Metro South Health

Addiction and Mental Health Services

Therapy Capability Framework

Cognitive Behavioural Therapy

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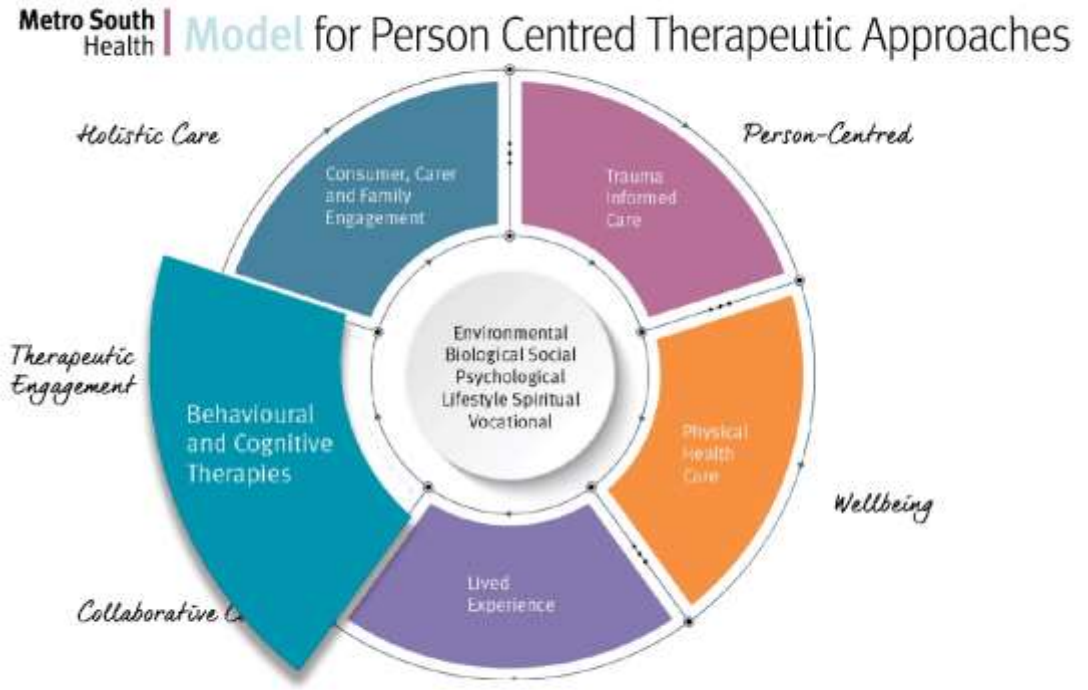
Queensland Government

contents:



Foreword

The Therapy Capability Framework and the promotion of evidence-informed therapies have been developing over many years at MSAMHS. The final development of the current four frameworks has been funded by the MHAOD Branch and marks a significant step in the process of helping staff to engage with consumers and carers to support their recovery. It places people with a lived experience at the centre and supports their engagement at all levels.

The Frameworks aim to strengthen a culture of consistently providing high quality evidence-informed and recovery-focused therapies. To remain high quality, the frameworks promote a process of review and adaptation so that therapy approaches remain influenced by the most recent evidence and stay relevant for consumers and their carers.

Using the Frameworks will support our practice and provision of services to the community by way of professional development, supervision, focussed organisational support, research and service development.

I know and see your commitment to best practice and hope these Frameworks offer additional support for you to continue providing exceptional care, evoking hope for recovery with our consumers and their carers and offer avenues for your own training and quality supervision.

Geoff Lau
Director of Therapies and Allied Health, Metro South Addiction and Mental Health Services

Therapeutic Pillars, explained

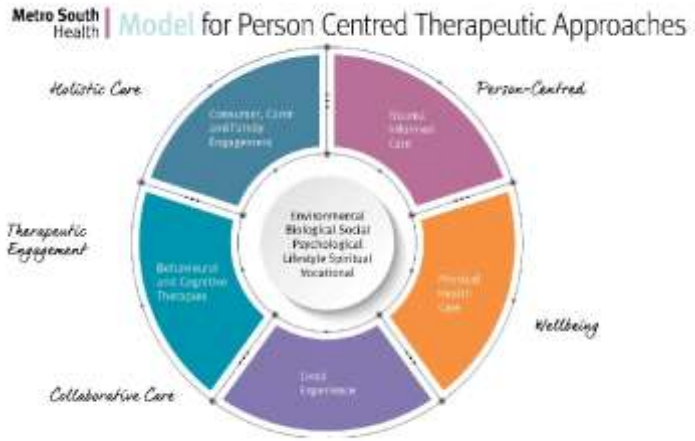
The Therapeutic Pillars represent specific therapies and interventions and guide targeted areas of health provision offered at MSAMHS. Development of the Therapeutic Pillars has been informed by international and Australian guidelines, from discussions and completion of surveys with mental health practitioners, and from consultation with consumers and carers of our service.

The function of the Pillars is to:

- Highlight endorsed areas of practice that promote recovery and organisational responsibility to invest in staff knowledge and practice
- Improve consumer and carer access to Evidence-Based Practice (EBP) and recovery-oriented services
- Promote appropriate formulation of consumer needs to positively influence the direction of care based on EBP and consumer desires in line with the
- organisation's values
- Ensure each consumer is seen contextually as a person, not just through the perspective of illness or symptomatology
- Reduce variable access to care making interventions, supports and therapies equally accessible to all consumers and carers: No wrong door policy.

The Therapeutic Pillars are:

Consumer, Carer and Family Engagement: Active engagement of consumers, families and carers in their therapeutic process over the duration of care.
Physical Health Care: Whole-of-person care focusing on mental and physical quality of life and wellbeing.
Cognitive and Behavioural Therapies: Understanding and addressing thought processes that govern behaviour and emotions.
Trauma Informed Care: Sensitivity and consideration to the impact of trauma and the importance of considering trauma when understanding a consumer's or carer's presentation.
Lived Experience: Acknowledging and learning from the experiences of people with a lived experience of mental illness and the therapeutic benefits of a peer lived experience workforce.



As can be seen in this diagram the Pillars fit between our broader practice principles of Therapeutic Engagement, Holistic Care and Collaborative Care and the more specific Environmental, Biological, Social, Psychological and Lifestyle health determinants we consider when working with consumers. Our Person-centred approach values the therapeutic use of shared experiences and personal understanding of mental health issues to assist consumers in their individual recovery journey.

It is important to note the Pillars do not denote all areas of intervention, practice and therapy being offered at MSAMHS, but rather highlights areas of practice that will be emphasised through education and training, as well as through supervision, research and service development.

While these Pillars have been separated into different domains to provide detailed guidance and support for practice, it is intended that they be used together for a robust, broad formulation that informs the direction of care and services. As such, these Pillars are interrelated and will have features of overlap and correspondence, e.g. working with a consumer who has experienced trauma will require consideration of their broader context including lived experience, family relations and supports, their physical health and possible substance use, as well as maladaptive cognitions and behaviours, thus incorporating all Pillars when working with consumers and carers.

The desired outcome *of services utilising these Pillars will be a well-supported and knowledgeable multidisciplinary workforce in the provision of responsive, effective and recovery-oriented evidence-based services that are equally accessible for all consumers and carers.*

Purpose of the Therapy Capability Frameworks

The purpose of the Capability Frameworks is to detail specific practice features within each of the MSAMHS Therapeutic Pillars. The Capability Frameworks have four levels of practice detailing different capabilities, which staff can use as a guide for self-reflection and self-development. This Framework assists planning for learning and supports confident practice of Cognitive Behavioural Therapy(CBT) interventions, and promotes supervision and, most importantly, consumer and carer access to evidence-based mental health and addiction services. It is not intended for use as a performance management tool and is not in any way aligned with the Health Practitioner/Nursing or other employment classification levels.

At a service wide level, the Frameworks can support identification of:

- Capability gaps to create learning and development opportunities for staff.
- Expectation for all admin staff to be *Foundation* and clinical/peer front-line staff to be *Practice-informed* across the Therapeutic Pillars as a minimum standard of practice when working with consumers and their carers.
- Best practice through promotion of supervision, use of EBP, research and evaluation of therapies, interventions and support services offered at MSAMHS.
- Quality and safety and consumer outcomes data aligned with staff capability data to inform decision-making.

(Lau, Meredith, Bennett, Crompton, & Dark, 2017)

The frameworks are intended for all MSAMHS staff. While frontline clinical and peer staff are encouraged to work towards being Practice-informed across all Pillars, administrative staff will be supported to be at Foundation level. It is not intended for every frontline staff to work towards becoming Practitioners or Advanced Practitioners across all Pillars. Identifying those staff at a more experienced level can be helpful to support other staff with supervision, mentoring and training. Additionally, noting levels of staff can be a guide for services within the organisation, particularly in decision making for training and supporting sustainability of supervisors.

While some disciplines may champion certain Therapeutic Pillars, as with Social Work and the CCFE Pillar, the intention is for all disciplines to have equal access to training and supervision and therefore use all frameworks within their scope of practice. It is important to ensure that the Therapy Capability Frameworks are designed to **strengthen the professional background and perspectives** of our administration, allied health, medical, nursing and peer lived experience workforce.

The desired outcome *of using these frameworks will be to assist staff to confidently respond and provide services that are evidence-based and recovery-oriented within their scope of practice and to provide clear pathways for referral, education, training and supervision in these areas of practice.*

Terminology used in this Framework:
The concept of family can mean different things to different people and the roles people have within families changes over their lifespan. For this reason, the term ‘carer’ is used and refers to someone who is providing care for someone they have an emotional or family attachment to.

Summary of Capability Levels

Foundation level: this level incorporates awareness of MSAMHS service guidelines and the fundamentals for working with consumers and their carers. It involves a general awareness of other levels in the framework and as such is aware of a range of services offered within your team and how referrals can be actioned with support from more experienced staff. All entry-level staff who have completed online training will be at this level. Administration staff are encouraged to aim to be at this level across all Therapeutic Pillars.

Practice-informed level: this level incorporates basic understanding of the Therapeutic Pillar principles including how to provide basic interventions to enhance regular practice. Also included is how to assess and review outcomes as well as engage in supervision, self-reflective practice and further own understanding and education around the intervention. Practice in this area will always be accompanied by supervision and there is no requirement to provide "therapy" at this level. All clinical/peer/frontline staff are encouraged to aim to be at this level across all Therapeutic Pillars.

Practitioner level: at this level, staff will have good knowledge and experience in the principles, theory and application of the intervention specific to particular populations. Formal training in this intervention has been completed along with ongoing supervision of practice and engagement in supervision of less experienced staff. Staff at this level will have contributed to research or service development around this intervention.

Advanced Practitioner level: staff at this level will have a detailed and comprehensive knowledge of theory, contemporary interventions, skills, strategies and practice emerging from recent scientific research. Staff will provide consultation and leadership to MSAMHS for promotion of the intervention including contributing to development of protocols of supervision, staff training, research design and evaluation for the promotion of EBP.

Our Metro South Community

It is acknowledged that we work with individuals within our community who are marginalised, discriminated against and who have poorer life expectancy and physical health outcomes when compared with the general population. Within this community again are individuals who experience additional hardship including environmental and political circumstances that contribute to their overall picture of life challenges, recovery journey and resilience. Overarchingly, there is a need to further our cultural competence and sensitivity of practice when working with consumers.

Aboriginal and Torres Strait Islander Consumers: It is estimated that the life expectancy of Aboriginal and Torres Strait Islander people is lower than the general population by 10.6 years in males and 9.5 years in females. Non-communicable and preventable diseases account for an estimated 70% of this health gap. Some of these diseases include cardiovascular disease at 23%, diabetes at 12%, mental disorders at 12% and chronic respiratory disease at 9% (Markwick, Ansari, Sullivan, Parsons, & McNeil, 2014).

Added to recognition of health disparity between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people, a sensitivity is needed along with an acknowledgement of the ongoing health inequalities that have resulted from the trauma experienced due to Australia's colonisation by Europeans (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2019; Merritt, 2011). Further to the recognition of systemic discrimination is the concept of barriers to help seeking, as help seeking has been shown to be lower in Aboriginal and Torres Strait Islander people (Coates, Saleeba & Howe, 2018). When considering this, it becomes essential that services are aware of these barriers and seek to actively dismantle them in order to fully service all consumers equally. Barriers of note include experience of racism and discrimination, lack of trust in mainstream services, negative past experiences, low mental health and addiction literacy, holding mental health and addiction stigma and shame, and lack of culturally appropriate services (Coates et al., 2018).

Key considerations for MSAMHS are therefore:

- Acknowledgement of potential trauma and its impact on presentation
- Consideration of the local community the consumer comes from
- Whole person perspective including physical, mental and spiritual wellbeing (Parker & Milroy, 2019).
- Consideration of Aboriginal and Torres Strait Islander concepts of health and methods of health care that are mindful of diversity and identity
- Not limiting health care to diagnosis or limiting care with the perspective of 'personal responsibility" rather than seeing a broader contextual causation and maintenance of poor health and good health (Markwick et al., 2014).
- Referral to Aboriginal or Torres Strait Islander support staff
- Culturally aware staff who understand the impact of intergenerational trauma, the separation from culture, spirituality, language, and social injustice (Gilbert, 1995)
- Respond to barriers to help seeking.

Cultural Diversity: Cultural beliefs about what constitutes mental illness and how to respond to it affects how individuals from a culturally and linguistically diverse background seek help and whether they will choose to access mental health services (Cross & Bloomer, 2010). Although there are considerable research and data gaps in this area, evidence indicates that individuals from a culturally and linguistically diverse background have lower rates of mental health service utilisation when compared to the Australian-born population (Minas Kakuma, Too, Vayani, Oranpeleng, Prasad-Ildes, Turner, Procter, & Oehm, 2013; Colucci, Too, & Minas, 2017).

Some barriers for people in accessing mental health services include lack of knowledge about mental health services, language barriers, stigma of mental illness, concerns about confidentiality, cultural beliefs about mental health symptoms, negative experiences of using mental health services, concerns about not being understood or respected or cultural needs not being met (Minas, et al., 2013).

There are a range of factors contributing to an increased risk of mental health problems in people from culturally and linguistically diverse backgrounds, including: loss of family and social connections, discrimination, stresses of migration and adjusting to a new country, exposure to trauma before or during migration and a range of other social determinants (Baker, Procter, & Ferguson, 2016).

When working with people from culturally and linguistically diverse backgrounds it is important to address the barriers that prevent people from accessing mental health services and to identify the range of risk and protective factors that influence mental health and wellbeing. Mental health clinicians who work in culturally responsive ways seek to understand the illness experience of culturally and linguistically diverse consumers and work collaboratively with consumers and their family to respond to cultural needs (Cross & Bloomer, 2010).

Key considerations for MSAMHS are therefore:

- Respect for the cultural values and needs of the consumer and their family to support good therapeutic alliance and communication.
- Understanding what is culturally normative for the individual with respect to their cultural reference group and their own individual baseline.
- Understanding the challenges associated with using interpreters. Seek to offer interpreters even when an individual has a conversational level of English language proficiency. Ask about dialect and gender preferences.
- Explaining confidentiality and roles and responsibilities in a way that individuals can understand.
- Understanding an individual's cultural/ethnic/racial/spiritual/language identity (or identities).

- Understanding of the individual's level of acculturation with the host country.
- Understanding the cultural meanings of health and mental health and addiction and an individual's explanation of their illness or distress.
- Understanding the psychosocial environment and level of functioning with respect to cultural norms.
- Understanding of the unique circumstances of the individual and the impact and implications of these circumstances i.e. trauma, residency stress, citizenship, and refugee status.
- Understanding that cultural differences between an individual and the clinician can influence communication, language, interpretation of responses and behaviours, relationship and rapport building.
- Facilitate referral to transcultural mental health services and other culturally appropriate treatment or psychosocial support services.

Diverse Sexuality and Gender: There are clear disparities in health outcomes within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and/or Asexual (LGBTQIA+) consumer community when compared with cisgender heterosexual community members. Members of this community are disproportionally affected by depression and anxiety in part due to experiences of gender and sexuality based discrimination (Briggs, Hayes, & Changaris, 2018).

Suicide attempt rates in the transgender population are worryingly high, around 11 times higher than in the general population, and LGBTQIA+ people aged 18-27 are five times more likely to attempt suicide in their lifetime (National LGBTI Health Alliance, n.d). As such, services need to be knowledgeable and inclusive of diverse gender and sexual identities. Some barriers to help seeking include overt and covert discrimination and a lack of LGBTIQA+ sensitive practice (Narang, Sarai, Aldrin, & Lippmann, 2019). This includes, but is not limited to, assumptions regarding gender, and not respecting name, dress, and pronouns when communicating with consumers. Additionally, the lack of acknowledgement of the impacts of familial and social rejection and exclusion, bullying and violence, historical social trauma and disrespecting identity can act as barriers to engagement (Klein & Golub, 2016).

Key considerations for MSAMHS are therefore:

- Tailoring interventions to meet the needs of LGBTQIA+ consumers.
- Linking consumers with peer groups and LGBTQIA+ services, whether face-to-face, online, or by telephone.
- Understanding the importance of safe spaces for the LGBTQIA+ community.
- Gaining a better understanding of contemporary research and standards of sensitive practice specific to LGBTQIA+ consumers.
- Understanding the challenges LGBTQIA+ consumers face with regards to social and familial relationships, including rejection.
- Understanding of how stigma, discrimination and marginalisation can impact on mental health, addiction, and physical health outcomes - including perceived or actual exclusion from support services.
- Understanding intersectionality in the context of LGBTQIA+ consumers.
- Understanding the impact of domestic and family violence on LGBTQIA+ consumers.
- Acknowledgement of struggles including prejudice, social stress, social exclusion, homophobia and transphobia, bullying, abuse and violence.
- Acknowledgement of how individuals and services can exclude LGBTQIA+ consumers.

What is Cognitive Behavioural Therapy Intervention and Practice?

Cognitive Behavioural Therapy (CBT) is a psychotherapy that highlights the importance of how people learn, think and interpret their circumstances. CBT uses a range of techniques to help modify unhelpful thoughts, feelings and behaviours. It is client focused, time-limited and relies on development of collaborative therapeutic alliance.

There are a range of evidence–based CBT group and individual interventions this Framework refers to that can help consumers make changes that are important to them. Basic interventions include mood and thought rating and education about physiological arousal, more advanced skills may include understanding cognitive biases and safety behaviours and more complex therapy interventions would involve a complete CBT program tailored for a specific consumer.

MSAMHS supports the use of CBT interventions, supervision and training. The Connecting Care to Recovery 2016-2021 Plan clearly emphasizes the need for evidence-based therapies being available to all consumers. Clinical guidelines such as Australian and New Zealand clinical practice guidelines, NICE guidelines and National Collaborating Centre for Mental Health promote the use of CBT being routinely available for presentations involving anxiety, depression, panic, phobias, stress, bulimia, obsessive compulsive disorder, post-traumatic stress disorder, bipolar disorder and psychosis.

While CBT is not the only therapy available to consumers at MSAMHS, it is seen as one that has been widely researched, has a large evidence base, has demonstrated effectiveness transdiagnostically and has shown long lasting benefits when consumers continue to use strategies following care.

This CBT Capability Framework assists staff to be aware of and incorporate into regular practice CBT principles according to their capability and scope of practice. The Framework provides staff with a greater awareness of CBT and its application for working with individuals with mental health issues and/or addictions, along with capabilities to identify, refer, support, educate and provide care to individuals in an inclusive, recovery-focussed and non-judgemental way.

Domain 1: Knowledge and Skills			
Knowledge refers to the theoretical and practical awareness and understanding of the use of CBT strategies. Skills within this domain reflect the proficiency in delivering CBT strategies in a collaborative, client focused, evidence-based, recovery-oriented and effective manner.			
Foundation Staff	**Practice-Informed Staff**	**Practitioner**	**Advanced Practitioner**
Knowledge Aware that MSAMHS provides a range of services for consumers including CBT. Basic understanding of the relationship between thoughts, feelings and behaviours. Understanding of how early good experiences in engaging with services can support continuation of engagement. **Skills** Willingness to listen to consumer's needs and talk with them about accessing care options including CBT at MSAMHS and support referral for those services. Ability to validate a consumer's perspective. Ability to engage consumers and establish rapport. <u>For clinical & peer staff only</u> Work towards establishing good therapy alliance and working partnership (considerate of the value of carers, physical health and the	**Knowledge** Understanding of the Cognitive Behavioural Therapy (CBT) model and the rational for therapy. Understanding of impact of cognitive biases, safety behaviours, maintenance behaviours. Understanding of basic CBT formulation and thinking contextually about the consumer's presentation (the 5 P's). Knowledge of the relationship between thoughts, feelings and behaviours. Understanding of influences on motivation and the Stages of Change model. **Skills** Promote collaborative therapeutic alliance as key along with partnership in decision making with a focus on client strengths, recognition of their ever-growing skills and provide reinforcement of positive behaviour. Ability to explain basic CBT model to consumers and the rational for this therapy approach	**Knowledge** Knowledge of more detailed CBT formulation e.g. schema/core belief formation, maintaining factors and knowledge of attention bias (on threat, errors etc) and hypervigilance. Knowledge of standard therapy depending on presentation for example CBTp, CBTm, and motivational interviewing for support with substance use issues. Knowledge of key CBT processes e.g. Socratic questioning etc. Knowledge of common co-existing psychological conditions that are additional to the primary focus of therapy and how these impact on the effective delivery of the intervention. Detailed understanding of the complex nature of avoidance behaviours and how these behaviours support the persistence of maladaptive coping. **Skills** Sensitive to the limitations of the CBT interventions. Ability to confidently apply a full CBT therapy program tailored to a consumer: - use of guided discovery	**Knowledge** Detailed knowledge of CBT and CBT theory along with emerging contemporary research, techniques and practice with the ability to critically review this information. Detailed knowledge on the impact of comorbidities and application of CBT for more complex care needs. **Skills** Highly developed ability to manage complex process issues while delivering CBT. Provide consultation and direct intervention on more complex clinical presentations. Lead, develop and evaluate individual

impact of trauma for each consumer) Support consumer's readiness for change i.e. Help to identify areas they are struggling with, identify care goals, understand what to expect from interventions. Support consumers to identify and name emotions, to identify and monitor thoughts, and notice behaviours Facilitate referral pathways for consumers seeking CBT intervention.	Ability to support structured problem solving and goal setting. Ability to communicate basic fight, flight, freeze principles (refer also to the TIC framework). Ability to tailor practice of thought and mood monitoring, awareness of social cognition, and perspective taking. Support exploration of coping strategies and basic mood regulation e.g. basic pleasant event scheduling. Measure and promote consumer self-monitoring noticing Antecedents, Behaviours, and Consequence. Begin the process of normalisation, even maladaptive coping, with the aim of promoting more adaptive coping. Use of standard suite of outcome measures to evaluate progress.	- able to judge pace of interventions, and flexibly tailor/pitch CBT interventions to the needs of the consumer (cognitive ability, developmental level, specific interests) - develop a CBT formulation with the consumer - identify targets for each session with consumers - elicit key cognitions - identify safety behaviours - understand the maintenance cycle - Able to develop and support behavioural experiments, test automatic negative thoughts, use survey techniques, support understanding of habituation, support management of physiological arousal and emotion regulation. - understand the barriers to change, including environmental barriers, help to foster a sense of control particularly around self-practice plans and foster empowerment. Including the ability to address and "troubleshoot" barriers to consumer implementation of CBT strategies. - Promote feedback from consumer - Confidently evaluate intervention with appropriate choice of measures. - Ability to appropriately mange therapy endings and encourage consumers to plan for long-term maintenance of goals.	and group CBT therapy programs. Lead promotion, development and facilitation of CBT training for staff.

Domain 2: Autonomy and Supervision			
Autonomy refers to the staff member's capacity to undertake a range of procedures, actions and processes regarding CBT interventions in a manner that is safe, effective and in line with therapy governance practices. Supervision denotes the staff member's level of engagement in receiving and providing supervision on CBT interventions.			
Foundation Staff	Practice informed Staff	Practitioner	Advanced Practitioner
Aware that there may be many factors influencing a consumer's presentation and consider how they may benefit from therapy care options. <u>For clinical and peer staff only</u> Ask for guidance from more experienced staff around issues relating to client presentations including formulation and evaluation of client needs to better support recovery. Seek support from line manager and in particular discipline supervisor around issues relating to CBT for consumers.	CBT practice is supported by observation/supervision of interventions - i.e. participation in regular individual and/or group supervision on CBT. Practice is supported by structured session manuals in addition to supervision. Supported in supervision to measure outcomes of interventions and review these outcomes with self-reflection. Provides support to consumers to manage safety and minimise risk when providing interventions. Provides mentoring to foundation level staff where appropriate. Seeks support from more experienced clinicians around the application of CBT components. Promotes discussion and advocates for the use of CBT at a team level.	Able to independently tailor CBT to consumer needs including those with more complex care needs. Develop care and session plans. Good knowledge of appropriate collaborative & ethical boundaries when practicing CBT. Be guided by and provide guidance to multidisciplinary teams around CBT. Regular ongoing supervision on CBT. Provides CBT supervision to practice-informed clinicians. Delivers manualised CBT group and individual interventions with supervision.	Provides consultation and direct intervention around care needs. Engages with leaders to promote organisational focus on the value of CBT, and in doing so, influences procedural change, organisational culture, staff education, staff access to supervision, and guidelines for practice. Engages in and provides CBT supervision. Directly involved in supporting the organisation to promote the value of EBP therapies like CBT being available to all consumers.

Domain 3: Research and Evidence-Based Practice Role			
Research in this domain refers to the staff member's involvement in research on CBT interventions in the service setting. Evidence-Based Practice Role includes the level of participation in and/or facilitation of formal and informal evidence-based professional development and training.			
Foundation Staff	Practice informed Staff	Practitioner	Advanced Practitioner
Accesses informal mentoring at work from experienced staff about general services provided at MSAMHS including CBT. Knowledge of and follows organisational guidelines that promote focussed consideration for the use of CBT on consumer recovery. <u>Clinical and Peer staff only</u> Recruits consumers to current service-based research opportunities and participates in quality improvement initiatives related to CBT.	Has completed organisational online training on CBT. Has commenced developing knowledge of CBT including relevant research and practice principles, links to consumer outcomes, and understanding where this therapy may be best applied according to EBP including limitations of the intervention.	Has completed formal training/professional development on CBT. Knowledge of and self-directed learning of research on CBT including evidence-based interventions and assessments. Supports more skilled therapists in promoting and conducting training on CBT. Participates in evaluation/research within MSAMHS on CBT and evaluates this with supervision. Promotion of CBT EBP at a team level e.g. in case reviews and operational meetings. Use of scientifically endorsed assessment of change and has a good understanding of their range of utility.	Has completed professional development to an advanced level on CBT. Confidently draws on this training and new research and adapts these in the context when providing interventions. Identifies EBP training and education needs of others within the organisation. Identifies EBP research opportunities at an organisational level. Leads research design, implementation and evaluation along with the interpretation of this research data for relevant quality improvement activities. Leads service development following research around CBT interventions and practice.

BT Resources	
Name	**Link** (if available)
Turkington, D., Kingdon, D., & Turner, T. (2002). Effectiveness of a brief cognitive behavioural therapy intervention in the treatment of schizophrenia. British Journal of Psychiatry, 180, 523 – 527.	Journal article
Oxford Guide to Behavioural Experiments in Cognitive Therapy Au: James Bennett-Levy et al ISBN: 0 19 8529163	Book
Cognitive Therapy of Schizophrenia Au: D. G. Kingdon and D. Turkington ISBN: 9781606237717	Book
Australian and New Zealand clinical practice guidelines-	https://www.ranzcp.org/publications/guidelines-and-resources-for-practice
NICE Guidelines	https://www.nice.org.uk/guidance
National Collaborating Centre for Mental Health	https://www.rcpsych.ac.uk/improving-care/nccmh

Training
Foundation and Practice Informed
Online Learning • MSAMHS Family and Carer Inclusive Practice Course One • MSAMHS Sensory Approaches • MSAMHS : Introduction to Deafness and Mental Health • MSAMHS : Introduction to Deafness and Mental Health Level 2 • MSAMHS Single Session Therapy for Acute Services • MSAMHS Introduction to Trauma, Becoming Trauma Informed • MSH Person-Centred Care - Reflective Practice eLearning Module Face to Face Learning • Mental Health First Aid • Youth Mental Health First Aid For dates contact ResearchandLearningNetworkMSAMHS@health.qld.gov.au

General resources	
Name	**Link**
A national framework for recovery-oriented mental health services: Guide for practitioners and providers	https://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf
A national framework for recovery-oriented mental health services: Policy and theory	https://www.health.gov.au/internet/main/publishing.nsf/Content/51A6107C8A3B0187CA2582E4007A5591/$File/recovpol.pdf
From individual to families: a client-centred framework for involving families	https://www.bouverie.org.au/images/uploads/Bouverie_Centre_Framework.pdf
Champions for Change report – Working together with families, carers and friends as partners in mental health recovery (2015)	https://bsphn.org.au/wp-content/uploads/2017/12/Champions-for-Change-Report-FINAL.pdf
Planetree Person-Centered Care	https://www.planetree.org
Family Sensitive Practice – working with families and carers as key partners in consumer recovery	https://qheps.health.qld.gov.au/metrosouthmentalhealth/html/fci_capability
Information Sharing	https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444635/info_sharing.pdf
Mental health statement of rights and responsibilities	https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-rights2
Independent Patient Rights Advisers – Fact Sheet	https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444920/role-of-ipras-fact.pdf
Clinical Supervision Guidelines for Mental Health Services:	https://www.health.qld.gov.au/__data/assets/pdf_file/0026/371627/superguide_2009.pdf
Visit the Research and Learning Sharepoint page for process and procedures, update, latest research news and other helpful information.	https://healthqld.sharepoint.com/sites/mshhs01-amhs/researchandlearning/research/Pages/default.aspx
Allied Health Translating Research Into Practice (TRIP)	https://www.health.qld.gov.au/clinical-practice/database-tools/translating-research-into-practice

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