



A National Framework for Postgraduate Mental Health Nursing Education (2016)

National Framework for Postgraduate Mental Health Nursing Education

Recommended Reference:

ACMHN (2016) National Framework for Postgraduate Mental Health Nursing Education. Australian College of Mental Health Nurses, Canberra, Australia.

Prepared by Project Consultants:

Emeritus Professor Margaret McMillan. RN BA M Curr St (Hons) PhD OAM
Associate Professor Penelope Little. BSc MEd

Project Manager & Editor:

Ms Peta Marks

Project Steering Committee:

Professor Michael Hazelton
Adj Assoc Prof Kim Ryan
Mr Greg Neilson
Ms Peta Marks

Expert Reference Group:

Professor Mike Hazelton, University of Newcastle, ACMHN Accreditation Committee (Chair)
Ms De Backman-Hoyle, National Mental Health Consumer & Carer Forum
Ms Julianne Baddenoch, Australian Practice Nurse Association /Coalition of National Nursing Organisations
Professor Wendy Cross, The Council of Deans of Nursing and Midwifery, ACMHN President
Dr Lynette Cusack, Chair Nursing & Midwifery Board Australia
Professor Brenda Happell, Central Queensland University, ACMHN Board Member
Associate Professor John Hurley, Southern Cross University
Mr Mike Kilshaw, Nursing Director, Metro North Mental Health, TPCH, Queensland Health
Ms Allison Kokany, National Mental Health Consumer & Carer Forum
Professor Eimear Muir-Cochrane, Chair of Nursing (Mental Health), Flinders University
Mr Greg Neilson, Queensland Health, ACMHN Credentialing Committee
Associate Professor Karen Nightingale, State Head of School (Victoria), Australian Catholic University
Mr Padrig O'Luanaigh, Nursing & Midwifery Office, Queensland Health

Acknowledgements:

The contribution of a great number of individuals and organisations is acknowledged in the preparation of the Framework, as well as the Standards and Guidelines, including:

- The Framework development was guided by the Expert Reference Group, and benefited from the contributions of mental health nurses and other key stakeholders who contributed to the online survey and through the key stakeholder workshop.
- The Council of Ambulance Authorities (CAA), which has generously permitted use of their document templates in the development of accreditation processes.
- The universities that generously participated in the pilot project to evaluate and refine the Standards, Guidelines and accreditation processes.

Thank you also to the clinicians and nursing administrators who facilitated and participated in the initial scoping exercise conducted by Prof Margaret McMillan and A. Prof Penelope Little, for so generously sharing their time and expertise.

The ACMHN would like to acknowledge the funding support provided by the Nursing & Midwifery Office, Queensland.

A National Framework for Postgraduate Mental Health Nursing Education (2016)

CONTENTS

Foreword	5
Background and Development	6
Articulating the pathway	7
Use of the Framework	8
The Consumer: Mental health nursing practice and education.	8
Mental health nursing practice: The specialty	9
Professional education for the mental health nursing specialty	10
A conceptual model for mental health nursing	12
A conceptual model of postgraduate education for mental health nursing.	13
Components of the National Framework for Postgraduate Mental Health Nursing Education	16
Core values underpinning the learning and teaching of postgraduate mental health nursing	17
Learning Outcomes expressed as Graduate Abilities	20
The graduate profiles of postgraduate mental health nursing curricula	21
Benchmarks for the design and implementation of postgraduate mental health nursing curricula	25
Core content, structure and delivery mechanisms.	27
Bibliography.	29
Glossary	33
Appendices	35

CONTENTS II

List of Tables

Table 1:	Relationship of Conceptual Models: Education to Practice.	11
Table 2:	Core Values and Related Principles for Postgraduate Mental Health Nursing curricula	18
Table 3:	The graduate abilities/graduate profile of mental health nursing postgraduate curricula at AQF Levels 8 (GC/GD) & 9 (Masters)	23

List of Figures

Figure 1:	A Conceptual Model of Professional Nursing Practice and Education	10
Figure 2:	A conceptual model for developing Postgraduate Professional Education for Mental Health Nurses (Little & McMillan 2014)	14
Figure 3:	Contextual Variables: The Crucial Moderators of Mental Health Care.	15
Figure 4:	Relationships among Standards, the ACMHN National Framework Graduate Abilities, and Graduate Profiles within Postgraduate Mental Health Nursing Studies programs	22

Appendices

Appendix 1:	Development of a National Framework for Postgraduate Studies in Mental Health Nursing. . .	35
Appendix 2:	Practitioner guide to recovery principles that support recovery-oriented mental health practice (Australian Health Ministers' Advisory Council)	36
Appendix 3:	Assumptions underpinning the National Framework and the implications for the project . . .	37

Foreword

I am delighted to provide the opening remarks regarding the National Framework for Postgraduate Mental Health Nursing Education (2016) and the related Accreditation Process.

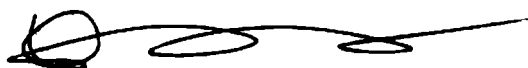
Education for practice lays the foundations for what we do as mental health nurses in the multifaceted and unpredictable world of health care. Much has been said about the mental health preparation of nurses at the undergraduate level, and the MHNET Report of 2008 provides a guide to the minimum requirements for new graduates. However, to practice capably in mental health settings nurses need postgraduate knowledge and skills. It is important that postgraduate courses in mental health nursing build upon that basic material and provide appropriate opportunities for learners to develop extended knowledge for specialty practice in mental health.

Given that mental health nurses practice in a variety of contexts and with diverse populations, their education needs to be flexible and evolving to account for specific demands and to permit the expansion and extension of practice, ultimately leading to advanced practice roles. A clearly defined accreditation framework enables the educational development of these roles. Just as we place consumers at the centre of care, consumers, carers, families and communities can contribute to the preparation of mental health nurses. This framework places the learner as pivotal and in addition, it underpins the development of the mental health nursing workforce, and will reassure employers, health policy makers and health regulators of the minimum standards for postgraduate mental health nursing education.

A framework is not a curriculum or syllabus, a content list or an admissions policy. However, it does provide the standards to which mental health nurses must be educated. The descriptors depict an array of activities but do not specify the relative importance of any. The National Framework for Postgraduate Mental Health Nursing Education (2016) and the related Accreditation Processes harmonise with the Standards of Practice for Australian Mental Health Nurses: 2010, and address the recommendations made in the Scan of Post-graduate Mental Health Nursing Programs in Australia 2011 (ACMHN, 2011).

We are indebted to the Queensland Nursing and Midwifery Office, which provided funding to develop the framework. I congratulate Professor Mike Hazelton who led a small project team in managing this significant project, which involved multiple phases and many participants. We were also honoured to have Professor Margaret McMillan and Associate Professor Penny Little as nursing education experts to guide its development and ensure quality education standards were delivered. I also thank the two universities that underwent the accreditation process in the pilot of the Framework and the efforts they made.

I commend the National Framework for Postgraduate Mental Health Nursing Education (2016) and the associated Accreditation Process to you.



Wendy Cross
President
November 2015

Background and Development

It is every person's human right to have access to specialist mental health care. Developing and sustaining a specialist mental health nursing profession is an important strategy to improve access and equity for people who have a lived experience of mental illness - one of Australia's most discriminated against and stigmatized groups.

The Australian College of Mental Health Nursing (ACMHN) is Australia's peak professional body for mental health nurses and its objective has always been to set and achieve national standards in high quality mental health nursing care.

Mental health nursing is a specialised field of nursing which focuses on working with consumers to meet their self-determined recovery goals - considering the person's physical, psychological, social and spiritual needs, within the context of the person's lived experience and in partnership with their family, significant others and the broader community. Mental health nurses support consumers and their families during life crises and transition periods; they liaise discretely and effectively with a range of health care providers, provide information and education on mental distress and clinical treatments, coordinate care and provide talking therapy to assist people with their individual recovery journey – acknowledging that 'recovery' is a concept developed by the consumer movement.

Mental health nurses work across the full range of clinical service and community settings, and across metropolitan, regional, rural and remote areas – they play a significant role in the health care system and have the qualifications, skills and experience to provide high quality mental health nursing care in all contexts. The mental health nursing workforce needs to be flexible and responsive and able to assist people across the lifespan with their recovery in a variety of work place settings.

The ACMHN Credential for Practice Program (CPP) is a professional self-regulation initiative for mental health nurses; this has been operating since 2004. Prior to 2010, some state and territory nursing regulation authorities held separate registers for mental health nursing or endorsed nurses holding qualifications as mental health nurses. The Nursing and Midwifery Board of Australia (NMBA), which commenced on 1 July 2010, does not provide any mechanism to recognise specialist mental health nurses. The ACMHN Credential is the only nationally consistent standard for recognition of specialist mental health nurses. Completion of a specialist postgraduate (equivalent) mental health nursing/psychiatric nursing qualification is one criterion to be met for the award of a mental health nursing Credential. The CPP in particular, and the mental health nursing profession in general, will be strengthened by the establishment of this National Framework for Postgraduate Mental Health Nursing Education, as this will provide the mechanism by which it can be established that specialist mental health nurses are consistently receiving postgraduate educational preparation that incorporates the principles of recovery, and meets the needs of consumers and families/carers, the standards of the profession and the demands of professional practice.

Articulating the pathway

The development of mental health nursing practice begins at undergraduate level, and requires a clear articulation through AQF Level 8 and 9 (Graduate Certificate, Graduate Diploma and Masters) programs.

The Mental Health Nursing Education Taskforce (MHNET) was established in September 2005 as a sub-committee of the Australian Health Ministers' Advisory Council's (AHMAC) Mental Health Standing Committee (MHSC) and the Council of Deans of Nursing and Midwifery (Australia and New Zealand) (CDNM). The purpose of the Taskforce was to provide expert technical advice and recommendations on the development of national policy and strategic directions for mental health nurse education, consistent with the National Mental Health Plan 2003-2008, and implement three recommendations of the Australian Health Workforce Advisory Committee (AHWAC) (2003), Australian Mental Health Nurse Supply, Recruitment and Retention Report. These recommendations were to develop an agreed framework for mental health content in undergraduate general/comprehensive nursing degrees, to ensure consumer and carer involvement in course development and delivery for undergraduate nursing and postgraduate mental health nursing courses within universities, and to consider a range of innovations for mental health education that create a nursing workforce better prepared for mental health practice (MHNET, 2008) and is in line with the AHMAC (2013) National Recovery Framework.

The Mental Health in Pre-Registration Nursing Courses 2008 Report (MHNET, 2008) established a framework for the mental health component of pre-registration nursing degrees, but did not address postgraduate education for mental health nurses. The ACMHN's National Framework for Postgraduate Mental Health Nursing Education therefore builds on the MHNET framework, to ensure clear articulation from undergraduate to postgraduate level, as well as a clear educational career path for mental health nurses.

A Scan of Postgraduate Mental Health Nursing Programs in Australia 2011 (ACMHN) identified the high level of divergence and inconsistency between courses, particularly in how the education component interacts with clinical competency. As a consequence, nurses who have identified that they want to become a specialist mental health nurse face difficulty in choosing a course that provides appropriate mental health nursing skills and information about what helps a person recover. The Scan of Postgraduate Mental Health Nursing Programs in Australia 2011 (ACMHN) found 'there was considerable variation in relation to expectations about specialist and advance nursing practice. Both graduate certificate and graduate diploma programs were variously described as preparing nurses for roles such as: beginning practitioners in mental health; advances practitioners in mental health; speciality practitioners at an introductory level; or proficient practitioners'.

This Framework has been developed to ensure national consistency in the preparation of nurses undertaking postgraduate mental health nursing education, in preparation for the practice of mental health nursing, based upon agreed criteria and supporting values and principles.

The Flowchart (See Appendix 1) describes the iterative processes and activities through which the consultants and the ACMHN representatives and an Expert Reference Group (ERG) collaborated on the development of the Framework. Further consultation involved wider distribution to members of the profession, through the ACMHN.

Purpose

The purpose of the National Framework for Postgraduate Mental Health Nursing Education is to advantage career progression of graduates into the specialty. Adoption of the National Framework enables the prospective specialist mental health nurses access to postgraduate educational preparation that meets the needs of consumers and their families/carers, the standards of the profession and the demands of professional practice, and also incorporates the principles of recovery as defined by the individual.

Use of the Framework

It is envisaged that the National Framework will be used by educational providers to inform the development, renewal and implementation of curricula designed to prepare graduates to become specialist mental health nurses.

The National Framework is the standard against which postgraduate mental health nursing education will be reviewed, for accreditation with the ACMHN.

The Consumer: Mental health nursing practice and education

'Recovery' is a philosophical concept that was developed by the consumer movement. Recovery has established and agreed components, which have been adopted by mental health professionals and incorporated into mental health policy at State and Commonwealth levels.

The National framework for recovery-oriented mental health services (2013) defines personal recovery as:

...being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.

The Australian Health Ministers' Advisory Council's (AHMAC) Practitioner Guide outlines the recovery principles that support recovery-oriented mental health practice (see Appendix 2). The Practitioner Guide highlights the notion that a 'recovery focus is essential to promoting, hope, well-being and a sense of self-determination for people with mental illness' (AHMAC 2013). These initiatives emerged as a result of high level consumer led forums and the subsequent development of reforms and associated publications that have underpinned the centrality of the 'recovery-oriented focus' on mental health care (National Mental Health Consumer and Carer Forum (www.nmhccf.org.au)).

The Practitioner Guide also describes 'the practice domains and key capabilities necessary for the mental health workforce to function in accordance with recovery-oriented principles' (2013, p1). The National Framework for Postgraduate Studies in Mental Health Nursing aligns with the recovery principles outlined in the Practitioner Guide, which features the consumer as the central component of both practice and learning.

Mental health nursing practice: The specialty

'Specialisation implies a level of knowledge and skill in a particular aspect of nursing which is greater than that acquired during basic nursing education' (A report on Governance Standards for Specialist Nursing and Midwifery organizations (2006)). The mental health nursing specialty is deemed to have met the criteria specified by the Australian Health Advisory Council's National Specialisation Framework for Nursing and Midwifery (2006) i.e. **Criteria 1** The specialty is national in its geographic scope **Criteria 2** The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and/or midwifery **Criteria 3** The specialty is a distinct and defined area of nursing and/or midwifery practice, which requires an application of specially, focussed knowledge and skill sets **Criteria 4** There is both a demand for and a need for the specialty service from the community **Criteria 5** The specialty practice is based on a core body of nursing and/or midwifery knowledge, which is being continually expanded and refined. For example, mechanisms exist for supporting, reviewing and disseminating research, and **Criteria 6** Specialty expertise is gained through various combinations of experience, formal and informal education programs including but not limited to continuing education and professional development.

Mental health nurses are recognised as specialists in their field and provide complex interventions and care, using a diverse range of approaches, to support recovery from mental illness and enhance consumer and carer wellbeing.

The Australian College of Mental Health Nursing (ACMHN) defines the scope of practice of the specialist mental health nurse as:

'A mental health nurse is a Registered Nurse who holds a recognised specialist qualification in mental health [nursing]. Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual' (ACMHN, 2010, p.5).

The Scope of Practice of mental health nurses in Australia is:

- Nested within a holistic theoretical and clinical framework that encompasses the biological, cognitive, cultural, educational, emotional, environmental, functional, mental, occupational, physical, psychological, relational, sexual, social, and spiritual aspects of individuals and communities
- Distinguished by person-centred and consumer-focused therapeutic approaches, to deliver specialised, recovery-oriented, evidence-based care to all people, from all cultures, across the lifespan and developmental stages, across diverse settings
- Characterised by engagement and relationships with consumers; partnerships and collaboration with carers, families, significant others, other members of the multidisciplinary team, and communities
- Underpinned by personal and professional reflection

(Mental health Nursing in Australia: Scope of Practice 2013)

The AHMAC Guide for Practitioners and Providers (2013, p1) informs the manner in which practitioners can tailor 'recovery oriented approaches to respond to the diversity of people with mental health issues'. Mental Health Nursing makes a distinctive contribution and is characterised by working with the person in such a way that care that is collaborative and co-constructed, and as a consequence, committed to a recovery approach that is determined by the individual and impacted by the special way in which nurses view, relate and respond to individual client needs (Santangelo 2015, Bulletins 15 & 16).

While knowledge about and experience with people who have mental health issues is an essential foundation for all practicing nurses, it is accepted that the specialist mental health nurse requires particular knowledge and skills related to that specialist area of nursing practice. This Framework provides guidelines for the postgraduate preparation of mental health nurses to enable career progression within the specialty of mental health nursing.

Professional education for the mental health nursing specialty

Professional education should be comprised of:

- **A conceptual model of the professional practice, and**
- **A conceptual model of education for professional practice**

Elements 1 and 2 must be internally congruent and both must be congruent with the espoused philosophy, beliefs and values of the profession. A Conceptual Model consists of the relevant concepts/understanding and relationships among the concepts.

Figure 1 and Table 1 elaborate the alignment between a simple example of a Conceptual Model of Professional Nursing Practice and the related Conceptual Model of Professional Nursing Education for that profession. An 'examination of practice through curriculum development processes results in testing the congruence of existing conceptual frameworks of any discipline in the reality of contemporary practice' (Conway and Little 2000). The appropriateness of the educational approach is judged by its congruence with the conceptual framework of the profession. Figure 1 illustrates the congruence between a conceptual model for nursing and a conceptual model for professional nursing education. Table 1 elaborates upon the components and the relationships of the two models with some examples of elements of both.

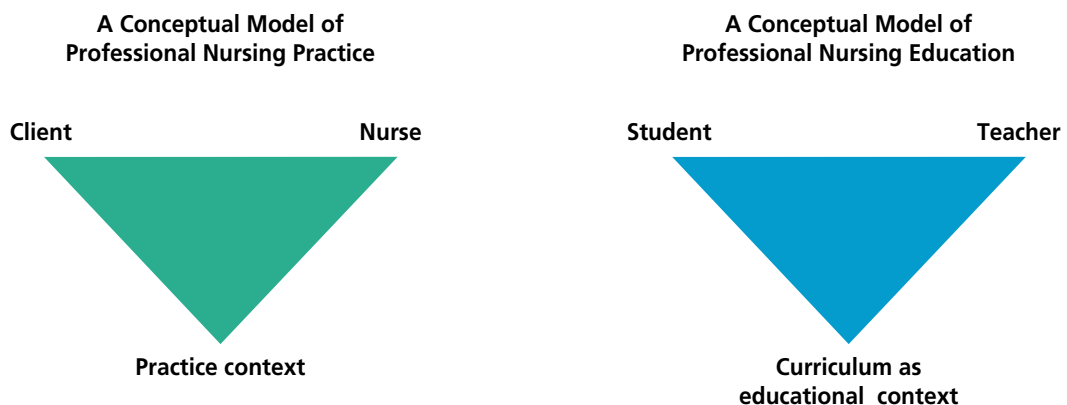


Figure 1: A Conceptual Model of Professional Nursing Practice and Education

Table 1: Relationship of Conceptual Models: Education to Practice

Conceptual Model of Professional Nursing Practice	Conceptual Model of Professional Nursing Education
Consumer	Student
Access equity Community Central to care Multi-dimensional beings Participation	Equity/access in pathways Community of learners Student centred learning Multi-dimensional learners Participation
Nurse	Academic
Integrates moral, ethical and professional values Safe and effective practice Informed and evidence based practice Life-long professional development	Integration of moral, ethical and professional values Inquiry based learning Learner managed learning Informed through research Life-long professional development
Context	Context of learning
Social Economic Environmental Cultural Spiritual Health/Illness	Integration of broad knowledge domains Integration of theory and practice Integration of process as content and outcomes
Consumer-Nurse interaction	Student-Academic interaction
Partnership & collaboration Focus on self-care & recovery Resolution through collaborative engagement Including families/carers and significant others	Focus on facilitation Recognizes other learners as resources Focus on learner managed learning
Consumer-Context interaction	Student-Curriculum interaction
Unique response requiring sound judgment and clinical decision making Establishing appropriate supports & referral pathways for discharge into community	Situation/resolution and context based learning Focus on judgments and clinical decision making
Nurse-Context interaction	Academic-Curriculum interaction
Intra & interdisciplinary collaboration Change agent - advocacy	Teamwork/cross-disciplinary collaboration Critical thinking & reflection on and about practice

(Little and McMillan 2014 amended from Little and Conway 2000)

A conceptual model for mental health nursing

Mental health nursing care has strong theoretical foundations, is evidence-based and is underpinned by recovery-oriented values (McKenna et al 2014; Stickley and Wright (2011); Warner (2010); Smith-Merry and Sturdy (2013)) which ensure that care and treatment is therapeutic and recovery focussed. While some core values are not unique to mental health nursing, they underpin the learning outcomes and the principles of learning and teaching in mental health nursing. Mental health nurses have purposeful and time intensive contact with the consumer, and commonly also with their families/carers and significant others. Nurses 'engage with the everyday lived experience of consumers and understand how this experience is complicit in their health profile and consequences'. Mental health nurses can be described as 'negotiating interventions and contacting the execution of them based on acquired experience, knowledge and evidence' (Santangelo, 2015 Bulletin 17).

This distinct way of relating and interrelating with consumers and their families/carers distinguishes mental health nurses in their practice and contributes to the development of a conceptual framework for practice:

- The nature of nursing is influenced by its 'service to others' and its 'on the ground' interaction with consumers and their families/carers. In mental health this facilitates a client-centred focus that is intimately in tune with the person's life needs as well as their health needs (Bulletins 9 & 10);
- Mental health nursing practice is determined by the nature of the nursing world view and delivers broad, flexible, time intensive care that goes beyond health and professional paradigms to individual commitment to consumer generated care (Bulletins 11 & 12);
- Outcomes of mental health nursing care are facilitated by acknowledging and responding to consumer's needs generated by a special collaboration with consumers and others and resulting in mutual benefits (Bulletins 13 & 14);
- The distinctive contribution by mental health nursing is characterised by care that is collaborative, co-constructed with the consumer and their family, and as a consequence, committed to a recovery approach that results from the special way in which nurses view, relate and respond to an individual's needs (Bulletins 15 & 16).

(Santangelo 2015 Bulletins 13-17)

It is recognised that the development of a conceptual model for mental health nursing underpinning postgraduate mental health nursing curricula will be program specific and should be a reflection of the philosophy and understandings about the nature of the practice espoused by the proponents of the conceptual model. It is also desirable that it reflects contemporary practice and current research into the practice of the specialty and incorporates trauma informed care.

It is proposed that the development of any conceptual model for mental health nursing requires an examination of practice that reflects not only what is 'special' about mental health nursing but also a consideration of the context, people, systems, and discipline content and processes of the specialty.

A conceptual model of postgraduate education for mental health nursing

Postgraduate professional education should be consistent with core concepts of professional education and postgraduate education. Professional education demands that the discipline relates the concepts of the discipline to the context of the professional practice and situates the learning in the context of practice. It also demands that graduates are work ready and prepared to meet espoused standards of practice for the profession.

Postgraduate education demands that the program acknowledges the prior learning of the graduate, not only in terms of the discipline specific content and processes but also in terms of the prior experience of the graduate as a learner. Postgraduate education also demands the integration of learning into workplace experience. The postgraduate learner has the capacity to identify their own learning needs and make decisions regarding the best pathway to achieving their learning goals and those of the curriculum. It is desirable that the postgraduate professional education reflect contemporary higher education based on current research.

It is also recognised that any conceptual model of postgraduate education for mental health nursing will be program-specific and reflect the educational philosophy and understanding of the nature of postgraduate professional education espoused by the proponents of the model.

The conceptual framework that emerges from analysis of professional practice provides a conceptual model that supports students' learning, that is, to think, act and be a mental health nurse across a range of professional practice situations, within the specialty of mental health nursing. Figure 2 elaborates an example of a conceptual framework for the development of postgraduate professional education for specialist mental health nurses. This generic model for examination of professional practice is applied to Figure 3 which elaborates the contextual variables of mental health nursing practice which warrant consideration when designing learning events and stimulus material.

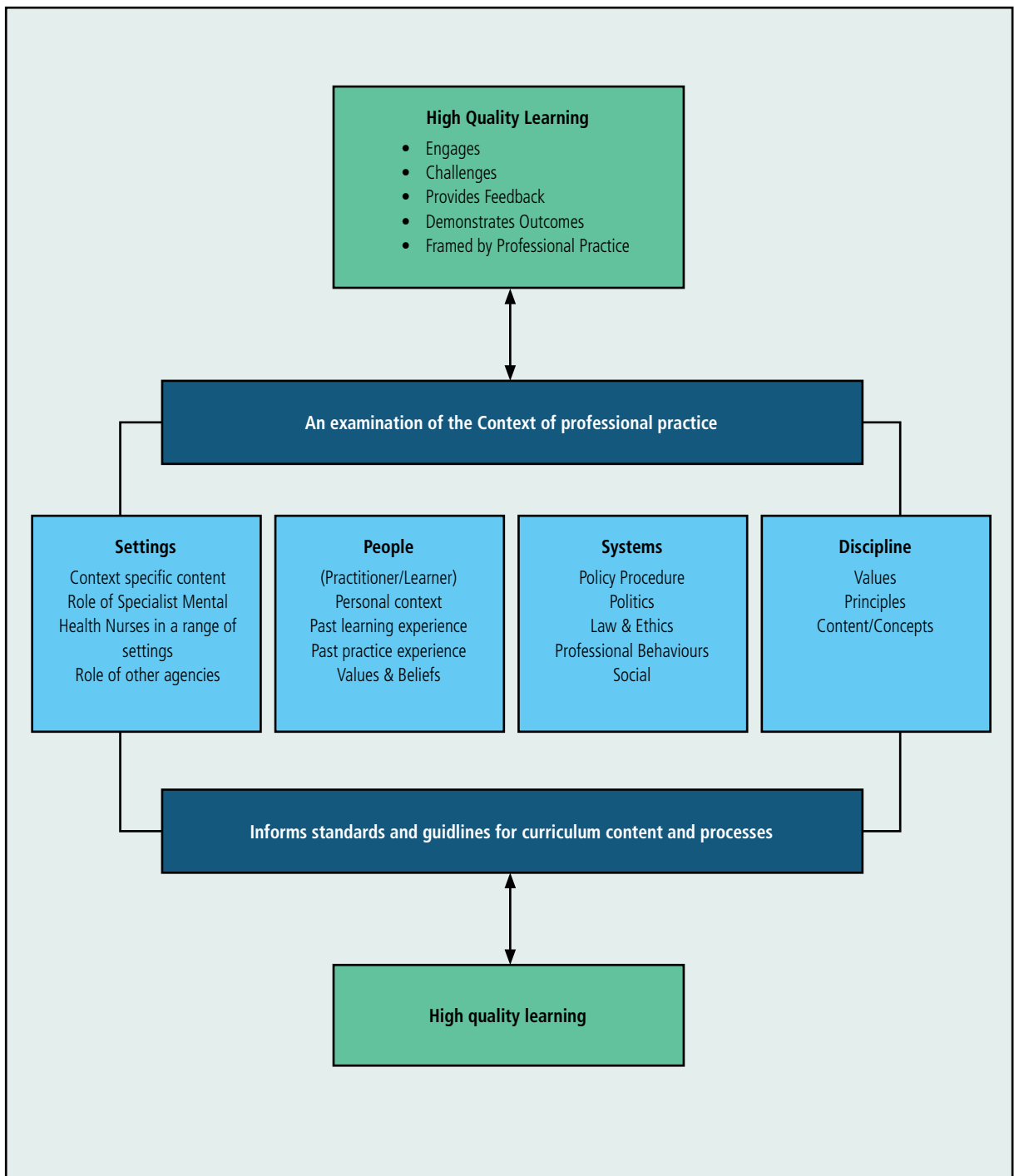


Figure 2: A conceptual model for developing Postgraduate Professional Education for Mental Health Nurses (Little & McMillan 2014)

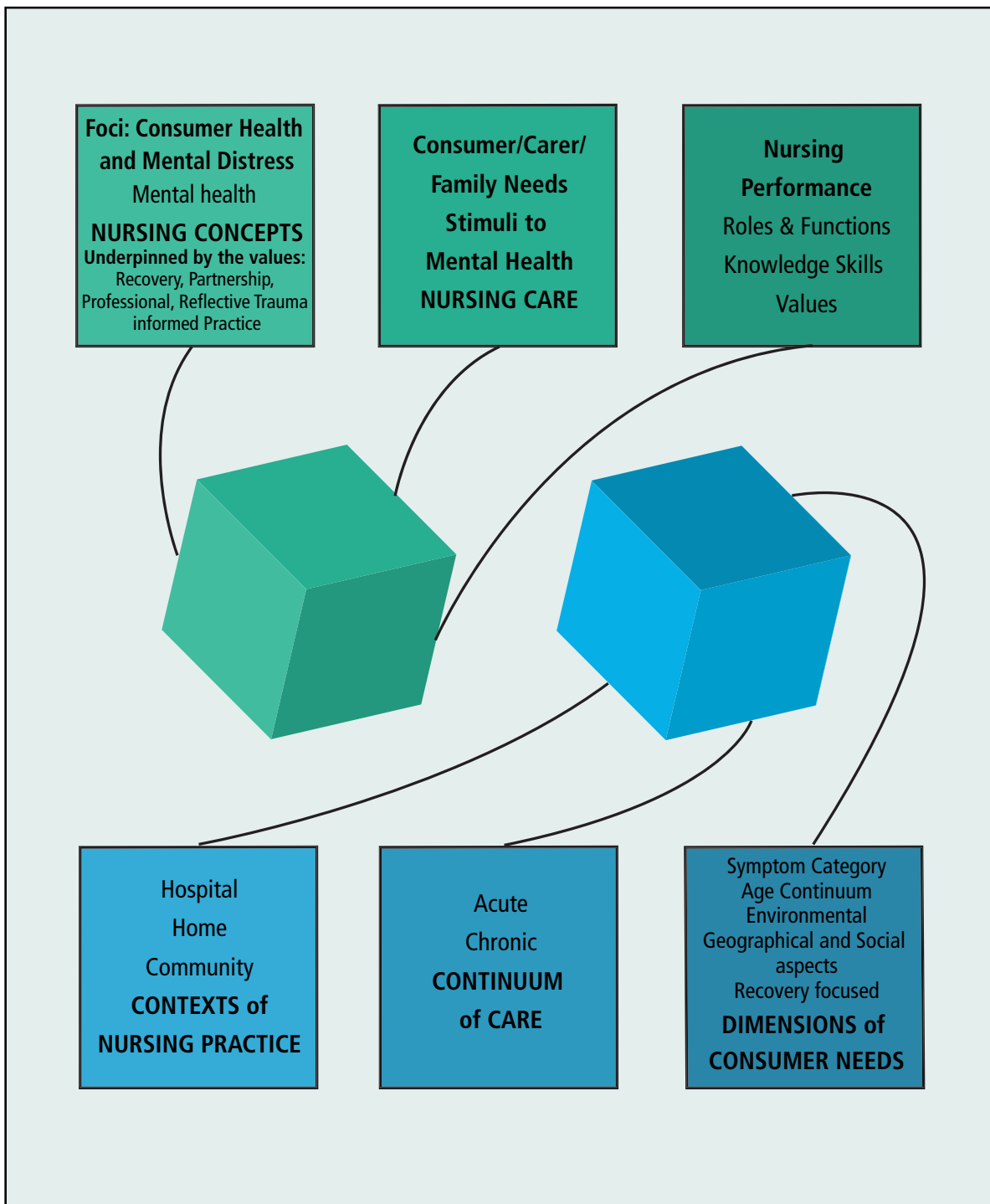


Figure 3: Contextual Variables: The Crucial Moderators of Mental Health Care

Components of the National Framework for Postgraduate Mental Health Nursing Education

An examination of the assumptions underpinning the National Framework and implications (Appendix 3) led to an examination of the context of the mental health nursing specialty and the requirements for postgraduate studies. Building on the Mental Health Nurse Education Taskforce (MHNET) study focussing on undergraduate mental health nurse education, this framework uses similar components:

1. **Core Values** for mental health specialist nursing practice and for learning and teaching in postgraduate nursing education
2. **Principles for curriculum design and implementation** in postgraduate specialist mental health nursing
3. **Statements of Graduate Outcomes** for specialty mental health nursing practice (including a statement of the characteristics of the specialist mental health nurse)
4. **Benchmarks for best practice** in curriculum content and processes

Core values underpinning the learning and teaching of postgraduate mental health nursing

The core elements of mental health nursing practice are context/care/service provision, person orientation, person involvement, self-determination/choice and growth potential (Farkas et al (2005); Santangelo (2015)).

The set of core elements can then be applied to the two overarching curriculum domains which inform the development of core values and principles underpinning the learning and teaching of postgraduate specialist nursing in mental health:

a. Mental health nursing education and

b. Mental health nursing practice

Mental health care is relevant to all aspects of nursing curricula. Consumers together with their families/carers are at the centre of designs for mental health services. Consistent with this premise, consumers and their families/carers are central to mental health nursing practice and education. The following value statements refer to mental health nursing practice and the centrality of the role of these values in mental health nursing care and education.

CORE VALUES	
Core Value 1: Consumer self- determination Core Value 2: Partnership in achieving aspirational goals Core Value 3: Holistic Focus: Mindfulness of the whole person Core Value 4: Capacity for growth	RECOVERY
Core Value 5: Advocacy: Social and individual Core Value 6: 'Being in' Therapeutic (Helpful and salient) relationships: Side by side Core Value 7: Safety and wellbeing of recipients and providers	PARTNERSHIP
Core Value 8: 'Evidence informed practice' Core Value 9: Diversity in approaches Core Value 10: Collaboration to meet diverse, individualized needs	PROFESSIONAL
Core Value 11: Creativity in a context of constraints Core Value 12: Critical reflection, clinical supervision and lifelong learning	REFLECTIVE PRACTICE

The core values underpin the practice of mental health nursing in the expression of all its roles and functions as well as in the practice of mental health nursing postgraduate education. Expression of the values in both areas of practice are articulated through the principles that inform the execution of the practices (See Table 2). The core values and related principles identified drive the identification of the core concepts, content and design and implementation of the postgraduate mental health nursing curricula.

Table 2: Core Values and Related Principles for Postgraduate Mental Health Nursing curricula

Core value	Principles informing mental health nursing care	Principles informing postgraduate mental health nursing educative practice
Core Value 1 Consumer self-determination	Mental health nursing care focuses on the rights of consumers to make individual decisions or choices about all aspects of their recovery journey	Learner managed learning is an essential component of curriculum design and implementation featuring a consumer focus and acknowledging consumer involvement and direction
Core Value 2 Partnership in achieving aspirational goals	Mental health nursing care is premised on partnership for co-construction of personalized care strategies; embracing the fundamental right of mental health consumers and carers to generate and affect their own treatment and recovery, tailored to their unique context	Partnerships in learning generate and frame learning outcomes for individual students in range of contexts of practice
Core Value 3 Holistic focus: Mindfulness of the whole person	Mental health nursing care facilitates the mental and physical recovery of consumers by providing care that is context-based, broad and positively focussed on unique strengths, interests, talents and wellbeing and responsive to any challenges or needs that may exist	Curriculum design & implementation recognizes consumer & family/carer needs as well as each student's prior learning, existing strengths, professional experience and personal goals
Core Value 4 Capacity for growth	Recovery and resolution of issues is possible even when the person is overwhelmed by adversity in life	The learning process is context based, designed to enhance clinical judgement and decision-making and insight into specialist mental health nursing in pursuit of optimal consumer outcomes
Core Value 5 Advocacy: Social and individual	Mental health nursing care advocates for mental health consumers and their family/carer, challenging discrimination, minimising stigma through positive portrayal and working toward social inclusion and independence	Learning events are constructed in a way that respects individual worldviews but enhances critical thinking to challenge students' assumptions in a manner consistent with curriculum goals and objectives and consumer needs
Core Value 6 'Being in' therapeutic (helpful and salient) relationships: Side by side	The essence of mental health nursing care is a therapeutic relationship in which nurses are alongside mental health consumers, their families/carers and significant others	The learning process is designed to capitalize on the shared knowledge and experiences of the learners and academics, consumers, their families/carers and significant others
Core Value 7 Safety and wellbeing of recipients and providers	Mental health nursing care is conducted in such a way (ethical, legal, professional) that the safety of consumers and mental health nurses is central to treatment and recovery.	The learning processes are conducted in such a way (ethical, legal, professional) that the safety and wellbeing of students and consumers is maintained

<p>Core Value 8 'Evidence informed practice'</p>	<p>Scientific judgement and contemporary evidence from a range of sources (consumer reported, clinician observed and research driven) is used to inform therapies, management of medication regimes and frameworks which inform and improve mental health nursing care</p>	<p>The curriculum reflects a critical examination of sources of evidence and their efficacy in both mental health nursing practice, learning and consumer outcomes</p>
<p>Core Value 9 Diversity in approaches</p>	<p>Multiple paradigms of mental health nursing care and the use of alternative options inform prevention, early intervention, illness management which facilitate recovery</p>	<p>The curriculum draws on a range of conceptual models for both mental health nursing practice and postgraduate learning</p>
<p>Core Value 10 Collaboration to meet diverse, individualised needs</p>	<p>Collaborative interactions and co-operative engagement (intra and inter disciplinary) are essential to optimal provision of mental health nursing care</p>	<p>The curriculum is designed to accommodate co-construction of the learning goals and events to achieve those goals</p>
<p>Core Value 11 Creativity in a context of constraints</p>	<p>Awareness and critical appraisal of the nature and extent of influences (social, political, economic and organisational) does not constrain nursing intervention options for aspirational consumer outcomes</p>	<p>The limitations and constraints within the learning environment (social, political, economic and organizational) do not constrain options for learning and the aspirational learning outcomes</p>
<p>Core Value 12 Critical reflection and lifelong learning</p>	<p>Specialty mental health nursing practice engages both the consumer and providers of care in collaborative reflection on the achievements towards resolution of issues and recovery</p>	<p>The learning process within the postgraduate curriculum engages facilitators, clinical supervisors and the student and clinician in collaborative critical reflection on mental health nursing practice, achievement of learning outcomes consistent with optimal consumer outcomes</p>

Learning Outcomes expressed as Graduate Abilities

Rationale for approach

In the current environment there is a priority for work ready graduates who can respond to the demands of specialised practice in complex and dynamic contexts of care. While there are many ways to express 'learning outcomes', in any education for the professions, the learning outcomes need to be expressed as they are applied in actual practice. The educational experience must go beyond providing acquisition of knowledge and skills, to the application of those knowledge and skills in the context of practice. The learning outcomes identified in this National Framework for Postgraduate Mental Health Nursing Education are expressed as the 'abilities required' of the graduate in order to practise in the specialty of mental health nursing. The statement of these abilities builds on the MHNET (2008) outcomes of mental health content in pre-registration nursing curricula aligned to the ANMC Competency Standards (2006). In the absence of endorsed Competency Standards for the mental health nursing specialty, the postgraduate abilities required were aligned to:

- The values and principles identified in this National Framework
- Standards of Practice for Australian Mental Health Nurses (Australian College of Mental Health Nurses 2010) including the knowledge, skills and attitudes identified as part of the standards
- National Practice Standards for the Mental Health Workforce (2013)
- Mental Health Nurses in Australia: The Scope of Practice (2013) and Standards of Practice (2010)

Overarching and informing the implementation of all of the above and the National Framework is the Australian Health Ministers Advisory Council (AHMAC) National Framework for Recovery Oriented Mental Health Services (2013). The graduate abilities as expressed in this National Framework also attempts to capture that which is 'special' about contemporary Mental Health Nursing (Santangelo 2015).

Graduate Abilities as defined in the National Framework reflect the expectations of the profession and the consumers, their families/carers and are expressed as generic to all Postgraduate Mental Health Nursing programs.

The graduate profiles of postgraduate mental health nursing curricula

Mental health nursing activities are responses to consumer's and their families'/carers' needs. When people are experiencing mental distress the relationships among the nursing activities and the consumers and their families/carers become dynamic. This context of practice and the dynamic nature of the relationships inform contemporary models of care. Therefore the nature of the professional activity and the structure of knowledge acquisition relevant to the contexts of practice should inform choices about the stimulus materials for learning events, learning outcomes in context and assessment within curricula. Both elements of practice and education inform Learning Outcomes expressed as Graduate Abilities. The concept of abilities functions as an organizing principle for role performance. Therefore descriptions of effective performance of the graduate integrate higher education and workplace perspectives.

Alverno College Faculty members defined 'abilities' as:

'...multidimensional, or more specifically, as complex combinations of skills, motivations, self-perceptions, attitudes, values, knowledge and behaviours' (Rogers and Mentkowski 2004, p 348)

They refer to them as 'broad dispositions - habitual ways of thinking, feeling and acting - as an integral aspect of a multidimensional ability'.

Each Faculty/School/Department within a University develops statements reflecting the particular strategic intent and branding which attempt to differentiate their graduates. The resulting Graduate Profile is therefore a culmination of the relevant practice, postgraduate education and the local identity. While the Graduate Profile is specific to the University/Provider, it needs to be consistent with the Graduate Abilities defined within the National Framework. Universities also have generic Graduate Attributes and the relationships between those and the development of the Graduate Profile relevant to the discipline, in this case of mental health nursing, needs to be made explicit.

Faculty members should infer abilities from performance assessments - with explicit criteria that integrate disciplinary content with those abilities. In this process, integral to student learning, which includes feedback and self-assessment, the academics observe, analyse, diagnose, judge and give credit to students for demonstrating curriculum required abilities in the context of disciplinary content. This performance assessment may be articulated within the subject/unit/course outlines but needs to be mapped to the Profile of the Graduate as evidence of achievement of the abilities.

Figure 4 Relationships among Standards, the ACMHN National Framework Graduate Abilities and Graduate Profiles within Postgraduate Mental Health Nursing Studies programs highlights the significance of any curriculum blueprint, the learning outcomes/graduate abilities and consistency with contemporary practice.

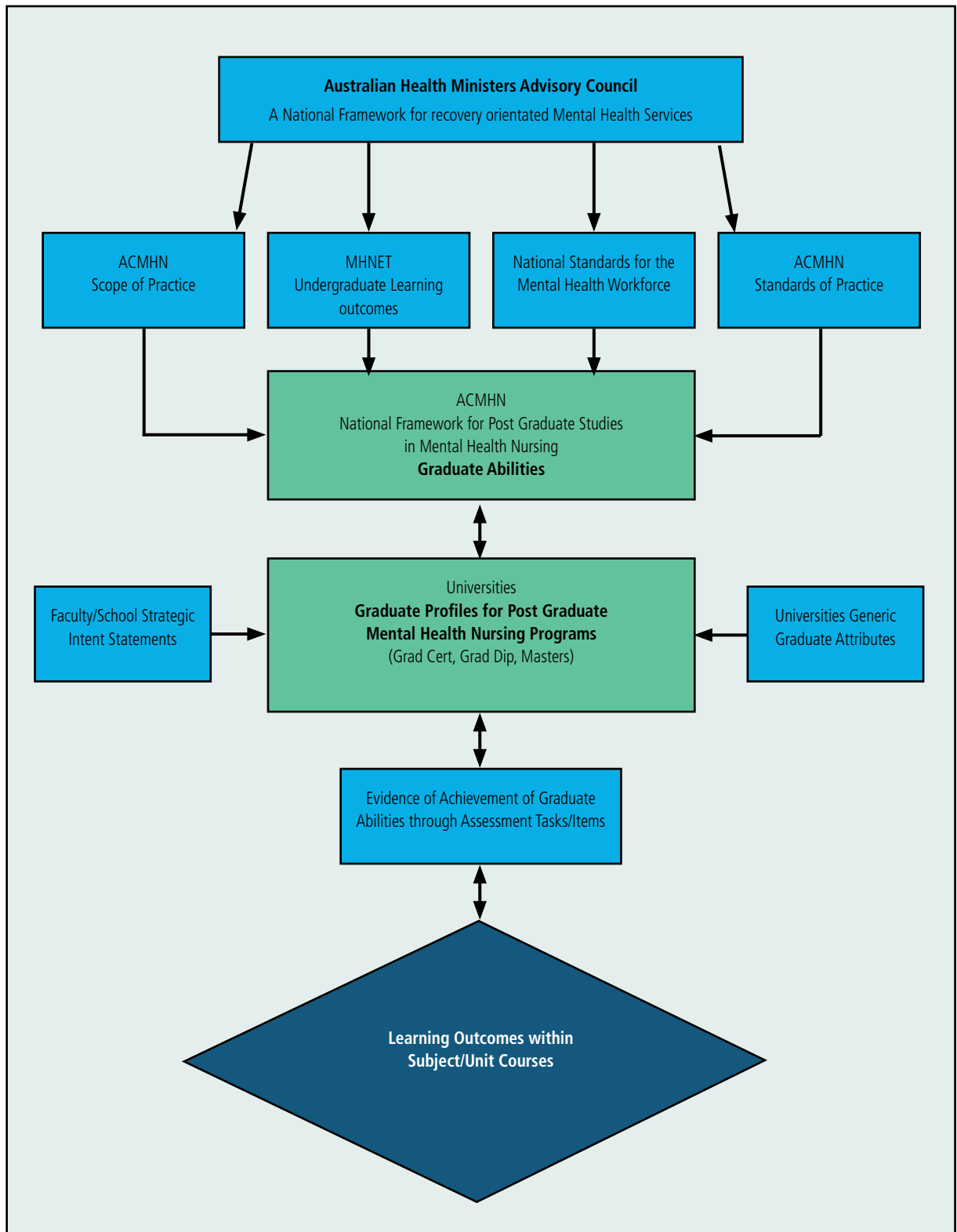


Figure 4: Relationships among Standards, the ACMHN National Framework Graduate Abilities, and Graduate Profiles within Postgraduate Mental Health Nursing Studies programs

The Graduate Abilities within the National Framework provide guidelines for postgraduate studies consistent with the Australian Qualifications Framework (AQF) Levels 8 and 9. Table 3 articulates the graduate abilities for postgraduate studies in mental health nursing. The statements of the graduate abilities are expressed at AQF Levels 8 and 9.

Table 3: The graduate abilities/graduate profile of mental health nursing postgraduate curricula at AQF Levels 8 (Grad Cert/Grad Dip) & 9 (Masters)

Grad Cert/Grad Dip - AQF Level 8: Graduates will apply knowledge & skills to demonstrate autonomy, well developed judgment, adaptability & responsibility as a practitioner or learner	Masters - AQF 9: Graduates will apply knowledge and skills to demonstrate autonomy, expert judgment, adaptability and responsibility as a practitioner or learner
<ol style="list-style-type: none"> 1. Critically evaluates models of care relevant to the care continuum, to inform co-constructed personalized care strategies which meet the consumer's life needs as well as health needs. GC/GD 2. Engages in therapeutic relationships with mental health consumers, their families/carers and significant others which are characterized by co-construction of care and collaborative engagement. GC/GD 3. Interrogates the concepts of risk and safety from the basis of person centred care considering social protection, legal, moral and ethical principles to balance risk in recovery GC/GD 4. Develops and maintains partnerships in care with consumers and their families/carers which focuses on the person, their right to choice and self-determination, and their inherent capacity for recovery. GC/GD 5. Advocates for mental health consumers and their families, challenging discrimination, minimising stigma through the use of positive portrayal and working toward social inclusion and independence. GC/GD 6. Exercises enhanced clinical judgement and decision-making and insight into specialist mental health nursing in pursuit of optimal outcomes for the person and their family. GC/GD 7. Expands the range of psycho-therapeutic interventions applied to recovery in different situations and contexts of care. GC/GD 8. Expands the knowledge and use of talk based therapies and psycho-pharmacology, including medication management, for common mental health and illness issues. GC/GD 9. Applies scientific judgement and contemporary evidence from a range of sources (consumer reported, clinician observed and research driven) to underpin the use of therapies, management of medication regimes and frameworks which inform mental health nursing care. GD 10. Critically appraises the nature and extent of influences (social, political, economic and organizational) to address constraints in negotiation of options for nursing care. GD 	<ol style="list-style-type: none"> 1. Critically evaluates and integrates models of care relevant to the care continuum, to inform co-constructed personalized care strategies which meet the consumer's life needs as well as health needs. 2. Engages creatively in therapeutic relationships with mental health consumers their families/carers and significant others, which are characterized by co-construction of care and collaborative engagement. 3. Interrogates and challenges the concepts of risk and safety from the basis of person centred care considering social protection, legal, moral and ethical principles to balance risk in recovery. 4. Develops and maintains partnerships in care (individually and with groups) with consumers and their families/carers which focuses on the person, their right to choice and self-determination, and their inherent capacity for recovery. 5. Advocates for mental health consumers and their families/carers, challenging discrimination and public discourse, minimising stigma through the use of positive portrayal and working toward social inclusion and independence. 6. Exercises expert/enhanced clinical judgement and decision-making and insight in novel situations in specialist mental health nursing in pursuit of optimal consumer outcomes for the person and their family. 7. Extends the range of psycho-therapeutic interventions applied to recovery in different situations and contexts of care. 8. Extends the knowledge and use of talk-based therapies and psycho-pharmacology, including medication management, for common mental health and illness issues. 9. Synthesises judgements and informed evidence from a range of sources (consumer reported, clinician observed and research driven) to justify the use of therapies, management of medication regimes and frameworks which inform mental health nursing care. 10. Critically appraises the nature and extent of influences (social, political, economic and organizational) to overcome constraints in negotiation of options for nursing care.

Grad Cert/Grad Dip - AQF Level 8: Graduates will apply knowledge & skills to demonstrate autonomy, well developed judgment, adaptability & responsibility as a practitioner or learner	Masters - AQF 9: Graduates will apply knowledge and skills to demonstrate autonomy, expert judgment, adaptability and responsibility as a practitioner or learner
<ul style="list-style-type: none"> 11. Demonstrates the role of the mental health nurse in a multi-disciplinary and multi-professional approach to treatment and recovery. GC/GD 12. Engages in collaborative critical reflection on mental health nursing practice through clinical supervision and achievement of lifelong learning outcomes. GC/GD 13. Respects individual worldviews and enhances critical thinking to challenge own and other's assumptions underpinning those worldviews. GC/GD 14. Engages fluently with information technology and demonstrates literate and effective written and verbal communications. GC/GD 15. Translates in-depth information or theories from a range of relevant sources such as research reports or policies. GD 16. Demonstrates autonomy, accountability, adaptability and responsibility in self-directed work and learning. GC/GD 	<ul style="list-style-type: none"> 11. Negotiates and executes the role of the mental health nurse in a multi-disciplinary and multi-professional approach to treatment and recovery. 12. Engages in and leads others in collaborative critical reflection on mental health nursing practice through clinical supervision and achievement of lifelong learning outcomes. 13. Respects individual worldviews and enhances their own critical thinking to lead others in challenging assumptions underpinning worldviews. 14. Consistently and judiciously uses information technology, compelling and authoritative written and verbal communications. 15. Generates/translates novel information or theories, making a substantial contribution to the discipline through scholarly activities. 16. Consistently demonstrates a high level of autonomy, accountability, adaptability and responsibility in self-directed work and learning.

Benchmarks for the design and implementation of postgraduate mental health nursing curricula

The following benchmarks should be used to guide best practice in developing and implementing postgraduate mental health nursing curricula. The benchmarks have been adopted from values and principles for nursing curricula (Table 2). Indicators of evidence of the benchmarks should be demonstrated in curriculum documents (subject/unit outlines, assessments, clinical placement records and schedules) student evaluations, formal agreements with clinical agencies and active and meaningful involvement of mental health consumer and family/carer representatives.

- Benchmark 1:** Nationally-consistent core values, learning outcomes, and principles for learning and teaching are adopted
- Benchmark 2:** The core components of mental health nursing care are outlined in the value statements and principles are included in the curriculum
- Benchmark 3:** An outcomes orientation is central to the design and delivery of learning initiatives
- Benchmark 4:** Work-integrated learning is facilitated through agreements established between universities and mental health clinical agencies
- Benchmark 5:** Mental health consumers and family/carers are actively and meaningfully engaged as partners in the development implementation/delivery and evaluation of the mental health content of the curriculum
- Benchmark 6:** Academic staff and clinicians who are teaching mental health nursing specific content in the program and who are designing and/or convening parts of the course, have mental health nursing qualifications and ideally be credentialed.
- Benchmark 7:** The framework for the curriculum incorporates a conceptual framework for mental health nursing care, graduate level (8/9 AQF) learning outcomes, objectives, and learning methods that are consistent with the principles identified
- Benchmark 8:** The curriculum content and the organisation of learning experiences extends continuing professional growth including learner managed learning and independent study within the specialty, and within general clinical settings
- Benchmark 9:** Consumer needs and those of their family and/or carers, clinical practice and contemporary professional issues relevant to mental health nursing are the catalysts for learning focused on recovery and self-determination

Benchmark 10: Flexible and blended learning opportunities are provided through effective use of technology and learning contracts

Benchmark 11: The program defines the methods used for assessment including:

- Clear evidence of achievement of the learning outcomes
- Criteria for progression in the course
- Selection of reliable and valid AQF levels 8 and 9 assessment tasks
- Opportunities for student generated assessment tasks
- Principles, methods and tasks which extend student capabilities as clinicians and learners
- Explicit criteria for each assessment task made known to students
- Opportunities for integrated approaches to assessment

Benchmark 12: The program documentation clearly articulates:

- i. A range of postgraduate education pathways within a program
- ii. Pathways from other professional programs; and
- iii. Other academic options available.

To provide defined credit transfer or articulation pathways for progression into/within the specialist field of mental health nursing.

Benchmark 13: A mechanism for program evaluation is part of quality assurance processes that monitor the curriculum, the quality of teaching and student progress and ensures that concerns are identified and addressed.

Core content, structure and delivery mechanisms

The knowledge, skills and attitudes embedded in these graduate abilities are articulated in the ACMHN Standards for Practice (2010). In particular the ACMHN emphasises the superordinate core concepts of a recovery philosophy, consumer-practitioner partnership including families/carers wherever necessary and possible, the foundational concept of the therapeutic relationship, the demand for consumer-centred co-constructed care, the use of evidence based therapeutic interventions and, ethical and other issues relevant to professional mental health nursing practice.

Postgraduate programs/courses should include experience, engagement and confidence with a targeted range of psychotherapeutic modalities e.g. motivational interviewing, acceptance and commitment therapy, solution-focused therapy, trauma informed care, Cognitive Behaviour Therapy (CBT), mindfulness and other talk-based therapies and family group psycho-educational programs (Key Informants Workshop, 2014).

While critical reflection and lifelong learning implies the need to engage in clinical supervision, it is suggested that specific opportunities in the learning extend critical reflection towards greater self-awareness. Given the often emotionally intense context of care experienced by mental health nurses and the inevitable 'use of self' in the intimate interactions in which they engage, more formal opportunities for self-examination, in a personal, professional and emotional sense, is essential. Clinical supervision provides the medium for sensitizing processes, however, addressing this issue formally is also needed to expose students to the both the idea and to reinforce the importance of their personal investment in the process that is mental health nursing (Santangelo, 2015).

When considering the curriculum structure and delivery mechanisms that best accommodate learning events which embrace concepts and content relevant to contemporary practice, there is also a need to consider the potential for modularization, pathways and exit points for the learner. Also of importance is the potential to map prior learning against the learning outcomes expressed at AQF Levels 8 and 9.

Principles for the development of assessment which demonstrates achievement of the learning outcomes/graduate abilities for postgraduate mental health nursing courses

Assessment of the learning outcomes/graduate abilities requires the application of best practice principles of assessment that are applied to the assessment of any learning in universities. These principles include equity; transparency of performance criteria; a balance of reliable and valid tasks; support for student learning; and most importantly are based on outcomes. In addition, because the learning outcomes describe the expected performance (graduate abilities) of graduates in the workplace, the assessment of the learning outcomes need to provide evidence that reflects workplace performance. To this end, three further principles which underpin the assessment of learning outcomes as graduate abilities are elaborated.

Principles underpinning assessment of Learning Outcomes as Graduate Abilities

1. Contextual relevance to the workplace

Achieving the abilities defined in the learning outcomes requires the application of knowledge, skills and professional behaviours to workplace situations and a demonstrated ability to respond appropriately in these situations. The workplace situations used should reflect the demands of the real world of mental health nursing practice and the potential for transformation. A range of assessment tasks employing application to a workplace context can be used to collect evidence of this ability.

2. Integrated, performance based assessment

Assessment of workplace competence requires a broad range of performance based evidence to support achievement of the learning outcomes/graduate abilities. The focus of the assessments should be directed towards the integration of knowledge, skills and professional behaviours to develop appropriate responses to workplace situations.

3. Evidence based assessment

The process of assessing learning outcomes expressed as graduate abilities requires the accumulation of evidence regarding individual performance over a period of time and from a range of valid and reliable assessment modes. The assessment of performance should involve feedback from academics, clinicians, peers, self, consumers, their families/carers and other relevant stakeholders. The evidence should be mapped to ensure appropriate coverage and weighting of assessments is linked to each of the learning outcomes. Evidence gathered of achievement of learning outcomes/graduate abilities should include practical demonstrations of achievement, including:

- Mental health nursing work environment demonstration, simulation exercise, scenario or role-play
- Indirect evidence from work environment supervisor reports, workplace documentation, and written responses to problems/situations, scenarios and consumer-story vignettes

Other examples of relevant assessment tasks include: written examination, assignment, consumer based, solution based, Objective Structured Clinical Examination (OSCE), consumer-story vignettes study, or viva.

- The evidence of performance should be obtained during modules, units, workshops, clinical practice to inform a judgement of competence and confidence. The evidence should readily align, through mapping, with identified learning outcomes/graduate abilities.

Conclusion

The National Framework, when implemented, has the potential to provide national consistency in the preparation of specialist Mental Health Nurses. The Framework was devised by building upon the four components of the work undertaken by the MHNET and agreed upon by through consultation with the profession (Core Values, Principles for Curriculum Design and Implementation, Statements of Graduate Abilities and Benchmarks for Best Practice). The development of those components was informed by and immersed in an examination of what is special about contemporary mental health nursing, both from theoretical and practice-based perspectives. It is anticipated that a range of stakeholders including consumers and their families/carers will benefit from the application of the National Framework to the design and implementation of Postgraduate Mental Health Nursing Education.

Bibliography

What consumers and carers want. National Mental Health Consumer & Carer Forum. Deakin West ACT.

About the mental health nurse incentive program. (2014). Retrieved 15th Aug 2013, 2013, from www.health.gov.au/internet/main/publishing.nsf/Content/mental-mhnip-about

Competency Standards for the Advanced Registered Nurse. (2015). Retrieved from Australian Nursing & Midwifery Federation website: http://anmf.org.au/documents/reports/Competency_Standards_Adv_RN.pdf

Accreditation, C. H. E. (2010). The value of accreditation (n. a. p. a. o. a. t. C. f. H. E. A. Developed by regional, Trans.).

Accreditation, C. H. E. (2013). Accreditation, students and society. What Accreditation is. www.chea.org/

Accreditation, C. H. E. (2013). Accreditation, students and society. What accreditation is. Ten ways in which accreditation serves students, society and the public interest. Council for Higher Education Accreditation. Retrieved from: www.chea.org/public_info/Accreditation%20Students%20and%20Society%20June%202013.pdf

AIHW, A. I. (2012). Nursing and midwifery workforce 2012. National health workforce series Canberra.

Anthony, W. A., & Rogers, E. S. (2003). Research on Evidence-based practices: Future Directions in an era of recovery. Community Mental Health Journal, 39(2), 101-114.

Australia, D. A. o. Accreditation of dietetic programs. Retrieved 9 Sept 2014, 2014, from <http://daa.asn.au/universities-recognition/accreditation-of-dietetic-programs/>

Australia, D. U. (2014). Deakin Learning Futures Agenda 2020: Stage 2: Assessment and learning design. Course learning outcome standards templates (Rubrics) for AQF level 8 graduate certificate, Graduate Diploma courses.

Australia, N. a. M. B. o. (2006). National Competency Standards for the Registered Nurse. Retrieved 16th August, 2013, from www.nursingmidwiferyboard.gov.au/

Australian College of Mental Health Nurses, N. A. C. o. M. H. (2010). Mental Health Nurse Incentive Program: Seven case studies. National Standards for Mental Health Services.

Australian Government, A. H. M. A. C. (2013). National Mental Health Strategy: A Guide for Practitioners and Providers. A National Framework for recovery oriented mental health services policy and theory. Canberra.

Australian Government, A. H. M. A. C. (2013). National Mental Health Strategy: A National Framework for recovery oriented mental health services. A guide for practitioners and providers. Canberra.

Australian Government, A. I. o. H. a. W. (2014). Mental Health Services in Australia.

Australian Government, D. o. h. (2014). About the Mental Health Nurse Incentive Programme. Retrieved 15 August 2013, 2013, from www.health.gov.au/internet/main/publishing.nsf/Content/mental-mhnip-about

Australian Government, H. M. A. (2012). Department of Health and Ageing: Evaluation of the mental health nurse incentive program.

Australian Government, M. (2012). Mental Health Nurse Incentive Program. Retrieved 6th November, 2012, from www.medicareaustralia.gov.au/provider/incentives/mhnip/index.jsp

Australian Government, N. M. H. C. C. F. (2011). NMHCCF Advocacy brief. Issue: The peer workforce. Retrieved from: www.nmhccf.org.au/documents/Final%20Peer%20Workforce.pdf

Australian Government, N. M. H. C. C. F. (2011). NMHCCF Unravelling psychosocial disability: A position statement on psychosocial disability associated with mental health conditions. A combined national voice for mental health consumers and carers, 2015. Retrieved from: www.nmhccf.org.au

Australian Government, N. M. H. C. C. F. (2011). NMHCCF What Consumers and Carers want. A combined national voice for mental health consumers and carers. Retrieved from: www.nmhccf.org.au

Australian Government, T. E. Q. a. S. A. (2011). Developing a Framework for Teaching and Learning Standards in Higher Education in Australian Higher Education and the role of TEQSA.

- Australian Government, T. E. Q. a. S. A. (2015). Provider Resources (T. E. Q. a. S. Agency, Trans.). Canberra.
- Barker, D. P. (2011). Mythe of mental health nursing and the challenge of recovery. *International Journal of Mental Health Nursing*, 20(5).
- Barker, D. P., & Buchanan-Barker, P. (2005). *The Tidal Model*. East Sussex: Brunner-Routledge.
- Barker, D. P., Buchanan-Barker, P., & al, e. The Ten Commitments. *Tidal Model*. (2015), from www.tidal-model.com/
- Bedell, J. R., Cohen, N. L., & Sullivan, A. (2000). Case management: the current best practices and the next generation of innovation. *Community Mental Health Journal*, 36(2), 179-194.
- Bradshaw, T., Butterworth, A., & Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of psychiatric and mental health nursing*, 14(1), 4-12.
- Buchanan-Barker, P., & Barker, P. J. (2008). The Tidal Commitments: extending the value base of mental health recovery. *Journal of psychiatric and mental health nursing*, 15, 93-100.
- Buchanan-Barker, P., & Barker, P. J. (2015). Clarifying the Value Base of Recovery: The 10 Tidal Commitments. *Tidal Model*. 2015, from <http://www.tidal-model.com/>
- Burger, J., & English, L. (2014, April 2014). NMHCCF Advocacy brief: Privacy and confidentiality. A combined national voice for mental health consumers and carers. 2015, from www.nmhccf.org.au/
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Collins, I., & Platts, J. (2011). NMHCCF Advocacy Brief. Issue: Duty of Care - Duty to Care. A combined national voice for mental health consumers and carers. 2015, from <http://nmhccf.org.au/>
- Conway, J., & Little, P. (2000). From practice to theory: Reconceptualising curriculum development for PBL. Paper presented at the 2nd Asia Pacific Conference on problem-based learning, Singapore.
- Conway, J. F., Little, P., & Fitzgerald, M. (2011). Determining frameworks for interprofessional education and core competency through collaborative consultancy: The CARE experience. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 38(1/2).
- Dallender, J., & Nolan, P. (2002). Mental health work observed: a comparison of the perceptions of psychiatrists and mental health nurses. *Journal of psychiatric and mental health nursing*, 9(2), 131-137.
- Farkas, M., Gagne, C., Anthony, W. A., & Chamberlain, J. (2005). Implementing recovery-oriented evidence based programs: Identifying the critical dimensions. *Community Mental Health Journal*, 41(2), 141-158.
- Garfield, D. (2009). *Unbearable affect: A guide to the psychotherapy of psychosis*: Karnac Books.
- Gendek, M. (2009). Report on consultations with mental health nurses practising in the MHNIP. Canberra: Australian College of Mental Health Nurses.
- Gendek, M. (2012). Scan of postgraduate mental health nursing programs in Australia 2011. Deakin West ACT Australia: The Australian College of Mental Health Nurses Inc.
- Gibson, J. M. E. (1998). Using the Delphi technique to identify the content and context of nurses continuing professional development needs. *Journal of Clinical Nursing*, 7(5), 451-459.
- Happell, B., & Palmer, C. (2010). The mental health nurse incentive program: The benefits from a client perspective. *Issues in Mental Health Nursing*, 31(10), 646-653.
- Happell, B., Palmer, C., & Tennent, R. (2010). Mental health nurse incentive program: Contributing to positive client outcomes. *International Journal of Mental Health Nursing*, 19(5), 331-339.
- Healthcare, A. C. o. S. a. Q. i. (2012). Safety and quality improvement guide Standard 2: Partnering with consumers. Australia: Australian Government Retrieved from www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-2-partnering-with-consumers-october-2012/.

- Hercelinskyj, G., Cruickshank, M., Brown, P., & Phillips, B. (2013). Perceptions from the front line: Professional identity in mental health nursing. *International Journal of Mental Health Nursing*. doi: 10.1111/inm.12001
- Hurley, J. (2009). A qualitative study of mental health nurse identities: Many roles, one profession. *International Journal of Mental Health Nursing*, 28(6), 383-390. doi: 10.1111/j.1447--0349.2009.00625.x
- Hurley, J., Browne, G., Lakeman, R., Dohren, A., & Cashin, A. (2013). A qualitative study of the Mental Health Nurse Incentive Program in Australia. *International Journal of Mental Health Nurses*. doi: 10.1111/inm.12020
- Hyrkas, K., Appelqvist-Schmidlechner, K., & Lemponen, R. (2010). 23 Efficacy of clinical supervision. *Routledge Handbook of Clinical Supervision: Fundamental International Themes*, 250.
- Institute, A. C. (2006). *Partners in learning: Staff collaboration in promoting student learning across the college*. Milwaukee, Wisconsin USA.
- Kanter, J. (1989). Clinical case management: definition, principles, components. *Hospital and Community Psychiatry*, 40(4), 361-368.
- Kanter, J. (2010). *Clinical Case Management (2nd ed.)*. New York: Columbia University Press.
- Lakeman, R. (2006). Adapting psychotherapy to psychosis. *Advances in Mental Health*, 5(1), 22-33.
- Lakeman, R. (2013). Mental health nurses in primary care: Qualitative outcomes of the Mental Health Nurse Incentive Program. *International Journal of Mental Health Nursing*, 22(5), 391-398.
- Lakeman, R., & Bradbury, J. (2013). Mental health nurses in primary care: Quantitative outcomes of the Mental Health Nurse Incentive Program. *Journal of psychiatric and mental health nursing*. doi: 10.1111/jpm.12089
- Lakeman, R., & Glasgos, C. (2009). Introducing peer group clinical supervision: an action research project. *International Journal of Mental Health Nursing*, 81(3), 204-210.
- Lamb, H. R. (1980). Therapist case managers: more than brokers of services. *Hospital & Community Psychiatry*, 31(1), 762.
- Lawrence, D., & Hancock, K. J. (2013). The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. *British Medical Journal*. doi: 10.1136/bmj.f2539
- Lynch, L., Hancox, K., & Happell, B. (2010). The state of the science of clinical supervision in Australia and New Zealand. *Routledge Handbook of Clinical Supervision: Fundamental International Themes*, 317.
- Margison, F. (2005). Integrating approaches to psychotherapy in psychosis. *Australian & New Zealand Journal of Psychiatry*, 39(11/12), 972-981.
- McKenna, B., Furness, T., Dhital, D., & Ireland, S. (2014). Recovery oriented care in older acute inpatient mental health settings in Australia: An exploratory study. *Journal of American Geriatrics Society*, 62(10), 1938-1942. doi: DOI:10.1111/jgs.13028
- McKenna, B., Furness, T., Dhital, D., Park, M., & Connally, F. (2014). The transformation from custodial to recovery-oriented care: A paradigm shift that needed to happen. *Journal of Forensic Nursing*, 10(4), 226-233.
- Meehan, T., & Robertson, S. (2013a). Clinical profile of people referred to mental health nurses under the Mental Health Nurse Incentive Program. *International Journal of Mental Health Nursing*, 22(5), 384-390.
- Meehan, T., & Robertson, S. (2013b). Mental health nurses working in primary care: Perceptions of general practitioners. *International Journal of Mental Health Nursing*, 22(5), 377-383.
- Nelson, G., Aubry, T., & Lafrance, A. (2007). A review of the literature on the effectiveness of housing and support, assertive community treatment and intensive case management interventions for persons with mental illness who have been homeless. *American Journal of Orthopsychiatry*, 77(3), 350-361.
- Nurses, A. C. o. M. H. (2010). *Standards of Practice for Australian Mental Health Nurses*. Retrieved from: acmhn.org
- Nurses, A. C. o. M. H. (2013). *Mental Health Nurses in Australia: The Scope of Practice*
- Olasoji, M., & Maude, P. (2010). The advent of mental health nurses in Australian general practice. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 36(1/2), 106-117.

- Organisation, W. H. (1998). *Mental disorders in primary care: A WHO educational Package*. Geneva: WHO.
- Organisation, W. H. (2008). *Integrating mental health in primary care: A global perspective*. Geneva: WHO.
- Organization, W. H. (1998). *Mental Disorders in Primary Care: A WHO Educational Package*. Geneva: WHO.
- Organization, W. H. (2008). *Integrating mental health in primary care: A global perspective*. Geneva: WHO.
- Peplau, H. E. (1952). *Interpersonal Relations in Nursing*. New York: Putman.
- Queensland, G. P. (2009). *Mental Health Nurse Incentive Program: Feasibility Study*. Brisbane.
- Rogers, G., & Mentkowski, M. (2004). Abilities that distinguish the effectiveness of five year alumna performance across work, family and civic roles: A higher education validation. *Higher Education Research and Development*, 23(3), 347-374. doi: 10.1080/0729436042000235445
- Santangelo, P. (2014). *Bulletins*.
- Santangelo, P. (2015). *What's special about mental health nursing? Being in the here and now, side by side, coconstructing care: A grounded theory of recovery focussed mental health nursing*. Unpublished Doctorial Thesis. The University of Tasmania.
- Shanley, E., & Jubb-Shanley, M. (2012). Coping focus counselling in mental health nursing. *International Journal of Mental Health Nursing*, 21(6), 504-512.
- Smith-Merry, J., & Sturdy, S. (2013). Recovery in Scotland: The rise and uncertain future of a mental health social movement. *Society and Mental Health*, 3(2), 114-132.
- Smith-Merry, J., & Sturdy, S. (2013). Recovery in Scotland: The rise and uncertain future of mental health social movement. *Society and Mental Health*, 3(2), 114-132.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive) Part two: a review of the grey literature including book chapters and policy documents. *Journal of psychiatric and mental health nursing*, 18, 297-307.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive) Part One: a review of the peer reviewed literature using a systematic approach. *Journal of psychiatric and mental health nursing*, 18, 247-256.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive). Part One: a review of the peer-reviewed literature using a systematic approach. *Journal of psychiatric and mental health nursing*, 18, 247-256.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive). Part Two: a review of the grey literature including book chapters and policy documents. *Journal of psychiatric and mental health nursing*, 18, 297-307.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive). Part Two: a review of the grey literature including book chapters and policy documents. *Journal of psychiatric and mental health nursing*, 18, 297-307.
- Stickley, T., & Wright, N. (2011). The British research evidence for recovery, papers published between 2006 and 2009 (inclusive). Part One: a review of the peer-reviewed literature using a systematic approach. *Journal of psychiatric and mental health nursing*, 18, 247-256.
- Wade, G. H. (2001). Professional nurse autonomy: concept analysis and application to nursing education. *Journal of Advanced Nursing*, 30(2), 310-318.
- Welfare, A. I. o. H. a. (2010). *Mental Health Workforce*. Canberra: Retrieved from <http://mhsa.aihw.gov.au/resources/workforce/>.
- Ziguras, S. J., & Stuart, G. W. (2000). A meta-analysis of the effectiveness of mental health case management over 20 years. *Psychiatric Services*, 51(11), 1410-1421.

Glossary

(Source: Australian Health Ministers Advisory Council – AHMAC)

Advance directive

See Psychiatric advance directive

Capabilities

Capabilities for recovery-oriented practice and service delivery encompass underlying core principles, values, knowledge, attitudes and behaviours, skills and abilities. Individuals, teams and organisations need these capabilities in order to support people with mental health issues to live a meaningful and contributing life in their community of choice.

Carer

A person of any age who provides personal care, support and assistance to another person because the other person has a disability, a medical conditions, a mental illness or is frail (Mental health statement of rights and responsibilities 2012).

Clinical recovery

Primarily defined by mental health professionals and pertains to a reduction or cessation of symptoms and 'restoring social functioning' (Victorian Department of Health 2011). See also Personal recovery.

Clinical supervision

A core component of contemporary professional mental health nursing practice.

Coercion

Comprises seclusion and restraint – see definitions

Diversity

A broad concept that includes age, personal and corporate background, education, function and personality - Includes lifestyle, sexual orientation, ethnicity and status within the general community (National Standards for Mental Health Services 2010)

Forgotten Australians

The estimated 500,000 indigenous children, non-indigenous children and child migrants who experienced care in institutions or outside a home setting in Australia during the twentieth century: Children were placed in a range of institutions including orphanages, homes and industrial or training schools that were administered variously by the state, religious bodies and other charitable or welfare groups (ASCARC 2004).

Involuntary treatment

When a person is being treated for their illness without

their consent and under mental health legislation, either in hospital or in the community: This may occur when mental health problems or disorders result in symptoms and behaviours that lead to a person's rights being taken away or restricted for a period of time (National Mental Health Commission 2012).

Lived experience

The experience people have of their own or others' mental health issues, emotional distress or mental illness, and of living with, and recovering from, the impacts and consequences of their own or others' mental health issues, emotional distress or mental illness.

Mental health practitioner

A worker within a mental health service who provides treatment, rehabilitation or community health support for people with a mental illness or psychiatric disability (adapted from National Standards for Mental Health 2010). See also 'Mental health services'.

Mental health services (MHS)

Services with the primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental illness or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and servicing a mental health care function (adapted from National Standards for Mental Health Services 2010).

Mental health service system

The mental health service system comprises services and programs in which the primary function is to provide promotion, prevention, early intervention, medical and psychiatric treatments and recovery support for people who experience mental health issues or mental illness, and/or their families/carers and support networks.

Mental illness

Disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally: They include anxiety disorders, depression and schizophrenia (National Mental Health Commission 2012).

Peer support

People with a lived experience of mental health issues support each other in their recovery journey. Support may be formal or informal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service, which is run either by peers themselves or by professional mental health service providers.

Personal recovery

Defined within Australia's national framework for recovery-oriented mental health services as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues. See also clinical recovery.

Practice domain

A field of practice.

Psychiatric advance directive

A written document that describes what treatment a persona does or does not want if at some time in the future they are judged to be incapacitated from mental illness in such a way that their judgement is impaired or they are unable to communicate effectively. Typically it includes instructions about treatment options or designates authority for decision making (adapted from Washington State Department of Social and Health Services 2013). It is currently not legally binding in Australia: Also known as a mental health advance directive, advance agreement, or a Ulysses agreement in disability services.

Recovery

A philosophical concept that was developed by the consumer movement. Recovery has established and agreed components, which have been adopted by mental health professionals and incorporated into mental health policy at State and Commonwealth levels. See also Personal recovery and Clinical recovery.

Recovery-oriented practice

The application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations

Recovery-oriented service delivery

Evidence-informed treatment, therapy, rehabilitation and psychosocial support that aim to achieve the best outcomes for people's mental health, physical health and wellbeing (Victorian Department of Health 2011a)

Restraint

Restraint is the restriction of an individual's freedom of movement by physical or mechanical means. This applies to consumers receiving specialist mental health care regardless of the setting (National Mental Health Seclusion and Restraint Project 2007-2009).

Seclusion

Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented (National Mental Health Seclusion and Restraint Project 2007-2009).

Self-determination

The right of individuals to have full power over their own lives: Self-determination starts with the basic ideas of freedom to design a life plan, authority to control some targeted amounts of resources, support that is highly individualised and opportunities to be a contributing citizen of the community (Nerney 2000).

Self-management

When people are in direct control of managing their mental health conditions: Self-management approaches focus on enabling the person to solve problems, set goals, identify triggers and indicators of deteriorating health, and respond to these themselves instead of always relying on clinician-led intervention. The common theme is a structured approach that develops over time and through experience (Crepaz-Keay 2010).

Sensory modulation

Involves supporting and guiding people (often in a designated sensory room) to become calm or shift an emotional state by using sensory tools such as sights, sounds, smells and movement, or modalities such as weighted blankets or massage chairs (Te Pou 2013).

Stolen Generations

Aboriginal and Torres Strait Islander Australians who were forcibly removed, as children, from their families and communities by government, welfare or church authorities and placed into institutional care or with non-Indigenous foster families (National Mental Health Commission 2012).

Trauma

Very frightening or distressing events may result in a psychological wound or injury to a difficulty in coping or functioning normally following a particular event or experience (Australian Psychological Society 2013). Also known as psychological trauma. Trauma can occur in individuals or collectively communities. Trauma can also be transmitted from one generation to the next. Trauma can lead to serious long-term negative consequences.

Ulysses agreement

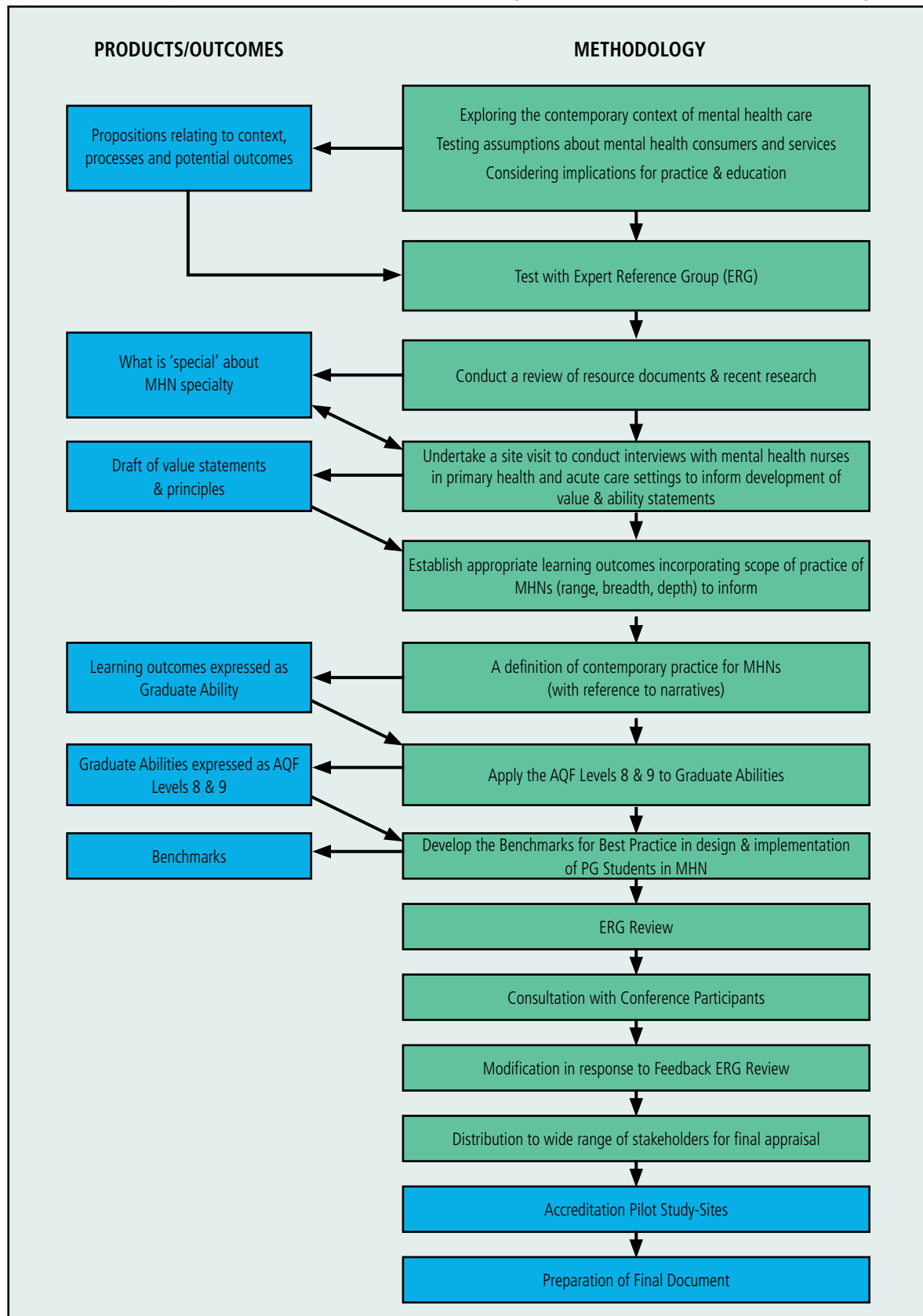
See Psychiatric advance directive.

Values-based practice

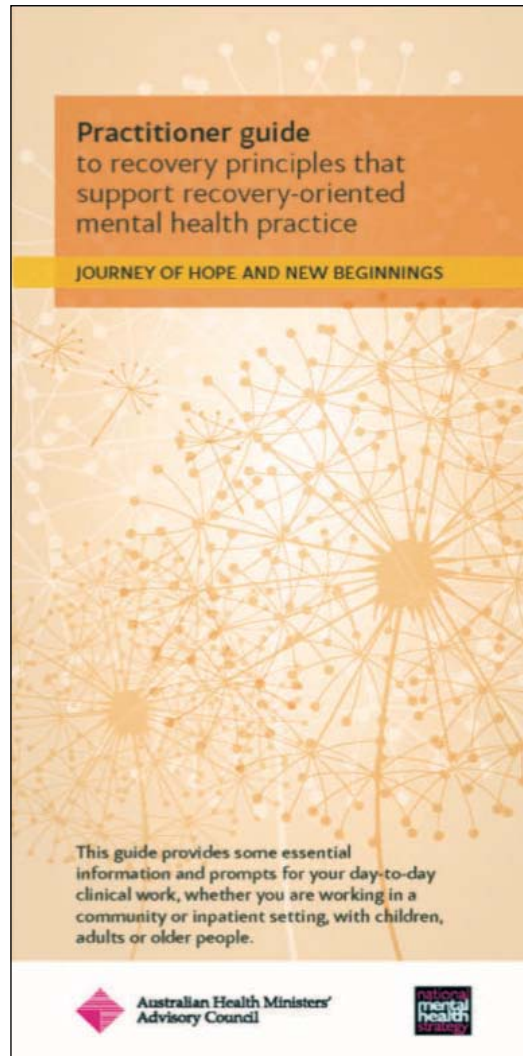
Derived from philosophical value theory and phenomenology, values-based practice complements evidence-based clinical practice in mental health care. It provides practical tools to support clinical decision making when complex and conflicting values are at play (Fulford & Stanghellini 2008).

Appendices

Appendix 1: Development of a National Framework for Postgraduate Studies in Mental Health Nursing



Appendix 2: Practitioner guide to recovery principles that support recovery-oriented mental health practice (Australian Health Ministers' Advisory Council)

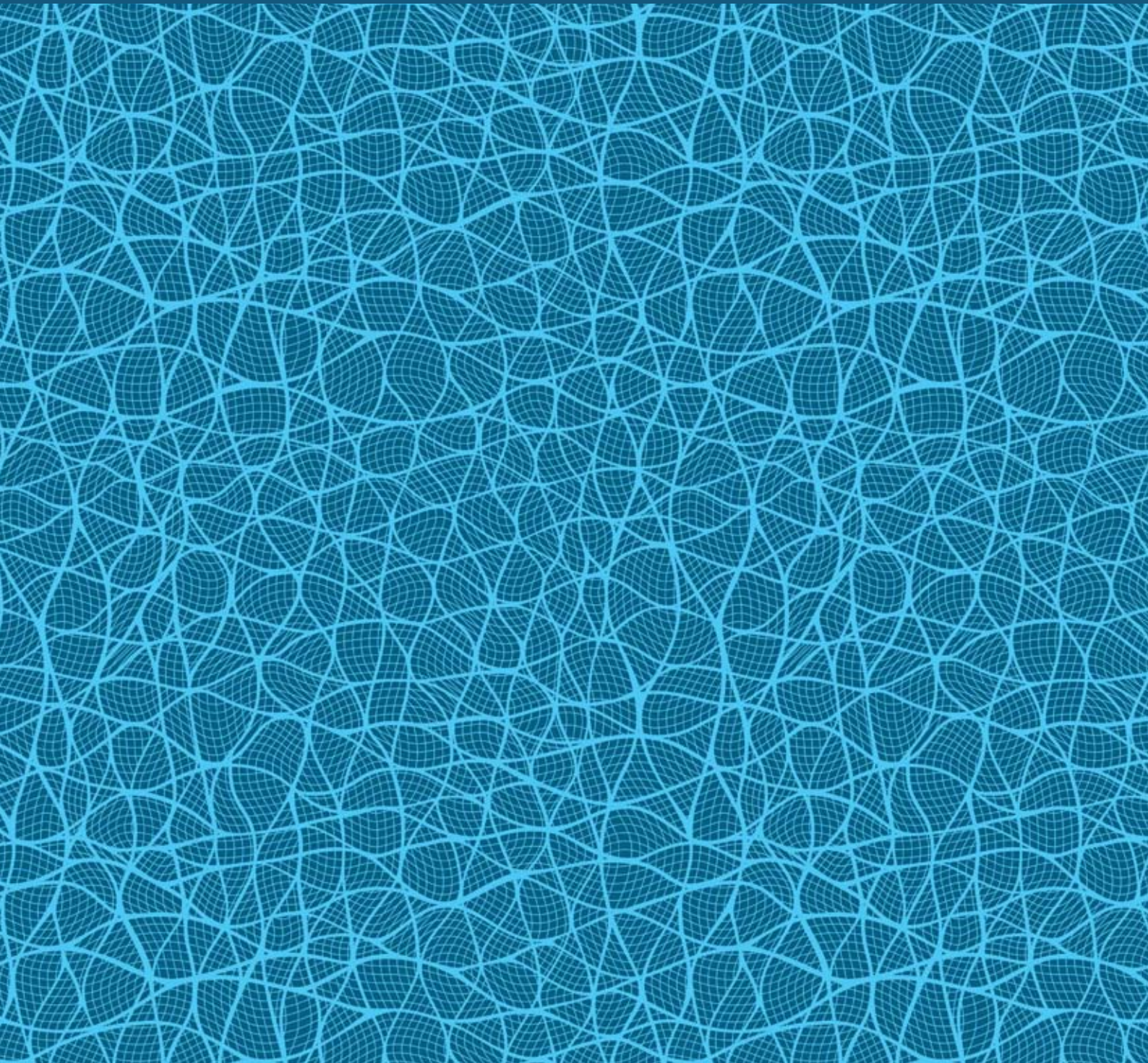


Appendix 3: Assumptions underpinning the National Framework and the implications for the project

Assumptions-Context of Practice	Implications
<p>1.1 There is an increasing need for all nurses to have greater insight into facilitating mental health recovery and mental wellbeing.</p> <p>The fundamental focus is on specialty practice. It can be used to inform other areas of practice.</p>	<p>All nursing programs (undergraduate and postgraduate) need to address concepts around mental health recovery and wellbeing</p> <p>There is an opportunity to provide a mechanism (eg through modularization and elective subjects) to guide and inform the contribution of mental health nurses to these postgraduate nursing programs.</p>
<p>1.2 Health services are increasingly provided in primary health care settings and the length of stay in tertiary settings is decreasing.</p>	<p>Postgraduate mental health nursing programs need to prepare graduates who can practise in a range of clinical contexts in which the person with a lived experience consumer/service user receives care.</p>
<p>1.3 Some members of the mental health nursing workforce have minimal or no relevant postgraduate qualifications in mental health nursing.</p>	<p>Opportunities need to be provided in post –graduate nursing education to support the existing (i.e. not entry level) nursing workforce in mental health contexts of practice.</p>
<p>1.4 Policy direction demonstrates that ‘case management’ of consumers in acute care settings and primary health care (including care offered by GPs) involves collaboration by a range of health professionals, one of whom is an experienced mental health nurse.</p> <p>There are increasing numbers of mental health nurses working in primary health Care e.g. Community Health (CH) and General Practice (GP). The distribution varies across metropolitan, outer metropolitan, rural and remote communities.</p>	<p>Postgraduate mental health nursing program outcomes in a range of contexts and using different models of care should reflect abilities consistent with greater independence, collaboration, self-direction, person centred care, information literacy.</p> <p>Postgraduate mental health nursing program outcomes (at AQF Levels 8 and 9) should reflect abilities consistent with evidenced based policy and practice</p>
<p>1.5 Health and information technology (IT) is increasingly central to the manner in which mental health professionals communicate about, and with their clients</p>	<p>Mental health nurses need to use contemporary media, assess the worthiness of information and use IT to manage client information in the provision of quality care.</p>
<p>1.6 Current nurse clinicians working in the field of mental health draw on a range of educational experiences and qualifications to inform practice.</p>	<p>Postgraduate programs from a range of disciplines can contribute to achievement of appropriate graduate outcomes for Mental health nurses.</p>
<p>1.7 Specialty certification for employment in the area of mental health nursing is not required by legislation or policy except for the Mental Health Nurse Incentives Program (MHNIP), where practitioners are required to be Credentialed Mental Health Nurses</p>	<p>Postgraduate mental health nursing qualifications are not mandated for employment in all mental health services, and therefore, there may not be sufficient incentive to take up postgraduate mental health nursing programs. However, in some jurisdictions, credentialing is a desirable criterion for employment in mental health services.</p>

Notes

Notes



the Australian College
of Mental Health Nurses Inc.