

New Standards of Practice  
For  
Australian Mental Health Nurses

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Other Authors/Contributors: Neville, Christine.

University of Southern Queensland. Centre for Rural and Remote Area Health.

Dewey Number: 616.890231

**Authors:** C. Neville, D. Eley, C. Hangan, J. Weir, J. Quinn, T. Meehan

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## Executive Summary

The purpose of this study was to review and redevelop the 'Standards of Practice for Mental Health Nurses in Australia' published by the Australian and New Zealand College of Mental Health Nurses in 1995. This study is both timely and essential because since 1995 there have been significant changes in the delivery of mental health care in Australia.

Of importance to the research team was a study design that would involve the contribution of as many mental health nurses working in direct clinical care as possible. It is within this clinical environment where any standards will have the greatest impact on the lives of people with a mental health problem. Therefore the study design utilised a mixed method study comprising a national survey, workshop, focus group and Delphi panel.

The national survey was conducted in 2007 via the Australian College of Mental Health Nurses (ACMHN) website and a posted survey. Invited participants were mental health nurses, both members and non-members of the ACMHN. The main purpose of the survey was to elicit comment and opinion on whether each of the current standards should be retained, retained with modification or removed. Responses were received from 208 individual nurses and groups of nurses. These data were collated, thematically analysed and then reviewed in line with the findings of a literature review that had been previously undertaken in 2006 (Neville et al, 2006). The outcome of this process was the development of a draft version of 'new standards'.

This draft was taken to a workshop at the ACMHN 33<sup>rd</sup> Annual International Conference held in 2007 for further refinement. Twenty-one participants, all working in or associated with mental health nursing, worked on the terminology and structure of the standards. Additionally, vision and value statements were also presented to the participants. These statements had been developed by the research team in response to comments provided in the national survey. The inclusion of such statements is current international practice. Feedback from this workshop was incorporated into the draft standards and this next version was provided to a panel of experts to undertake the Delphi technique.

The Delphi panel of experts consisted of a variety of mental health nurses and key stakeholders. Two rounds of questionnaires took place before the final version of the new standards of practice was developed. The new standards of practice were then taken to a focus group at the ACMHN 34<sup>th</sup> Annual International Conference held in 2008. The purpose of this focus group was twofold; 1) to gather further consensus on and develop a format for measurable practice outcomes, and 2) to identify attributes for the standards.

The final outcome of this research has been the development of nine New Standards of Practice for Australian Mental Health Nurses, a Vision Statement and a Values Statement. Each of the nine standards includes a rationale, practice outcomes and the attributes of knowledge, skills and attitudes required to deliver the highest standard of nursing care for people with a mental health problem.



# 1.0 RESEARCH PROCESS

## ***Introduction***

In recent years, there has again been increasing concern for the wellbeing of people affected by mental health problems. Despite significant reform over almost two decades, much remains to be done. One means of monitoring change and improvement in mental health care is through the use of standards of practice. National and international reviews of mental health highlight the need for responsive service structures and individual care processes. Persons affected by mental health problems should have various needs addressed. Given the significant social investment involved in care and service provision, it is increasingly recognised that 'standards' of the same should routinely be evaluated.

The development of documents such as the *National Standards for Mental Health Services* by the Commonwealth Department of Health and Ageing (AHMAC, 1996) heightened the impetus towards the development of quality measurement tools for mental health service provision. Due to the magnitude of change, and the pivotal role that mental health nurses play in service delivery, it is vital they are supported by contemporary standards of practice. The Australian Institute for Health and Welfare (AIHW) report on mental health services in Australia 2005-06 (2008a) identify that there are over eleven thousand Registered Nurses employed as mental health nurses in Australia.

Since 1995, mental health nurses in Australia have been guided by the 'Standards of Practice for Mental Health Nurses in Australia' that had been developed by the then Australian and New Zealand College of Mental Health Nurses (ANZCMHN, 1995). However, given the development of several significant national and international documents and major shifts in Australian mental health policy there was a recognition by the project group that these 'Standards' were not well known or utilised routinely by mental health nurses practising in Australia and were outdated.

A three-phase approach to the project began with a comprehensive literature review. The literature review (Neville *et al.*, 2008) highlighted gaps or deficits in the existing 'Standards' and provided direction for the project. The second phase was a detailed review of the existing 'Standards' followed by development of new 'Standards'. The third phase was an appraisal of practice outcomes to support the newly developed 'Standards of Practice for Mental Health Nurses in Australia'. Benchmarking tools are considered to be an important addition to any standards for practice and it is envisioned that their development will be the final phase of this project and forthcoming from these new standards of practice.

## ***Methods***

The project was approved by the Toowoomba District Human Research and Ethics Committee. The complete project comprised an iterative process and an action research design. See Figure 1 on page 4.

## Participants

The participants for the survey round were Registered Nurses working in mental health within Australia. The Australian College of Mental Health Nurses (ACMHN) provided both access to their mailing database and their internet website for the survey where members and non-members could access the survey. Postal surveys were sent only to the approximately 2,000 ACMHN members on their database. Accompanying documents requested that each participant attempt to involve at least one other Registered Nurse and, if possible, that they be a non-member in order to enhance the external validity of results. Group participation was encouraged and was utilised in many responses. Details of the participant characteristics are in Table 1.

**Table 1 Demographics of Survey Respondents (n=208)**

Classification	Postal	Website	Total
EN/AIN <sup>1</sup>	0	2	2
RN/CN <sup>2</sup>	29	56	85
CNC/NUM <sup>3</sup>	28	30	58
ND/ADON/DON <sup>4</sup>	7	8	15
Academic educator <sup>5</sup>	11	19	30
Other <sup>6</sup>	7	9	16
<b>Practice Time</b>			
<2 years	1	1	2
2-5 years	6	6	12
6-10 years	12	13	25
11-15 years	8	8	16
>15 years.	50	78	128

\* **NB.** The 'total' for these categories do not necessarily equal the total number of participants as some responses in the group format did not provide separate numbers. For example, group responses did not always identify the individual 'practice time' for respondents but provided a total group 'practice time'.

<sup>1</sup> Enrolled Nurse or Assistant in Nursing

<sup>2</sup> Registered Nurse, entry level or Clinical Nurse

<sup>3</sup> Clinical Nurse Consultant or Nurse Unit Manager

<sup>4</sup> Nursing Director, Assistant Director of Nursing, Director of Nursing

<sup>5</sup> Academic or Educator may refer to University-based or health service-based educator

<sup>6</sup> 'Other' category allowed those nurses working in positions other than the above to be recognised. Nurse Practitioner and Mental Health Intervention Project Nurse are two examples of this category

The second group of participants comprised 21 voluntary workshop attendees at the ACMHN 33<sup>rd</sup> Annual International Conference (2007). The participants of this workshop came from varying, and largely unknown, backgrounds.

The third participant group involved invited participants considered to be either experts or representing significant stakeholder groups (Table 2) to be part of a Delphi panel. Expert representatives for the panel were considered from a range of groups including public and private clinical practice areas, management, Indigenous, academia and high level government administration. Stakeholders were identified as coming from carer and consumer groups, Indigenous health interest groups and other professional bodies.

The fourth participant group was a focus group at the ACMHN 34<sup>th</sup> Annual International Conference (2008). Six attendees of diverse experience and backgrounds covering areas of clinical, academic and management practice areas participated in a focus group which centred on identifying practice outcomes and desirable attributes of nurses.

**Table 2 Participants/Representations for Delphi Panel** (*n=14 first round; n = 9 second round*)

<b>Invited and Participated First and/or Second Round</b>
<ul style="list-style-type: none"> <li>• Occupational Therapy Australia</li> <li>• Australian Nursing and Midwifery Council</li> <li>• Australia and New Zealand Council of Deans</li> <li>• Commonwealth Chief Nurse's Office</li> <li>• Consumer via Consumer and Carer Forum</li> <li>• Carer via Consumer and Carer Forum</li> <li>• Association of Rural and Remote Nurses</li> <li>• Multicultural Mental Health for Cultural and Linguistic Diversity</li> <li>• Academic Nurses (2)</li> <li>• Indigenous Mental Health via Northern Territory representative</li> <li>• Nursing Managers</li> <li>• Commonwealth Department of Health and Ageing - Mental Health Project staff</li> <li>• High End Manager – Public Service</li> </ul>
<b>Invited but Did Not Participate in Any Round</b> ( <i>n=11</i> )
<ul style="list-style-type: none"> <li>• Royal Australian and New Zealand College of Psychiatry</li> <li>• Royal Australian College of General Practice</li> <li>• Australian Psychological Society</li> <li>• Australian Mental Health Consumers Network</li> <li>• Private Practice Nurses (2)</li> <li>• Mental Health Advisory Board</li> <li>• Higher Education Nurses (2)</li> <li>• Nurse Practitioner</li> <li>• National Aboriginal Community Controlled Health Organisation</li> </ul>

### **Data collection**

The first phase – literature review was completed in 2006 (Neville et al.). The second phase of the project comprised a survey of Registered Nurses working in mental health in Australia. The survey was conducted across two domains: the Australian College of Mental Health Nurses (ACMHN) website and a posted survey to members of the ACMHN. Included with the covering letter was the participant information, consent form, a project outline and its goals. A copy of the literature review report (Neville *et al.*, 2006) and the pre-existing 'Standards of Practice' were also included.

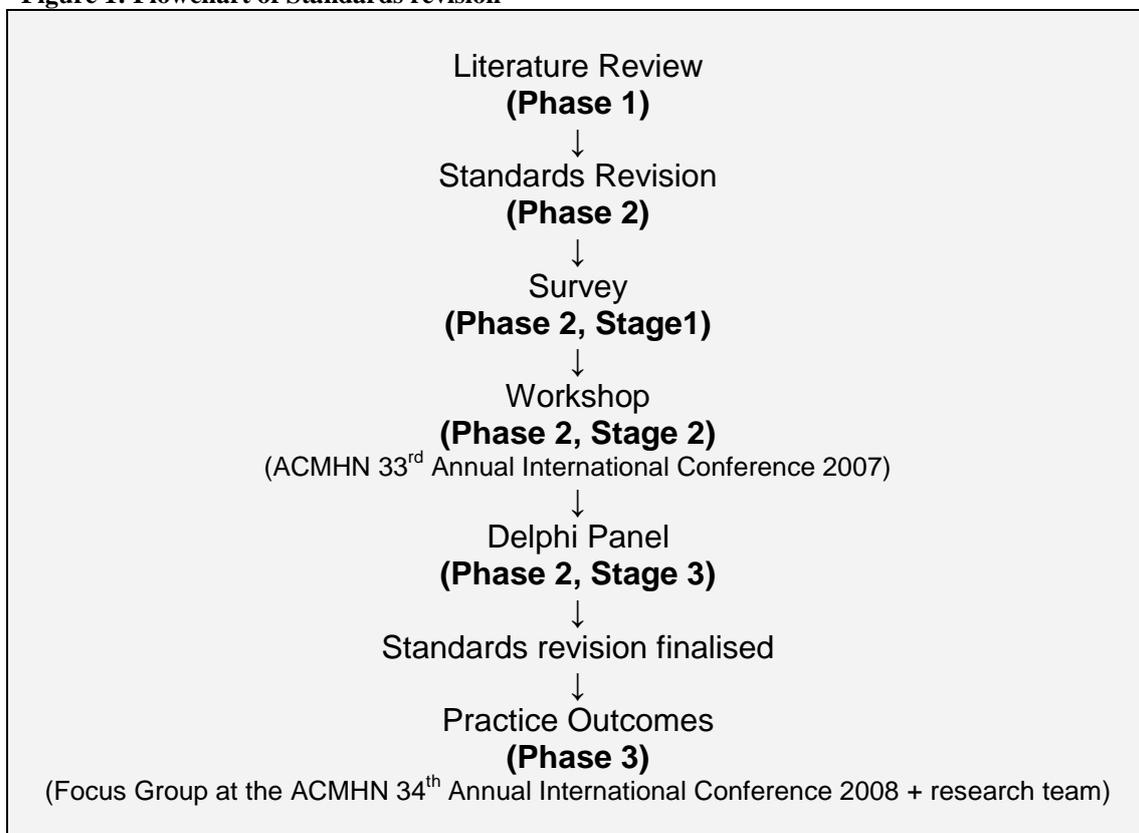
Based on the survey information, a revised version of the Standards was presented to a workshop participant group at the ACMHN 33<sup>rd</sup> Annual International Conference

(2007). The feedback from this group then directed a further revision before presentation to a Delphi panel of expert nurses and stakeholders. This process was managed via electronic mail however one participant group used regular postal delivery for their response. There were two question rounds before a final draft was completed.

The Delphi technique was chosen as a means of obtaining consensus on the revised Standards as this technique has a lengthy and well supported history of use in similar research projects (Baker *et al.*, 2007). The aim of the Delphi technique is to develop question 'rounds' for panel members to examine and on which they can provide feedback (McCance *et al.*, 2007). The panel members are purposely selected from a list of individuals chosen for their expertise and prior experience in a particular area (McCance *et al.*, 2007). Panel members are expected to participate throughout all question rounds and each round may take some weeks to complete therefore a commitment to the process is desirable. According to McCance *et al.* (2007, 60) the Delphi technique is best described as an 'iterative multistage process designed to combine opinion into group consensuses'.

The data collection activity in the third phase of this project involved a focus group at the ACMHN 34<sup>th</sup> Annual International Conference (2008). The focus group centred on gaining opinion on the development of practice outcomes and identification of ideal attributes for nurses to support the newly revised standards. The information collected was utilised to by the research team to draft practice outcomes and attributes to accompany the draft standards.

**Figure 1: Flowchart of Standards revision**



## **Results**

### *Phase 2, Stage 1: Online/postal survey (2007)*

The online/postal surveys' response total was 208 with a response rate of approximately 10.4%. An approximation of the response rate is used because of the limitations imposed by group responses where individual numbers of respondents was not indicated.

### *Phase 2, Stage 2: ACMHN Workshop (2007)*

The data from the workshop involved responses from 21 participants who were working in the area of mental health nursing... Participants were divided into groups of 4-5 and provided with individual copies of the then draft standards guided by the findings of the survey responses. They were then asked to review the accompanying literature and discuss each aspect of the standards within their group. Participants were next requested to record their individual responses on their papers and provide verbal feedback as a group. Feedback forms were collected by the facilitators so that the information recorded on their individual sheets could be retained and incorporated into the overall feedback. The feedback from the groups was used as a basis for the collation of responses with the individual work incorporated later by the research team.

### *Phase 2, Stage 3: Delphi panel (2008)*

The Delphi technique saw 27 groups or individuals comprise our expert panel (refer Table 2). The feedback from this group was obtained in two stages. The first round invited participants to review the draft standards in regards to associated documents and return their feedback. Fourteen of the 27 panel members provided feedback. Consideration of this feedback was incorporated into another version for a second review. Non-participation in the first round did not preclude participants from joining the second round. The second round responses were then used to direct the final version for submission to the ACMHN. Refer to Table 2 for details.

### *Phase 3: Focus Group (2008)*

The data collected from the focus group centred on identification of practice outcomes and ideal attributes of Mental Health Nurses. The work completed in the focus group provided a template for each set of practice outcomes and attributes. The work was then expanded by the research team to develop practice outcomes and attributes for the remaining standards of practice.

## **Data Analysis**

### *Phase 2, Stage 1: Online/postal survey (2007)*

The data analysis was completed by the research team comprising a diverse group of nurses and non-nursing research experts. The survey information was collated and common themes identified. The feedback was then incorporated into a single document highlighting each existing Standard individually. The survey asked respondents to identify whether they believed an existing Standard should be retained, retained with modification or removed (See Table 3). Participants were also asked to provide comment on each Standard to assist the researchers in any revisions. Additionally, they were asked to indicate the level of 'fit' and support for practice that they considered the existing Standards to achieve. Whilst some Standards were

considered by respondents to be helpful ‘as is’ there was a tremendous amount of comment provided to either support changes or suggest additions. Not every respondent commented on every Standard and some made additional comments to each question whilst others kept this to the ‘Additional Comments’ section. Importantly, the basic concepts or themes of the original ‘Standards of Practice (1995), for which there was overwhelming support, were retained within the revised standards of practice.

**Table 3 Survey Feedback on Existing Standards**

<b>Standard</b>	<b>Retain</b>	<b>Discard</b>	<b>Modify</b>
<b>1</b>	82	9	39
<b>2</b>	79	10	39
<b>3</b>	70	8	50
<b>4</b>	86	9	33
<b>5</b>	79	8	42
<b>6</b>	87	10	35
<b>AP (Advanced Practice Standard)</b>	89	15	24

Repeated themes for each Standard were identified and collated. Themes identified consistently and with vigour included: cultural appropriateness; cultural safety and diversity; recognition of indigenous issues; partnership; recovery principles; evidence-based, holistic and multidisciplinary models of care; greater focus on the needs of those people affected by mental illness. Additional themes were health promotion and early intervention across the lifespan, the role and needs of carers as well as those of the mental health nurse. Best practice and research were mentioned frequently as were professional development, education, reflection and supervision.

Generally speaking, there was widespread dissatisfaction with the Advanced Practice Standard in terms of meaning and ambiguity. Integration of the previous Standards and a greater recognition of the diverse roles of mental health nurses were key themes in the feedback for this Standard. All of the comments and suggestions received were considered with recurrent and heavily-emphasised themes given more weighting in the initial revision of the Standards. The first draft was developed by the research team from the feedback and with reference to several key documents as highlighted in the literature review. This draft was prepared for workshop facilitation at the ACMHN 33<sup>rd</sup> Annual International Conference (2007) and included two additional standards.

*Phase 2, Stage 2: ACMHN Workshop (2007)*

Feedback from the workshop focused on issues such as terminology and structure of the Standards, individually and overall, with suggestions regarding a preamble and a glossary to help provide clarity without having to rely on over-inclusiveness to ensure all necessary issues were covered. Again, the diversity and development in roles and skills and knowledge development were highlighted as needing recognition within new Standards. The Advanced Practice Standard was a source of significant discussion in this format. It was generally recognised as needing to be included but in a manner which emphasised the integration of all the Standards and the extension of mental health nursing into areas of heightened accountability, responsibility and independent practice.

Additionally, a 'Vision' and a 'Values' statement was included in the second draft given at the workshop. This was a suggestion from the survey and had been noted in the international mental health nursing standards accessed in the literature review. Whilst the idea of incorporating these ideas into the new Standards was welcomed there were specific concerns regarding formatting and themes covered. Workshop participants, in general, were interested in having a greater recognition of families, the individual's decision to include or exclude families and carers, and the use of non-discriminatory terms and practice. As with the survey responses, partnership again created debate but the consensus was that the term was divisive; the idea was important but more so was the translation of this into practice.

#### *Phase 2, Stage 3: Delphi panel (2008)*

The research team reviewed the workshop feedback and revised the Standards again. This time the draft was delivered to Delphi panel members as identified earlier in this document. This phase entailed the latest draft being sent to the panel participants over two rounds with feedback incorporated into a further and then a final revision. Feedback from this group focused largely on the more specific details and structure rather than whole ideas. Overall the support for the basic draft was significant although it is acknowledged that the research team were unable to include every suggestion from each member or member group. Every attempt was made to reasonably address and acknowledge the comments and contributions. Where repeated themes and terminology were in evidence the research team used these in preference to others.

#### *Phase 3: Focus Group (2008)*

Feedback from this workshop group focused on the need for realistic and measurable practice outcomes with attributes which were recognisable and also realistic. There was an emphasis on the need for the outcomes and attributes to be written in a clear, concise and consistent manner. This information resulted in the development of a format which was then used by the research team to develop the remaining standards in the same way.

## **Discussion**

The final draft of the 'New Standards of Practice for Australian Mental Health Nurses' was derived from extensive consultation and consensus. As discussed previously, a considerable amount of participation was sought and received from those Registered Nurses practicing in mental health in Australia. While a significant number of these were made up from membership of the ACMHN, the participant group extended beyond this to other mental health workers and interested parties and the Delphi panel of experts and stakeholders. The majority of survey responses were received from the website submission and from nurses with over 15 years of experience in mental health care. This characteristic of the respondent population was considered to be especially valuable as was the seniority of 74 of the participants. It was also deemed to be beneficial that there was a good spread of respondents across the possible job descriptors and that the bulk of the respondents were garnered from the Registered Nurse and Clinical Nurse category. One of the benefits of having a considerable representation from these Registered Nurse/Clinical Nurse groups is that they make up the most significant working group amongst mental health nurses (Clinton *et al.*, 2001).

Recurrent themes arising from a large survey, a workshop and a Delphi technique panel approach were incorporated into the finished product. The practice outcomes and desirable attributes developed from a group of interested mental health nurses which were then developed further by the research team.

The research team considered their task to be the facilitation of a review, the presentation of a variety of means by which interested parties could participate and the incorporation of the received information into a workable document to support the practice of mental health nurses in Australia.

### ***Limitations***

The research team attempted to involve both ACMHN members and non-members to garner participation in the survey by a larger group of nurses from a diverse range of backgrounds. The survey was to be restricted to Registered Nurses working in mental health in Australia but a small number of responses were received from outside of the target set in the context of group responses. The information provided in those responses was included as it could not be separated. Additionally, the participants in the workshop (2007) were not required to indicate their backgrounds and thus it is unclear as to their experience in terms of personal and/or professional understanding of mental health and illness issues. The focus group (2008) was also limited by the small number of participants although it was supported by a diversity of relevant background and experience identified by the participants.

In the Delphi panel process we invited 27 relevant individuals or organisations to participate, received responses from 23 (across both rounds) and had communications with 11 that indicated preparedness to participate but ultimately did not. Additionally, there were some responses that included input from several people from the one organisation. The small number of actual responses is a limitation of this project but the diverse representations included in this process makes a significant contribution and lends credibility to the value of the project outcomes.

### ***Conclusion***

This project was undertaken because the previous 'Standards of Practice' were considered to be outdated, as mentioned earlier, by stakeholders and professionals in Mental Health Nursing. Additionally a number of concerns highlighted in our literature review (Neville *et al.*, 2008) related to issues about the lack of fit with the *National Standards for Mental Health Services*; lack of consideration for cultural diversity and the emphasis on community-based care; a lack of conformity with the United Nations *Principles for the protection of persons with mental illness and the improvement of mental health care*; an increasing need to recognise and respond to the challenges faced by marginalised groups; a need to incorporate the notion of recovery; and a need to adapt mental health nursing practice to contemporary mental health care and care needs.

The previous 'Standards of Practice' blazed a trail in mental health nursing care in Australia. These Standards provided a support to the practice of mental health nurses throughout the 1990s as best they could given the rapidly changing environment

within which they were expected to function. The delay between commencing and completing the creation of these standards further complicated what was a difficult task given the lack of precedence at that time. Shortly after these first Standards were published several significant national documents were published which almost made the ANZCMHN *Standards of Practice for mental health nurses in Australia* (1995) obsolete before their time. The efforts and achievements of the developers of the previous Standards remain to be admired even if those Standards have been overtaken by further developments.

An important consideration with this research project is the benefit of wide consultation. Extensive consultation was considered vital in order to develop a product which would be considered valid by the nurses for whom it was developed and reliable by those on the receiving end of mental health nursing care. Our methodology comprising a nationwide survey, workshop opportunities and a Delphi technique consensus demonstrate a range of ways in which mental health nurses, in particular, could be involved in the development of a new set of standards of practice. Whilst the research team acknowledges more participation would have enhanced the process the overall level of involvement by a diverse range of nurses was a satisfying result.

It is the expectation of the authors that the review of any standards of practice for mental health nursing is, by the very nature of the practice, a dynamic process by demand. Getting to, and maintaining, a position at the forefront of mental health care and international practice necessitates an ongoing and internal reflection on what is being done, why it is being done that way and how it could be done better. Identifying evidence base for practice regardless of the direction in which it heads is vital and this naturally leads to a need for review of practice and standards of practice. Incorporating national and international information and resources, as they develop, into mental health nursing practice in Australia is of key importance to ensure we move toward the ideal of 'perfect' practice. Whether the ideal will ever be achieved is irrelevant. Should we strive towards it? Definitely.

## **2.0 VISION**

Mental Health Nurses care for people affected by mental health problems\* and who experience associated disabilities. Standards of practice provide practical benchmarks to guide and measure how care is provided.

All people affected by mental health problems have the right to access the highest attainable standard of care. Components of care include a primary focus on the needs of the person affected by mental health problems through acknowledging their personal experience and expertise.

Mental health problems are dynamic processes. Over time, people can recover from mental illness and achieve an optimal quality of life. Mental health nursing practice strives towards this goal. Differing cultures are respected, and health promotion and illness prevention is germane to practice. Specialist nursing knowledge and skills enhance these roles and processes. The social mandate given to the profession to provide care is acknowledged. Mental Health Nurses act in accordance with the law, ethical principles and associated values.

Mental Health Nurses practice with compassion, believe in the capacity of individuals to change, and seek community acceptance for people affected by mental health problems. These attributes and outcomes are developed through education, professional development, leadership, policy and service initiatives, and guided by evidence based practice.

*\*In this document, for the sake of brevity, the term 'mental health problem' is used to cover the range of issues from minor problems through to mental illness. Refer to the glossary for definitions.*

### **3.0 VALUES**

Contemporary Mental Health Nursing standards of practice are underpinned with the following values:

- Respect and compassion for people affected by mental health problems, their family and significant others
- Recognition of the human rights of people affected by mental health problems as proclaimed by the United Nations *Principle on the Protection of People with a Mental Illness* and the Australian Health Ministers' *Mental Health Statement of Rights and Responsibilities*
- Cultural safety, taking into account age, gender, spirituality, ethnicity and health values of the people affected by mental health problems
- Working in partnership with the individual affected by mental health problems and significant others such as family, carers, support agencies and other health care providers
- A recovery focus
- Evidence base for practice (where evidence exists) and quality improvement processes
- Engagement with communities as well as individuals to enhance social inclusion and capacity.

## 4.0 STANDARDS

### **Standard 1**

*The mental health nurse ensures personal practice is non-discriminatory, promotes dignity and self-determination. The nurse respectfully acknowledges the diversity in culture, values and belief systems of people affected by mental health problems, their family and their community.*

#### **Rationale**

The recognition of the cultural context in which mental health problems occur is critical to providing culturally competent services. An understanding of diverse cultures is essential to working therapeutically with people whose experiences differ from those of the nurse.

#### **Practice Outcomes**

*This standard is being met when:*

1. those affected by mental health problems report that they feel respected and safe, in terms of their cultural background
2. there is documented evidence of cultural considerations in assessment and intervention processes
3. where appropriate, there is evidence that the mental health nurse has accessed culturally appropriate support agencies.

#### **Attributes**

##### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the personal schema which may influence their practice
2. the meaning of the principles of partnership, protection, participation and self determination to people affected by mental health problems
3. the rights and responsibilities of people affected by mental health problems and the meaning and application of the principles of informed consent
4. the process to access, and the role of, health consumer advocates and interpreters
5. the barriers which may be present within health care bureaucracies and environments, that influence the provision of health services
6. the theoretical frameworks for cultural assessment.

##### **b). Skills**

*The Mental Health Nurse:*

1. respects the uniqueness of each person affected by mental health problems
2. involves family and/or appropriate supports in the decision-making process
3. forms and supports partnerships relevant to the requirements of the individual, and empowers those affected by mental health problems to be aware of and exercise their rights in relation to health care
4. protects each person's privacy and confidentiality
5. advocates for the person affected by mental health problems or accesses appropriate advocacy on their behalf
6. integrates cultural perspectives within the delivery of their practice.

**c). Attitudes**

*The Mental Health Nurse:*

1. respects the cultural values and beliefs of all groups within the community
2. values and respects the rights of people using the service and their advocates
3. embraces the concept of partnership
4. justifies and accepts responsibility for their own judgements and actions.

## **Standard 2**

*In partnership with people affected by mental health problems, the Mental Health Nurse advocates for, facilitates and supports participation from health promotion through to ongoing recovery.*

### **Rationale**

Understanding the value of partnership/s in promoting optimum practice outcomes is essential in the context of holistic care delivery.

### **Practice Outcomes**

*This standard is being met when:*

1. people affected by mental health problems express satisfaction with the process and outcomes of the partnership and participation.
2. there is documented evidence of partnerships and participation.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the principles and processes associated with effective interpersonal communication, advocacy, partnerships and participation
2. the scope of partnership possible, incorporating an understanding of the strengths and deficits in the partnership process.

#### **b). Skills**

*The Mental Health Nurse:*

1. plans, establishes, maintains and evaluates partnerships and participation
2. uses reflective practice to analyse partnerships
3. uses clinical supervision, where possible, to strive towards maximising the effectiveness of his/her own therapeutic role.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values partnership and participation
2. values the contribution of nursing to partnership and participation
3. identifies themselves as an advocate, facilitator and supporter
4. reflects on their role in partnerships and participation
5. justifies and accepts responsibility for their own judgements and actions.

### **Standard 3**

*The Mental Health Nurse promotes collaborative assessment, treatment planning and interventions with people affected by mental health problems. The Mental Health Nurse develops a therapeutic relationship, building on individual capacity and resilience to promote recovery. In doing so, the Mental Health Nurse respects the individual's choice, experience and circumstance and includes, where appropriate, family, other care providers and the community.*

#### **Rationale**

This standard recognises the value of collaborative process in care delivery and emphasises the need to understand the dynamics of collaborative management of issues that affect people with mental health problems.

#### **Practice Outcomes**

*This standard is being met when:*

1. people affected by mental health problems confirm they have been involved in key aspects of their care.
2. the Mental Health Nurse interprets and contributes to the health care/treatment plan with reference to the principles of recovery
3. the health care/treatment plan accurately reflects the outcomes of collaborative assessment and consultation

#### **Attributes**

##### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. evidence based practice and the principles of recovery
2. the process of clinical reasoning
3. treatment modalities used across the health care delivery process
4. the therapeutic use of self in the recovery process

##### **b). Skills**

*The Mental Health Nurse:*

1. adapts to the setting where care is provided
2. establishes trust by developing rapport, reducing anxiety and practising according to the principles of informed consent and confidentiality
3. undertakes thorough assessment in collaboration with stakeholders to develop, activate and evaluate coordinated, comprehensive health care
4. initiates action to address deficits and or limitations of any aspect of care
5. uses reflective practice to ensure conformity to evidence based practice and principles of recovery.

##### **c). Attitudes**

*The Mental Health Nurse:*

1. appreciates the contribution of each person involved in the care of people affected by mental health problems
2. values a collaborative approach to care
3. appreciates the principles of recovery
4. acknowledges the importance of evidence based practice

5. values a coordinated and, where possible, multidisciplinary approach to mental health care
6. recognises, respects and promotes individual's rights
7. values reflection and peer review in their practice.

## **Standard 4**

*The Mental Health Nurse plans, and collaboratively provides, ethically based care consistent with the mental, physical, spiritual, emotional and cultural needs of people.*

### **Rationale**

This standard recognises the mental, physical, spiritual, emotional and cultural needs of people affected by mental health problems and supports best practice outcomes.

### **Practice Outcomes**

*This standard is being met when:*

1. people affected by mental health problems identify that their mental, physical, spiritual, emotional and cultural needs have been consistently considered.
2. there are no identified breaches of ethical practice
3. breaches in ethical practice are appropriately documented and investigated.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the legislation and principles of ethical guidelines governing practice
2. the principles of collaboration
3. the concept of individuality in terms of experience, needs and strengths.

#### **b). Skills**

*The Mental Health Nurse:*

1. develops care strategies in collaboration with stakeholders with reference to the demands of ethical practice and consistent with identified needs
2. uses reflective practice to review their practice
3. uses clinical supervision, where possible, to ensure their practice conforms to the codes of ethics and practice as set down by the relevant governing bodies.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values the individual and practices ethically
2. willingly works with the individual to identify their needs
3. reflects on their role in providing collaborative, ethically sound care
4. justifies and accepts responsibility for their own judgements and actions.

## **Standard 5**

*The Mental Health Nurse values the professional and experiential contributions of other agencies and stakeholders, in the delivery of holistic and evidence based care and services for people affected by mental health problems.*

### **Rationale**

An understanding of processes which facilitate the contribution of others in care promotes the best practice outcome for people affected by mental health problems.

### **Practice Outcomes**

*This standard is being met when:*

1. people identify that they feel their contribution has been valued by the Mental Health Nurse
2. the contributions of other agencies and stakeholders are valued and identified in documentation.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the principles of holistic and evidence based care
2. the principles of collaborative and multidisciplinary care.

#### **b). Skills**

*The Mental Health Nurse:*

1. demonstrates appropriate interpersonal communication skills
2. establishes and maintains respectful relationships with other agencies and stakeholders
3. plans care in such a way as to include, where possible, other agencies and stakeholders
4. uses reflective practice to review their own contribution and their appreciation of that of others
5. uses clinical supervision, where possible, to ensure their practice conforms to the principles of holistic and evidence based practice.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values the contributions of others
2. values holistic and evidence based practice
3. willingly seeks and utilises the professional and experiential contributions of others
4. reflects on their own contribution and possible impediments to accepting and valuing the contributions of others
5. justifies and accepts responsibility for their own judgements and actions.

## **Standard 6**

*The Mental Health Nurse actively pursues professional opportunities to reduce stigma and promotes health strategies and policies which lead to community integration and participation for all people affected by mental health problems.*

### **Rationale**

The recognition of, and taking action to address, the stigma that surrounds and influences the lives of people affected by mental health problems will contribute to better practice outcomes.

### **Practice Outcomes**

*This standard is being met when:*

1. people identify that they experience an improved sense of community integration and reduced experiences involving stigma
2. the Mental Health Nurse demonstrates active participation in health promoting, stigma reducing activities
3. the Mental Health Nurse engages in available opportunities for reviewing and/or developing strategies and policies to promote community integration and reduction of stigma.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the impact of stigma and value of community integration
2. the principles of health promotion and community integration
3. the existing strategies and guidelines for reducing stigma, promoting community integration and health promotion.

#### **b). Skills**

*The Mental Health Nurse:*

1. utilises health promotion and community integration principles in care actions
2. seeks out opportunities to enhance existing levels of knowledge and skill
3. demonstrates high level skills in communication, health promotion and community integration activities
4. uses reflective practice to assess existing skill and knowledge levels and deficits
5. uses clinical supervision, where possible, to evaluate their practice in terms of these issues.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values health promotion, reduction of stigma and community integration
2. recognises the impact of stigma on the individual and is motivated towards playing an active role in reducing both stigma and its impact
3. willingly engages in opportunities to enhance stigma reduction, community integration and health promotion
4. reflects on their role, if any, in contributing to or perpetuating stigma and/or inhibiting community integration.

## **Standard 7**

*The Mental Health Nurse demonstrates evidence based practice and actively promotes practice innovation toward enhanced outcomes for all people affected by mental health problems through lifelong education, research, professional development, clinical supervision and reflective practice.*

### **Rationale**

Understanding the value of and utilising evidence based practice in care delivery is essential to promote best practice outcomes for persons affected by mental health problems.

### **Practice Outcomes**

*This standard is being met when:*

1. the Mental Health Nurse consistently engages in activities to use and develop evidence base for practice and practice innovation
2. the Mental Health Nurse demonstrates regular engagement in activities of research, education and professional development, clinical supervision and/or reflective practice
3. the Mental Health Nurse engages in activities which support others in activities of research, education and professional development, clinical supervision and/or reflective practice.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the principles and processes required for evidence based practice, professional development, clinical supervision, research and reflective practice
2. the benefits for all stakeholders when nurses engage in these practices.

#### **b). Skills**

*The Mental Health Nurse:*

1. incorporates the principles of these activities to their own practice
2. establishes and maintains a pattern of incorporating these practices into their own professional life
3. plans, develops and takes opportunities to enhance their knowledge and skill level in these areas and share them with others
4. uses reflective practice to analyse their practice in terms of the above areas.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values evidence base and innovation in their practice
2. values the contributions of professional development, lifelong education, research, clinical supervision and reflective practice
3. willingly engages in opportunities to participate in these activities and supports others to do the same
4. reflects on areas of need for improvement and/or greater activity in reference to the identified activities
5. accepts responsibility for their own actions.

## **Standard 8**

*The Mental Health Nurse integrates local, state, national and international policies and guidelines with professional standards and competencies. The Mental Health Nurse's practice incorporates and reflects relevant statutes, common law requirements and the nursing profession's code of conduct and ethics.*

### **Rationale**

Legal requirements and professional codes of practice are incorporated into clinical practice used to nurse or provide services to people affected by mental health problems.

### **Practice Outcomes**

*This standard is being met when:*

1. there are no breaches of the relevant policies, guidelines, standards and competencies, statutes and common law requirements, and the nursing professions codes of conduct and ethics identified by people affected by mental health problems and/or relevant others
2. the Mental Health Nurse utilises the relevant policies, guidelines, standards and competencies, statutes and common law requirements, and the nursing professions' codes of conduct and ethics.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the relevant policies, guidelines, statutes and codes of conduct and ethics governing practice
2. the mechanisms by which their practice may be reviewed in terms of their adherence to the above identified issues, their rights and the possible repercussions of breaches.

#### **b). Skills**

*The Mental Health Nurse:*

1. relates the policies, guidelines, standards, competencies, legislation and codes of conduct and ethics to their practice
2. establishes and maintains a high level of compliance
3. identifies areas of need and takes appropriate action to address them
4. uses reflective practice to analyse their practice in terms of these issues
5. uses clinical supervision, where possible, to provide external evaluation of their practice in terms of compliance
6. acts as a role model for other professionals in regards to compliance with these issues.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values the contributions of the various guidelines including the benefits, protections and means for redress to the profession and people affected by mental health problems
2. willingly engages in activities to ensure their practice is compliant
3. reflects on their practice to identify areas of need for improvement
4. accepts responsibility for their own actions and their own fallibility.

## **Standard 9**

*The Mental Health Nurse demonstrates advanced specialist knowledge, skills and practice, integrating all the standards competently and models leadership in their practice setting.*

### **Rationale**

Recognising the value of standards for clinical practice and leading service delivery promotes care for people affected by mental health problems.

### **Practice Outcomes**

*This standard is being met when:*

1. the Mental Health Nurse is acknowledged by peers as demonstrating they integrate all the standards expertly with advanced specialist knowledge, skills and practice.

### **Attributes**

#### **a). Knowledge**

*The Mental Health Nurse demonstrates an understanding of:*

1. the standards for practice and the advantages of having, using and evaluating standards
2. the benefits of attaining and maintaining advanced specialist skills and practice
3. the principles and importance of role modelling.

#### **b). Skills**

*The Mental Health Nurse:*

1. relates theory into practice and incorporates standards of practice into practice
2. establishes and maintains an advanced level of expertise
3. uses reflective practice to identify areas of deficit and acts to address them
4. uses clinical supervision, where possible, to assist in evaluating their practice and areas for development.

#### **c). Attitudes**

*The Mental Health Nurse:*

1. values standards of practice, knowledge and advancing their practice
2. values their role as leader and role model to less experienced and/or educated colleagues
3. willingly engages in activities to enhance their expertise and incorporate it into practice at every opportunity
4. reflects on their practice and how this may influence others.

## 5.0. GLOSSARY

The terms adopted for this document are derived from a range of existing resources in the whole but not restricted to Commonwealth documents. Other resources include dictionaries and websites. Please refer to the 'References' section for details.

**Advocacy** – involves the actions required to represent the concerns and interests of people affected by mental health problems and/or illness, speaking on their behalf if required. Advocacy also involves the provision of training and support to enable people to self-representation.<sup>1</sup>

**Benchmarking** – is concerned with the systematic process of identifying and implementing a standard of best practice within individual services or groups of services. Activities focus on service excellence, the needs of customers, and organisational culture issues.<sup>2</sup>

**Community capacity** – describes the combined characteristics and resources of a community to recognise, assess and take action to address key issues including financial, human, social, physical and environmental contexts.<sup>3</sup>

**Diversity** – describes the wide range of social and cultural groups that make up the Australian population and Australian communities. Diversity recognises the variance according to gender, age, disability and illness, social status, level of education, religion, race, ethnicity and sexual orientation amongst individuals and groups.<sup>4</sup>

**Evidence-based practice** – describes a process of integrating the best available evidence with professional expertise to guide professionals in decision-making regarding the care of individuals. It requires professionals to seek the best evidence from a variety of sources; appraise that evidence critically; determines the desirable outcome; apply that evidence in professional practice; and evaluate the outcome. Implicit in the process is consultation with the client.<sup>5</sup>

**Mental health** – is a state of emotional and social wellbeing wherein people can cope with the normal stresses of life and achieve to their potential. This includes the ability to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, respectfully and fairly, with each other and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities. The absence of mental illness does not describe mental health. Measurement is complex and there is no

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<sup>1</sup> Australian Health Ministers (2003). *National Mental Health Plan 2003-2008*. Canberra: Australian Government, p. 32.

<sup>2</sup> *ibid.*,

<sup>3</sup> Public Health Unit (2003). *Integrating Public Health Practices: A Position Statement on Community Capacity Development and the Social Determinants of Health for Public Health Services* at <http://www.health.qld.gov.au/phs/Documents/shpu/20426.pdf>

<sup>4</sup> Commonwealth Department of Health and Aged Care (2000). *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, p. 64.

<sup>5</sup> *ibid.*, p. 59.

widely accepted approach as yet. There has been a preference for the term ‘emotional and social wellbeing’, which accords with holistic concepts of mental health held by Aboriginal and Torres Strait Islanders and some other cultural groups. Another alternative is the term ‘mental health and wellbeing’.<sup>6</sup>

**Mental health problem** – a disturbance in the interactions between the individual, the group and the environment, which results in a lesser state of mental health.<sup>7</sup> *In this document, for the sake of brevity, ‘mental health problems’ is used to cover the range of issues from minor problems to mental illness.*

**Mental health promotion** – refers to those actions directed to groups and individuals to maximise health and wellbeing.<sup>8</sup>

**Mental illness** – is a clinically diagnosable disorder that significantly disturbs a person’s cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the DSM-IVR or the ICD010. In Australia, drugs and alcohol problems and dementia are not generally considered the primary responsibility of a mental health service and have separate, specialist services. However, both are considered important in terms of co-morbidity.<sup>9</sup>

**Nurse/Nursing categories** – according to the Australian Institute for Health and Welfare ‘nurse’ refers to those persons either registered or enrolled with a state and/or territory nursing and midwifery board (AIHW, 2008b, p1).

**Academic/Educator:** pertains to those nurses working within the academic, research or otherwise education system.

**Assistant Director of Nursing (ADON):** pertains to those nurses working in senior management as assistants to the Director of Nursing.

**Assistant in Nursing (AIN):** pertains to those persons working in health care support positions with either certificate or no formal training.

**Clinical Nurse (CN):** pertains to Registered Nurses employed as higher than entry level nurses with a clinical focus to their role.

**Clinical Nurse Consultant (CNC):** pertains to Registered Nurses who have a specialised clinical role at a higher level than Clinical Nurses.

**Director of Nursing (DON)/Nursing Director (ND):** pertains to Registered Nurses working in senior management and administrative roles.

**Enrolled Nurse (EN):** pertains to a person whose level of training supports their application for recognition of enrolment with a state and/or territory nursing board.

**Mental Health Nurse (MHN):** pertains to Registered Nurses who have undertaken specialist training and/or education to gain expertise in the field of mental health and illness.

**Nurse Practitioner:** Registered Nurses who have undertaken further education and training at an advanced level and assume greater responsibilities (AIHW, 2008b, p1). Registered Nurses with expertise in specific areas.

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<sup>6</sup> Australian Health Ministers, 2003, op. cit., p. 34.

<sup>7</sup> *ibid*, p. 35.

<sup>8</sup> National Mental Health Education and Training Advisory Group (2002). *National Practice Standards for the Mental Health Workforce*. Canberra: Publications Production Unit, Commonwealth Department of Health and Ageing, p. 45.

<sup>9</sup> Australian Health Ministers, 2003, op. cit., p. 35.

**Nurse Unit Manager:** pertains to Registered Nurses working as managers within a health care unit or service area.

**Registered Nurse (RN):** pertains to nurses who have undertaken training and/or education such that they are accepted for registration with a state and/or territory nursing board.

**Participation** – is the active involvement by people affected by mental illness or health problems in the range of activities that include, but are not restricted to, policy and planning, development, decision making, research and evaluation of mental health services.<sup>10</sup>

**People from diverse cultural and linguistic backgrounds** – refers to people or the offspring of people born in a country where English is not the first language.<sup>11</sup>

**Practice outcomes** – a means of assessing care and the processes involved in providing care to people affected by mental health problems in terms of the outcomes achieved or not achieved by the practice of mental health nursing

**Prevention** – describes interventions that commence prior to the first onset of a disorder.

Universal –interventions are targeted at the general public or a whole population group which is not identified because of individual risk.

Selective –interventions are targeted to individuals or specific sub-group with a recognised risk higher than the general public/population.

Indicated –interventions are targeted at identified high risk individuals having minimal but observable signs and symptoms signifying developing mental illness but not yet meeting diagnostic requirements for DSM-IVR or ICD-10 diagnosis.<sup>12</sup>

**Recovery** – is a personal process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying life through the development of new meaning and purpose as the person grows beyond the effects of psychiatric disability.<sup>13</sup>

**Resilience** – refers to those ‘capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes.’<sup>14</sup>

**Stakeholders** – refers to the various groups and individuals affected by decisions, consultations and policies.<sup>15</sup>

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<sup>10</sup> National Mental Health Education and Training Advisory Group, 2002, op. cit., p. 42.

<sup>11</sup> *ibid*, p. 46.

<sup>12</sup> *ibid*, p. 46.

<sup>13</sup> Anthony, W.A. (2000). Recovery from mental illness: the guiding vision of the mental health service system in the 1990’s. *Psychiatric Rehabilitation Journal*, 16(4):159.

<sup>14</sup> Commonwealth Department of Health and Aged Care (2000). *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, p. 63.

<sup>15</sup> Commonwealth Department of Health and Family Services (1998). *The Kit: A Guide to the Advocacy We Choose to Do, Community Development Project*. Canberra: Department of Health and Family Services, p. 259.

**Standards** – have two aspects. Clinical standards of practice are distinct and agreed clinical procedures and practices for desired treatment and care quality of people with mental illness or problems. Service standards define what is required to achieve a suitable level of care from a mental health service.<sup>16</sup>

**Stigma** – ‘against a person with a mental illness often involves inaccurate and hurtful representations of them as violent, comical or incompetent.’<sup>17</sup>  
Stigma is the ‘application of a negative label or mark that distinguishes people in the community. It is manifested in negative attitudes, behaviours and feelings towards the identified group.’<sup>18</sup>

**Therapeutic relationship** – describes a relationship between the nurse and people affected by mental health problems or mental illness in which the professional knowledge and skill possessed by the nurse is used to facilitate the wellbeing of those with whom they work. There are five recognised aspects to this relationship: trust, respect, professional intimacy, empathy and power.<sup>19</sup>

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<sup>16</sup> Australian Health Ministers, 2003, op. cit., p. 38.

<sup>17</sup> SANE ‘**StigmaWatch**’ accessed on 18/04/2008  
[www.sane.org/stigmawatch/stigmawatch/stigmawatch.html](http://www.sane.org/stigmawatch/stigmawatch/stigmawatch.html)

<sup>18</sup> Australian Transcultural Mental Health Network, Department of Psychiatry, University of Melbourne accessed on 18/04/08 <http://www.atmhn.unimelb.edu.au>

<sup>19</sup> College of Nurses Ontario (2006). The Therapeutic Nurse-Client Relationship, Revised 2006. at [http://www.cno.org/docs/prac/41033\\_Therapeutic.pdf](http://www.cno.org/docs/prac/41033_Therapeutic.pdf) p.3.

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## 7.0 APPENDIX 1

### REVIEW OF NATIONAL STANDARDS FOR MENTAL HEALTH NURSING

In this first round of data collection we invite you and at least one other nursing colleague to consider the current practice standards for mental health nurses. Working together, please review each of the standards (outlined in Section 1, below) and indicate whether the standard should be retained, retained with modifications, or discarded. If you choose the 'retain with modifications' option, please detail the modifications that you believe are necessary to ensure that the standard supports contemporary mental health nursing. You can visit the College website at <http://www.anzcmhn.com.au> where you can find a complete copy of the current 'Standards' and a report titled '*Mental health nursing standards and practice indicators for Australia: a review of current literature*'. The report provides information on how standards are structured and monitored. This will assist you in completing the information required below.

#### SECTION 1 – Review of Current Standards

##### Standard 1

*'The Mental Health Nurse ensures his/her practice is culturally appropriate through the sensitive and supportive identification of cultural issues.'*

Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### Standard 2

*'The Mental Health Nurse establishes partnerships as the working basis for therapeutic relationships.'*

Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### Standard 3

*'The Mental Health Nurse provides systematic nursing care that reflects contemporary nursing practice and the client's health care/treatment plan.'*

Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standard 4**

*The Mental Health Nurse promotes the health and wellness of individuals, families, and communities.*

- Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standard 5**

*The Mental Health Nurse commits to ongoing education and professional growth and develops the practice of mental health nursing through the use of appropriate research findings.*

- Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Standard 6**

*The Mental Health Nurse practices ethically incorporating the concepts of professional identity, independence, interdependence, authority and partnership.*

- Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advanced Practice Standard**

The Mental Health Nurse is able to integrate the first 6 standards at a level of excellence using skills in clinical practice, leadership, research and education

- Retain in present format                       Retain with modifications                       Discard

Suggested Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1 (a). In their present format, how well do the current standards underpin /support contemporary mental health nursing?**

- 1  Very well      2  Moderately well      3  Somewhat      4  Not at all

**Section 2. New / Additional Standards**

**2 (a). Use the space below to suggest additional standards relevant to contemporary mental health nursing (add additional pages if necessary):**

**Section 3. About this round of data collection**

**3 (a). Was the task required of you in this round of data collection clear?**

- 1  Very clear      2  Moderately clear      3  Somewhat clear      4  Not at all

**3 (b). How many nurses had input into this round of data collection: \_\_\_\_\_.**

**3 (c). Description of nurses contributing to this round – please indicate the number of participants for each category in the box following the category.**

<b>Classification:</b>	<b>Number</b>	<b>Time in mental health:</b>	<b>Number</b>
AIN/EN	<input type="text"/>	Less than 2 Years	<input type="text"/>
RN	<input type="text"/>	2 -5 Years	<input type="text"/>
CN	<input type="text"/>	5 -10 Years	<input type="text"/>
CNC/NUM	<input type="text"/>	10 – 15 Years	<input type="text"/>
ADON/DON	<input type="text"/>	More than 15 years	<input type="text"/>
University/Academic	<input type="text"/>		
Other _____	<input type="text"/>		