporters. Services understand the impact of grief following suicide and provide support for families, carers, supporters, communities and the workforce.



6. Understanding and responding to substance use and addiction

Care, support and treatment recognises that people experiencing psychological distress or mental illness often have intersecting needs and preferences. Services, teams and practitioners recognise the prevalence of co-occurring substance use and addiction among mental health consumers. They ensure substance use and addiction treatment is integrated with support for the person's other mental health needs.



7. Understanding and responding to family violence

Services, teams and practitioners recognise the prevalence of family violence across the social spectrum. All care, support and treatment adopts a rights-based approach that prioritises safety, agency and empowerment through cross-sector and cross-discipline collaboration and teamwork.



8. Working effectively with families, carers and supporters

Care, support and treatment recognises that the consumer lives within the context of family and other relationships. It involves family and other supportive people through practice models that deliver benefits for the consumer and their families, carers and supporters.



9. Delivering holistic and collaborative assessment and care planning

Care, support and treatment undertakes collaborative planning, decision-making and action. It does this by sensitively exploring and actively engaging with the person and their family, carers and supporters to understand people's differing needs.



10. Delivering compassionate care, support and treatment

Care, support and treatment uses tailored approaches with demonstrated effectiveness. It is delivered with empathy and compassion.



11. Promoting prevention, early intervention and help-seeking

Care, support and treatment facilitates wellbeing and resilience by promoting prevention, early intervention and help-seeking. Engagement empowers individuals, families and communities to enhance their strengths. It also provides them with resources to support personal health and wellbeing goals.



12. Supporting system navigation, partnerships and collaborative care

Care, support and treatment helps people to navigate the mental health and wellbeing system. This includes providing service and referral options and pathways that enable continuity of care and individual choice.



13. Enabling reflective and supportive ways of working

Care, support and treatment uses critical reflection to recognise the interpersonal dynamics, assumptions and patterns that may arise when working with consumers, families, carers and supporters.



14. Embedding evidence-informed continuous improvement

Care, support and treatment is informed by current and emerging evidence. It is underpinned by active, ongoing evaluation of quality and effectiveness. Evidence is drawn from multiple sources, including lived and living experience expertise.



15. Working effectively with digital technologies

Care, support and treatment uses online and other digital technologies to improve mental health and wellbeing. This includes access to information, service delivery, education, promotion and prevention. Services, teams and practitioners use digital technologies to enable accessible, holistic, person-centred and integrated care. Technologies may include apps, portals, social media, smartphones, augmented or virtual reality, wearables, activity tracking, e-referral, notifications and artificial intelligence.



1. Embedding responsible, safe and ethical practice

Care, support and treatment is consistent with professional, legal and ethical codes of conduct and practice. It respects and protects the preferences and rights of consumers, families, carers and supporters. All interactions, including supported decision-making, are consistent with human rights frameworks.

Consumer outcome statement

“ My care, support and treatment is ethical at all times. My rights are respected, upheld, promoted and communicated clearly to me. My dignity is actively ensured. I am responded to with compassion. I am supported to seek redress when this does not occur. ”

Carer and family outcome statement

“ Our rights are respected, upheld and communicated clearly to us. Our contribution and perspective is valued. We are considered and engaged throughout care. We are responded to with dignity and compassion. Our safety is prioritised at all times. We are supported to seek redress when this does not occur. ”

Workforce outcome statement

“ We work within national, professional, legal and local codes of conduct, practice and legislation as required by our role and discipline.

We uphold and communicate the rights of consumers, families, carers and supporters in every interaction with the system. We empower people to make informed decisions that promote their safety and wellbeing.

We are a respected and valued workforce. Our workplace is safe and supportive. We are supported to seek redress when this does not occur. ”

Collective outcome statement

“ Together, we contribute to an ethical mental health and wellbeing system that respects and upholds the rights of everyone. We are all informed about and understand how to seek redress when this does not occur. Redress and complaints processes are trauma-informed and underpinned by human rights. These processes lead to a safer, fairer system. ”

Key knowledge and skills

WHOLE MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- current and emerging human rights frameworks and practices
- that human rights include, but are not limited to, the right to autonomy and self-determination, safety, freedom from coercion, and treatment in a non-discriminatory and minimally restrictive way
- current legislation, frameworks, guidelines, policies and codes of practice that relate to delivering safe and responsive care to consumers, families, carers, supporters and communities
- concepts of confidentiality, informed consent, privacy and information sharing, and the associated practice implications.

The mental health and wellbeing workforce will:

- promote, respect and protect the rights and responsibilities of consumers, families, carers and supporters
- remove barriers that limit people's rights
- maintain a current understanding of, and commitment to, a human rights framework
- maintain a current understanding of, and commitment to, the scope of practice set out by national, professional, legal and local codes of conduct and practice
- promote supported decision-making, self-determination and choice
- advocate for and create safe and healing spaces
- challenge stigmatising attitudes, discrimination, and exclusion
- work to reduce and eliminate restrictive practices.

CARE, TREATMENT AND SUPPORT ROLES

Those in care, support and treatment roles will:

- practise ethically
- uphold the rights of consumers, families, carers and supporters
- apply concepts of self-determination, privacy and confidentiality, consent and information sharing, and understand and manage the associated practice implications
- ensure that consumers, families, carers and supporters actively shape their care, support, and treatment
- respect, protect and promote individual choice and actively facilitate supported decision-making
- adopt and advocate to reduce restrictive approaches to care
- work in ways that actively protect consumers, families, carers and supporters from violence, abuse and exploitation
- report incidences of violence, abuse and exploitation in line with guidelines and legislation
- work within their capability and demonstrate awareness of when and how to seek additional support.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- deliver or provide expert guidance and direction on ethical and supported decision-making
- deliver or provide expert guidance and direction on safe and informed risk-taking, promoting autonomy and choice
- deliver or provide expert guidance and direction on safe de-escalation techniques and responses to aggression and violence
- provide expert guidance and direction to support understanding and application of mental health and other legislation
- provide expert guidance and direction on the applicability and practice implications of relevant legal and human rights for consumers, families, carers and supporters
- provide expert guidance and direction on the human rights implications of approaches to care, support and treatment, and champion ethical, safe and responsive practice and approaches.

LEADERSHIP ROLES

Those in leadership roles will:

- embed ethical and human-rights informed ways of working
- embed active and ongoing reflective practice focused on responsible, safe and ethical practice
- provide meaningful opportunities for ongoing learning that promotes ethical, safe and responsive care, support and treatment
- embed safe and supported accountability mechanisms (for example, feedback and complaints processes) to ensure care, support and treatment is ethical, safe and responds to the needs and preferences of consumers, families, carers and supporters
- actively work towards the elimination of seclusion and restraint
- advocate for continuous improvement of the mental health and wellbeing system
- lead by example by delivering and demonstrating responsible, safe and ethical workspaces for all.

Reflective practice questions

How have I supported those I am working with to understand their rights and responsibilities?

How can I further develop my skills to ensure responsible, safe and ethical practice?

How have I used the concept of proportionality to ensure I am giving proper consideration to human rights, and acting compatibly with them, when making decisions?

2. Working with Aboriginal consumers, families, and communities



Care, support and treatment enables Aboriginal consumers, families, supporters and communities to achieve resilience, self-determination and empowerment. It also promotes a sense of identity and belonging. Collaboration with Aboriginal people requires a holistic view of Aboriginal social and emotional wellbeing, where connectedness and relationships are central. This includes connection to Country and culture, spirituality and ancestors, family and community. It also recognises the influence of past experiences, broader social factors and physical health on wellbeing.

Consumer outcome statement

“ My understanding of wellbeing is respected, supported and central to all engagement. This includes my connection to spirituality, ancestors, land, culture, community, family, kinship, mind, emotions and body. I am empowered to make decisions about the care, support and treatment that is right for my social and emotional wellbeing. ”

Carer and family outcome statement

“ Our connection as family, kin and community informs the understanding of social and emotional wellbeing. Care, treatment and support follows the principles of self-determination. We are considered and included in the care and treatment of the person we support. ”

Workforce outcome statement

“ We consider the broad dimensions of social and emotional wellbeing, prioritising Aboriginal self-determination.

We embrace culturally responsive practices and use preferred language. We work respectfully with Aboriginal people, in line with relevant local, state and national guidelines, policies and frameworks.

We are committed to decolonising our practice. We recognise the resilience and wisdom of Aboriginal people and communities. We will build a culture of ongoing learning and listening, to better understand the needs of Aboriginal people, their families and communities. ”

Collective outcome statement

“ Together, we contribute to a system that recognises, understands and supports the wisdom and resilience of Aboriginal people. We recognise the impacts of colonisation and intergenerational trauma. We seek to create a system that is safe, nurturing and culturally responsive. ”

Aboriginal self-determination [will be] respected and upheld in the design and delivery of treatment, care and support, and Aboriginal people can choose to receive care within Aboriginal community-controlled organisations, within mainstream services or a mix of both. Irrespective of where treatment, care and support is delivered for Aboriginal people, communities and families, it is fundamental that it is safe, inclusive, respectful and responsive (Royal Commission into Victoria's Mental Health System, *Final report*, Volume 3, p 143.)

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- current Victorian guidelines, policies and frameworks that guide culturally safe and responsive care for Aboriginal consumers, families, carers, supporters and communities
- the importance of self-awareness in culturally safe practice
- Australian precolonial and postcolonial history, including the Stolen Generations, and the impact of colonisation on Aboriginal health and wellbeing
- social determinants of Aboriginal health and wellbeing, including political, social and historical determinants
- Aboriginal concepts of social and emotional wellbeing, including the central importance of connectedness to emotional, physical, cultural and spiritual wellbeing
- the importance of relationships to cultural safety and cultural responsiveness, and how to work towards these objectives at an individual, community and systemic level
- Aboriginal self-determination, and that it is enshrined in state legislation and central to Closing the Gap
- preferred language, terminology and understandings of mental health informed by current Aboriginal policy directives and persons, including concepts of family and kin, and concepts of healing.

The mental health and wellbeing workforce will:

- practise cultural safety, build effective and meaningful relationships and adapt language and approaches. This will occur in line with Aboriginal guidelines, policies and frameworks that have been developed in collaboration with Aboriginal stakeholders and communities
- adapt practices to respond to the needs of Aboriginal consumers, families, carers, supporters and communities
- recognise and respond holistically to the cultural aspects of a person's experience. This includes institutional racism, intergenerational trauma, spirituality and healing. It also includes creating a safe space for Aboriginal people to understand and make meaning from their story
- reflect on their own level of competency in supporting Aboriginal cultural safety, preventing bias and discrimination. This includes identifying improvements for ongoing development
- recognise and respond to the inherent cultural load experienced by Aboriginal members of the workforce
- respect the diverse roles and expertise of all workforces to collaborate to share the workload and provide the best care and support for consumers, families, carers and supporters.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- respect and seek to understand how Aboriginal consumers, families, and communities relate to their spirituality, ancestors, land, culture, community, family, kinship, mind, emotions and body. This includes social and emotional wellbeing, and recognising diversity within and between Aboriginal communities
- build self-awareness of our level of expertise and the influence of our own culture, experience, social networks and education. This will help us to respond safely and effectively to achieve the best outcomes for consumers, families, carers and supporters
- respect and seek out alternative sources of advice and guidance in the community to enhance understanding and practice
- support Aboriginal self-determination by providing care, treatment and support in line with preferences

- acknowledge and work to overcome discrimination and barriers to access for Aboriginal consumers, and their families, carers, supporters and communities
- collect and record data or information regarding Aboriginal status in line with the principle of self-identification and informed consent.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- embed Aboriginal concepts of social and emotional wellbeing and approaches to care and support into programs
- foster culturally safe and diversity-responsive ways of working
- support peers to adapt care, support and treatment to meet the needs of Aboriginal consumers, families, supporters and communities.

LEADERSHIP ROLES

Those in leadership roles will:

- embed Aboriginal voices and representation across the system
- strengthen Aboriginal employment in senior positions
- embed culturally safe and responsive ways of working
- recognise and support the wellbeing of Aboriginal members of the workforce
- embed active and ongoing reflective practice focused on working with Aboriginal people, families and communities
- provide meaningful opportunities for ongoing learning that promotes culturally safe and responsive care, support and treatment
- embed accountability mechanisms to ensure care, support and treatment is culturally safe and responds to the needs of Aboriginal people.



Reflective practice questions

How does my engagement reflect Aboriginal concepts of connectedness in relation to social and emotional wellbeing?

How do I incorporate self-determination in all interactions and engagements?

What have I done to learn about the person, their family and community?

Does the way I am working reflect self-awareness of my own level of expertise and positioning? Does this include learning opportunities for personal and professional growth with communities, peers and collaborators?



3. Working with diverse consumers, families, and communities

Care, support and treatment is culturally safe and welcoming for all people. It recognises and celebrates diversity. Culturally safe and diversity-responsive approaches extend to consumers, families, supporters and communities. These approaches acknowledge the many forms of often intersecting diversity, including diverse cultural, linguistic and faith communities, people with a disability, LGBTIQ people and people with many other backgrounds, attributes and characteristics.

Consumer outcome statement

“ Those providing care, support, information and treatment seek to understand my culture, identity and background and how this influences my understanding of health and wellbeing. My definition of family is understood, valued and informs engagement.

Different expectations and understandings of family, family engagement, cultural expectations and views about health and wellbeing inform holistic responses. My needs and preferences are paramount.

I am supported by workforces who understand the importance of flexible access and connection to care and support. They consider how my diversity affects my needs.

I am culturally and psychologically safe when engaging in the mental health system. ”

Carer and family outcome statement

“ Our connection to the person we support is valued and understood. We are included in a way that is respectful of cultural and intersectional practices. Engagement with us responds to our understandings of health and wellbeing.

We are supported by a workforce who understand the importance of flexible access and connection to care and support. They consider how our diversity affects our needs.

We are culturally and psychologically safe when engaging in the mental health and wellbeing system. We are supported to engage meaningfully throughout care. ”

Workforce outcome statement

“ We recognise that diversity can exist in many forms among consumers, families, supporters and communities. We use an intersectional lens to understand those we work with.

We embrace culturally responsive and psychologically safe approaches throughout all aspects of care, support, information and treatment.

We practice in a non-discriminatory way. We are constantly aware of the effects of racism, colonisation and other form of discrimination on people’s daily lives. ”

Collective outcome statement

“ Together, we contribute to a system that is culturally responsive, psychologically safe, and based on the needs and preferences of consumers, families, carers and supporters. We recognise and negotiate people’s multiple perspectives and diverse lived and living experiences. ”

Key knowledge and skills

WHOLE MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understand:

- current Victorian guidelines, policies and frameworks that guide culturally responsive and psychologically safe care
- different types of diversity, including gender, culture, religion, disability, age, power, status, sexual preference and values systems
- the multiple forms of discrimination and disadvantage, including those articulated in Victorian and Commonwealth discrimination legislation
- the unique and individual ways that people from diverse communities and their families, carers and supporters relate to their own culture and community
- intersectionality, and how it influences the way people engage with the mental health and wellbeing system.

The mental health and wellbeing workforce will:

- ensure care, support and treatment is respectful and responds to the diverse backgrounds and identities of consumers and their families. This includes accepting the legitimacy of differences in realities and experiences for all consumers, carers and families
- embed cultural safety practices, language use and approaches in line with people's needs and those of their personal supports. This includes using relevant guidelines, policies and frameworks developed in collaboration with diverse people and communities
- draw on community resources, interpreters (AUSLAN and languages other than English), and other support services to ensure clear communication and comprehension
- promote safe and sustainable engagement with personal supports, including interpreters (AUSLAN and languages other than English), carers and families
- reflect on their own level of awareness and competency in supporting cultural safety and diversity. This includes how they prevent

discrimination and bias, and identifying improvements for ongoing development

- examine their own assumptions and understanding of historical and social contexts
- work to shift authority and power from systems and organisations to consumers, families, carers and supporters
- recognise and respond to the inherent cultural load experienced by diverse members of the workforce
- acknowledge the role of all workforces have in sharing the load.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- seek to understand how the consumer relates to their identity, culture and community, and how this might influence their needs and preferences
- consider different beliefs about health and values when shaping care, support and treatment with consumers, families, carers and supporters
- recognise and respond to the consumer's context. This includes their experience of intergenerational trauma, marginalisation and other aspects of structural inequity
- adapt care, treatment and support to the consumer's needs
- seek to overcome barriers to accessing by using cultural advisers and interpreters
- recognise the power dynamics that arise when working with interpreters. Work alongside interpreters in ways that support client centred outcomes.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- guide understandings and workforce capabilities in safe exploration of diversity
- guide understandings of culturally safe approaches and ways of working that respond to diversity
- support peers to adapt care, support and treatment to meet the needs of diverse consumers, families, supporters and communities
- support and guide the use of interpreters to deliver outcomes as appropriate.

LEADERSHIP ROLES

Those in leadership roles will:

- embed diverse voices and representation throughout services and the system
- embed culturally safe and responsive ways of working
- recognise and support the wellbeing of members of the workforce from diverse communities
- embed active and ongoing reflective practice that focuses on working in ways that are culturally safe and respond to diversity
- provide meaningful opportunities for ongoing learning that promotes culturally safe and responsive approaches to care, treatment and support
- embed accountability mechanisms to ensure care, support and treatment is culturally safe and responds to the needs of diverse individuals, carers, and families.

Reflective practice questions

What have I done to learn about the person, their family and community?

How have I addressed power differentials? How am I mirroring the language used by the person and family to show I am listening and curious?

How have I used my knowledge of my own cultural background to understand assumptions I may be making in my practice?

How have I or my organisation ensured that consumers accessing my service are able to engage in our services?

What have I done do to prepare myself to work with an interpreter?

4. Understanding and responding to trauma



Care, support and treatment recognises the prevalence of trauma. It uses trauma-informed approaches to empower consumers in their recovery by emphasising autonomy, collaboration and strength-based approaches. Care, support and treatment recognises that people can be traumatised through their engagement with mental health services and treatment and takes action to minimise this at every point.

Consumer outcome statement

“ Care, support, information and treatment recognises all my experiences. It acknowledges, understands and responds to the effects of my experience of trauma with care and compassion.

Care, support, information and treatment recognises that I can be traumatised or retraumatised by the way they engage with me. This includes when they use restrictive or coercive approaches, and when my choice and control is limited. ”

Carer and family outcome statement

“ Care, treatment and support for the person we care for engages with us in ways that acknowledge, understand and respond to the effects of trauma.

Our experience of trauma, whether personal, intergenerational or vicarious, is acknowledged. We are supported and understood, alongside the person we care for. ”

Workforce outcome statement

“ We recognise that trauma can affect mental health and wellbeing. We do all we can to provide responses that respond to trauma. We seek to minimise the potential for harm, traumatisation, or retraumatisation.

We recognise the experience and impact of trauma on particular communities including but not limited to first nations, refugees, people who use alcohol and other drugs, people living with disability and LGBTIQ people.

We also acknowledge the effects of trauma, including vicarious trauma, on our wellbeing, safety and practice. We are supported in our workplace. We receive regular reflective practice supervision and ongoing professional development in trauma. ”

Collective outcome statement

“ Together, we contribute to a system that prioritises safety, trustworthiness, choice, collaboration, and empowerment. The mental health and wellbeing system minimises the potential for harm, traumatisation and retraumatisation. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the concepts and applications of trauma-informed practice. These include trauma awareness, promoting safety, rebuilding control, focusing on strengths, promoting connection and belief in recovery
- that consumers, families, carers and supporters experience traumatic events differently
- that the effects of trauma depend on factors such as age, culture, background, social context and previous experiences of trauma, including its duration, frequency and extent
- the prevalence of trauma, including the extent to which trauma is reproduced by and within health services
- the importance of forming collaborative relationships in trauma-informed practice and care
- the importance of minimising interactions and situations that remind people of their traumatic experience and cause distress
- treatment, care and support aims to be culturally safe and responsive, including reducing discrimination and stigma that can worsen the effects of trauma
- that establishing a sense of physical and psychological safety is foundational to all engagement for both consumers and the workforce
- that early experiences of trauma shape development and can have an ongoing influence on a person's experience of themselves, others and their environment
- that people have their own unique ways of coping with trauma. Workers should aim to understand and harness these strategies where appropriate, and minimise labelling or stigmatising negative coping behaviour.

The mental health and wellbeing workforce will:

- value the knowledge and lived experience of people who have experienced violence, trauma, and other adverse experiences

- create safe, supportive and enabling environments that minimise the risk of traumatic experiences and retraumatisation
- respond compassionately to consumers, families, carers and supporters. This includes seeking to understand the person's experience, and the unique ways people and families cope with trauma
- maximise trustworthiness with consumers, families, carers and supporters by communicating information, processes and roles clearly and consistently
- provide accessible information, and ensure processes and care respond to the person's gender, culture and identity
- maximise choice and control for consumers, families, carers and supporters
- collaborate with consumers, families, carers and supporters to build skills, confidence and empowerment
- identify systemic factors that make trauma worse, and advocate to overcome these barriers or find ways to mitigate their impacts.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- be mindful of the possibility of trauma in the lives of everyone seeking support
- apply the core principles of safety, trustworthiness, choice, collaboration and empowerment, and respond appropriately to trauma disclosure
- support trauma survivors, including people from diverse backgrounds
- minimise the risk of retraumatisation and promote healing
- promote physical and psychological safety for everyone. This includes identifying and effectively responding to current experiences of abuse and violence
- recognise the different ways people respond to trauma how this affects help-seeking and relationships
- collaborate with consumers, families, carers and supporters and affirm their strengths and resources
- focus on the whole context in which a service is provided so that the service environment and systems support safety, choice and collaboration.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- provide expert guidance and direction to support trauma-informed practices
- support peers to adopt trauma-informed ways of working
- support education and training initiatives for trauma-informed practice
- use best practice interventions and understand the importance of care coordination in promoting choice and control.

LEADERSHIP ROLES

Those in leadership roles will:

- embed principles of trauma-informed practice across the system, including in the design and delivery of care, support and treatment
- put in place meaningful systems to gather feedback from consumers, carers, families and supporters. Ensure that this continuously informs ongoing service review, planning and design
- prioritise staff's physical and psychological safety when they disclose vicarious trauma or direct exposure to traumatic incidents, and access training to help you do this
- ensure there are people with lived experience of trauma working at all levels of the system, including leadership
- work in partnership with people with lived and living experience to co-design strategies, policies and targets to embed trauma-informed practice across the mental health and wellbeing system
- provide meaningful opportunities for ongoing learning on trauma-informed care, support and treatment for all staff
- embed accountability mechanisms to ensure care, support and treatment is trauma-informed.

Reflective practice questions

How do I promote a sense of physical and psychological safety in all engagements with consumers and workers?

How do I consider what is happening for this person (rather than what has happened to this person)?

How do I demonstrate respect and understanding for someone's experience, recognising that previous experience shapes our responses?

What do the people using our services need to know in order to feel like they have choice and are in control?

How do I ensure that our service takes a strengths-based approach to care?

How do I communicate hope for recovery for consumers, carers, families and supporters?

5. Understanding and responding to mental health crisis and suicide



Care, support and treatment recognises risk and protective factors. It uses strategies to respond to crisis and risk, including involving the person's family, carers and supporters. Services understand the impact of grief following suicide and provide support for families, carers, supporters, communities and the workforce.

Consumer outcome statement

- “ I am listened to and responded to with care and concern when I am in crisis. I feel heard.
- I am supported to navigate the mental health and wellbeing system. I can access and receive collaborative care and crisis support that meets my needs in a timely way. This care supports me through my crisis safely and completely.
- I am actively engaged in a process of collaborative planning and supported decision-making. I lead the development of an agreed plan that ensures my safety and wellbeing. ”

Carer and family outcome statement

- “ Our concerns are heard and responded to. They inform a plan that encompasses the safety and wellbeing of everyone involved.
- We are confident that the person we support is in safe hands and actively engaged in a process of supported decision-making.
- We are enabled to navigate the mental health and wellbeing system and access collaborative care and crisis support at all times.
- The effects of mental health crisis and suicide on families, carers and supporters is recognised and responded to. ”

Workforce outcome statement

- “ We understand the unique social, economic, historical, and environmental factors that contribute to a person's psychological distress, mental health crisis and/or suicidality. We feel confident to support the person, their family, carers and supporters to manage these risk factors in safe and minimally restrictive ways.
- We recognise the effects of psychological distress and mental health crisis on the whole family and person's support network. We support consumers, families, carers, and supporters to navigate and access collaborative care and crisis support. ”

Collective outcome statement

- “ Together, we contribute to a system that recognises and responds to the unique needs of everyone affected by psychological distress, mental health crisis and/or suicide. We work together to understand the person's context and provide support to families, carers and communities at every point of care. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the range of life circumstances and social determinants that affect psychological distress, mental health crisis and suicidality
- early warning signs of mental health crisis and suicide risk, including burnout and vicarious trauma, as well as risk and protective factors
- that self-harm is different to suicidality, but they can coexist
- the importance of transparent and collaborative risk assessment and care planning
- the supports and services that respond effectively to psychological distress, mental health crisis and suicidality
- responsibilities and reporting obligations relevant to risk, including self-harm, suicide and safeguarding.

The mental health and wellbeing workforce will:

- incorporate messages of hope and optimism in all interactions with consumers, families, carers and supporters
- maintain current knowledge and understanding of responding to suicide risk and crises. This includes being able to identify early warning signs of mental health crisis and suicidality. It also includes escalation to appropriate supports in accordance with the preference of consumers, families, carers and supporters while managing safety
- connect consumers, families, carers and supporters to both crisis support and longer-term support
- guide access to specialist bereavement and aftercare support
- seek support to debrief and prioritise their own self-care.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- recognise and respond to psychological distress, mental health crisis with compassion, and in ways that maximise autonomy and choice
- use evidence-based counselling modalities and therapeutic interventions when working with consumers, families, carers and supporters
- integrate understanding of suicidality into a broader understanding of the person and their context, including strengths and challenges
- ensure that people experiencing mental health crisis are supported to access suitable and ongoing care, support and treatment according to their needs and preferences and those of their families, carers and supporters
- collaboratively assess risk and plan care with consumers, families, carers and supporters while articulating and upholding their rights
- collaboratively develop safety plans tailored to the needs and preferences of consumers, families, carers and supporters
- prevent and manage aggression, self-harm and challenging behaviours. This includes by safely engaging and connecting, conducting comprehensive risk assessments and using safe de-escalation techniques. Always ensure the least restrictive means are used
- empower consumers, families, carers and supporters to support their mental health and wellbeing by giving people evidence-informed self-management tools and resources.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- respond to or provide expert guidance to support understanding of mental health crisis, self-harm and suicide
- provide psychological and suicide distress support based on the needs of individuals
- respond to or provide expert guidance to support understanding of specialist bereavement and aftercare support
- respond to or provide expert guidance to support understanding of critical incident response and debriefing at the individual or community level
- recognise when legal and ethical obligations may apply. Engage the assistance of senior staff and other professionals to implement care, support and treatment
- undertake or contribute to dedicated research into mental crisis, suicide and self-harm.

LEADERSHIP ROLES

Those in leadership roles will:

- embed safe and ethical approaches to crisis and suicide response
- foster cultures of transparency and support open discussions around risk and safety planning
- foster cultures that support safe and positive risk-taking, promoting consumer choice and agency, balancing workforce wellbeing and safety
- provide safe and supported working environments to minimise the risk of aggression, self-harm and other challenging behaviours
- ensure there are escalation processes in place to address issues of risk
- embed regular supervision practices, debriefing and supports for staff
- provide expert guidance and direction relating to fulfilling legal and ethical obligations.

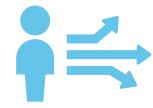
Reflective practice questions

How do I actively engage the person in options related to what they are experiencing?

How do I support the person to feel they have power and control?

How do I pick up on life protectors and promoters and use these in my engagements?

6. Understanding and responding to substance use and addiction



Care, support and treatment recognises that people experiencing psychological distress or mental illness often have intersecting needs and preferences. Services, teams and practitioners recognise the prevalence of co-occurring substance use and addiction among mental health consumers. They ensure substance use and addiction treatment is integrated with support for the person's other mental health needs.

Consumer outcome statement

“ I experience integrated responses to both my mental health and substance use concerns. This includes connection to services and supports that respond to both my mental health and substance use concerns.

I feel respected, hopeful, and empowered to address these related but distinct needs. ”

Carer and family outcome statement

“ We have the information and strategies we need to play our important role in the care and treatment planning for the person we support. We feel valued, supported, included and hopeful about the future. ”

Workforce outcome statement

“ We recognise the intersectional and related nature of trauma on mental health and substance use, gambling and other addictive behaviours. We provide integrated treatment that responds to co-occurring mental health and substance use, gambling and addictive behaviours. We acknowledge that harm reduction is an effective evidence-based approach to substance use. ”

Collective outcome statement

“ Together, we contribute to a system that effectively provides an integrated treatment, care and support response to people experiencing both mental health and substance use, gambling, or addiction needs. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- that substance use, gambling and other addictive behaviours commonly occur among people with mental health needs
- the effects of compounded stigma and discrimination associated with co-occurring mental health needs and substance use, gambling and other addiction behaviours. These include barriers to accessing quality care, support and treatment
- the risks, harms and unwanted outcomes associated with experiencing co-occurring mental health needs and substance use, gambling and other addictive behaviours
- that integrated care can lead to improved outcomes for people with co-occurring needs
- that people who receive siloed or non-integrated care for co-occurring needs are at risk of harm
- that people may be at different stages of change in relation to their mental health needs and any co-occurring substance use, gambling or other addictive behaviours
- local pathways to access secondary consultation for people experiencing co-occurring mental health and substance use, gambling, or other addictive behaviours
- the effects of different substances and severities of substance use issues on a person's mental health
- what constitutes integrated treatment (as distinct from sequential or parallel treatment) and local approaches to providing or facilitating integrated treatment, care and support.

The mental health and wellbeing workforce will:

- actively welcome, engage with and meaningfully assist people to receive integrated care, treatment and support when they experience substance use, gambling and other addictive behaviours
- collaborate with people who have lived experience of co-occurring mental health and substance use, gambling and other addictive behaviours to improve the effectiveness of integrated care

- recognise the diverse care, support and treatment needs and preferences of people presenting with co-occurring mental health and substance use, gambling and other addictive behaviours
- be skilled in working motivationally and in developing helpful conversations with people co-occurring substance use, gambling or other addictive behaviours.

Care, support and treatment roles

Those in care support and treatment roles will:

- understand the possible effects of different substances, and the nature and extent of substance use, on a person's mental health
- understand how substance use, gambling and other addictive behaviours may be a way of coping with mental health difficulties, and also contribute to those difficulties
- screen people who present for mental health care, support and treatment for co-occurring substance use, gambling and other addictive behaviours
- collaboratively develop individualised treatment plans with people, their families, carers and supporters that address co-occurring needs according to their preferences
- deliver tailored responses from brief to more intensive treatment approaches for people, depending on the severity and risks in their presenting needs
- work with people around their experiences of stigma and discrimination
- recognise and respond to symptoms of withdrawal from a range of substances. Know when and how to seek support and secondary consultation for management of withdrawal
- assess and respond to the information and support needs of families, carers and supporters
- seek and provide secondary consultations, including documentation, acting on advice and providing follow up.

Technical or specialist roles

Those in technical or specialist roles will:

- provide secondary consultation to mental health and wellbeing and alcohol and other drug practitioners and clinicians across both sectors

- support education and training initiatives for mental health and alcohol and other drug practitioners and clinicians
- provide complexity-focused clinical supervision to mental health and alcohol and other drug practitioners and clinicians
- undertake or contribute to dedicated research into co-occurring mental health needs and substance use, gambling and addictive behaviours
- develop and facilitate the use of tools and resources to recognise and respond to the needs of people experiencing mental health needs and substance use, gambling, or other addictive behaviours

Those in leadership roles will:

- use co-occurring prevalence data in all agency and systemic quality improvement activities and when allocating resources
- monitor and address access to and quality of integrated treatment for people with mental health and substance use, gambling and addictions needs
- draw on the mental health and alcohol and other drug workforces' expertise to drive service and system improvements and effective outcomes
- actively promote and implement strategies and quality improvement activities to eliminate stigma related to substance use, gambling and other addictive behaviours
- develop relationships, collaboration and accessible treatment pathways with other services and sectors
- ensure that the service or system has the right practitioners and clinicians to provide integrated care
- advocate for integrated care approaches using reports, articles in professional journals, and media releases.

Reflective practice questions

What are my beliefs about people with co-occurring mental health and substance use, gambling, or addiction needs?

How can I assist a person who self-stigmatises about their experience of co-occurring needs?

What do I understand by the term mutually influencing/bi-directional when it comes to working with people with co-occurring mental health and substance use issues?

When working with people, what personal and professional strategies do I draw on to maintain hope and optimism?

What do I do to reduce stigma and discrimination against people with substance use and addiction at work and in my community?



7. Understanding and responding to family violence

Services, teams and practitioners recognise the prevalence of family violence across the social spectrum. All care, support and treatment adopts a rights-based approach that prioritises safety, agency and empowerment through cross-sector and cross-discipline collaboration and teamwork.¹

Consumer outcome statement

“ I experience integrated responses to both my mental health and family violence concerns. This includes connection to services and supports that respond to my needs.

I am supported and equipped with the knowledge and skills that inform and shape healthy, safe, equal and respectful relationships.

I feel safe, hopeful and empowered to address these related needs. ”

Carer and family outcome statement

“ We are given a safe space to discuss our experiences in confidence on initial contact. We are given further opportunities throughout care.

We are supported and equipped with the knowledge and skills that inform and shape healthy, safe, equal and respectful relationships.

People at risk of witnessing or experiencing family violence are identified early and provided with quick and effective interventions. This includes children and young people. ”

Workforce outcome statement

“ We recognise mental health and family violence issues may be related. We view integrated treatment and care for both needs as part of effective practice.

We understand that family violence does not always mean physical violence. Our awareness of family violence includes physical, sexual, psychological, emotional and spiritual violence, as well as financial and economic abuse and control.

We understand the serious risk factors that significantly increase the risk to victim survivors (adults and children). We use structured professional judgement to determine the level of risk and inform risk management responses. We understand our responsibilities to undertake risk assessment and management, including information sharing and working collaboratively.

We work collaboratively with family violence, child wellbeing and other information sharing entities and risk assessment entities to reduce barriers to care and support. ”

Collective outcome statement

“ Together, we contribute to a system that effectively identifies and responds to people experiencing both mental health and family violence concerns. ”

¹ Responding to Family Violence Capability Framework (www.vic.gov.au/family-violence-capability-frameworks).

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- that family violence occurs when a perpetrator exercises power and control over another person. This involves coercive and abusive behaviours designed to intimidate, humiliate, undermine and isolate. These behaviours can include physical and sexual abuse, as well as psychological, emotional, cultural, spiritual, social, technological and financial abuse
- the broader definition of family violence for Aboriginal communities, which includes family violence within extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Aboriginal community workers, and self-harm, injury and suicide
- that people who use violence may use their own mental health difficulties as an excuse or justification for violent or coercive behaviours
- how abuse and violence contribute to, or cause, the person's mental health difficulties
- that people who use violence may use the victim survivor's mental health as a tactic of coercive control to, for example, undermine, discredit, or isolate them from services and support workers
- when the person using violence makes suicide threats, this heightens the risk of homicide or serious harm to victim survivors
- the range and patterns of behaviours that constitute family violence, including warning signs and risk indicators across the lifespan
- how to apply an intersectional lens to understand a person's multilayered identity, life experience and experience of inequality and oppression, as well as the intersection between family violence and mental health
- their professional obligations under the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) in accordance with their role

- family violence legislation, policies and plans relevant to their role. This includes their organisation's requirements relating to risk assessments and family violence responses
- mandatory reporting requirements under relevant legislation and standards regarding children and young people who are victim survivors of family violence
- information sharing laws and regulations, including when risk indicates that information sharing is required despite privacy and consent concerns
- that women with mental health concerns can be more at risk of family violence due to higher levels of vulnerability
- that a consumer with a mental health issue can also be a victim or perpetrator of family violence.

The mental health and wellbeing workforce will:

- understand that victim survivors may be reluctant to engage with mental health services due to previous experiences of discrimination, fear of authorities, fear of repercussion and other barriers to help-seeking
- provide information to consumers, families, carers and supporters to assist them in understanding the support available and navigate barriers to assistance
- recognise a need for assessment of risk in relation to family violence, and follows appropriate responses in line with MARAM
- make reports to relevant authorities where assessments indicate significant risk of harm to children, young people and vulnerable people
- monitor, assess, document and report risks or threats to their own safety according to relevant policies and procedures
- ensure organisational support if the person using violence makes vexatious complaints about frontline workers or their supervisors.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- respect the right to confidentiality and privacy, while also working with the limitations in regard to confidentiality, risk and safety (including risk to children)
- recognise the link between mental health and family violence, including family violence as a trigger for mental illness or affecting people's recovery from mental illness
- recognise that mental health issues for victim survivors (adults and children) may be symptoms of abuse that are directly related to coercive control
- recognise how family violence can present. Seek information required to assess whether consumers, families, carers and supporters are at risk of family violence or of witnessing this violence
- understand the cumulative and traumatic effects of family violence and its impact on mental health and wellbeing
- respect the decisions victim survivors make to manage their own safety. Support them to regain control and express their autonomy, agency and expertise in decision-making
- not make the person using violence the decision-maker, primary carer or guardian of the victim survivor
- understand that when a person accesses support or services, they may be at an increased risk of serious harm or death, which may influence their mental health and wellbeing
- understand that engaging with perpetrators around their use of violence may result in increased risk to victim survivors. Ensure mental health support and safety plans are in place
- maintain confidentiality of records and ensure the person using violence cannot access them, including in the justice context
- place responsibility for the violence on the perpetrator and never on victim survivors of family violence

- make contact with appropriate services to facilitate warm referrals, where consumer consent has been provided
- actively avoid collusion with perpetrators, recognising and rejecting attempts to minimise or deny their use of violence
- refer perpetrators to appropriate specialist services following identification or disclosure of perpetration of family violence
- work within the extent and limitations of their role regarding engagement, risk identification, preliminary assessment and referral
- seek specialist family violence support and guidance where needed.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- guide development, implementation and monitoring of safety plans, case management plans, and understandings of family violence in the context of mental health care, support and treatment
- provide secondary consultation to enhance family violence responses, including understanding and recognising the tactics of coercion, power and control that perpetrators use
- help victim survivors navigate the service system and advocate for them so as to minimise gaps in service responses
- conduct preliminary risk assessments as required by their role, following identification or disclosure of family violence, and in consultation with specialist family violence services
- address the risk management of the person using violence with the appropriate organisations. Share information and ongoing updates of the risk management plan.

LEADERSHIP ROLES

Those in leadership roles will:

- draw on the expertise of the mental health and family violence workforce's to drive service and system improvements and effective outcomes
- drive an organisational culture that understands and responds to family violence
- develop collaborative relationships and accessible pathways to effectively support people experiencing family violence, including with local family violence services
- make modifications to operations to ensure the ongoing support and safety of victim survivors, in consultation with specialist family violence services
- in conjunction with specialist providers, lead ongoing development, implementation and monitoring of safety plans, case management plans and understandings of family violence.

Reflective practice questions

How have I considered and assessed family violence in my decision-making?

How could I seek further information or a secondary consultation to assist me to identify and respond to family violence in my work?

What are the serious risk factors that may lead to the increased risk of harm to the victim survivor and how do I consider these in my practice approach?

How have I adjusted my practice when I work with children and young people, or when children and young people are involved?

How have I adjusted my practice when I work with various communities, including Aboriginal people experiencing violence, LGBTIQ communities and older people experiencing violence?

How can I use an intersectional lens in my practice? How do I consider barriers to support that people may face because of their individual experiences, as well as barriers due to the intersection between family violence and mental illness?

How do I understand the need for multidisciplinary collaboration and how do I implement this in my practice?



8. Working effectively with families, carers and supporters

Care, support and treatment recognises that the consumer lives within the context of family and other relationships. It involves family and other supportive people through practice models that deliver benefits for the consumer and their families, carers and supporters.

Consumer outcome statement

“ My family, carers and supporters are meaningfully involved in my care, support and treatment. This happens in ways that respect my individual preferences and context, acknowledging that this may change over time.

There is respect for and deep understanding that I have unique and sometimes complex relationships with family, carers and supporters.

I am compassionately listened to about the relationships that support me. ”

Carer and family outcome statement

“ The impact of mental health challenges on the whole family system is recognised, understood, and supported. Our family members who are vulnerable, including children, young people and ageing family members, are given special consideration.

We are meaningfully and actively involved in ways that visibly respect our relationships, roles, contribution and context.

Care, support and treatment recognises, draws on and enhances strengths and protective factors, and minimises harm to families, carers and supporters.

We understand our role in supporting recovery. We are supported to understand and make choices about the ways in which we provide support and care.

Our needs as family members, carers and supporters are recognised and responded to in ways that support our own health and wellbeing. ”

Workforce outcome statement

“ We understand that connections are a vital component of holistic and wellbeing-oriented care. We understand that a person’s relational context and social supports can enhance their mental health and wellbeing.

We support people to establish or develop meaningful relationships and connections in their communities, in line with their preferences.

We assist families, carers, and supporters to access supports for themselves, including children and young people. ”

Collective outcome statement

“ Together, we contribute to a system that acknowledges that family, carers and supporters play a key role in supporting consumers. The system recognises and responds families and carers in their own right. The impact of mental health challenges on the whole family system is recognised, understood, and supported. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- consumers' interpersonal relationships are critical to their mental health recovery
- family and supporters are likely to be affected by the person's mental health difficulties, even if they are not in an ongoing caring role
- people in ongoing caring roles experience significant emotional, physical, financial and social impacts. This increases the risk they will develop their own mental health difficulties. At the same time, they may also derive meaning and a sense of purpose from their caring role
- families, carers and supporters have diverse needs. These needs vary according to factors such as the nature of their relationship with the person (for example, dependent children or older parents), the nature of the mental illness, and broader factors such as cultural background, gender and social class
- consumers are not passive recipients of care. There are reciprocal aspects of care relationships
- including family, carers and supporters in care can improve outcomes for consumers, families, carers and supporters. In most circumstances, practitioners can create trusting relationship with the consumer and constructively include family and supporters in treatment and care
- the family environment can be both supportive and also a context in which violence and abuse occurs for consumers and for their family members
- where families, carers or supporters cannot be actively included in a person's care, they should be given information and access to family and carer-specific services, supports and resources
- the policies and practice guidelines about inclusive family practice, and their application within their service context
- there is legislation that describes the obligations of services to include family, carers and supporters
- there are provisions that govern the sharing of information about consumers with family, carers and supporters.

The mental health and wellbeing workforce will:

- explore the person's family and social network with them and identify who is important for their care and support
- support people to use and improve existing relationships with family and other supporters
- ask who the person wants to be included in their treatment and care and how this can occur
- reach out to families, carers and supporters the person identifies as important in their life
- adopt a needs-based approach to respond to families, carers and supporters that recognises both their caring role and the effect of the person's mental health difficulties on them
- provide emotional support to families, carers and supporters that recognises their experience of the person's mental health difficulties. Understand that the process of accessing and receiving treatment may also be distressing for them
- provide families, carers and supporters with information about the person's mental health difficulties, having regard to the person's wishes and preferences and legislative requirements
- acknowledge the effect of the consumers mental health difficulties on other family members, help them navigate the mental health system and provide information about family and carer-specific services
- use person-centred and wellbeing-oriented language and behaviour
- promote positive health and wellbeing for carers, families and supporters
- acknowledge the substantial contribution families, carers and supporters make within the mental health system.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- identify family members, carers and supporters (including potentially vulnerable members such as dependent children, younger and older carers) at first contact with the service
- collect, review and maintain family members' and carers' contact information
- give families and carers information and support at first contact and as their needs change over time

- use a relational recovery approach to practice and recognise that families, carers and supporters will have their own recovery journey
- understand, enable and support the role of family, carers and supporters in supporting a person's wellbeing
- balance the person's needs and preferences with those of families, carers and supporters
- be aware of family violence and, if appropriate to their role, respond in a way that increases safety for consumers, family members, carers and supporters
- promote the needs of family, carers, and supporters. Enable them to identify, discuss and access support for their own needs
- identify the needs of families, carers and supporters that may be outside the scope of their role or capability. Know how to access specialist consultation and or referral
- be aware of circumstances in which the consumer and their family, carers and supporters may benefit from specialised family interventions
- refer carers to organisations that can support them to advocate for the consumer or their own needs when this is required
- identify support needs and make appropriate referrals.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- provide expert guidance and direction to support practices that include families, carers and supporters
- provide support for peers to adopt ways of working that include families, carers and supporters
- support consumers, carers and families to become peer supporters or family advocates
- be aware of the range of family-based practices and interventions.

LEADERSHIP ROLES

Those in leadership roles will:

- provide evidence-based interventions that improve outcomes for family members and consumers
- advocate within their service to improve whole-of-system responses for families, carers and supporters
- embed principles of family, carer and supporter-inclusive practice across the system, including in the design and delivery of care, support and treatment
- embed carer, family and supporter representation across all levels of the system, including governance and leadership
- provide meaningful opportunities for ongoing learning that promote carer, family and supporter-inclusive care, support and treatment
- embed accountability mechanisms to ensure care, support and treatment includes and responds to the needs and preferences of families, carers and supporters, as well as consumers.

Reflective practice questions

What is my experience of 'family' in my own life?
How does this affect my attitudes towards including families in care?

How do I make sense of the role of families and supporters? How does this align with or contradict contemporary approaches to family-inclusive practice?

How comfortable am I meeting with families?
What constraints (personal, professional and organisational) do I have when engaging with families? How can I address at least one of these constraints?

Reflecting on my current work, how do I involve families, carers and supporters in the work I do with consumers? Do I routinely ask consumers about their family and support networks and explore the possibility of including them in care?

What formal learning and knowledge and practice experience do I have that might be valuable to families?

9. Delivering holistic and collaborative assessment and care planning



Care, support and treatment undertakes collaborative planning, decision-making and action. It does this by sensitively exploring and actively engaging with the person and their family, carers and supporters to understand people's differing needs.

Consumer outcome statement

“ I am positioned as an expert in my lived and living experience and recovery journey. I understand and choose the options available to me for care, support and treatment.

I can safely voice my preferences, needs and concerns. These are treated with compassion, respect, and timely and appropriate action. ”

Carer and family outcome statement

“ Our role in caring for those we support is valued and respected. It informs the assessment process.

Our knowledge, experience, preferences, resources and strengths inform a holistic understanding of the person we care for. We collaborate in their care planning.

Our own wellbeing is considered and supported throughout the assessment and treatment planning process. ”

Workforce outcome statement

“ We work in partnership with consumers, families, carers and supporters to understand and plan options for care, support information and treatment.

We understand and respond to the experiences and preferences of consumers, families, carers and supporters. We equally value their expertise equally.

We understand the need to work with consumers where they are at now and where they would like to be. ”

Collective outcome statement

“ Together, we contribute to a system that supports people by understanding individual, family, carer and supporter needs, from their perspective. We provide options for care and tools to assist in decision-making. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the value of holistic assessment, factoring in information from a range of sources, including families, carers and supporters
- a range of assessment options, including age-specific, discipline-specific and culturally relevant assessments commensurate with role and experience
- the value and need of point-in-time and ongoing assessment as a central part of mental health practice
- how the person's physical, financial and support resources affect care and treatment decisions
- local services and sources of care, support and treatment, including crisis response and supports
- how intersecting factors affect mental health, including environmental, biological, and contextual factors. This includes pre-existing mental health issues such as substance use, neurodevelopmental issues or trauma.

The mental health and wellbeing workforce will:

- respond to people's needs and preferences. It will adapt practices based on age, developmental stage and unique personal and community context
- practice supported decision-making by working with and enabling consumers to make choices about their treatment. This includes planning and decision-making that is oriented towards their goals
- promote positive and healing interactions at all points of contact
- recognise when to seek support or assistance from senior professionals or peers, and refer on when needed
- support a positive experience for consumers, carers and families. This includes appropriate escalation pathways with respect to safety planning and risk assessment.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- embed respect, dignity and hope into assessment and care planning
- incorporate biopsychosocial understandings of mental health and wellbeing into assessment and care planning
- explore relevant care options and their possible contributions to a person's wellbeing and recovery. These include biological and pharmacological treatments, psychological and psychotherapeutic approaches, psychosocial rehabilitation and support, physical health care, physical activity and exercise, alcohol and drug treatment and counselling, traditional healing in different cultures and alternative and complementary treatments
- understand the relationship between a person's early life experiences, current circumstances and broader social context
- understand the relationship between physical health, mental health, disability and coexisting conditions, including drug and alcohol use. Collaborate to address these needs simultaneously
- assess and support consumers' physical health needs. This can include support to quit or reduce smoking, improve metabolic health (weight and diet, physical activity and fitness), sexual and reproductive health and blood-borne viruses, medicine optimisation and oral health
- undertake crisis assessments or mental state assessments as necessary and in line with practice principles and responsibilities
- support integrated ways of working with other individuals, teams and organisations to address co-occurring issues, including but not limited to substance use and addiction, homelessness and family violence
- engage diverse expertise to support the choices and goals of consumers, families, carers and supporters
- recognise and celebrate strengths and existing resources, including carers, family, and supporters.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- deliver or provide expert guidance and direction on holistic assessment and care planning
- deliver or provide expert guidance and direction on approaches to collaboration
- provide secondary consultation, giving specialist advice and support to other members of the workforce
- support reflective practice and problem-solving to embed collaboration in all aspects of assessment and care planning
- support peers to embed compassion and collaboration into care, support and treatment.

LEADERSHIP ROLES

Those in leadership roles will:

- embed collaborative ways of working in all elements of assessment and care planning
- model collaborative leadership, promoting the value of diverse expertise, including lived experience
- provide meaningful opportunities for ongoing learning that promotes holistic assessment and collaborative care planning
- provide meaningful opportunities for collaboration with a diverse range of services and expertise, including lived experience expertise and non-mental health services.



Reflective practice questions

How have I used a variety of information sources to conduct my assessment?

Whose information am I privileging and why? Are there any perspectives that I have not heard or that I have dismissed? Why?

Have I reflected on any assumptions or influencing factors that may affect my thinking?



10. Delivering compassionate care, support and treatment

Care, support and treatment uses tailored approaches with demonstrated effectiveness. It is delivered with empathy and compassion.

Consumer outcome statement

“ I am heard, understood and responded to with empathy, respect and compassion at all times. I lead the direction of my care, support, information and treatment. This includes how my family, carers and supporters can be involved if I choose.

My safety and autonomy are prioritised at all times. This is done through the least restrictive means and high-quality, evidence-informed practice. ”

Carer and family outcome statement

“ We are given the time and respect to ensure we are genuinely heard.

Our role is valued as key partners in reducing relapse and aiding recovery. We are validated and treated with compassion for our own experience of very challenging times.

We are actively engaged in a process of collaborative and supportive discharge planning. Our preferences and capability to contribute to ongoing care are considered.

We are treated with empathy, respect and compassion at all times. ”

Workforce outcome statement

“ We work in partnership with consumers, carers, families and supporters to deliver compassionate care, support, information and treatment.

We are supported to practise in a compassionate way. This is valued and enabled through systems and processes.

We value, respect and uphold the unique experiences, hopes, needs, autonomy and preferences of everyone we support.

We understand the importance of collaborative and supportive discharge planning.

We treat everyone with dignity, respect and compassion. We work with consumers/services users where they are. ”

Collective outcome statement

“ Together, we contribute to a system that compassionately supports everyone to live a full and meaningful life. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the importance of ensuring that all care, support and treatment is integrated and collaborative, and responds to the person's needs, including for social and economic supports
- the importance of respectful and trusting relationships, and the implications of failing to centre respect and trust
- the social determinants of health and wellbeing, including political, social and historical determinants
- the personal nature of wellbeing and recovery. This includes considering factors such as social, cultural and economic context, past experiences and presenting issues
- the importance of carers, families, supporters and communities to mental health wellbeing and recovery.

The mental health and wellbeing workforce will:

- embrace compassionate and empathetic ways of working that focus on strengths and wellbeing
- employ psychologically safe practices. This includes language use and engagement that is in line with current practice guidelines, policies and frameworks developed in collaboration with consumers, families, carers and supporters
- respond to the range of needs and preferences of consumers, families, carers and supporters. This includes adapting practices based on age, developmental stage and unique personal and community context
- recognise when to seek supervision, personal support or assistance from other professionals or peers
- follow processes and protocols to support positive experiences for consumers, carers and families. This includes appropriate escalation pathways for safety planning and risk assessment.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- embed respect, dignity and hope into care, support and treatment
- develop authentic and professional relationships with consumers, families, carers and supporters while maintaining safe and professional boundaries
- demonstrate respect for the lived experience of consumers, carers and families. This includes through active listening, checking understanding and refraining from judgement and assumptions
- draw on a range of approaches that support wellbeing and recovery, including those developed by people with lived experience of mental health issues
- practise supported decision-making by working with and enabling consumers to make choices about their treatment. This includes planning and decision-making that is oriented towards their goals
- work with consumers, families, carers and supporters to collaboratively shape care, support and treatment, acknowledging and exploring potential risks and benefits
- engage diverse expertise to support the choices and goals of consumers, families, carers and supporters
- adapt care, support and treatment to meet the evolving needs and preferences of consumers, families, carers and supporters
- apply person-centred principles to respond compassionately to consumers, families, carers and supporters
- consider the therapeutic appropriateness of self-disclosure based on the needs of the person seeking care, and use it selectively when appropriate
- monitor care, support and treatment for possible side effects, risks and efficacy, in collaboration with consumers, families, carers and supporters
- engage diverse expertise to support the choices and goals of consumers, families, carers and supporters
- recognise and celebrate progress, wellbeing and recovery.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- provide technical or specialist mental health care, support and treatment
- provide expert guidance or direction to support practice that focuses on strengths and wellbeing
- support peers to adopt strengths-based and wellbeing-oriented ways of working
- provide secondary consultation, including specialist advice and support to other members of the workforce
- support people with relevant interest and capabilities to become advocates or peer workers

LEADERSHIP ROLES

Those in leadership roles:

- model compassionate leadership to promote the values of curiosity, collaboration and care
- drive workplace cultures that respond to the needs of consumers, families, carers and supporters and that are open to new ways of working that enhance wellbeing and recovery
- enable and support the practice of compassionate care and build workplace cultures that value quality care, support and treatment
- embed lived experience in the design and delivery of care, support and treatment and at all levels of the system, including leadership
- provide meaningful opportunities for ongoing learning that promotes compassionate care, support and treatment
- embed accountability mechanisms to ensure care, support and treatment is compassionate, collaborative and responds to needs and preferences of consumers, families, carers and supporters

Reflective practice questions

What have I done to build rapport, and ensure that those with whom I am engaging feel respected, heard and safe?

What is and is not working when building a therapeutic relationship with this consumer, family, carer or supporter?

Am I listening to what the consumer values? Do I look for ways to incorporate these values and ways of thinking into treatment, care and support?

How do I adapt my approach as the needs and preferences of the consumer change?

Have I sought out opportunities for supported reflection to increase compassion in my practice?

11. Promoting prevention, early intervention and help-seeking



Care, support and treatment facilitates wellbeing and resilience through promoting prevention, early intervention and help-seeking. Engagement empowers individuals, families and communities to enhance their strengths. It also provides them with resources to support personal health and wellbeing goals.

Consumer outcome statement

“ I am empowered to access information and supports that enhance my understanding of my mental health and wellbeing. This enables me to be physically and mentally healthy and well in my day-to-day life.

I am enabled to practise self-care and build my own resilience. I am encouraged and assisted to access care and support whenever I am in need, not just when I am in crisis.

I am enabled to make informed choices about my own mental health and wellbeing and be actively involved in decision-making about the type of health and mental health care I receive. ”

Carer and family outcome statement

“ Our mental health and wellbeing as a whole family, carer and supporter network is considered (inclusive of the consumer) and services respond proactively to us, maintaining and promoting our mental health and wellbeing.

We have access to information and supports that enhance our understanding of mental health and wellbeing.

We are supported to access care and support whenever we too are in need. ”

Workforce outcome statement

“ We work to enhance positive mental health and wellbeing for all.

We work to destigmatise mental illness and suicide and promote access to a range of preventive or responsive mental health and wellbeing supports.

We understand health inequity and work in ways that seek to address inequities. We will provide information and education to consumers so they can make informed decisions. ”

Collective outcome statement

“ Together, we contribute to a system that proactively promotes positive mental health and wellbeing through promotion, prevention and early intervention approaches. These approaches empower consumers, carers, families and supporters to prioritise their mental health and wellbeing and seek support at any stage of life. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the importance of mental health promotion efforts to prevent mental health conditions, support mental health literacy, help-giving, and help-seeking for mental illness, psychological distress and suicidal ideation
- the social determinants of mental health. These include individual, familial, social, cultural and economic risk and protective factors, and the impacts they have on mental health and wellbeing
- the impact of stigma and discrimination on mental health and wellbeing
- the influence of culture on mental health and wellbeing, and the principles of human rights and health equity
- approaches to mental health promotion and prevention that reduce incidence, prevalence and recurrence of mental illness and psychological distress
- the programs, public policies, service systems and supports that are needed and available to facilitate promotion, prevention, help-seeking and early intervention.

The mental health and wellbeing workforce will:

- offer information that support consumers, families, carers and supporters to adopt self-care strategies or connect them with services that promote their wellbeing
- support consumers, families, carers and supporters to develop and sustain their relationships, support networks and community connections
- raise awareness of mental health and wellbeing at an individual, community and population level
- work to reduce stigma and discrimination in all its forms and promote help-giving and help-seeking
- support consumers, families, carers and supporters to find and access mental health and wellbeing supports, no matter when, where or how they present in need of care

- advocate for action to address the social, cultural, economic and systemic determinants of mental health
- actively contribute to increased accessibility and improved outcomes for Victorians, with an emphasis on achieving health equity
- prioritise their own personal wellbeing, while working to support the mental health and wellbeing of consumers, families, carers and supporters.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- embed principles of wellbeing, prevention and early intervention into care, support and treatment
- build their own and consumers', families', carers' and supporters' understanding of the risk and protective factors that influence mental health and wellbeing
- understand, champion and apply wellbeing and preventive approaches. These approaches include those developed by people with lived experience of mental health issues
- promote opportunities to improve mental health and wellbeing through holistic means. For example, this includes exercise, nutrition, sleep hygiene, spirituality and stress management
- provide opportunities for consumers, families, carers and supporters to build and maintain their social supports and community connections
- implement strategies to prevent the onset of psychological distress or mental illness
- build mental health literacy and equip people to recognise and deal with the signs and symptoms of psychological distress or mental illness as soon as possible
- build confidence in accessing care, support and treatment
- understand, champion and apply a range of early intervention approaches, including those developed by people with lived experience of mental health issues
- seek to minimise psychological distress at an early stage and prevent its recurrence or progression
- build insight into the importance of proactive decision-making and care planning

- provide information and choice, and facilitate access to help and support for consumers, families, carers and supporters
- promote the importance of support and wellbeing from, and for, families, carers and supporters
- support peers to adapt care, support and treatment to incorporate health promotion, prevention, and early intervention responses.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- deliver or provide expert guidance and direction to support understanding of, and engagement in, mental health promotion initiatives
- deliver or provide expert guidance and direction to support understanding of wellbeing, prevention and early intervention
- deliver or provide expert guidance and direction on approaches to coordinated care
- build multidisciplinary teams to support consumers, families, carers and supporters
- deliver or provide expert guidance and direction to support understanding of service system and referral pathways.

LEADERSHIP ROLES

Those in leadership roles will:

- identify causal and risk factors for health and wellbeing trends, evaluating impact and developing local and population level solutions
- ensure mental health and wellbeing is central to services policies and processes
- develop effective partnerships with key stakeholders, gatekeepers and target group representatives. This will ensure mental health promotion activities meet the needs of the community, including diverse communities
- advocate for prevention and early intervention using reports, journal articles and media releases
- embed active and ongoing reflective practice that focuses on wellbeing, prevention and early intervention
- embed active and ongoing reflective practice that focuses on facilitating help-seeking and fostering self-care

- provide meaningful opportunities for ongoing learning that promotes wellbeing, prevention and early intervention.

Reflective practice questions

How do I apply an understanding of the social determinants of mental health and wellbeing to my work?

How do I include a strong focus on wellbeing promotion, and self-care into my practice?

How am I incorporating prevention and early intervention in my work and my workplace?

How can I raise awareness of mental health at a range of levels to combat stigma and discrimination?

How am I supporting consumers, carers, families, and supporters to understand, navigate and access mental health and wellbeing supports?



12. Supporting system navigation, partnerships and collaborative care

Care, support and treatment helps people to navigate the mental health and wellbeing system. This includes providing service and referral options and pathways that enable continuity of care and individual choice.

Consumer outcome statement

“ I am informed about the various people and agencies that can be involved in my care, support, and treatment, and where and how I can get more information.

Supported decision-making helps me make choices about which people and agencies I wish to be involved and for what.

I understand my rights and what information will and will not be shared with services.

The people providing my care have collaborated within and across services. This has ensured services holistically support my improved mental health and wellbeing. ”

Carer and family outcome statement

“ We understand the pathways within the system and can navigate it in a straightforward manner.

We are clear about the roles of all involved. We know who to call and when, and they will know our circumstances. We know our rights and what information will and will not be shared with services.

There is no wrong door for access to service for the person we support and ourselves. ”

Workforce outcome statement

“ We respect and value the distinct expertise, knowledge values and diverse experience that exists across the mental health and wellbeing workforces. We use this to ensure consumers, families, carers and supporters can navigate the system and have continuity of care. We appreciate the strengths and values of working within a multidisciplinary team. We embrace the diversity that exists within the workforce, including lived experience and discipline-specific expertise.

We understand our obligations in relation to privacy and confidentiality. We know when and how to respectfully share information within a consumer’s network.

We commit to working collaboratively to facilitate positive mental health and wellbeing outcomes for consumers, families, carers and supporters. ”

Collective outcome statement

“ Together, we contribute to a system that enhances quality service provision through effective working relationships to ensure people receive integrated and coordinated care, support and treatment. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the service landscape, including how to access primary care and prevention, assessment and support, crisis response and aftercare
- that collaboration across systems should include the full range of related services. This includes health, social services, education and criminal justice systems
- system-level barriers that prevent people from accessing and engaging with the service system
- the value that diverse workforce experience and expertise might have for consumers, families, carers and supporters
- current information on partner agencies such as intake criteria, approximate waiting times and required processes/forms for referral
- the significant impact that continuity of care has on experiences and outcomes
- responsibilities associated with informed consent, privacy and confidentiality
- responsibilities related to data collection and storage, relevant information management and sharing, as well as systems and protocols.

The mental health and wellbeing workforce will:

- support consumers, families, carers and supporters to navigate the service system and find supports in a timely and responsive way
- work in collaboration with consumers, families, carers and supporters, and the wider workforce to mitigate systemic barriers to health and wellbeing
- advocate on behalf of consumers, families, carers and supporters with other individuals, teams and organisations
- demonstrate flexible and inclusive practice that values and acknowledges all levels of expertise
- communicate in ways that promotes mutual respect and fosters a shared understanding
- model respectful language and collaborative engagement, recognising that diversity may exist within and between professions in relation to their practice

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- demonstrate a current local knowledge of other service providers and their roles, in order to make timely and appropriate referrals for consumers, families, carers and supporters
- identify gaps in knowledge, and locate relevant information or guidance
- develop relationships with other organisations and people to understand offerings, referral pathways and access criteria to support care, support and treatment
- advocate for partnerships between organisations that will support outcomes for consumers, families, carers and supporters
- plan care, support and treatment in collaboration with other service providers, consumers, families, carers and supporters to facilitate integrated care and improved outcomes
- advocate where system deficiencies and service gaps are identified to support access to effective services.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- guide or provide direction as to the range of services and supports available
- include online and available technological solutions when considering referral and support options
- establish inter- and intraprofessional partnerships and networks to facilitate stronger referral pathways, collaboration and consumer outcomes
- support peers to determine suitable referral and support options, engaging with other service providers
- contribute discipline-specific skills to multidisciplinary/interdisciplinary team practice
- identify barriers to systems' work and support teams to address these.

LEADERSHIP ROLES

Those in leadership roles will:

- guide or provide direction on navigating the system in order to meet complex needs
- possess detailed subject matter expertise on sector policies, guidelines and relevant legislation
- draw on this detailed knowledge to deliver evidence-informed solutions to complex problems
- create partnerships with other organisations and services to deliver outcomes for consumers, families, carers and supporters
- lead commissioning and development of service-level partnerships
- contribute to innovative models of clinical governance
- act as a point of contact for stakeholder management when complex legal, risk and information sharing matters arise
- strengthen organisational structures to facilitate collaboration and cooperation with other sectors to facilitate integrated care and improved outcomes for consumers, families, carers and supporters.

Reflective practice questions

What am I doing to build my knowledge and understanding of the system and how it can support outcomes for people I work with?

What am I doing to identify service gaps and contribute to the development of innovative responses?

13. Enabling reflective and supportive ways of working



Care, support and treatment uses critical reflection to recognise the interpersonal dynamics, assumptions and patterns that may arise when working with consumers, families, carers and supporters.

Consumer outcome statement

“ I am supported by a workforce that is thoughtful, considered and continually learning. Together, we reflect on care, support, information and treatment, and the extent to which this reflects my needs, preferences and goals.

Those who provide me with care, support, information and treatment are honest with me. They always strive to better support me and my family, carers, and supporters.

Those who provide me with care, support, information and treatment seek ongoing feedback about how I experience their support. They make improvements in response to my feedback. ”

Carer and family outcome statement

“ We are supported by a workforce that is thoughtful, considered and continually learning.

The workforce reflects on ways of working by discussing ideas with us and acknowledging when they make a mistake.

They seek our feedback about how we experience their support. They make improvements in response to feedback. ”

Workforce outcome statement

“ We are thoughtful, considered and reflective in all interactions.

We are committed to excellence in service delivery and work within the scope of our skills, knowledge and capacity. We are committed to ongoing regular learning and development and understand the importance of tailored approaches to care.

We critically reflect on our actions individually, with our colleagues, and with those we support. We do this regularly and routinely to continuously improve the outcomes we deliver in collaboration with consumers, families, carers, and supporters. ”

Collective outcome statement

“ Together, we contribute to a system that supports, recognises, responds to, and reflects on the unique needs of everyone engaged in the mental health and wellbeing system. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- the importance of ongoing, regular and supportive reflection, learning, peer support and debriefing
- how to use personal values and ways of thinking to inform choices, actions and engagement with others
- how to work supportively with diverse communities
- the ways in which personal context and experience can influence practice and how these can be managed
- the importance of utilising supportive processes to promote self-care and workplace resilience
- the need to be supported and be open to ongoing learning and seek regular supportive process to achieve this.

The mental health and wellbeing workforce will:

- seek regular reflective practice to explore their own values and experience. This includes how they influence our engagement with consumers, families, carers and supporters
- seek advice and support from others, and contribute to a culture of feedback and continuous improvement
- seek out learning opportunities, including advice and support from others
- contribute to a culture of feedback, learning and continuous improvement
- use regular supportive practices including supervision, training, reflective practice or other suitable means
- recognise when peers, colleagues and others need support and provide encouragement and guidance to seek it
- practice self-care to maintain mental health and wellbeing.

CARE, SUPPORT AND TREATMENT ROLE

Those in care, support and treatment roles will:

- engage in regular formal and informal opportunities for reflective practice and supervision
- actively seek supportive processes to consider the ways in which values, experiences, assumptions, power, culture, diversity, and circumstances inform work practices and work to promote best outcomes for consumers and their families
- reflect and act on limitations in knowledge and experience
- reflect on interpersonal dynamics and the quality and capacity of the relationship to support wellbeing and recovery
- reflect on disruptions or ruptures within relationships between consumers, families, carers and supporters, using this as an opportunity for growth and healing
- reflect on ways to support continuity of care, transitions and endings with consideration of their own role in using these processes to support wellbeing and recovery
- recognise and reflect on dynamics within relationships, working to promote safe, respectful and collaborative relationships between consumers, families, carers, supporters and the worker, to support wellbeing and recovery.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- deliver and/or provide expert guidance and direction on reflective practice and supervision
- seek appropriate training and support to deliver supportive reflective practice and supervision
- ensure that delivery of reflective practice and supervision is allocated and happens on a regular basis
- seek feedback on supervisory processes with the workforce that are involved
- ensure that supervisory and reflective practices are both strengths-based and trauma informed

- support and guide understanding of safe and supportive ways of working
- support and guide peers to embed reflective practice into care, support and treatment
- facilitate inter- and intra-professional reflective practice groups
- facilitate discipline, cohort or other specific professional practice supervision for individuals and/or groups
- understand and be mindful of the importance of safeguarding and professional codes of practice when undertaking supervision and reflective practice
- understand and respond to varying levels of experience in the workforce with a focus on supporting ongoing careers and development.

LEADERSHIP ROLES

Those in leadership roles will:

- foster safe and supported working environments with strong leadership and a culture of collaboration and learning
- ensure that reflective ways of working and supervision practice are embedded across the system. This includes defining what these practices involve, their aim and how they support the design and delivery of care, support and treatment
- support resourcing and enable access to regular ongoing reflective practice and supervision for the workforce
- develop policy and procedures to support service-wide supervision and reflective practices
- model reflective and collaborative leadership, acting as a resource rather than an expert
- embed reflective ways of working by developing and resourcing formal and informal support structures and processes
- implement initiatives or strategies of positive mental health and wellbeing for all members of the workforce
- promote lived experience as a learning resource
- provide meaningful opportunities for reflective practice and ongoing learning.

Reflective practice questions

How do I create space and time for myself, individually and with others, to think about my approaches and responses to improve my practice?

How do I engage people around me with different skills and knowledge to support my perspectives on an issue?

14. Embedding evidence-informed continuous improvement



Care, support and treatment is informed by current and emerging evidence. It is underpinned by active, ongoing evaluation of quality and effectiveness. Evidence is drawn from multiple sources, including lived and living experience expertise.

Consumer outcome statement

“ I am proactively included in planning, developing and embedding new, inclusive, innovative and evidence-informed approaches.

My perspective, feedback and expertise guide the development, implementation, evaluation and continual improvement of care, support and treatment. ”

Carer and family outcome statement

“ Our experiences, expertise and knowledge are valued. We are proactively included in planning, developing, embedding and evaluating new inclusive and innovative treatment options.

Our ideas, experiences, and feedback are valued and considered both as part of our care, and as part of building a better system. ”

Workforce outcome statement

“ We are open to learning from all consumers, families, carers, and community members about their lived and living experiences. We are guided by their knowledge and changing needs.

We learn from them and drive continuous improvement, informed by evidence. We think innovatively to deliver better outcomes for consumers, their families, carers and supporters, and ourselves.

Our ideas and insights are valued and considered as a key part of building a better system. ”

Collective outcome statement

“ Together, we contribute to a system that recognises and implements research and practice insights to allow better outcomes, care, support and treatment throughout the workforce. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understand:

- that the entire mental health and wellbeing workforce is responsible for improving outcomes for consumers, families, carers, supporters and one another
- the importance of embedding emerging practice and needs, as well as evidence-based research and practice
- that the mental health and wellbeing system will continue to evolve, requiring flexibility and adaptability from the whole mental health and wellbeing workforce
- that lived experience is valued and fundamental to ethical, respectful and successful continuous improvement
- that co-production has consumers, carers, families and supporters involved in, or leading, defining the problem, designing and delivering the solution, and evaluating the outcome
- that all expertise is valuable and must be evaluated in context.

The mental health and wellbeing workforce will:

- embrace a growth mindset, demonstrating curiosity and a commitment to continuous learning, improvement, and knowledge sharing, acknowledging that setbacks may support development
- embrace learning and professional development to drive improvement and consistency
- embrace digital technologies and tools to improve care, support and treatment
- embrace evidence-informed and data-driven decision-making, recognising the many varied forms of data, including the experiences of consumers, families, carers and supporters
- recognise and address barriers to change and continuous improvement at an individual, organisational and system level
- respectfully and constructively challenge existing processes, strategies and decisions where appropriate
- promote innovation and continuous improvement, seeking out resources and

strategies to improve the quality and effectiveness of services and supports

- seek to develop their skills in co-design and co-production
- consider the relevance to, and impact of, all research or continuous improvement initiatives on consumers, families, carers and supporters. Openly and honestly discuss these with the relevant people.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- identify areas for improvement and champion strategies for improvement
- recognise service and system barriers that affect outcomes for certain groups and develop strategies to mitigate these
- drive improved mental health and wellbeing outcomes for consumers, families, carers and supporters using evidence-informed decision-making
- participate in research and knowledge translation and dissemination activities to embed evidence into practice.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- use data to identify trends and patterns and translate this into accessible messaging that is easily understood
- translate complex data and information into insights and continuous improvement
- look for opportunities to share evidence with the broader workforce
- consider using co-production for service improvement projects
- build and communicate a compelling narrative around change and continuous improvement
- drive improved mental health and wellbeing outcomes for at-risk cohorts. These include Aboriginal people, and people disadvantaged by geographical location, socioeconomic circumstances, disability and other factors
- develop, implement and measure the extent to which care, support and treatment delivers improved health and wellbeing outcomes

- develop, implement and measure strategies that address social determinants of health
- systematically monitor and evaluate the service, consistent with the national standards for mental health services to ensure the best possible outcomes for consumers, carers, family members and/or supporters.

LEADERSHIP ROLES

Those in leadership roles will:

- drive a continuous improvement agenda through prioritising reviews and developing practical strategies for improvement
- develop an organisational culture that actively creates opportunities to improve, for example, by facilitating joint academic or clinical partnerships
- monitor and report on service demand, needs and provision, including effectiveness of outcomes, to inform future service improvement
- ensure all members of the workforce have access to relevant research evidence and the skills to interpret, appraise and use it in their work
- drive improved health and wellbeing outcomes for the workforce
- embed lived experience in service planning, delivery and improvement, as well as in the design and delivery of professional development activities and workforce capability
- identify leadership potential and support its development
- support the iterative development and implementation of new ideas, initiatives and service delivery
- drive cultures to support research and continuous improvement, and remove barriers, for example through time-release, funding and mentoring
- support the development of evaluation measures and implementation of evaluation frameworks
- encourage the use of innovative and evidence-based approaches
- maintain focus across immediate, medium and long term, to ensure staff and services are evolving with needs
- translate innovative ideas into practice and promote system-wide adoption

- support system-level adoption of consistent methods of collection and collation of data and information
- translate insights into meaningful system-based recommendations and change.

Reflective practice questions

How is my practice informed by current and emerging research?

How is my practice informed by lived experience?

How do I create time to improve the way I am working, and supporting others to do this?

How do I develop my capacity to use evidence in my work?

How do I help others to build capacity or access resources to use evidence in their work?

How do I invite ongoing feedback and integrate it into my approaches?

15. Working effectively with digital technologies



Care, support and treatment uses online and other digital technologies to improve mental health and wellbeing. This includes access to information, service delivery, education, promotion and prevention. Services, teams and practitioners use digital technologies to enable accessible, holistic, person-centred and integrated care. Technologies may include apps, portals, social media, smartphones, augmented or virtual reality, wearables, activity tracking, e-referral, notifications and artificial intelligence.

Consumer outcome statement

“ I am informed and make choices about the digital technology options available to me, including benefits, risks and limitations, in relation to my care, treatment and support.

I lead decisions about the use of digital tools and technologies available to me. I have flexibility in how I access and use them. ”

Carer and family outcome statement

“ We are supported to understand and access digital tools and technologies to assist the person we support and ourselves. This includes knowing and understanding the risks and benefits of using digital technologies.

We understand how these tools can assist in including us in the delivery of care and in our own wellbeing. ”

Workforce outcome statement

“ We receive appropriate training, education and resources to confidently and capably use technology to enhance our practice and service provision.

We use our expertise in digital technologies to assess and mitigate risks to consumers and carers. We assess levels of digital literacy to match care with the needs of consumers, carers and families.

We use technology to enable, complement and enhance our practice or service provision, as appropriate. ”

Collective outcome statement

“ Together, we contribute to a system that uses digital technologies to deliver care, support and treatment to consumers, families, carers and supporters. ”

Key knowledge and skills

WHOLE OF MENTAL HEALTH AND WELLBEING WORKFORCE

The mental health and wellbeing workforce understands:

- current privacy and security management policies and legislation
- the risks and benefits of using digital technologies in providing support, and the need to make informed decisions about their use in care, support and treatment
- consumer information collection, privacy and storage responsibilities, including the use of relevant mental health and wellbeing systems for electronic data management
- the importance of using different digital technologies and supports to facilitate increased access, communication and outcomes regarding care, support and treatment
- health and digital literacy are linked to mental health and wellbeing outcomes for consumers.

The mental health and wellbeing workforce will:

- maintain contemporary skills in the use of information technology, keeping up to date with emerging technologies and trends that can support practice
- champion the use of innovative technologies in the workplace, recognising that the digital landscape is rapidly evolving
- adapt modes of communication and engagement to the consumer's preferences, and with consideration of the needs of their family, carers and supporters
- draw on a range of digital tools and technologies, including the use of apps, and video conferencing that support communication, access and engagement
- use secure and appropriate digital technologies and tools, including electronic messaging systems, and video conferencing that support collaboration between providers.

CARE, SUPPORT AND TREATMENT ROLES

Those in care, support and treatment roles will:

- draw on a range of digital tools and technologies to complement or support assessment, care planning, referrals and collaboration
- seek out, identify and use digital tools and technologies to complement or provide care, support and treatment
- use digital tools and technologies to complement or provide care, support and treatment
- use evidence-informed judgement as to when digital tools and technology are suitable or appropriate, and identify, manage and mitigate risks associated with their use
- consider the most appropriate technological solutions when collaboratively identifying referral and support options.

TECHNICAL OR SPECIALIST ROLES

Those in technical or specialist roles will:

- guide understanding of, and champion use of, digital tools and technologies to complement or provide care, support and treatment
- contribute to innovations in the use of technology to support care, support and treatment
- use technology to support continuous improvement and enhancements in access to and delivery of care, support and treatment.

LEADERSHIP ROLES

Those in leadership roles will:

- embed digital tools and technologies across the system, including in the delivery of care, support and treatment
- advocate for the benefits of digital technologies in delivering outcomes
- embed digitally safe ways of working, safeguarding against risks associated with digital tools and technologies, for example, data privacy

- provide meaningful opportunities for ongoing learning that promote the use of digital tools and technologies in practice
- guide and support appropriate use of systems for mental health and wellbeing data collection, to support practice and/or translational research.

Reflective practice questions

How do I use digital technologies to facilitate and support engagement with consumers, families, carers and supporters?

How do I understand digital literacy as it applies to the people I support?

How do I mitigate risks when using digital technology?



Appendix: Glossary

This glossary defines key terms used in this framework. These definitions are indicative and may not reflect the 'dictionary definition' of each term. These terms are deliberately aligned with definitions used by the Royal Commission in order to further promote the vision and values of the reforms.

Term	Intended definition
care, support and treatment	We use this term to show that care, support and treatment are fully integrated, equal parts of the responses in the mental health and wellbeing system. This includes wellbeing supports, such as rehabilitation, wellbeing and community participation, that are a key part of supports and responses.
carer	This is a person, including a person under the age of 18 years, who provides care to another person with whom they are in a relationship of care.
compassion	Compassion refers to the feeling that arises when a person is confronted with another's suffering and feels motivated to relieve that suffering. Compassion literally means 'to suffer together'. It is different from empathy or altruism, although the concepts are related. ²
consumer	This is a person who identifies as having a lived living or living experience of mental illness or psychological distress, irrespective of whether they have a formal diagnosis, who has used mental health services and/or received treatment.
empathy	Empathy is the ability to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling. ³
expert	An expert is a person who is known for their specialist knowledge and/or skills in a particular area.
family	This may refer to family of origin and/or family of choice.
family violence	Family violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships.
holistic	This means viewing the person as a whole, taking into account things such as social determinants of health and wellbeing, and how these influence and interact with each other.

² Greater Good Science Center 2023, 'What is compassion?' (<https://greatergood.berkeley.edu/topic/compassion/definition>).

³ Greater Good Science Center 2023, 'What is empathy?' (<https://greatergood.berkeley.edu/topic/empathy/definition>).

Term	Intended definition
lived experience	People with lived experience identify either as someone who is living with (or has lived with) mental illness or psychological distress, or someone who is caring for or otherwise supporting (or has cared for or otherwise supported) a person who is living with (or has lived with) mental illness or psychological distress. People with lived experience are sometimes referred to as 'consumers' or 'carers', acknowledging that the experiences of consumers and carers are different.
lived experience workforce	<p>The lived experience workforce is a broad term used to represent two distinct professional groups in roles focused on their lived expertise:</p> <ul style="list-style-type: none"> • people with personal lived experience of mental illness ('consumers') • families and carers with lived experience of supporting a family member or friend who has experienced or is experiencing mental illness.
	<p>There are various paid roles among each discipline. This includes workers who provide support directly to consumers, families and carers through peer support or advocacy, or indirectly through leadership, consultation, system advocacy, education, training or research.</p>
leadership role	A leadership role is one which sets direction for others, who manages or leads others, or who has influence and accountability over decision-making in relation to mental health and wellbeing supports, systems, practices and delivery.
mental health and wellbeing	This describes an optimal state of mental health, including as it relates to people with lived experience of mental illness or psychological distress. It can also be used to refer to the prevention, avoidance or absence of mental illness or psychological distress.
mental health and wellbeing system	The Royal Commission outlined a vision for the future mental health and wellbeing system, which will be designed over the short to medium term. As such, the definition of the mental health and wellbeing system will evolve alongside the reforms. However, it should include the strengths and needs that contribute to people's wellbeing, alongside hospital-based and community care, support and treatment.
multidisciplinary teams	Multidisciplinary teams bring together the expertise and skills of different workforces, roles and professionals (including those with lived and living experience). For the purposes of this framework, a multidisciplinary team is one that involves diverse expertise, and in which all expertise is valued, in order to provide care, support and treatment collaboratively and compassionately.
peer	A peer is someone who shares the same status, skills or other attribute or position.
peer-support workers	Peer-support workers use their own recovery experiences to support others to navigate their recovery journeys.
professional cohorts	Professional cohorts refer to group/s that align based on professional accreditation, experiences and/or expertise.

Term	Intended definition
recovery	Recovery is defined by the person and refers to an ongoing holistic process of personal growth, healing and self-determination. As an ongoing journey of personal growth and wellbeing, the notion of recovery does not equate with a particular model of care, phase of care or service setting. ⁴
reflective practice	<p>Reflective practice is a process of learning through and from experience to gain new insights via:</p> <ul style="list-style-type: none"> • reflection on experiences of delivering care, treatment and support to consumers, families, carers and supporters • examining and critically reflecting on assumptions underlying everyday practices • reflecting on challenging interpersonal dynamics.
secondary consultation	Secondary consultation is a discussion between mental health clinicians about a particular consumer. This can enable different care providers to work collaboratively to discuss issues with the consumer's care. Other models of secondary consultation focus on the needs of consumers more generally – for example, consumers with particular mental health needs or a specific diagnosis. This model focuses on sharing knowledge and expertise between different care providers.
self-determination	<p>In a collective sense, this term is used to refer to the 'ability of Aboriginal peoples to freely determine their own political, economic, social and cultural development as an essential approach to overcoming Indigenous disadvantage'.⁵</p> <p>This can be applied more broadly to any person's ability to determine their own development.</p>
social determinants of mental health	A person's mental health and many common mental illnesses are shaped by social, economic, and physical environments, often termed the 'social determinants of mental health'. Risk factors for many common mental illnesses are heavily associated with social inequalities, whereby the greater the inequality, the higher the inequality in risk. ⁶
social and emotional wellbeing	Social and emotional wellbeing refers to being resilient, being and feeling culturally safe and connected, having and realising aspirations, and being satisfied with life. This is consistent with <i>Balit Murrup</i> , Victoria's Aboriginal social and emotional wellbeing framework.

⁴ Department of Health n.d., 'Recovery-oriented practice', (www.health.vic.gov.au/practice-and-service-quality/recovery-oriented-practice-in-mental-health).

⁵ Dudgeon P, Milroy H and Walker R (eds.) 2014, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing*, 2nd ed, Commonwealth of Australia, Canberra, p. 544.

⁶ World Health Organization and the Calouste Gulbenkian Foundation n.d., 'Social determinants of mental health', (www.who.int/publications/item/9789241506809)

Term	Intended definition
substance use, gambling and addictive behaviours	<p>Substance use means the use of alcohol, tobacco or other drugs (prescription or illicit). Substance use may become harmful to a person's health and wellbeing or can have other impacts on someone's life or that of their family and broader social network.</p>
	<p>Addictive behaviours, including gambling, means compulsive behaviours outside of a person's control, even when it has harmful effects on that person or their family.</p>
supported decision-making	<p>This is the process that supports a person to make and communicate decisions with respect to personal or legal matters. This may be achieved by offering consumers access to a variety of tools and resources such as non-legal advocates and peer worker.⁷</p>
trauma-informed	<p>Trauma-informed approaches recognise the possibility of the ongoing effects of past and current trauma in the lives of everyone seeking support and how this can affect the way people seek help.</p>
victim survivor	<p>Describes people – including adults, children and young people who have direct firsthand experience of family violence, as well as immediate family members of those who have lost their lives to family violence.</p> <p>This term acknowledges the ongoing effects and harm caused by abuse and violence as well as honouring the strength and resilience of people with lived experience of family violence.</p>

⁷ Simmons M and Gooding PM 2017, 'Spot the difference: shared decision-making and supported decision-making in mental health', *Irish Journal of Psychological Medicine*, vol. 34, no. 4, p. 5; General Assembly, United Nations, Annual Report of the United Nations High Commissioner for Human Rights and Reports of the Office of the High Commissioner and the Secretary-General, Human Rights Council, Tenth Session, Agenda Item 2, 26 January 2009, p. 15.



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