



the Australian College
of Mental Health Nurses inc.

Standards of Practice for Australian Mental Health Nurses: **2010**

Setting the
Standard



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of Mental Health Nurses inc.

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Editor: P. Marks

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

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Foreword

The enduring College slogan, "Setting the Standard" encompasses the vision and mission of the College in its pursuit of enhancing the mental health of communities through the efforts and contribution of the profession of mental health nursing.

The first Standards for Mental Health Nursing in Australia were published by the College in 1983 and reviewed and revised in 1995. It is important to acknowledge the vision and efforts of the authors and contributors to those important documents, which have been used to help define and guide the practice of mental health nursing in the various settings it is practiced, providing a beacon for the profession's aspirations, goals and objectives, over the past 27 years.

In recent years, there has been an expressed imperative to update the 1995 Standards to ensure that they are contemporary in both their intent and detail. To this end, a process of research, review and revision has been conducted, culminating with the publication of these 'Standards for Mental Health Nursing in Australia: 2010'. The research team and other participants in this process are to be congratulated for their expertise and skill in defining and articulating the aspirations of the profession of mental health nursing, including the concomitant knowledge, skills and attitudes required to fulfill these Standards. This publication is not an end point for standards of practice but yet another chapter in the growth and development of the profession.

I commend these Standards as a well reasoned and researched document representing mental health nursing practice in a contemporary context. I trust they will serve as a guide for collaborative practice with all those stakeholders with whom the profession associates and in particular, the recipients of mental health care.

A handwritten signature in black ink, reading "P. Santangelo". The signature is written in a cursive style with a large, sweeping flourish at the end.

Peter Santangelo

President

June 2010

Executive Summary

In 2007, the Australian College of Mental Health Nurses Inc (ACMHN) undertook to review the 'Standards of Practice for Mental Health Nurses in Australia' (1995), in response to the significant changes in mental health care in Australia over the period. Publication of this document, the 'Standards of Practice for Mental Health Nurses in Australia 2010' is the final outcome of a 2½-year research and consultation process.

It is within the clinical environment where any Standards will have the greatest impact on the lives of people with a mental health issue. Therefore, it was of importance to the research team who conducted the review, that contribution was sought from as many mental health nurses working in direct clinical care as possible. The mixed method study design comprised a national survey, workshop, focus group and Delphi panel. The national survey was conducted in 2007 via the ACMHN website and via a posted survey. Invited participants were mental health nurses, both non-members and members of the ACMHN. The main purpose of the survey was to elicit comment and opinion on whether each of the 1995 version 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 33rd Annual International Conference held in 2007 for further refinement. Twenty-one participants, all working in or associated with mental health nursing, addressed terminology and structure of the new 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 process.

The Delphi panel of experts consisted of a variety of mental health nurses and key stakeholders. After two rounds of questionnaires the next draft of the new Standards of Practice were taken to a focus group at the ACMHN 34th 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.

From this process, nine new *Standards of Practice for Australian Mental Health Nurses*, a vision statement and a values statement were developed. Each of the nine Standards includes a rationale, practice outcomes and the attributes of knowledge, skills and attitudes required to provide the highest standard of nursing care for and in collaboration with people who have mental health issues.

This final version of the Standards was subject to review by the ACMHN Board of Directors. This was followed by an editorial process to streamline terminology and ensure absolute clarity of all concepts. Members and others were provided with a final opportunity to provide comment and feedback on the edited version of the Standards via an online survey. Minor adjustments to the final document were made as a result of this process.

The ACMHN Board of Directors gratefully acknowledges the contribution of the Standards project team and the authors C. Neville, D. Eley, C. Hangan, J. Weir, J. Quinn, T. Meehan. Acknowledgement also goes to the Toowoomba and Ipswich Hospital Foundations for their financial support and to the Commonwealth Department of Health and Ageing for funding earlier work enabling the completion of this project.

The *Standards of Practice for Australian Mental Health Nurses 2010* will be launched at the ACMHN's 36th Annual International Mental Health Nursing Conference in Hobart, Tasmania, by the Tasmanian Minister for Health the Hon Michelle O'Byrne MP.

Vision

People with mental health issues have the right to access care from mental health nurses with specialist mental health knowledge, skills and qualifications, who practice within a recovery framework according to contemporary mental health nursing Standards, and who utilise a respectful, compassionate, ethical and culturally sensitive approach. In collaboration with the client, the client's family and community, mental health nurses advocate for enhanced social inclusion and the protection and promotion of human rights for every individual.

Mental Health Nurses

A Mental Health Nurse is a registered nurse who holds a recognised specialist qualification in mental health. 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.

Where a nurse meets the minimum requirements, in terms of specialist qualifications in mental health, demonstrated recent experience in the field and commitment to ongoing professional development, s/he may apply for and be awarded a Mental Health Nurse Credential by the ACMHN.

In Australia, new national registration guidelines do not endorse mental health nurses. As a result, the only nationally consistent way of identifying a mental health nurse is through the ACMHN Credential for Practice Program.

Standards of Practice in Mental Health Nursing

Standards of Practice provide practical benchmarks to guide and measure how care is provided. They are concerned with the performance of mental health nurses across a range of clinical environments and include professional knowledge, skills and attitudes (attributes).

The ACMHN *Standards of Practice for Australian Mental Health Nurses 2010* specify the minimum level of performance required for a registered nurse practising in any mental health setting.

The ACMHN *Standards of Practice for Australian Mental Health Nurses 2010* are underpinned by the following core values:

- Working in partnership with the individual affected by mental health issues and significant others such as family, carers, support agencies and other health care providers.
- Acknowledging the personal experience and expertise of the individual, supporting their potential for recovery and assisting them to achieve optimal quality of life.
- Recognising the human rights of people affected by mental health issues, 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*.
- Utilising an evidence base for practice (where evidence exists) and quality improvement processes, to provide the highest attainable standard of care.
- Enabling cultural safety, taking into account age, gender, spirituality, ethnicity and health values of the people affected by mental health issues.

Note: *In this document, for the sake of brevity, 'mental health issues' is used to cover the range of mental health conditions from minor issues to mental illness.*

Standard 1

The Mental Health Nurse acknowledges diversity in culture, values and belief systems and ensures his/her practice is non-discriminatory, and promotes dignity and self-determination.

Standard 2

The Mental Health Nurse establishes collaborative partnerships that facilitate and support people with mental health issues to participate in all aspects of their care.

Standard 3

The Mental Health Nurse develops a therapeutic relationship that is respectful of the individual's choices, experiences and circumstances. This involves building on strengths, holding hope and enhancing resilience to promote recovery.

Standard 4

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

Standard 5

The Mental Health Nurse values the contributions of other agencies and stakeholders in the collaborative provision of holistic, evidence based care and in ensuring comprehensive service provision for people with mental health issues.

Standard 6

The Mental Health Nurse actively pursues opportunities to reduce stigma and promotes social inclusion and community participation for all people with mental health issues.

Standard 7

The Mental Health Nurse demonstrates evidence based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision and reflective practice.

Standard 8

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

Standard 9

The Mental Health Nurse holds specialist qualifications and demonstrates advanced specialist knowledge, skills and practice, integrating all the Standards competently and modelling leadership in the practice setting.

Standard 1

The mental health nurse acknowledges diversity in culture, values and belief systems and ensures his/her practice is non-discriminatory, and promotes dignity and self-determination.

Rationale

Recognising the cultural context in which mental health issues occur is critical to providing culturally competent services. Understanding cultural diversity is essential to working therapeutically with people whose experiences differ from those of the nurse.

Practice Outcomes

This standard is being met when:

1. People with mental health issues report that they feel respected and safe in terms of their cultural background
2. Cultural considerations affecting assessment and intervention processes are documented and acted upon
3. Culturally appropriate support agencies have been accessed where appropriate

Attributes

a) Knowledge

The Mental Health Nurse demonstrates an understanding of:

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

b) Skills

The Mental Health Nurse:

1. respects the uniqueness of each person affected by mental health issues
2. involves family and/or appropriate supports in the decision-making process
3. forms and supports partnerships relevant to the requirements of the individual
4. empowers those affected by mental health issues to be aware of and exercise their rights in relation to health care
5. protects each person's privacy and confidentiality
6. advocates for the person affected by mental health issues, or accesses appropriate advocacy on their behalf
7. integrates cultural perspectives within the scope of their practice
8. advocates for services to be structured such that they are sensitive to differences in culture, values, belief systems, gender and spirituality.

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. Accounts for and accepts responsibility for their own judgements and actions.

Standard 2

The Mental Health Nurse establishes collaborative partnerships that facilitate and support people with mental health issues to participate in all aspects of their care.

Rationale

Understanding the value of partnership(s) in promoting optimum practice outcomes is essential in the context of a holistic care framework.

Practice Outcomes

This standard is being met when:

1. people with mental health issues confirm they have been involved in key aspects of their care and express satisfaction with the process and outcomes of the partnership
2. the health care/treatment plan identifies the outcomes of collaborative assessment and consultation
3. collaborative partnerships with consumers, families, community, government and non-government organisations are established across all aspects of the person's care and recovery

Attributes

a) Knowledge

The Mental Health Nurse demonstrates an understanding of:

1. effective interpersonal communication, advocacy, collaboration, partnerships and participation
2. the scope of partnerships 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. externally evaluates their practice with regard to maximizing the effectiveness of his/her own therapeutic role, utilising clinical supervision

c) Attitudes

The Mental Health Nurse:

1. values partnership and participation
2. values and promotes the leadership role of Mental Health Nurses in collaborative practice and partnership development
3. identifies themselves as a facilitator and supporter of the individual in the recovery journey
4. reflects on their role in partnerships and participation
5. accounts for and accepts responsibility for their own judgements and actions.

Standard 3

The Mental Health Nurse develops a therapeutic relationship that is respectful of the individual's choices, experiences and circumstances. This involves building on strengths, holding hope and enhancing resilience to promote recovery.

Rationale

The recovery journey is a subjective experience, defined by the individual.

Practice Outcomes

This standard is being met when:

1. people with mental health issues confirm that their skills and experience have been valued and utilised, and that they feel supported in their individual recovery journey
2. the Mental Health Nurse interprets and contributes to the health care/treatment plan with respect to the principles of recovery

Attributes

a) Knowledge

The Mental Health Nurse demonstrates an understanding of:

1. evidence based practice and the principles of recovery
2. the concept of individuality in terms of experience, needs and strengths
3. the therapeutic use of self in the recovery process
4. the process of clinical reasoning
5. treatment modalities used across the health care service

b) Skills

The Mental Health Nurse:

1. adapts to the setting where care is provided
2. establishes trust by developing rapport
3. practises according to the principles of informed consent and confidentiality
4. collaborates with consumers and stakeholders to develop, activate and evaluate coordinated, comprehensive health care
5. works to assist the individual to identify and harness his/her own strengths and skills, encouraging active participation in mental health services at both individual and systemic levels
6. uses reflective practice to ensure conformity to evidence based practice and principles of recovery
7. uses clinical supervision to externally evaluate their practice with regard to ensuring recovery-focused care

c) Attitudes

The Mental Health Nurse:

1. appreciates, values and advocates for the principles of recovery
2. acknowledges the importance of evidence based practice
3. values a collaborative, coordinated and, where possible, multidisciplinary approach to mental health care
4. recognises, respects and promotes individual's rights
5. values reflection and peer review in their practice
6. appreciates the necessity of clinical supervision to support clinical practice

Standard 4

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

Rationale

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

Practice Outcomes

This standard is being met when:

1. people with mental health issues identify that their mental, physical, spiritual, emotional, social and cultural needs have been consistently considered.
2. where ethical dilemmas exist, the mental health nurse uses ethical practice principles to ensure the consumer's mental, physical, spiritual, emotional, social and cultural needs are best met
3. where they exist, 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 interconnected relationships that exist between mental health, physical health and general wellbeing
3. the importance of the social and cultural context with regard to the person's values and attitudes towards mental health, mental illness and mental health care and treatment.

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 the identified needs of the individual across mental, physical, spiritual, emotional, social and cultural contexts
2. engages in a process of reflective practice
3. uses clinical supervision to externally evaluate their practice with regard to the provision of ethically based care

c) Attitudes

The Mental Health Nurse:

1. practices ethically
2. values and works with the individual to identify their mental, physical, spiritual, emotional, social and cultural needs
3. reflects on their role in providing collaborative, ethically sound care
4. accounts for and accepts responsibility for their own judgements and actions.

Standard 5

The Mental Health Nurse values the contributions of other agencies and stakeholders in the collaborative provision of holistic, evidence based care and in ensuring comprehensive service provision for people with mental health issues.

Rationale

Promoting and facilitating the contribution of others promotes the best practice outcome for people affected by mental health issues.

Practice Outcomes

This standard is being met when:

people with mental health issues identify that the Mental Health Nurse utilised the skills and knowledge of other individuals, organisations and groups wherever necessary

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 skills and expertise of other health care professionals
3. the principles of collaborative and multidisciplinary care

b) Skills

The Mental Health Nurse:

1. demonstrates interpersonal communication skills which promote engagement with other agencies and stakeholders
2. establishes and maintains respectful relationships with other agencies and stakeholders
3. plans care with consumers in such a way as to include, where possible and where desired by the person, other agencies and stakeholders
4. uses reflective practice to review their own contribution and their appreciation of what others can contribute
5. externally evaluates their practice with regard to the use of principles of holistic and evidence based practice, utilising clinical supervision

c) Attitudes

The Mental Health Nurse:

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

Standard 6

The Mental Health Nurse actively pursues opportunities to reduce stigma and promotes social inclusion and community participation for all people with mental health issues.

Rationale

The recognition of, and taking action to address, the stigma that surrounds and influences the lives of people affected by mental health issues is an important contributor to improving 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 opportunities to review and/or develop strategies and policies that promote community integration and reduce stigma.

Attributes

a) Knowledge

The Mental Health Nurse demonstrates an understanding of:

1. the impact of stigma for the individual and on the community
2. the principles of health promotion, illness prevention, early intervention and the value of community integration, in reducing stigma and promoting social inclusion
3. the existing strategies and guidelines for reducing stigma, promoting social inclusion and health promotion and illness prevention.

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. externally evaluates their practice with regard to the reduction of stigma and other important social aspects associated with mental health care, utilising clinical supervision

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 through lifelong education, research, professional development, clinical supervision and reflective practice.

Rationale

Understanding the value of and utilising evidence based practice is essential to promote best practice outcomes for persons affected by mental health issues. Ongoing professional development, education, clinical supervision and reflection provide the basis for the consistent evolution of practice required to enhance recovery for people with mental health issues.

Practice Outcomes

This standard is being met when the Mental Health Nurse:

1. consistently engages in activities to use and develop evidence base for practice, and utilises practice innovation where evidence is lacking or a novel approach is required
2. demonstrates regular engagement in activities of research, education and professional development, clinical supervision and reflective practice
3. 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 a variety of relevant 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
5. uses clinical supervision to externally evaluate practice and identify areas for professional development

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

Rationale

Legal requirements and professional codes of practice are incorporated into clinical practice to safeguard the rights of people with mental health issues.

Practice Outcomes

This standard is being met when:

1. people affected by mental health issues and/or relevant others identify that the Mental Health Nurse's practice is consistent with common law requirements, relevant statutes, policies, standards, competencies, guidelines and the nursing codes of conduct and ethics
2. the Mental Health Nurse utilises legislation, relevant statutes, policies, standards, competencies, guidelines and the nursing codes of conduct and ethics in their practice
3. the Mental Health Nurse acts to safeguard the rights of people with mental health issues, the family, carers and the community

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. practices in accordance with legislation, policies, guidelines, standards, competencies, codes of conduct and ethics at all times
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 to externally evaluate practice and identify areas for professional development
6. acts as a role model for others in terms of these issues

c) Attitudes

The Mental Health Nurse:

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

Standard 9

Specialist Professional Leadership: The Mental Health Nurse holds specialist qualifications and demonstrates advanced specialist knowledge, skills and practice, integrating all the Standards competently and modelling leadership in the practice setting.

Rationale

Recognising the value of Standards for clinical practice promotes optimal care for people with mental health issues and establishes the role of specialist mental health nurses as leaders in the promotion and provision of optimal care.

Practice Outcomes

This standard is being met when:

1. the mental health nurse is acknowledged by peers as expertly integrating all of the Standards with advanced specialist knowledge, skills and practice

Attributes

a) Knowledge

The Mental Health Nurse demonstrates knowledge and understanding of:

1. the Standards of Practice
2. the advantages of having, using and evaluating Standards of Practice
3. the benefits of attaining and maintaining advanced specialist qualifications, skills and practice
4. the principles and importance of leadership.

b) Skills

The Mental Health Nurse:

1. relates theory to practice and incorporates Standards into practice
2. establishes and maintains an advanced level of expertise
3. utilises reflective practice to identify areas of deficit and acts to address them
4. uses clinical supervision to externally evaluate practice and identify areas for professional 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 novice and non-specialist colleagues, supporting them and willingly contributing to their professional development
3. willingly engages in activities to enhance their expertise and incorporate it into practice
4. reflects on their practice and how this may influence others.

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 issues and/or illness, speaking on their behalf if required. Advocacy also involves the provision of training and support to enable people to self-representation.¹

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.²

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.³

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.⁴

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.⁵

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 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'.⁶

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.⁷ *In this document, for the sake of brevity, 'mental health issues' is used to cover the range of mental health conditions from minor issues to mental illness.*

Mental health promotion – refers to those actions directed to groups and individuals to maximise health and wellbeing.⁸

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 issues 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.⁹

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.

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.¹⁰

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.¹¹

Practice outcomes – a means of assessing care and the processes involved in providing care to people affected by mental health issues 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.¹²

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.¹³

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.'¹⁴

Stakeholders – refers to the various groups and individuals affected by decisions, consultations and policies.¹⁵

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 mental health issues. Service standards define what is required to achieve a suitable level of care from a mental health service.¹⁶

Stigma – 'against a person with a mental illness often involves inaccurate and hurtful representations of them as violent, comical or incompetent.'¹⁷ 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.'¹⁸

Therapeutic relationship – describes a relationship between the nurse and people affected by mental health issues 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.¹⁹

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(Endnotes)

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the Australian College
of Mental Health Nurses inc.

www.acmhn.org

PO Box 154, Deakin West, ACT 2600. Australia

ph: 1300 667 079 +61 2 6285 1078