

# Therapy Capability Framework

Physical Health Care

We would like to acknowledge and thank the many staff from steering groups, focus groups and working groups who offered their time and expertise to provide consultation on the Therapy Capability Frameworks. We appreciate the level of experience and effort that went into the recommendations as their contributions have made these documents more robust, inclusive and meaningful. All contributors are listed by name in the Close Report presented to the project sponsor, the Mental Health, Alcohol and Other Drug Branch (MHAODB). We would also like to express our appreciation for the funding contributed by MHAODB to enable the completion of this phase of the Therapy Capability Framework project.

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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**

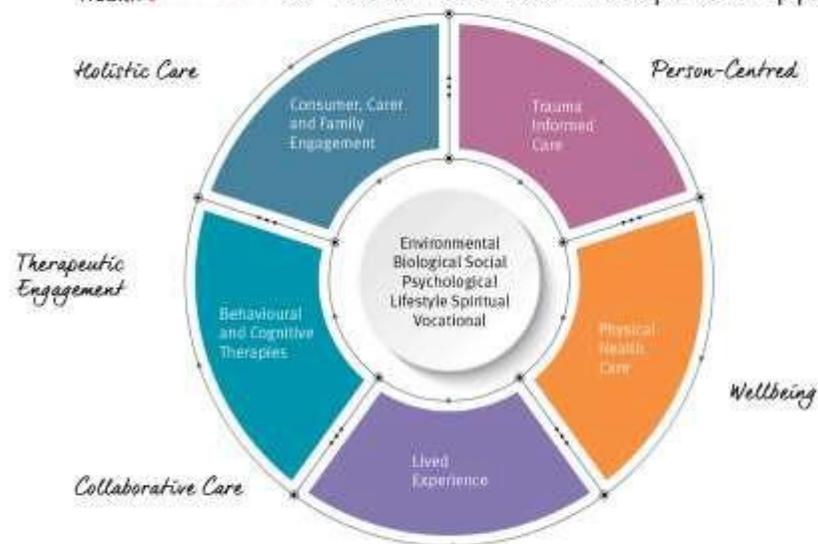
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## Therapeutic Pillars, explained

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.

**Fig. 1: Model for Person Centred Therapeutic Approaches**

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.**

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 Physical Health Care (PHC) 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 Nursing and the Physical Health Care 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.

**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 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 disproportionately 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 LGBTQIA+ 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.
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- 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 PHC Intervention and Practice?

PHC refers to interventions and practices that promote improvement in the overall health and wellbeing of MSAMHS consumers and acknowledges the physical health challenges and poor health outcomes consumers with mental health difficulties experience.

Compared with the general population, people with mental health difficulties have a reduced life expectancy of between 10 and 20 years and are twice as likely to have physical conditions such as cardiovascular disease, respiratory disease, diabetes, metabolic syndrome, and osteoporosis. Combined with side effects of psychiatric medications, unhealthy lifestyle behaviours, such as smoking, poor diet, physical inactivity and poor dental hygiene, are significant contributors to poor health outcomes in this group.

**MSAMHS supports PHC interventions as a key feature of recovery as they relate to mental health outcomes.** Importance is placed on a consumer's broader life context, on understanding the link between physical health and mental health and therefore prioritising the physical health of our consumers.

There are a range of PHC interventions this framework promotes including assessment of physical health, of lifestyle factors and environmental factors that may impact on a consumer's physical wellbeing. Also included are interventions of provision of information, education interventions, supporting follow-up and PHC referral pathways and supporting change in health behaviours.

This PHC Capability Framework assists staff to be aware of and incorporate into regular practice PHC principles according to their capability and professional scope of practice. The Framework provides staff with a greater awareness of PHC 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-focused and non-judgemental way.

Domain 1: Knowledge and Skills			
Foundation	Practice-informed	Practitioner	Advanced Practitioner
<p><b>Knowledge</b></p> <p>Aware that people with mental health and substance use issues are at higher risk of developing physical disease which can further compound mental health issues, and that physical health care is a core component of mental health care.</p> <p>Aware that socioeconomic disadvantage, and/or being from communities experiencing marginalisation increases risk of developing physical and mental health conditions.</p> <p>Aware that priorities in addressing physical health include physical health assessment (e.g. metabolic monitoring), lifestyle intervention (e.g. smoking, nutrition, oral health, and physical activity), and <u>person-centred</u> care-planning involving <u>collaborative care</u> strategies.</p> <p>Aware that stigmatising attitudes of staff employed with health services can contribute to marginalisation and health disadvantage by reducing quality of care, and that having a workforce trained in <u>person-centred</u> and <u>trauma-informed</u> principles can improve both staff and consumer satisfaction by promoting respectful and compassionate interactions.</p> <p><b>Skills</b></p> <p><u>Capability</u> in engaging <u>consumers, carers and families</u> using <u>trauma-informed</u> and <u>person-centred</u> principles to provide assistance within employed scope.</p>	<p><b>Knowledge</b></p> <p><i>Knowledge</i> of how lifestyle factors (e.g. smoking, nutrition, oral health, physical activity) and treatment-related factors (e.g. suboptimal care, medication side-effects) contribute to metabolic risk, chronic disease, and early mortality.</p> <p><i>Knowledge</i> of how to consider physical health conditions and traumatic experiences in clinical formulation and recovery-oriented care planning to improve physical and mental health and wellbeing.</p> <p><i>Knowledge</i> of the services offered within MSAMHS, community and primary care settings relevant to addressing physical health concerns, and associated referral pathways.</p> <p><b>Skills</b></p> <p><i>Core competency</i> in measuring anthropometric indicators (waist circumference, weight/BMI), documenting data using organisationally-endorsed physical health screening forms, utilising the Physical Health Monitoring Manager application for risk stratification and GP communication, and alerting the doctor or nurse to identified abnormalities or consumer-reported physical symptoms.</p> <p><i>Core competency</i> in assessing lifestyle and treatment-related factors (e.g. medication side-effects) associated with physical health using validated and consumer-friendly scales, and documenting outcomes over the duration of care.</p> <p><i>Capability</i> in engaging <u>consumers, carers and families</u> in clear discourse using <u>trauma-informed</u> and <u>person-centred</u> principles to discuss and provide education about healthy lifestyle behaviours and physical health risks.</p>	<p><b>Knowledge</b></p> <p><i>Understanding</i> of the <u>biopsychosocial, lifestyle and environmental</u> determinants of health local prevalence of health disadvantage (e.g. service and PHN reports), and of evidence-based guidelines for impacting modifiable determinants.</p> <p><i>Understanding</i> of how to address physical health in recovery-oriented care plans considering trauma and substance use issues and the breadth of individual barriers, preferences, and enablement strategies, and including referral to available services and programs within MSAMHS, primary care and community.</p> <p><b>Skills</b></p> <p><i>Capability</i> in engaging <u>consumers, carers and families</u> in clear discourse using <u>trauma-informed</u> and <u>person-centred</u> principles and <u>therapeutic engagement</u> to:</p> <ul style="list-style-type: none"> <li>• Efficiently assess the <u>biopsychosocial, lifestyle and environmental</u> determinants of health using discipline specific assessment tools (CIMHA tab), communicate test results and implications, and follow-up on identified risk factors, even during busy clinic times...</li> <li>• Ascertain consumers' values and preferences related to improving physical health using strengths-based semi-structured discussion to inform recovery-oriented care planning, even when consumers do not seem to value their own health...</li> <li>• Deliver manualised educational interventions about physiological and behavioural risk factors for disease, preventing and managing physical conditions, and improving quality of life, functioning and recovery with consumers, while fostering partnership and mastery around health behaviour change ...</li> </ul> <p>...including with diverse groups and people from communities experiencing marginalisation</p>	<p><b>Knowledge</b></p> <p><i>Understanding</i> of how the <u>biopsychosocial, lifestyle and environmental</u> determinants influence physical and mental health, and how to collaboratively impact modifiable determinants to improve quality of life, functioning, and recovery with consumers, using theory-based interventions (e.g. COM-B) and established techniques (e.g. Motivational Interviewing).</p> <p><i>Understanding</i> of the strengths and limitations of the health sector across public, private, primary and community service settings, and how to collaboratively develop integrated and recovery-oriented care plans involving individualised enablement strategies to address health priorities.</p> <p><b>Skills</b></p> <p><i>Capability</i> in engaging <u>consumers, carers and families</u> in clear discourse using <u>trauma-informed</u> and <u>person-centred</u> principles and <u>therapeutic engagement</u> to:</p> <ul style="list-style-type: none"> <li>• Ascertain consumers' values and preferences related to improving physical health, and combined with knowledge of health assessments, navigate available service sectors to collaboratively develop integrated and recovery-oriented care plans to effectively address consumer-identified needs and health priorities...</li> <li>• Effectively apply evidence-based behaviour change principles in adapting physical health interventions to individual values and preferences, and informed by knowledge of health assessments, dynamically problem solve identified barriers to improving quality of life, functioning, and recovery, in individual or group-based settings...</li> </ul> <p>...with <i>confidence</i> in doing so for people with history of trauma, complex family dynamics, physical comorbidities, and persistent and/or severe symptoms of mental illness and addiction, and with diverse groups and people from communities experiencing marginalisation.</p>

Domain 2: Autonomy and Supervision			
Foundation Staff	Practice-Informed Staff	Practitioner	Advanced Practitioner
<p>Completes organisational training in physical health care to maintain knowledge and skills as necessary.</p> <p>Independently employs knowledge and skills related to physical health care within employed scope and asks a senior staff member for advice if encountering challenging situations.</p>	<p>Receives individual and/or group mentorship from <u>Practitioners</u> in physical health care. therapies related to <i>professional and therapeutic practice</i>.</p> <p>Participates in professional training related to physical health care.</p> <p>Employs knowledge and skills in physical health care to assess health determinants, conduct individualised needs assessments, provide health education, and develop recovery-oriented care plans with consumers.</p>	<p>Provides <i>mentorship</i> to <u>Practice-informed staff</u>, <i>receives</i> supervision from <u>Advanced Practitioners</u> in physical health care.</p> <p>Participates in professional training related to physical health care.</p> <p>Facilitates training related to physical health care for <u>Practice-informed staff</u>.</p> <p>Ensures the physical health needs of consumers are discussed at case review meetings.</p> <p>Takes a proactive role in delivering individual- and group-based physical health clinics and improving processes to maintain quality of care and efficiency.</p>	<p>Provides <i>supervision</i> to <u>Practice-Informed staff</u> and <u>Practitioners</u> in physical health care.</p> <p>Participates in <i>peer/group mentoring</i> and supervision with other <u>Advanced Practitioners</u>.</p> <p>Develops and delivers training related to physical health care for <u>Practice-Informed staff</u> and <u>Practitioners</u>.</p> <p>Provides guidance to multidisciplinary teams about how to address physical health in clinical settings</p> <p>Leads coordination and quality improvement of physical health clinics to ensure fidelity and accountability, including review of consumer feedback and outcome data, and promotion of clinic referral pathways across teams to improve sustainability.</p>

Domain 3: Research and Evidence-Based Practice			
Foundation Staff	Practice-Informed Staff	Practitioner	Advanced Practitioner
<p>Supports current service-based research opportunities and quality improvement initiatives as appropriate within their role.</p>	<p>Follows organisational and work-unit guidelines to address the determinants of health of consumers.</p> <p>Recruits consumers to current service-based research opportunities and participates in quality improvement initiatives related to physical health.</p>	<p>Familiar with national policy and professional consensus statements in addressing the physical health of consumers.</p> <p>Participates in evidence-based practice working group related to physical health care to review contemporary research and evaluation data (including consumer feedback), and update organisation and work-unit guidelines for best practice.</p> <p>Assists with service-based research and evaluation of usual care practices related to physical health care.</p>	<p>Chair of evidence-based practice working groups related to physical health care.</p> <p>Coordinates applications to Quality and Safety to improve usual care practices in therapies related to physical health care.</p> <p>Updates guidelines and intervention content to be consistent with current evidence.</p> <p>Formulates and proposes new research questions about the clinical and economic effectiveness of addressing physical health in addiction and mental health services and takes a leading role in research and evaluation.</p>

Specific PHC resources	
Name	Link
Head to Health, Australian Department of Health	<a href="https://headtohealth.gov.au/meaningful-life/physical-health">https://headtohealth.gov.au/meaningful-life/physical-health</a>
My health, Queensland's future: Advancing health 2026	<a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf</a>
National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people	<a href="https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/National-guide-3rd-ed-Sept-2018-web.pdf">https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Resources/National-guide-3rd-ed-Sept-2018-web.pdf</a>
Mental Health Commission of New South Wales: Physical health guide for mental health service consumers	<a href="https://nswmentalhealthcommission.com.au/mental-health-and/physical-health">https://nswmentalhealthcommission.com.au/mental-health-and/physical-health</a>
Department of Health: Alcohol and other drugs: a handbook for health professionals	<a href="https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-aodgp">https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-aodgp</a>
Department of Health: Training frontline workers: young people, alcohol and other drugs -	<a href="https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-pub-illicit-tfwi-cnt.htm">https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-pub-illicit-tfwi-cnt.htm</a>

Suggested Training			
	Foundation	Practice Informed	Practitioner Levels
<b>Domain 1:</b> Knowledge & Skills	<p>MHPOD: <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>Health Promotion and Mental Health Promotion</li> </ul> <p>LEAP Online: <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>Consumer Engagement</li> <li>Emotional Intelligence</li> <li>Cultural Diversity Training</li> <li>MSAMHS: Working in the WOW Clinic.</li> </ul> <p>QCMHL:</p>	<p>MHPOD: <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>Impact of Medical Conditions</li> <li>Skills for Promoting Physical Health</li> <li>Mental Health and Mental Illness Across the Lifespan</li> <li>Mental health Care for Indigenous Australians</li> <li>Social Wellbeing, Connection and Belonging</li> <li>Transitional Care Planning</li> <li>The Broad Impact of Mental Illness and the need for Partnership</li> <li>Recovery</li> <li>Recovery Based Practice</li> <li>Relapse Prevention</li> <li>Consumer Identity and Advocacy</li> <li>Cultural Awareness</li> <li>Culturally Sensitive Practice</li> <li>Biopsychosocial factors</li> </ul>	<p>MHPOD: <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>Living with Chronic ill-health</li> <li>Mental Health for Older Persons: Conditions and Assessments</li> <li>Mental Health for Older Persons: Interventions</li> <li>Eating Disorders</li> <li>Prevention and Early Intervention</li> </ul> <p>LEAPOnline: <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>Aging and Weight Mx</li> </ul> <p>Insight Training:</p> <ul style="list-style-type: none"> <li>Healthy lifestyle approach -</li> </ul>

	<p><a href="https://www.qcmhl.qld.edu.au/index.php">https://www.qcmhl.qld.edu.au/index.php</a></p> <ul style="list-style-type: none"> <li>• Forming the Therapeutic Alliance</li> <li>• Violence Risk Assessment and Management Framework - Induction Video</li> <li>• Mental Health First Aid</li> <li>• Youth Mental Health First Aid</li> </ul>	<p>LEAPOnline:  <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>• Person Centred Care – Reflective Practice</li> <li>• Cultural issues in clinical practice</li> <li>• Sensory Approaches</li> </ul> <p>Insight Training:</p> <ul style="list-style-type: none"> <li>• Health literacy - <a href="https://insight.qld.edu.au/training/coming-to-terms-health-literacy-and-the-aod-sector/detail">https://insight.qld.edu.au/training/coming-to-terms-health-literacy-and-the-aod-sector/detail</a></li> <li>• Smoking cessation - <a href="https://insight.qld.edu.au/training/smoking-cessation-clinical-pathway-project-a-new-approach/detail">https://insight.qld.edu.au/training/smoking-cessation-clinical-pathway-project-a-new-approach/detail</a></li> <li>• stages of change - <a href="https://insight.qld.edu.au/training/family-drug-support-video-651/detail">https://insight.qld.edu.au/training/family-drug-support-video-651/detail</a></li> <li>• decisional balance - <a href="https://insight.qld.edu.au/training/the-four-column-diagram/detail">https://insight.qld.edu.au/training/the-four-column-diagram/detail</a></li> </ul> <p>QCMHL:  <a href="https://www.qcmhl.qld.edu.au/index.php">https://www.qcmhl.qld.edu.au/index.php</a></p> <ul style="list-style-type: none"> <li>• CBTp Awareness – An Introduction Course in Positive Symptom Management for Psychosis</li> <li>• Working with Strengths in Recovery</li> <li>• Course in Observing and Documenting a Mental State Examination</li> <li>• Mental Health Assessment</li> <li>• Engage, assess, respond to, and support suicidal People</li> <li>• Youth: Engage, assess, respond to, and support suicidal People</li> <li>• Critical Components of Risk Assessment and Management</li> <li>• Supporting a Suicidal Young Person</li> <li>• Acute Management Plan</li> <li>• An Introduction to the Use of Sensory Approaches in Mental Health Care</li> </ul>	<p><a href="https://insight.qld.edu.au/training/prof-amanda-baker-a-healthy-lifestyle-approach-to-co-existing-mental-health-aod/detail">https://insight.qld.edu.au/training/prof-amanda-baker-a-healthy-lifestyle-approach-to-co-existing-mental-health-aod/detail</a></p> <ul style="list-style-type: none"> <li>• AOD relapse prevention - <a href="https://insight.qld.edu.au/training/118-module-6-relapse-prevention-and-management/detail">https://insight.qld.edu.au/training/118-module-6-relapse-prevention-and-management/detail</a></li> </ul> <p>QCMHL:  <a href="https://www.qcmhl.qld.edu.au/index.php">https://www.qcmhl.qld.edu.au/index.php</a></p> <ul style="list-style-type: none"> <li>• Evaluation of Risk</li> <li>• Risk Refresher</li> <li>• Group Facilitation in Therapeutic Contexts</li> <li>• Reasoning and Rehabilitation for Youth and Adults with Mental Health Problems (CBT)</li> <li>• Cognitive Remediation Therapy</li> </ul>
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		<ul style="list-style-type: none"> <li>• Cognition in Mental Health and the Impact on Day-to-day Functioning</li> <li>• Dual Diagnosis</li> <li>• Cultural Capability for Mental Health</li> </ul>	
<b>Domain 2:</b> Autonomy & Supervision	<p>LEAP Online:  <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>• Sailing into Supervision</li> </ul>	<p>LEAP Online:  <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>• Professional Supervision</li> <li>• Getting started in clinical supervision for nurses</li> </ul> <p>MHPOD: <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>• Supervision and Self Care in Mental Health Services</li> </ul> <p>QCMHL:  <a href="https://www.qcmhl.qld.edu.au/index.php">https://www.qcmhl.qld.edu.au/index.php</a></p> <ul style="list-style-type: none"> <li>• Supervisor</li> <li>• Best Practice Models for Supervision</li> </ul>	<p>LEAP Online:  <a href="https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp">https://leaponline.learnflex.com.au/include/login.asp?url=/users/index.asp</a></p> <ul style="list-style-type: none"> <li>• Models of supervision</li> <li>• Advanced supervision in practice</li> <li>• Facilitating Supervisory Relationships</li> <li>• Peer Group supervision</li> </ul> <p>QCMHL:  <a href="https://www.qcmhl.qld.edu.au/index.php">https://www.qcmhl.qld.edu.au/index.php</a></p> <ul style="list-style-type: none"> <li>• Supervising Supervisors</li> </ul>
<b>Domain 3:</b> Research & EBP Role	<p>MHPOD:  <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>• Evidence-Based Practice</li> </ul>	<p>MHPOD: <a href="https://elearning.mhpod.gov.au/index.html">https://elearning.mhpod.gov.au/index.html</a></p> <ul style="list-style-type: none"> <li>• Quality Improvement and Evidence-Based Practice</li> <li>• Becoming and Evidence-Based Practitioner</li> </ul> <p>Insight: Training</p> <ul style="list-style-type: none"> <li>• Evidence-Based Practice:  <a href="https://insight.qld.edu.au/training/lessons-from-the-patient-pathways-study-in-delivering-evidence-based-practice2/detail">https://insight.qld.edu.au/training/lessons-from-the-patient-pathways-study-in-delivering-evidence-based-practice2/detail</a></li> </ul>	

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

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