Mental Health
Commission

GOVERNMENT OF
WESTERN AUSTRALIA
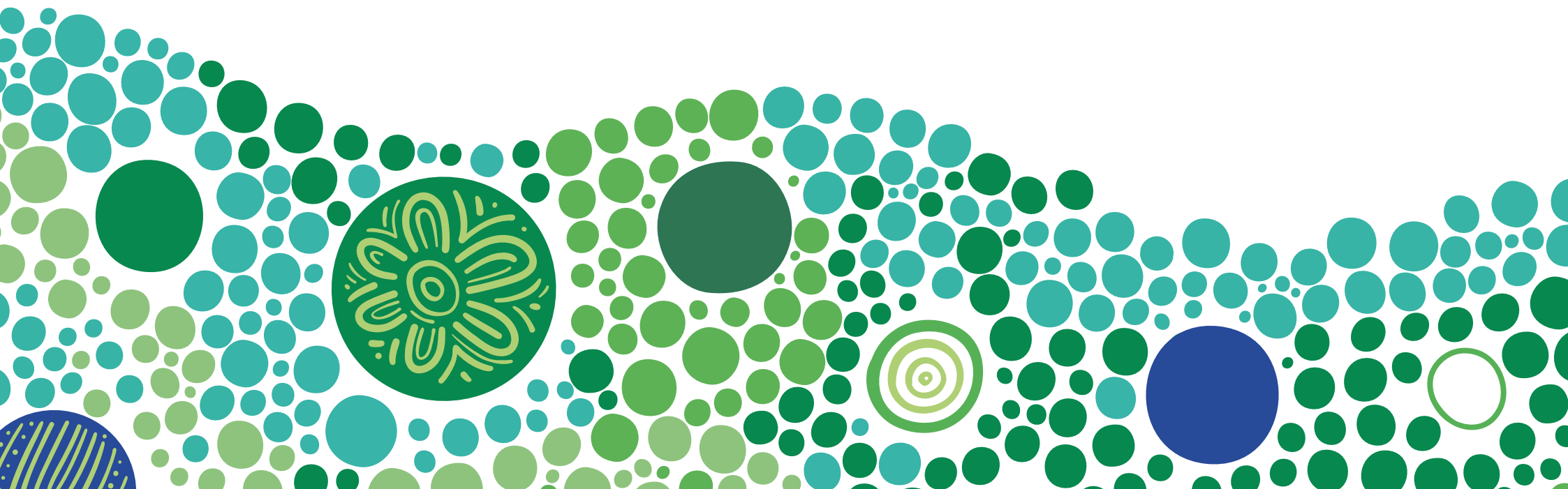
WA Mental Health Workforces

Capability Framework

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Mental Health Commission wishes to pay its respects to Elders past and present as the caretakers of memories, culture and dreaming and recognises this knowledge has preserved land, waterways and sky for millennia, and extend this to all Aboriginal people seeing this message. The Mental Health Commission would like to acknowledge the great wisdom and insight the people of this boodja already hold for how to respond to the challenges of trauma and to support healing.

Recognition of Lived Experience

We recognise the individual and collective expertise of those with lived and living experience of mental health, alcohol and other drug issues and suicidal crisis, including their families, carers, significant others, and kin. People with a lived experience of trauma provide valuable insight into the diversity and complexity of individual journeys, and we acknowledge their vital contribution to ensure that strategies and actions are trauma informed. The Mental Health Commission sincerely thanks the people who shared their lived experience perspectives in the development of this guide. The time and dedication from the people with lived experience who contributed is greatly appreciated.

Disclaimer

The information in this document has been included in good faith and is based on sources believed to be reliable and accurate at the time the document was developed. While every effort has been made to ensure that the information contained within is accurate and up to date, the Mental Health Commission and the State of Western Australia do not accept liability or responsibility for the content of the document or for any consequences arising from its use.

Notes to the text

The term 'mental health' in this usage is inclusive of WA public services in the mental health and alcohol and other drug sectors.

The WA health system uses 'allied health' as an umbrella term inclusive of allied health and health science professions employed under the Health Services Union of Western Australia industrial instrument (see Chief Allied Health Office (CAHO))[1]. Health sciences are named in the document title to ensure inclusion and consideration of these important workforces. Allied health will be the inclusive term for the remainder of the document.

Aboriginal and Torres Strait Islander (First Nations) people may be referred to in the national context and 'Indigenous' may be referred to in the international context. In this Framework, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Lived Experience relates to designated roles for people where Lived Experience expertise is the essential requirement. These roles are identified in title case as Lived Experience, recognising that people can also bring lived experience to other roles.

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Executive summary

The WA Mental Health Workforces Capability Framework (the Framework) is designed to enhance the capacity, collaboration, and understanding of multidisciplinary teams in delivering high-quality, person-centred mental health services across Western Australia's public sector.

Across Australia, mental health professions report limited opportunities to operate at top of scope and a lack of understanding of the capabilities and skills of other professions which contributes to a siloed culture of mental health care[2]. Across these professions, and within the varying settings and services, there is an inconsistent application of professional skills.[3]

The purpose of this Framework is to clearly articulate the skills and capabilities required to manage mental health presentations to support consistent care across public mental health services.

Developed through extensive consultation with stakeholders, including the Mental Health Commission, Department of Health, WA health services providers (HSPs), and peak professional bodies, the Framework is a cornerstone initiative under the Mental Health Clinical Workforce Action Plan (MHCWAP). It outlines the roles, skills, and career pathways of Aboriginal health workers, allied health professionals, Lived Experience practitioners, medical staff, and mental health nurses and serves as a comprehensive guide to optimise team effectiveness, support professional development, and foster system-wide improvements in workforce planning.

Key features of the Framework include:

- **Clear capability definitions:** Detailed descriptions of the knowledge, skills, and values required across disciplines to ensure consistent, equitable, and culturally safe mental health service delivery.
- **Career pathways:** Guidance on professional growth and progression to enhance retention, leadership, and expertise within the sector.
- **Collaborative focus:** Emphasis on the unique and synergistic contributions of each workforce within multidisciplinary teams, fostering holistic and recovery-oriented care.
- **Adaptability to diverse settings:** A focus on the varying needs of a range of mental health settings such as inpatient, community, forensic, and youth mental health services.

This Framework aligns with National Standards for Mental Health Services and National Mental Health Workforce Strategy 2022 and is underpinned by principles such as person-centred care, cultural safety, and evidence-based practice. It will act as a foundational resource for service managers, educators, policymakers, and mental health professionals, promoting innovation, workforce sustainability, and enhanced mental health outcomes for all communities in Western Australia.

> **66**
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> **Genuine integration and collaboration depend on mutual understanding of the role of everyone involved.[4]**

WA Mental Health Workforces Capability Framework *Summary*

Scope

The WA Mental Health Workforces Capability Framework (the Framework) outlines the knowledge, skills and values of mental health professions delivering services in WA public mental health settings. Specifically, it describes the capabilities of Allied Health, Health Sciences, Aboriginal Mental Health, Lived Experience (Peer), Nursing and Medical workforces.

Purpose

The Framework is a resource for services and managers when considering optimal team composition and service provision now and into the future. It can also guide individuals when considering their career development options, and support training providers in developing curriculum and training packages. By addressing knowledge gaps, the Framework will enhance workforce visibility, strengthen service integration, and foster more cohesive team-based care, essential for breaking down silos and ensuring a more consistent, effective approach to service delivery.

Need

The WA Health Workforce Strategy 2034 highlights the need to support all health workforces to operate at optimum levels to enable safe, reliable, person-centred health care. The Framework in particular supports Priority 3 'to support, value and empower employee journeys' and Priority 4 'to encourage the achievement of excellence, by providing high quality clinical, corporate and system leadership'. The National Mental Health Workforce Strategy 2022 further identifies the need for disciplines to better understand how their scope of practice contributes to the overall work of the mental health workforce. This Framework provide all workforces a greater understanding of the skills and contributions of all mental health professions.

> " *This Framework provide all workforces a greater understanding of the skills and contributions of all mental health professions.*

🔑 6 Key factors

The Framework outlines six key factors essential for all mental health professionals working within WA public mental health services.
Through detailed descriptions by profession, the Framework outlines how each of these factors relate to the occupations included. The six key factors are:

Regulation   **Capability**   **Professional development**   **Supervision**   **Scope of practice**   **Experience**

✳ Workstreams and career pathways

Every mental health professional's career pathway will be unique, influenced by their personal mix of education, interests, and skills.
The Framework identifies five workstreams within which professions may specialise and describes how each of these workstreams may apply to each profession. Workstreams include:

Practice   **Leadership**   **Strategy**   **Research**   **Education**

The Framework identifies levels of proficiency through which workers may progress across the workstreams.
Career pathways are not static, and workers may undertake multiple workstreams over time to varying levels of proficiency.

1

Foundational
Demonstrated beginning level of development. Gaining experience – initial qualification and consolidation of skills.

2

Intermediate
Demonstrated meeting standards for competence. Further skill and knowledge – developing deeper understanding and breadth of experience.

3

Adept
Demonstrated above standard competence. Becoming adept – consolidated knowledge and skill in stream.

4

Advanced
Demonstrated competence exceeding standard with fluency, accuracy and finesse. Becoming an expert – deep knowledge and skill in the stream.

5

Highly advanced
Demonstrated proficiency as expected of a very highly experienced worker. Stands out in the field. Acknowledged skill and knowledge – recognised by peers as able to guide and influence.

Essential criteria

Mental health professionals adhere to nationally agreed core principles of practice and share personal values and attributes that reflect a common commitment to supporting the consumer's recovery journey and promote overall wellbeing.

Eight principles of practice

1. Holistic, compassionate, and person-centred
2. Recovery oriented
3. Trauma-informed
4. Culturally safe
5. Strengths based
6. Integrated
7. Accessible and equitable
8. Evidence based

Twelve values and attributes

1. Empathy and compassion
2. Cultural competence
3. Effective communication
4. Active listening
5. Ethical practice
6. Continual learning
7. Resilience
8. Team collaboration
9. Flexibility and adaptability
10. Advocacy
11. Crisis intervention skills
12. Counselling and therapeutic skills

This example illustrates the career pathway of an advanced practice Occupational Therapist in a Team Leader role, with limited influence over organisational strategy and education methods. They are currently enrolled in a Post Grad Cert of Health Leadership and are a highly regarded published academic.
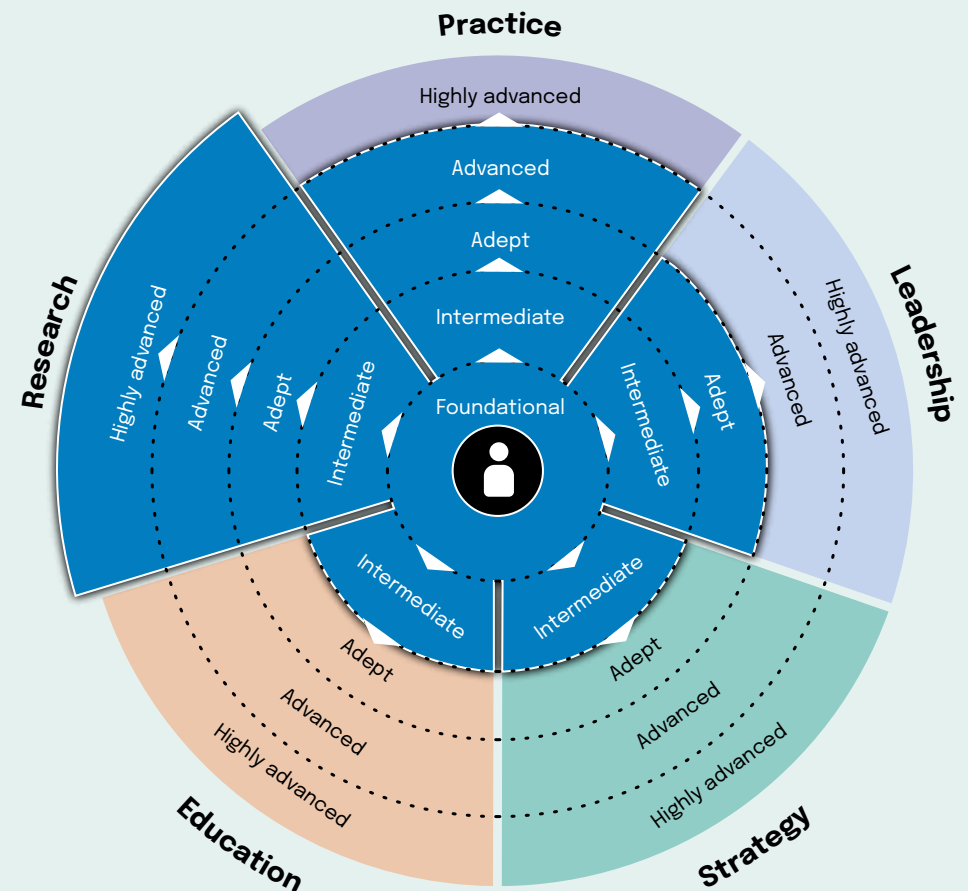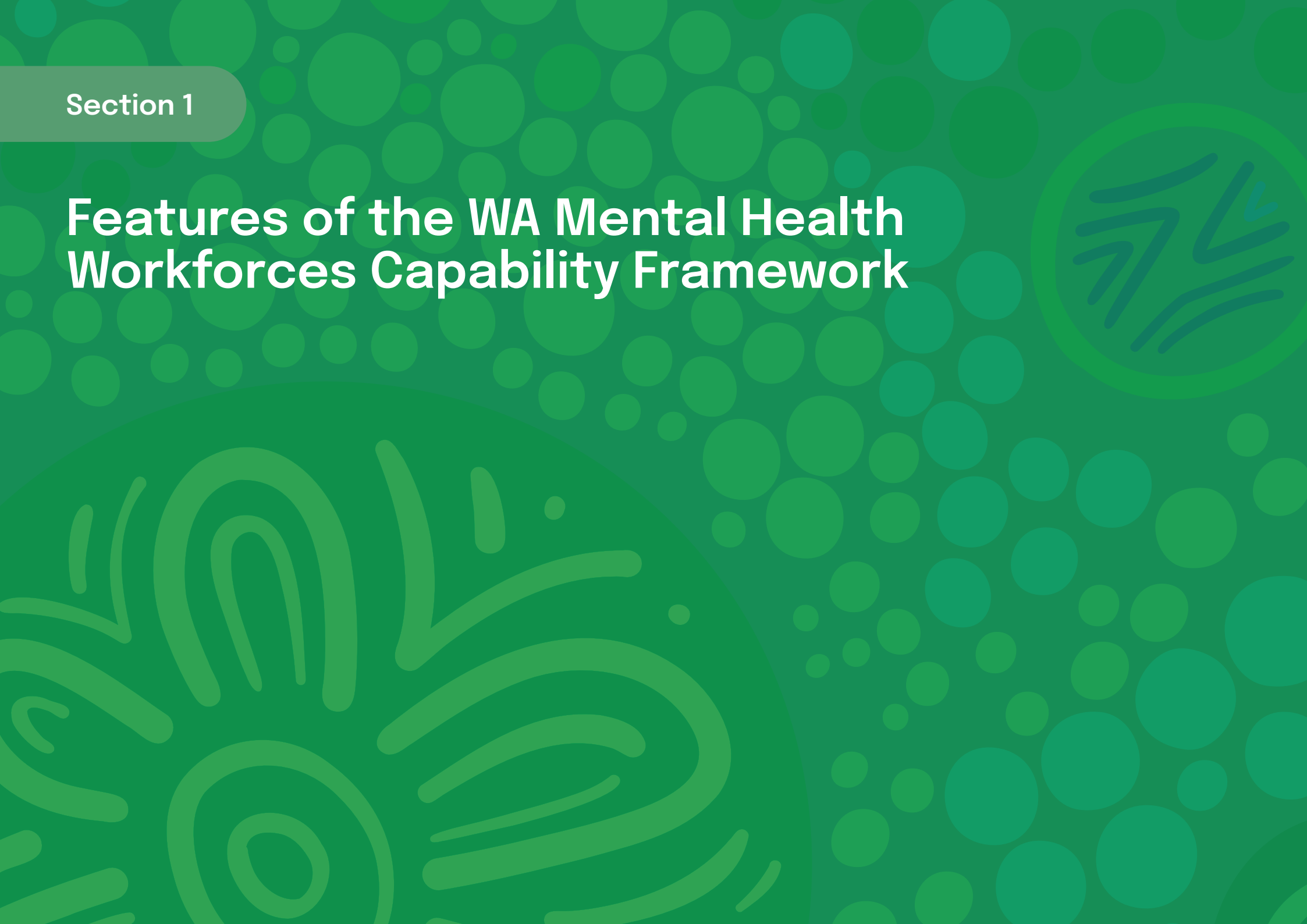

Figure 1 Career progression

Features of the WA Mental Health Workforces Capability Framework

Scope and purpose

The WA Mental Health Workforces Capability Framework (the Framework) outlines the knowledge, skills and values of mental health professions delivering services in Western Australian (WA) public mental health settings. It can serve as a resource for services and managers when considering optimal team composition and service provision now and into the future.

Specifically, the Framework describes the occupation-specific capabilities of the allied health, health sciences, Aboriginal mental health, Lived Experience (Peer), nursing and medical workforces that directly provide services to consumers of the public mental health services delivered by health service providers (HSPs)in the WA health system.

It provides a common language about the knowledge and skills required for current and future workers and can be used by:

- **individuals:** When considering their development and potential career directions.

- **service managers:** When considering multidisciplinary team compositions suited to optimally deliver desired models of care.

- **universities and vocational education providers:** When developing curriculum and training packages.

- **the overall health and mental health sector:** When performing workforce planning and development.

The Framework is not intended to provide a detailed list of competencies at each level or proficiency for each occupational group, nor does it specify the tasks that can be performed by a worker within each of the workforce areas. For some occupations the Industrial Awards, Ahpra or other registration body outlines these details. (See page 11 for further discussion regarding the difference of intended meaning between capabilities and competencies).

It is not intended to be prescriptive of team formation or models of care, rather to support improved understanding across individual professionals, managers, and education providers of the potential contributions of colleagues and teams.

Other workers such as those primarily involved in organisational, management or administrative duties are not included in the Framework. Similarly, the occupation areas of suicide prevention and alcohol and other drugs (AOD) have not been included.

While this Framework focusses specifically on occupations providing mental health services in public sector settings, it is acknowledged that workforces in other clinical and community settings also provide essential responses to mental health need across a continuum of care. This includes emergency department and primary care clinicians, emergency service providers such as paramedics, and other first responder workforces.

Background

Priorities for developing the mental health workforce is driven by a range of national and state government strategies, frameworks and plans that support government agencies, HSPs, and the community sector to implement actions to attract, retain and grow the workforce.

Consultations undertaken by the Department of Health to inform the Mental Health Clinical Workforce Action Plan identified the need for improved awareness and understanding of career pathways available for professionals working in mental health settings.

The development of training pathways to enable occupations that are typically underutilised in mental health care settings was a consistent theme of the consultations. It was further recognised that pathways to support professionals working outside the mental health sector to transition into mental health settings need to be identified and promoted. Consultations reflected a need to establish more mid-level and senior roles to enable career progression opportunities within specialty areas and across settings, prioritising those in community mental health services. Such pathways would support professionals to achieve a level of seniority to influence and promote the voice of the mental health workforce and support effective long-term leadership.

The consultations demonstrated that there is a limited appreciation and usage of the skills and capabilities of occupations within the mental health workforce, including where there is cross over into alcohol and other drug services. Across these occupations, and within the varying settings and services, there is an inconsistent application of professional skills. A capability framework by occupation that clearly articulates the skills and capabilities required to respond appropriately to mental health issues would support consistent, person-centred service delivery across public mental health services. Such a framework would also assist leaders and managers to assess the capabilities within their relevant teams and support identification of targeted professional development.

Development

The development of the Mental Health Workforces Capability Framework for the Public Mental Health Service Workforce in Western Australia (the Framework) involved extensive consultation within the WA public mental health sector.

To identify the capabilities and contributions of the allied health, Lived Experience (Peer) and Aboriginal mental health workforces, a working group was established with members drawn from the Mental Health Commission, the Department of Health and all HSPs, including:

- Mental Health Commission (Executive Director, Allied Health, Mental Health), Chair
- Department of Health (Chief Allied Health Office)
- Aboriginal Health Strategy Director from East Metropolitan Health Service
- People with Lived Experience (Personal, Family/Significant Other)
- HSPs representatives from:
  - Child and Adolescent Mental Health Service
  - East Metropolitan Health Service, Mental Health Service
  - North Metropolitan Health Service, Mental Health Service
  - South Metropolitan Health Service, Mental Health Service
  - WA Country Health Service, Mental Health Service.

Consultation was organised for each of the occupations by the relevant representative on the working group[5] to inform occupation-specific capabilities. For the allied health (health science) professions, each HSP representative consulted with the professional leads and/or occupational-specific senior staff for the corresponding profession. For the Lived Experience and Aboriginal mental health workforce, previously established working groups with representation from across the WA public mental health sector were consulted.

To identify the capabilities and contributions of the nursing workforce, a nurse educator and midwife with specialist experience in mental health settings was engaged, with content reviewed by the Chief Nursing and Midwifery Office of the Department of Health.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) provided the description of the capabilities and contributions of the medical workforce.

Descriptions of each occupation-specific workforce were provided by different professionals currently providing services in the sector. While each profession prepared content to an agreed structure, there is minor variation in length and approach taken between professions.

Structure

The Framework is divided into two parts. The initial section of the document outlines the overarching elements of occupational considerations (principles, attributes, Framework elements, etc.) regardless of the occupational group to which the professional belongs. The second part of the document comprises a section for each occupation. In these sections, broad information is provided about each occupation's contribution to the mental health sector, accompanied by links to information on occupation-specific websites where appropriate. It is important to note that the document does not include specific details regarding the competencies or tasks performed by the professionals within their respective occupations. For some occupations, this level of detail is provided by the overarching occupational regulating group, whereas for others this has yet to be developed.

Language considerations

Throughout this document consistency of language was challenging to achieve due to the diversity and number of occupational groups included. In part one of the document, throughout the Framework the term 'occupation(s)' will be used when referring to the occupation and professional workforces. When referencing an individual employee, the term 'professional', 'worker' or 'individual' will be used to enhance ease of readability.

Delivering a systemwide framework begins with identifying shared and occupation-specific capability needs for specialist mental health workforce groups. A systemwide framework that clearly articulates the capabilities required will provide the foundation for formal partnerships with the education sector to deliver the capabilities required. While both shared and occupation-specific capability needs are considered, the focus here is on occupation-specific capabilities.

Mental health settings

Public mental health services in Western Australia cater to individuals with diverse mental health needs, from acute inpatient care to community-based outpatient clinics and telehealth services. These services address a variety of mental health conditions, from short-term crises to ongoing management of chronic mental health presentations.

A diverse and multidisciplinary workforce with different perspectives, knowledge, skills and values is recognised as essential for delivering contemporary mental health services.

Across all settings, mental health professionals can work collaboratively within multidisciplinary teams (MDTs) to provide care that is holistic, person-centred and tailored to the unique needs of the individual. The purpose of an MDT is to work alongside the consumer to improve the quality and effectiveness of services available to them and their families or significant others through a team-based approach that places the person at the centre of service. The MDT shares observations, advocates for individuals' specific needs, and works collaboratively on care planning and therapeutic interventions to provide comprehensive, person-centred support within a mental health service.

Care delivery and responsibilities in the different settings are guided by the scope of practice of each profession. For example, mental health nurses may focus on medication management, risk assessment and therapeutic engagement, whereas social workers might address housing and social support needs and therapeutic engagement. There is no standardised composition of an MDT. Despite role distinctions among MDT members, responsibilities can often overlap; however, the core principles of safety, respect and recovery-oriented care are upheld by all professionals across all settings.

MDTs in a mental health context may be comprised of people from a variety of occupations who specialise in mental health wellbeing. These occupations include designated Aboriginal workers (of various titles), allied health and other assistant workers, art therapists, dietitians, exercise physiologists, Lived Experience (Peer) workers,[6] doctors, music therapists, mental health nurses, occupational therapists, pharmacists, physiotherapists, podiatrists, psychologists, social workers, speech pathologists and welfare officers.

Multidisciplinary teams

Across all settings, MDTs can deliver holistic, person-centred care that addresses the mental, physical, social and cultural needs of the consumer. By meeting these expectations, MDTs uphold the principles of high-quality mental health care.

Inpatient settings

Individuals experiencing acute mental health crises or other severe mental health disorders require comprehensive support from MDTs. This includes thorough risk assessments to address immediate safety concerns; crisis intervention to stabilise emotional distress; effective conflict de-escalation strategies to prevent harm and provide emotional support; and effective pharmacotherapy treatment if required. MDT are relied upon to deliver meaningful therapeutic interventions to help individuals manage arousal, be meaningfully occupied, and assess, develop and monitor recovery of functional abilities, promoting recovery and emotional stability.

Community settings

Individuals living with chronic and acute mental health conditions need coordinated, long-term support that enables them to remain within their communities. Care coordination is essential, with MDTs providing assessments and safety plans and creating comprehensive care plans that address the medical, physical, psychological, and social needs of each individual while working collaboratively with community-based services. Recovery-focused care is also a central expectation, as individuals seek personalised care plans to improve their quality of life, foster stability and equip them with effective coping strategies. Relapse prevention is another essential component, with individuals expecting MDTs to provide timely interventions and help them identify and manage potential triggers, reducing the risk of mental health deterioration. For those using Hospital in the Home (HITH) services, the expectation is for high-quality virtual care that respects their privacy, ensures comfort and maintains a person-centred approach.

Forensic settings

Individuals navigating the criminal justice system expect care that balances treatment, safety and legal compliance. MDTs are relied upon for accurate risk assessments and the development of individualised treatment and care plans that address their mental health needs within this setting. A thorough understanding of legal frameworks and respect for individual rights are also significant expectations, alongside skilled conflict de-escalation to maintain a secure and therapeutic environment.

Infants, children and adolescents

Age-appropriate, developmentally informed care is an essential expectation of individuals in this setting. Any intervention must reflect the unique needs of the infant, child or young person, ensuring that the care provided supports their emotional and cognitive growth. Families play a central role in this process, and they expect to be actively involved in care planning through education, support and opportunities aimed at strengthening family relationships as part of the recovery journey.

Strategic context

This Framework for public mental health services in Western Australia has been developed within the context of national and state standards, frameworks, plans, strategies and reports.

It has drawn heavily from these existing documents to ensure consistency and alignment. A complete list of documents consulted is provided in **Appendix A**.

The eight principles of practice

The Framework aligns with the eight principles of practice as outlined in the National Mental Health Workforce Strategy 2022–2032[7](the Strategy), which is aimed at addressing both current and future population needs.

While there may be some language differences, irrespective of occupation, setting or role, the Strategy supports the workforce in promoting mental health wellness in treatment, care[8] and/or support in accordance with these eight principles of practice:

1 **Holistic, compassionate and person-centred:** The needs and goals of consumers and carers are placed at the centre. To create a person-centred system that takes a holistic view of being mentally well and provides people with the right mix of mental health initiatives and clinical and non-clinical services to address mental and physical health needs.

2 **Recovery oriented:** Consumers and their carers and families are supported in actively leading their recovery journey. Consumers will be empowered to understand one's abilities and disabilities; engage in an active life; and retain hope, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

3 **Trauma informed:** Services are delivered in a way that is informed by the impact of trauma on the people seeking mental health care. Care is based on the understanding that trauma is defined by the impact an experience has had on a person, rather than the experience itself.

4 **Culturally safe:** Care is safe for all cultural, sexual and gender identities.[9] The workforce understands the diverse cultures within Australia, are actively mindful and respectful of this difference and are trained to deliver care according to these differences.

5 **Strengths based:** People are supported to use and build on their unique strengths and resources. The workforce will acknowledge and positively reinforce people's strengths and capacity for personal recovery and reflect a strengths-based focus in attitude, language and actions.[10]

6 **Integrated:** Mental health services are connected across the wider health and social services sectors. Integrated care is seamless, effective and efficient across primary, community and hospital settings.

7 **Accessible and equitable:** Services respond to the diversity of needs at different stages in the life course, and minimise barriers for vulnerable communities. Care is responsive and respectful with a focus on service accessibility and equitability for all people.

8 **Evidence-based:** Data[11] and evidence[12] underpin service and workforce design, delivery and evaluation. Evidence-based forecasting, monitoring and planning of strategies is used to encourage workforce development and growth for both established and emerging workforces.

The twelve values and attributes of a mental health workforce

The mental health workforce plays a crucial role in providing holistic services that support the consumer's recovery journey and promotes overall wellbeing. It is crucial that the workforce identifies, understands and addresses consumers' needs and wants, and works collaboratively in partnership with other agencies. It also means building capacity and capability of the mental health workforce to respond in this way and, if needed, to provide coordination across services.

The twelve values and attributes of a mental health workforce typically include:

1. **Empathy and compassion:** Understanding and sharing the feelings of individuals with mental health issues. Demonstrating kindness and compassion to foster a supportive environment.

2. **Cultural competence:** Respecting and understanding diverse cultural backgrounds. Adapting interventions to meet the unique needs of individuals from different cultures.

3. **Effective communication:** Strong communication skills to build rapport and trust with consumers. Ability to convey complex information in a clear and understandable manner.

4. **Active listening:** Skilful listening to understand the concerns and experiences of individuals. Creating a safe space for consumers to express themselves without judgement.

5. **Ethical practice:** Adhering to ethical guidelines and professional standards. Protecting the confidentiality and privacy of consumers.

6. **Continual learning:** Commitment to ongoing education and professional development. Staying informed about the latest research, treatments and best practices in mental health.

7. **Resilience:** Coping with the emotional challenges inherent in mental health care work. Maintaining personal wellbeing to prevent burnout.

8. **Team collaboration:** Working collaboratively with other health care professionals, such as psychologists, social workers and psychiatrists. Contributing to a multidisciplinary approach to mental health services.

9. **Flexibility and adaptability:** Adapting interventions to the changing needs of consumers. Being flexible in the face of unexpected challenges.

10. **Advocacy:** Advocating for the rights and wellbeing of individuals with mental health issues. Promoting policies and practices that support mental health in the community.

11. **Crisis intervention skills:** Ability to respond effectively in crisis situations. Implementing appropriate interventions to ensure the safety of individuals in distress.

12. **Counselling and therapeutic skills:** Applying evidence-based therapeutic techniques. Developing a strong therapeutic alliance with consumers.

These values and attributes contribute to a well-rounded and effective mental health workforce that can make a positive impact on individuals, families and communities.
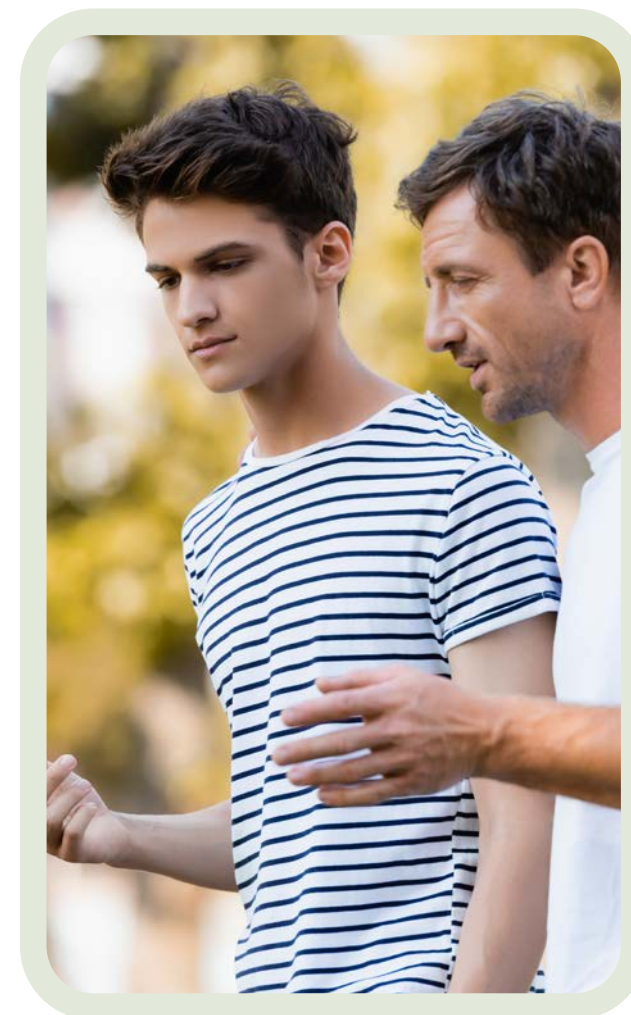
Authorised Mental Health Practitioners

In Western Australia, the *Mental Act 2014* (the Act) provides for the treatment, care, support and protection of people who have a mental illness including the protection of the rights of people who have a mental illness and recognition of the role of carers and families in providing care and support to people who have a mental illness.

Through the Act, the Chief Psychiatrist is required to designate Authorised Mental Health Practitioners (AMHP) to assess and refer a person suspected of having a mental illness for examination by a psychiatrist among other specified clinical roles.

AMHPs have additional responsibilities in clinical practice as defined by the Office of the Chief Psychiatrist and associated robust continuing professional development and supervision requirements in addition to those required through occupation or service employment regulations and requirements.

Mental health practitioners may apply to the Office of the Chief Psychiatrist to be authorised who have at least three years' experience in the management of people who have a mental illness and who are either:

(a) a psychologist;

(b) a nurse whose name is entered on Division 1 of the Register of Nurses kept under the Health Practitioner Regulation National Law (Western Australia) as a registered nurse;

(c) an occupational therapist;

(d) a social worker.

The six key factors

The Framework outlines six (6) key factors essential for an individual worker when operating within WA public mental health services.

These factors, in addition to the previously mentioned principles and attributes, are necessary to ensure that the mental health workforce possesses the abilities required to provide services effectively and safely to individuals within their unique context, aligning with various Australian workforce standards. While the specifics of these factors may vary across occupational group, the factors themselves remain consistent.

Figure 2 The six key factors

Regulation

Occupational regulation, registration and credentialing are processes designed to ensure that individuals meet the specific standards and qualifications required to provide services in a particular occupational field.

In Australia, the allied health, Aboriginal Lived Experience, nursing, and medical workforces have various requirements for regulation, registration and credentialing. Typically, these workforces will come under either the National Code of Conduct for Health Care Workers[13] or the National Registration and Accreditation Scheme (NRAS),[14] as illustrated in **Figure 3**.

The National Code of Conduct for health care workers is a statutory code of conduct that sets minimum standards of practice for health care workers who are not registered under the NRAS, or who provide services unrelated to their registration, or who are student or volunteer healthcare workers. In Western Australia, this is managed by the Health and Disability Services Complaints Office (HaDSCO).[15]

Health care occupations that do not have a recognised accrediting association that regulates education, professional development requirements, standards or conduct are subject to the National Code of Conduct for health care workers. This national code requires health care workers to provide services in a safe and ethical manner, including not providing health care of a type outside their experience or training or services that they are not qualified to provide.

Registered occupations are those that are regulated under the NRAS. The Australian Health Practitioner Regulation Agency (Ahpra)[16] was created to administer the NRAS and to support the National Boards for the registered professions. The National Boards are responsible for setting the standards that all registered health practitioners must meet in relation to eligible qualifications for registration, ongoing professional development requirements, standards of practice and professional conduct.

Self-regulated occupations are not registered through Ahpra and are typically governed through a peak professional association. They are regulated via recognised qualification and/or training that is endorsed through the professional association. Only those who have met the requirements of the association are eligible for accreditation. The association sets the standards for recognised education, ongoing professional development requirements, standards of practice and conduct. Self-regulated health care workers in Western Australia are also subject to the National Code of Conduct for health care workers.

National Code of Conduct for Healthcare Workers

Under WA regulations
Aboriginal Liason Officer
Aboriginal Health Worker
Lived Experience (Peer) worker
Welfare Officer

Self-regulated
Allied Health Assistant
Art Therapist
Dietitians
Exercise Physiologist
Music Therapist
Social Worker
Speech Pathologist

National Registration Accreditation Scheme

Aphra Regulated
Nurse
Aboriginal Health Practitioner
Occupational Therapist
Pharmacist
Physiotherapist
Podiatrist
Psychologist
Psychiatrist

Figure 3 Summary of regulations for mental health practitioners

Credentialing is a formal process required to verify the qualifications, experience and attributes of a health practitioner to determine their professional suitability and competence to provide services. Credentialing requirements for most occupations included in this Framework are mandated within the WA health system via the Credentialing and Defining the Scope of Clinical Practice Policy.[17]

At the time of publication there is no credentialing currently for:

- Aboriginal mental health workers.
- Aboriginal allied health assistants who work under the supervision and delegation of allied health professionals.[18]
- Lived Experience (Peer) workers, including roles delineated to consumer or family/significant other, the Western Australian Lived Experience (Peer) Workforces Framework[19] provides guidance on the knowledge, experience and connections required to qualify for these roles.

Capability

Competency and capability are terms sometimes used interchangeably. Here, however, they are defined as follows.

Competency refers to the demonstration of knowledge, skills, abilities and behaviours required to perform specific tasks and roles effectively and safely. The specific competencies required may vary depending on the occupation and area of practice.

Capability builds on competency and encompasses a broader set of attributes and qualities. It refers to the overall ability, capacity or potential of an individual to perform effectively in the mental health context. Capability includes not only technical skills and knowledge but also personal qualities such as resilience, adaptability, empathy, cultural competence, and the capacity for reflection and self-awareness. It considers the individual's ability to apply their competency in a holistic person-centred, recovery-oriented and trauma-informed way.

Scope of practice

The scope of practice for each individual occupation is bound by expectations of education and training; licensure and certification requirements; laws and regulations; and ethical principles. There is considerable interest in ensuring that people optimise their occupational scope (also referred to as working more at top of scope). Some occupations specify or refer to advanced practice roles, including extended, expanded and advanced scope roles.

The extent of an individual practitioner's approved practice within a particular organisation is based on an individual's credentials, competence, performance and suitability as well as the needs and capability of the organisation to support the practitioner's scope of practice.

Experience

Experience in the mental health context is here referred to as the cumulative knowledge, skills and proficiency gained through practical involvement and application of skill, as well as formal training and education, within a specific field and service area relevant to their occupation.

Some workers will bring direct recent practice experience to the position, whereas others may not. It is recognised that there may not always be a workforce with the desired experience readily available to meet service demands and that the workforce may need to be developed to gain this experience. It is also recognised that new graduates or people shifting into a particular practice area for the first time may not have the level of experience desired for the specific area.

In instances where a worker is moving into an area where they do not already hold practice experience, it is important for them to undertake relevant professional development along with supervision to support their knowledge, guide practice and ensure they are continuing to work safely within their scope of practice while their experience grows.

Recency of practice ensures that the worker has practice experience that is current to the specific population of consumers to whom they are providing services. It underscores the importance of having engaged in activities or tasks recently to ensure that the worker's skills and knowledge remain current and aligned with the latest practices and evidence base for the occupation or service area. It ensures that staff who have spent significant periods out of the workforce (for example, those returning from extended leave or secondment) are supported in accessing the professional development or supervision of practice they require. For some occupational groups, recency of practice is a specified requirement for eligibility for ongoing registration.

Professional development

Ongoing professional development and mandatory training are both crucial components of a professional's growth, but they differ in their scope, purpose and flexibility.

Ongoing professional development encompasses a broader spectrum of activities and initiatives that individuals undertake voluntarily to enhance their skills, expand their knowledge and stay abreast of industry advancements. It is a proactive approach driven by personal and career goals or occupational requirements, often including attending conferences, pursuing further education or engaging in self-directed learning.

Professional development recognises the need for individual workers to remain contemporary with changing knowledge, practice and behaviours of their occupation. A lifelong learning approach helps counter individual knowledge and skill degradation and supports continued improvement in service delivery.

Professional development standards are set for certain occupations through regulatory groups and peak associations. Under the National Law, which governs the operation of the National Boards and Ahpra, all registered health practitioners must undertake continuing professional development (CPD) to maintain registration.

For requirements set by internal work units or services, relevant professional development will likely be identified through annual performance development cycles.

In contrast, mandatory training is typically prescribed by the employer or industry standards to ensure that individuals acquire the essential skills and knowledge deemed necessary for their roles or to build competence in providing services to specific consumer groups. Mandatory training often addresses specific legal or safety requirements, aiming to establish a baseline competency level within a regulated framework.

Supervision

Supervision is essential for supporting mental health professionals to ensure that service users receive the best possible care, and it is considered an essential part of most mental health positions. Supervision is not an operational line management tool, method of surveillance, counselling, or operational formal performance review. There are multiple forms of supervision accessed by different occupations. These may be determined by registration requirements or best practices. It is the responsibility of each professional to access the appropriate level of supervision required for their specific occupation, level of proficiency, organisational expectations and best practice. This is further outlined in the occupation-specific sections of this document.

Some common forms of supervision are described below however, it is important to note that services, occupations, and regulatory bodies may vary in their use of these terms and associated requirements.

Reflective practice

In the mental health context, reflective practice involves professionals identifying their motivations, thoughts, feelings and behaviours to enhance personal insight and improve professional practice. It is an effective process for developing self-awareness, facilitating changes and supporting mental health wellbeing. Reflection can occur before, during or after an event and is used in all forms of supervision. It is promoted as a form of self-care and has been shown to have benefits such as improved insight, enhanced wellbeing and reduced job turnover.

Professional, or clinical supervision

In the mental health context, professional supervision or clinical supervision offers support outside the direct work environment, providing professionals with an opportunity reflect on their practice. It creates a secure space for individuals to process their experiences, gain insight into their professional practice and identify areas to improve.

It is often a formalised and structured process and is a requirement for some registered professions. It may be mandated or highly recommended as part of ongoing learning and professional development, with certain occupations having regulated requirements that must be adhered with to maintain registration. Professional clinical supervision encompasses reflective practice and may include teaching or learning through both direct and indirect observations of service delivery.

Cultural supervision

Also known as cultural mentorship by the Aboriginal Lived Experience (Peer) Workforces, cultural supervision is for Aboriginal workers and contextualises activities from the perspective of culture to facilitate the development of cultural responsiveness; for example, through the Cultural Responsiveness in Action: An IAHA Framework.[20] Cultural supervision is critical as it allows space for acknowledging the impact of colonisation on the workers themselves as well as their consumers. Cultural supervision provides support and guidance so Aboriginal workers can provide the most appropriate care possible for Aboriginal consumers. Cultural supervision and mentorship involves a reflective and collaborative approach that emphasises the importance of understanding and respecting the diverse cultural perspectives, healing practices and community dynamics within Aboriginal communities.

This approach centres culture and Aboriginal ways of knowing, being and doing rather than approaching it from a mainstream or Western perspective.[21] By integrating cultural supervision into mental health practices, the aim is to ensure that services are delivered in a manner that aligns with the values and needs of the Aboriginal population, ultimately fostering more meaningful and effective therapeutic relationships.

Aboriginal workforce leaders often offer both cultural supervision and professional supervision as they frequently navigate the many worlds Aboriginal people operate in. In other circumstances, Aboriginal workers may be allocated a senior Aboriginal staff member external to their team for cultural mentoring.

Cultural supervision can also assist care planning, which includes culturally and spiritually appropriate practices to support the needs of the person and their family such as traditional healers, Aboriginal Elders or religious representatives. The involvement of family and community members must be thoughtfully considered throughout all contact and ongoing care planning as they may fulfil multiple roles for the person.

Peer supervision

Peer supervision may be adopted formally or informally within and between mental health professions, with the main differentiator from other forms of supervision being that it doesn't require the participation of a more qualified expert. It is typically used as a complement to more formal line manager or professional supervision and provides an opportunity for two or more mental health practitioners to share experiences and learn insights and development opportunities to help improve practice. In some instances, the supervisor may be from outside the individual's organisation.

Five levels of role proficiency

The acquisition of expertise in a particular role or position takes time and requires an active commitment to targeted learning and development. With effort, an individual can progress through levels of proficiency, demonstrating increasing skill. The trajectory of this skill development can vary across different activities of the role.

The five (5) descriptors used in this document align with the Healthcare Safety and Quality Capabilities: An Occupation Specific Set for Healthcare Workers in NSW Health[22].

These descriptors range from 'Foundational' to 'Highly advanced' and signify a progressive increase in complexity and skill, as detailed in Table 1.

① Foundational	② Intermediate	③ Adept	④ Advanced	⑤ Highly advanced
Demonstrated beginning level of development.	Demonstrated meeting standards for competence.	Demonstrated above standard competence.	Demonstrated competence exceeding standard with fluency, accuracy and finesse.	Demonstrated proficiency as expected of a very highly experienced worker. Stands out in the field.
Gaining experience – initial qualification and consolidation of skills.	Further skill and knowledge – developing deeper understanding and breadth of experience.	Becoming adept – consolidated knowledge and skill in stream.	Becoming an expert – deep knowledge and skill in the stream.	Acknowledged skill and knowledge – recognised by peers as able to guide and influence.

Table 1 The five levels of role proficiency

Proficiency can be highly situated to the specific position. While some knowledge and skills are transferrable across different positions that an individual may hold over time, in many instances the individual will need to actively work to develop proficiency when moving into a new position. For example, individuals may have to develop proficiency when they move between roles that focus on different stages of the life course (e.g. paediatrics, older adults) or service types (e.g. child and adolescent, forensic, country generalist, dual diagnosis), or that are based in different settings (e.g. hospital inpatient, outpatient, community) or geographic locations (e.g. metropolitan, regional, remote).

To foster proficiency development, managers, senior staff and professional leaders are encouraged to support all professionals in their growth, regardless of their current proficiency level. The characteristics, role responsibilities, educational development and key knowledge, skills and behaviours will vary between individual workers based on their individual proficiency level. Similarly, the percentage of time required to develop in a particular workstream will be dependent on the individual's current level of proficiency in that stream and their specific role.

The description of advanced or highly advanced practice is focused on professionals who have advanced in their professional expertise to a heightened level of knowledge, experience, critical thinking and problem solving. These professionals possess the capability to safely apply these skills to 'complex situations and with greater autonomy, responsibility and clinical accountability'.[23]

Advanced practice has been introduced in several countries to improve service delivery, increase workforce productivity, enhance the consumer and carer experience, and ensure greater access to services.[24] The desired outcome of these practices is commonly focused on reducing wait times, extending access to out-of-hours services, reducing admissions, improving engagement with hard-to-reach consumers, and improving support and training opportunities for staff.

In mental health service delivery, there will be instances arising from the implementation of reforms, the creation of new services or the pursuit of innovative service approaches that necessitate a workforce with advanced proficiency.

The five core workstreams

The Framework has adopted the five core workstreams used by other jurisdictions[26] to capture the broad categories and types of activities an individual may develop within and across mental health service delivery. Dependent on the individual's area of interest, or position, a professional may develop skills in any number of these streams.

The streams are not intended to be limiting and it is recognised that mental health services in Western Australia are under continual reform to be responsive to the evolving mental health issues of the WA community. As such, it is recognised that innovation and technology will continuously change the way services are delivered and new or emerging streams may eventuate in the future.

It is further recognised that the mental health professionals delivering these services are best placed to identify improvement opportunities and that it is the responsibility of all individuals from all professions to strive for continuous quality improvement. Quality improvements may be identified via all the streams listed below.

The five core workstreams of practice, education, leadership, research and strategy provide a structure for conceptualising the various streams in which an individual may seek to develop proficiency.

Practice

Each of the occupational groups included within the Framework use different terminology to describe this stream. Some refer to this as clinician, practitioner, technician, clinical practice/service/care provider or anyone directly providing services to someone who has a mental health issue, problematic alcohol and other drug use or suicide prevention challenges (whether they be social, cultural, spiritual, psychological, trauma, political or biomedical).

Essentially this stream captures all direct consumer services that are provided when responding to a person experiencing mental health issues who has engaged with the WA public mental health sector's services. It includes direct education provided to a person, carer or family member that is delivered as part of the direct services provided. This stream recognises that a professional may practice predominantly in this stream throughout their career, continuously developing their level of proficiency in practice.

Figure 4 The five core workstreams

Research

Development in the research stream ensures the worker possesses the knowledge, skills and behaviours needed to use new evidence to inform practice and improve services. As the individual worker advances, they may develop more formal research and evaluation skills.

Research allows the worker to undertake systemic investigations or evaluations to increase knowledge and establish an evidence base. It may also involve the translation of research finding into practice, policy or future research.

Education

The healthcare system requires some professionals to focus on the development and delivery of education to build the capacity of the workforce, develop practice and policy, share key learnings gained through research and work collaboratively with the education sector. This stream focuses on the skills required to effectively develop individuals, groups, organisations, community and systems to improve health knowledge, attitudes, skills or behaviour.

This education or instruction may be provided to:

- communities
- delegates at conferences
- other health workers (internal or external)
- students within mental health service and/or academic environments
- healthcare providers in any other setting.

This stream recognises that the effective delivery of education takes a particular skill set. It recognises that effective workforce development not only ensures that each worker has the knowledge, skills and behaviours needed to respond appropriately to consumers of mental health services but that it has a suitably skilled workforce to impart that knowledge and skill in a manner that provides the greatest benefit to the person accessing the services and supports ongoing organisational development to ensure optimal service provision into the future. As an individual advances through the levels of proficiency in this stream, they strengthen their ability to provide education and training to others.

Leadership

This stream is focused on fostering teamwork skills and development needed to fulfil professional and organisational leadership. This may be focused on advancement of an individual's career into a more senior role or to enhance their capability in leadership within their current role by leading and managing service delivery, human resources, business units or departments, funding and advocacy.

Strategy

This stream acknowledges that there will be individuals who may develop various levels of proficiency in strategy and planning. This stream is focused on those skills required to drive reform, lead and develop policy, lead change, implement radical innovations, establish principles or courses of actions and transform processes for an industry, sector, occupation or service.
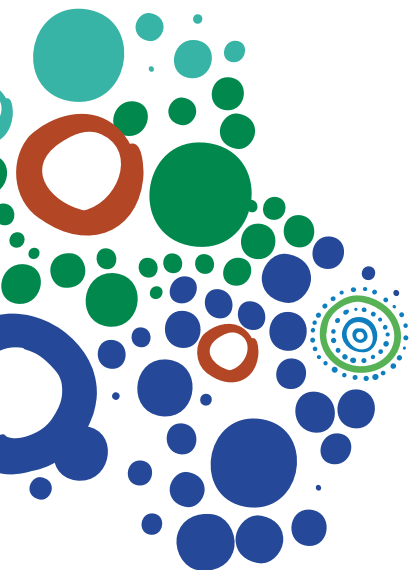
Career progression

A career pathway for a mental health worker can take various forms and is likely to differ from one individual to another.

Some may strategically plan their path, whereas for others, it may unfold organically as opportunities arise. Career pathways often deviate from a linear or sequential trajectory; however, others may encompass a deliberate sequence of education, training or period of hands-on experience. The structured approach often facilitates individuals' advancement in proficiency or development in an identified stream and, in some cases, even a complete transition from one stream to another. Acting as a guide, this approach may help mental health workers identify career options, achieve career objectives, and make progress within a particular occupation, proficiency level, stream, or sector. Career pathways generally comprise distinct stages, each characterised by specific educational milestones, opportunities, skills enhancement, and practical experiences that propel individuals through their professional journey.

The level of proficiency described below acknowledges that within each workstream, an individual professional may bring varying levels of knowledge, experience, or expertise. By integrating the five core workstreams and levels of proficiency, workers can plan each stage of their career. Regardless of workstream, a new graduate will generally enter the workforce with foundational skills and then build their capability over the course of their career. For those already within the WA public mental health sector, it serves as a tool to assess their proficiency level within a specific stream and consider how they may want to shape their career development.

The trajectory of individual career progress is self-defined, requiring personal exploration of aspirations and evolving definitions of success over time. Career pathways in this field are dynamic and multidimensional, allowing movement through the various workstreams and proficiency levels. Partnerships between individuals, their managers and organisations play a pivotal role by providing opportunities for enhanced career growth through the alignment of priorities and needs between the individual and their employing HSP. It is important to note that senior managers and executives have a direct influence and responsibility to promote capacity and capability of the mental health workforce, which comes with it responsibility to ensuring equal opportunity is applied across the system to support career pathways.
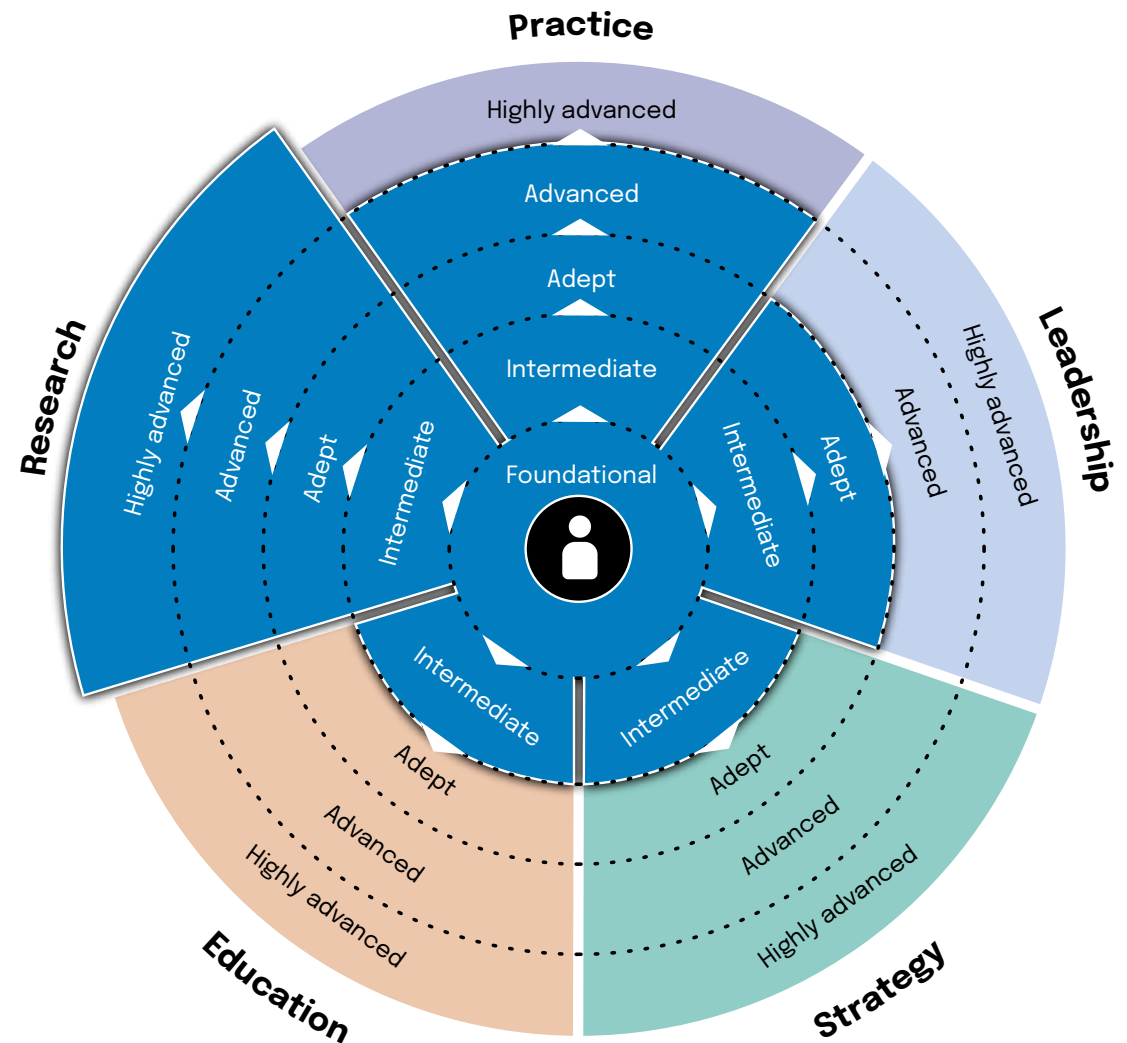
Figure 5 Career progression

Occupation-specific workforce capabilities

The six key factors and five workstreams are described for each of these occupations which provide services in public mental health settings.

Due to the number of occupations included in the Framework, it does not attempt to provide a complete list of competencies or tasks that each provides in the mental health context, instead it provides a broad overarching picture to capture the contribution of each of the occupation-specific workforces, including links to key associations or professional bodies.

The occupations are listed in alphabetical order for ease of reference as follows:

- Aboriginal workers
- Allied health assistants
- Art therapists
- Dietitians
- Exercise physiologists
- Lived Experience (Peer) workers
- Medical practitioners
- Music therapists
- Nurses
- Occupational therapists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychiatrists
- Psychologists
- Social workers
- Speech pathologists
- Welfare officers

Each occupational section will be formatted in a similar manner and include an overview, including common titles, followed by:

- Occupation foundations
- Mental health service contribution
- Multidisciplinary team (MDT)
- When to engage this workforce
- Services provided
- Case studies
- The six key factors: Regulation, Capability, Scope of practice, Experience, Professional development, Supervision
- The five core workstreams: Practice, Research, Education, Leadership, Strategy
- Career progression

Aboriginal workers

The Aboriginal workforce in the WA public mental health sector consists of various occupational groups.

In addition to undertaking mental health specific roles, Aboriginal people work across the allied health professions including allied health assistants, occupational therapists, physiotherapists, psychologists and social workers. Building an Aboriginal workforce across all professions will help embed culturally safe, responsive, equitable and accessible mental health care for Aboriginal people.

Aboriginal mental health workers

Aboriginal mental health workers (AMHWs) provide specialist cultural consultation when working with Aboriginal consumers and their carers in a mental health community and inpatient setting.

They provide guidance and education to clinicians for appropriate engagement and culturally responsive care. This cultural knowledge is shared in cultural awareness sessions delivered locally by AMHWs. They conduct culturally informed mental health assessments and interventions, including supportive counselling and psychological support and help identify cultural-specific mental health risks for individual Aboriginal consumers. AMHWs can also provide mental health support in social and emotional wellbeing for Aboriginal consumers in outpatient and inpatient services including Acute Psychiatric Units (APU), general wards, and emergency and outpatient departments.

This flexible approach means AMHWs can provide care where and when it is required by the consumer. AMHWs actively participate in multidisciplinary clinical reviews, and advocate strongly for cultural needs and considerations for Aboriginal consumers and families. These professionals also work alongside families when the need arises to assist in the use of traditional healers as a part of their care and support the engagement of Elders as needed and appropriate. AMHWs have an integral role in engaging with Aboriginal communities and networks as well as Aboriginal Community Controlled Health Organisations.

Developing a cultural governance approach in operational processes, management and leadership approaches embedded across mental health services is important for improving service delivery and health outcomes. The involvement of AMHWs is key to achieving higher standards of care and culturally appropriate and responsive (competent) care for Aboriginal consumers.

Aboriginal health practitioners

Aboriginal health practitioners (AHPs) are Australian Health Practitioner Regulation Agency (Ahpra)[27] registered healthcare practitioners who provide primary health care including clinical services and consumer care with a focus on culturally safe practice for Aboriginal people. They work collaboratively within multidisciplinary healthcare teams to achieve better health outcomes for Aboriginal people and communities and play a key role in facilitating relationships between Aboriginal consumers and other health practitioners. AHPs work across the health sector, including in some mental health settings.

Aboriginal health liaison officers

Aboriginal health liaison officers (AHLOs) provide culturally appropriate care and support through the consumer's journey. The aim of the role is to:

- Offer cultural support and advocacy throughout a consumer's hospital journey.
- Connect consumers with appropriate community services.
- Provide continuous liaison between staff, consumers and families, and between the healthcare providers and Patient Assisted Travel Scheme (PATS) for country consumers.
- Ensure the facilitation of effective and culturally appropriate discharge plans.

This workforce also includes Aboriginal mental health liaison officers (AMHLOs), who are required to complete the same tasks and duties as AHLOs but work exclusively within mental health settings.

Additional Aboriginal workforces working in mental health settings include the emerging Aboriginal Lived Experience workforce (which is described within the Lived Experience workforce discussion in this Framework) and Aboriginal Health Workers. In addition, public sector services may employ Aboriginal workers under a range of titles that perform similar functions with service-specific remits, such as Aboriginal Community Liaison Officers, Aboriginal Diversion Officers and Aboriginal Patient Care Assistant.

Occupation foundations

The Aboriginal workforce is underpinned by the principles of social and emotional wellbeing, which reflect a holistic understanding of health. For Aboriginal and Torres Strait Islander people, wellbeing is not individualistic, instead it encompasses family and community, connection to country and spiritual fulfilment. Cultural protocols, culturally specific practices and kinship structures of Aboriginal communities influence behaviours and understandings of mental health among Aboriginal consumers.

Colonisation and ongoing intergenerational trauma, combined with enduring social, economic, and political and societal marginalisation of Aboriginal people results in continued barriers to healing and wellbeing. The Aboriginal mental health workforce brings an inherent understanding of these principles and underlying issues, which is critical to helping connect mainstream health services and Aboriginal consumers.

Mental health service contribution

Aboriginal mental health cannot be separated from its historical context and the existing barriers to healing and wellbeing. There is significant evidence to demonstrate that Aboriginal people have more cultural safety and trust in mental health services when they are delivered by Aboriginal mental health workers and professionals. An underrepresentation of Aboriginal people in the mental health workforce is a key barrier for Aboriginal people engaging with mental health services.

This comprehensive knowledge and experience contribute significantly to delivering appropriate care by providing holistic, person-centred support that considers not only the immediate issues but also the broader social context influencing an Aboriginal consumer's wellbeing. Aboriginal workers bring a unique blend of empathy and professional skills, enabling them to navigate complex situations and deliver effective, empathetic and culturally sensitive care.

Aboriginal workers are further integral to embedding cultural change within mainstream services. While it is important to note that Aboriginal workforces cannot be solely responsible for educating their mainstream colleagues about Aboriginal mental health and cultural protocols, their presence and example supports improved organisational cultural competence.

Multidisciplinary team

The Aboriginal workforce plays a crucial role within a MDT team by contributing:

- Social and emotional wellbeing: They provide insights into the psychosocial aspects of the Aboriginal consumer care by considering the social, cultural and environmental factors that impact Aboriginal consumers' wellbeing.
- Advocacy and support: They advocate for Aboriginal consumers' needs, ensuring they receive appropriate resources and support beyond medical treatment.
- Collaboration and coordination: They facilitate communication between team members to ensure a holistic approach to consumer care by addressing the social, emotional and practical needs of the Aboriginal consumer. Further to this, these professionals can help identify cultural risks within the mental health context.

The influence of the Aboriginal workforce on the consumer's journey is significant, as they advocate for comprehensive care by identifying and filling gaps in services and addressing social determinants affecting Aboriginal consumers' health. Aboriginal mental health workforces ensure that consumers receive holistic care, aiming for improved outcomes and overall wellbeing beyond the clinical setting.

⇇➡ When to engage this workforce

Aboriginal workers are often recommended when Aboriginal people face:

- **Social and emotional wellbeing issues:** Grief, relationship issues, substance use or stress.
- **Financial or housing problems:** Homelessness or economic hardships.
- **Family or caregiving challenges:** Abuse, neglect or caregiving stress.
- **Difficulties in accessing community resources:** Health and social and emotional wellbeing.

They are commonly involved in cases requiring holistic support beyond clinical treatment, focusing on the social and environmental factors affecting an Aboriginal person's health and social and emotional wellbeing.

⚙ Services provided

The Aboriginal workforce in the WA public mental health sector provides crisis intervention, social and emotional wellbeing support, community resource navigation and care coordination. For example, they offer immediate support during crises; provide counselling to individuals and families; assist in accessing community resources; and coordinate care among healthcare providers for smooth transitions in various settings to promote mental health and wellbeing.

Case studies

The case studies provided offer examples in which Aboriginal workers may be involved in delivering mental health services.

Aboriginal health practitioners (AHPs) working in a mental health setting

AHPs working in a mental health unit in a hospital or community centre can provide primary health care and contribute to case planning and care coordination of Aboriginal consumers. They can work collaboratively within a multidisciplinary mental health care team to achieve better health outcomes for Aboriginal consumers and play a key role in facilitating relationships between Aboriginal consumers and other health practitioners. They can ensure the consumer feels comfortable in disclosing their emotional distresses and can support them through their mental health treatment. In addition, AHPs can explain the purpose, risk and benefits of recommended treatments to consumers and their families; convey information and escalate care when required; and recognise and respond to a consumer's deteriorating condition. Through ongoing therapeutic sessions, the AHP can help Aboriginal consumers manage symptoms, develop coping strategies and navigate social challenges to improve their daily functioning and overall wellbeing.

Aboriginal mental health workers (AMHWs)

AMHWs work as members of MDTs to enhance the accessibility of mental health services to Aboriginal people. They can participate in the development, planning, delivery and evaluation of care and management with special reference to the needs of Aboriginal consumers. Through ongoing therapeutic sessions, the AMHW can help Aboriginal consumers manage symptoms, develop coping strategies and navigate social challenges to improve their daily functioning and overall wellbeing.

Aboriginal health liaison officers (AHLOs)

AHLOs working in hospitals or community centres can provide liaison services and direct links between health service staff and Aboriginal people to ensure culturally appropriate access to health care. AHLOs often deliver health education, health liaison and health promotion to the Aboriginal community.

Aboriginal mental health liaison officers

AMHLOs working in hospitals or community clinics are required to complete the same tasks and duties as AHLOs but do so exclusively within a mental health setting. AMHLOs often deliver social and emotional wellbeing programs, health liaison and health promotion to the Aboriginal community.

The six key factors

Regulation	The AHP role is regulated by Ahpra. Other Aboriginal-specific roles in a mental health setting including Aboriginal health workers, AMHWs and AHLOs come under the [National Code of Conduct for Health Care Workers](#)[28] under the management of [HaDSCO](#).[29]
Capability	The Aboriginal mental health workforce collectively provides cultural liaison and holistic care based on the principles of social and emotional wellbeing.
Scope of practice	The Aboriginal mental health workforce covers specific areas, for example: • AMHWs: provide mental health assessments and treatment interventions, including counselling services, as well as family liaison pertaining to traditional healers and in-community connection and cultural risk. • AHPs: provide primary health care, including medication administration. • AHLOs/AMHLOs: provide family liaison, consumer cultural support and advocacy, and discharge planning.
Experience	Aboriginal workforces are deeply embedded in culture and community, providing cultural guidance, advocacy and reassurance to the community that as Aboriginal people, they will be included, respected and supported in the health system.
Professional development	The Aboriginal mental health workforce brings a range of training and professional development to their practice. Education requirements can vary and on-job experience provides further professional develop in practice. Minimum requirements typically include: • AMHWs: Certificate IV in Mental Health. • AHPs: Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice plus registration with Ahpra. [Indigenous Allied Health Australia (IAHA)](#)[30] is a peak body and membership organisation that provides workforce development and support aimed at building an allied health workforce and improving the health and social, emotional and cultural wellbeing of Aboriginal and Torres Strait Islander peoples.
Supervision	Cultural and practice supervision are both considered imperative for supported practice of the Aboriginal workforce. Supervision aids regular skill development, problem-solving and performance review. It is further acknowledged that the Aboriginal workforce practicing in mental health settings are at heightened risk of vicarious trauma and burnout, making supervision vital for this group or workers.

✳ The five core workstreams

Practice	The Aboriginal mental health workforce actively engages in evidence-based assessments and interventions, providing holistic care, support and treatment to individuals and families by focusing on their mental health and overall wellbeing.
Research	As a consumer-facing workforce, the Aboriginal mental health workforce is not typically directly involved with undertaking formal research; however, they may help inform research projects through evaluating interventions, exploring effective strategies, and advocating for tools, treatments and policies that enhance mental health services and support systems for Aboriginal consumers. The Aboriginal mental health workforce may also be called upon to facilitate engagement with the Aboriginal community to inform research, policy and service development.
Education	The Aboriginal mental health workforce plays a role in educating communities, consumers and other professionals about Aboriginal culture, with some positions specifically tasked with offering workshops, training and informational resources to promote mental health awareness and understanding.
Leadership	Career pathways for Aboriginal mental health workers are emerging, with senior roles becoming increasingly available. AMHWs in leadership positions typically lead teams of entry-level and developing AMHWs, support the ongoing professional development or their teams, and advocate for improved governance and support structures that reflect the cultural needs and obligations of the Aboriginal mental health workforce and consumers to enable their teams to function effectively.
Strategy	Within their roles, AMHWs often take on strategic development responsibilities, influencing policy development and program implementation, and advocating for improved Aboriginal health services and resources to support Aboriginal individuals and communities.

👥⤝ Career progression

A strong, skilled and growing Aboriginal mental health workforce is critical to providing a culturally safe, respectful and non-discriminatory mental health sector that is responsive to the needs of Aboriginal people in Western Australia. An Aboriginal mental health workforce that is embedded across all levels of the organisation will improve the WA public mental health sector's capability to deliver quality care and service delivery that better meets the needs of Aboriginal people.

Career advancement for AMHWs in Western Australia may involve specialising in particular areas of mental health care, pursuing further education, or taking on roles with more responsibilities and leadership opportunities.

Allied health assistants

The allied health assistant (AHA) workforce in the public mental health sector within Western Australia comprises individuals who support allied health professionals in various capacities.

Common titles include AHA, social work assistant, occupational therapist assistant, physiotherapy assistant, therapy assistant and rehabilitation assistant. They aid in delivering therapy, conducting assessments and assisting consumers in mental health care and wellness under the guidance of qualified professionals such as dietitians, occupational therapists, physiotherapists, psychologists or social workers.

Mental health service contribution

The AHA workforce brings hands-on experience, practical skills and specialised knowledge to the provision of mental health services. They contribute by offering direct support to consumers, aiding in therapy sessions, implementing care plans and assisting in the rehabilitation process. Their contribution lies in enhancing consumer engagement, continuity of care and promoting the application of therapeutic techniques under the guidance of qualified professionals. This workforce's involvement significantly improves consumer outcomes and the efficiency of mental health services.

Occupation foundations

The theoretical underpinnings of the AHA workforce involve a blend of practical skills, on-the-job training and theoretical knowledge in mental health service delivery. AHAs may learn through formal education programs (including Vocational Certificate training), workshops and ongoing professional development. Historical evolution showcases a shift from traditional medical models to a more holistic, consumer-centred approach that emphasises collaboration, evidence-based practice and person-centred care. This evolution reflects a movement towards empowering consumers and recognising the importance of multidisciplinary teamwork in mental health settings.

Multidisciplinary team

The AHA supports the work of the MDT by supporting allied health professionals to deliver comprehensive mental health services. AHAs help plan and implement individual recovery interventions for consumers under the direction and supervision of an allied health clinician. This may include assisting with assessments, delivering therapy sessions, managing resources and implementing care plans as directed by the allied health professional. They can support consumers to consolidate and practice skills in line with the treatment plan and grade and adapt accordingly with supervision and feedback from the allied health clinician. AHAs actively contribute by providing insights based on their direct interactions with consumers, offering valuable observations and feedback during team discussions. Their close work with consumers positions them to advocate for individual needs, observe consistent care, and convey consumer progress and challenges effectively within the team.

When to engage this workforce

Referrals to AHAs come directly from the allied health professional. Referrals are for assistant support including assistance with activities of daily living, social skills development, behavioural interventions, leisure and community participation, reinforcing and/or practicing coping skills with consumers, and facilitation and support of group interventions. The work of an AHA may also include supporting rehabilitation, social integration, skill development, recovery, and facilitating participation in therapy and treatment programs.

Services provided

The AHA workforce, operating under the delegation of allied health practitioners, provides a range of supportive services in the public mental health sector. Their tasks can include implementing delegated therapy plans, assisting with daily living activities, co-facilitating group therapy sessions, facilitating social skills development, assisting in practicing and implementing coping skills and aiding behavioural interventions. They support consumers in practicing coping mechanisms, engaging in therapeutics and participating in rehabilitation programs. AHAs contribute by assisting in exercise routines, conducting social support activities and ensuring the smooth implementation of delegated care plans under the supervision of qualified professionals. They may also assist with food service coordination and administrative tasks and can assist in managing therapy-related resources. AHAs monitor consumer progress and evaluate the effectiveness of interventions with the associated allied health professional. AHAs engage in regular supervision.

Case studies

The provided case studies offer instances in which AHAs may be involved in delivering mental health services.

Community mental health service

In a community mental health clinic, an AHA supports an occupational therapist in conducting group therapy sessions for individuals with anxiety disorders. Under the occupational therapist's delegation, the AHA organises and sets up the therapeutic space, assists in guiding relaxation techniques, and provides individual support to consumers during activities to foster a comfortable and safe environment for participants to practice their coping strategies.

Psychiatric rehabilitation service

At a psychiatric rehabilitation facility, an AHA, delegated by an occupational therapist, works with consumers diagnosed with major mental illnesses. The AHA helps implement behaviour modification strategies, facilitates group discussions on social skills and supports consumers in practicing daily living activities. This collaboration helps individuals enhance their social interactions and independent living skills under professional guidance.

Older adult mental health service

In an older aged mental health service of a hospital, an AHA, under the guidance of a physiotherapist, assists in organising and leading exercise and balance rehabilitation programs for people experiencing a risk of falling as a result of balance and mobility difficulties.

🔑 The six key factors

Regulation	In Western Australia, AHAs come under the [National Code of Conduct for Health Care Workers][31] under the management of [HaDSCO].[32] AHAs working in the public mental health sector follow specific guidelines and standards set by regulatory bodies or professional associations within the state. For additional information, see: • [Allied Health Assistants' National Association Ltd (AHANA)][33] • [AHANA Code of Conduct][34] • [WA Allied Health Assistants Policy][35] • [Indigenous Allied Health Australia (IAHA)].[36]
Capability	AHAs in Western Australia provide support under the delegation of allied health professionals, assisting in therapy, implementing care plans, and aiding consumers with daily activities within the scope of their training and delegation, adhering to the state-specific guidelines.
Scope of practice	AHANA describes the AHA as 'a healthcare worker who has demonstrated competencies to provide person-centred, evidence-informed therapy and support to individuals and groups to help protect, restore and maintain optimal function and promote independence and wellbeing'. An AHA works within a defined scope of practice which is aligned to their demonstrated competencies, under the delegation and supervision of an allied health professional.
Experience	These professionals gain experience through practical training and continuous work under the supervision of qualified practitioners. They maintain their skills through regular practice and ongoing professional development.
Professional development	Continuing professional development is integral for AHAs in Western Australia. They engage in workshops, pursue relevant certifications and undertake educational opportunities to enhance their expertise in the mental health service that is aligned with the state's practices and protocols.
Supervision	AHAs work under the direct or indirect supervision of recognised allied health professionals within Western Australia, ensuring adherence to local regulations and quality care provision within the mental health sector.

❋ The five core workstreams

Practice	AHAs contribute significantly to the delivery of services by providing hands-on assistance to consumers under the delegation of allied health professionals. Their involvement directly impacts consumer wellbeing and includes aiding in therapy sessions, implementing care plans and supporting individuals in their recovery journey.
Research	While not typically involved in conducting research, AHAs often assist in data collection, observations and consumer interaction that may inform research projects conducted by the larger healthcare team. Their insights and close consumer interactions can offer valuable qualitative information for research endeavours.
Education	AHAs may support consumer education by assisting in the implementation of educational programs or providing information on therapeutic techniques and activities.

Leadership	While not usually in formal leadership roles, AHAs exhibit leadership qualities in their daily interactions. They demonstrate leadership through their commitment to consumer mental health care delivery; effectively communicating consumer progress and needs within the healthcare team; and contributing to a positive and cohesive work environment within the scope of their responsibilities.
Strategy	While not usually in formal strategy roles within the healthcare system, AHAs may contribute to reform and policy development. They may be involved in service change and establish processes under the delegation of the allied health professional and therefore contribute to the development of the AHA workforce within the mental health sector.

👥← Career progression

Career advancement for AHAs in Western Australia may involve specialising in particular areas of mental health service, pursuing further education, or taking on roles with more responsibilities and leadership opportunities within the state's healthcare system.

Art therapists

The art therapy workforce in the public mental health sector within Western Australia typically includes certified art therapists with a Master of Art Therapy/Creative Arts Therapy who are registered with the [Australian, New Zealand and Asian Creative Arts Therapy Association (ANZACATA)](.) [37]

These professionals may hold titles such as 'art therapist' or 'creative arts therapist'. They collaborate with other mental health practitioners as part of the MDT within the public mental health sector.

Occupation foundations

The foundational and theoretical underpinnings of the art therapy workforce draw from various psychological and artistic theories. Common frameworks include person-centred, psychodynamic and cognitive-behavioural theories. Art therapists often integrate principles from Gestalt psychology, Jungian psychology and Attachment Theory into their practice. The historical evolution reflects a recognition of the therapeutic potential of art, evolving from early 20th-century practices into a well-established field integrating psychology and creative expression for mental health benefits.

Mental health service contribution

The art therapy workforce in Western Australia brings a unique blend of artistic expertise and therapeutic knowledge. With specialised training in both art and mental health, these professionals offer a creative and non-verbal approach to therapy. They contribute by facilitating self-expression, fostering emotional exploration and promoting resilience. Art therapists enhance the therapeutic process by addressing trauma, improving self-esteem and helping individuals develop coping skills. Their contribution is particularly valuable for consumers who find verbal communication challenging by offering an alternative and inclusive form of therapeutic engagement within the mental health sector.

Multidisciplinary team

The art therapy workforce collaborates within the MDT by offering a unique perspective on their consumers' mental health concerns. They actively participate in case discussions and provide insights into emotional and psychological aspects that may not be fully captured through traditional means. Their role involves advocating for the integration of creative interventions and emphasising the therapeutic value of art in the mental health service. Art therapists contribute to treatment planning; share observations on consumer's progress; and enhance the overall consumer journey by promoting holistic and individualised approaches to recovery within the broader context of the mental health sector.

When to engage this workforce

An individual may be referred to an art therapist in the mental health context for various reasons, including:

- **Trauma and post-traumatic stress disorder (PTSD):** Aid in processing and expressing trauma when traditional talk therapy may be challenging for the consumer.
- **Anxiety and depression:** Provide an alternative outlet for expressing and navigating emotions, especially for those who find verbal communication difficult.
- **Grief and loss:** Offer a non-verbal way to navigate and cope with the complex emotions associated with loss.
- **Child and adolescent mental health:** Effective when working with children and teens who may struggle to articulate their feelings verbally.
- **Self-exploration and personal growth:** Benefit those individuals seeking a creative and introspective approach to personal development.

Services provided

The art therapy workforce in Western Australia provides a range of services, incorporating therapeutic activities to address mental health issues. Examples of tasks and activities include:

- **Creative arts therapy:** Art sessions are used to encourage self-expression and exploration to stimulate imagination and a sense of play; gain insight and self-knowledge; and promote acceptance of self.
- **Art-based assessments:** Art is used as a tool to assess emotional wellbeing and identify areas for therapeutic focus.
- **Creative journaling:** Integrates written and visual expression to enhance self-reflection and insight.

- **Group and individual arts psychotherapy:** Exploration and expression of unconscious material difficult to articulate in words. Exploration of and attention to embodied trauma responses aimed at increasing body awareness and physical and emotional regulation. Expression of feelings symbolically, improving self-understanding and resilience, and developing new perspectives of self and the world. Group sessions also foster peer support, communication and a sense of community. Sessions may include visual arts, movement, sound, sand play and Clay Field therapy.
- **Mindfulness through art:** Art processes are used to promote mindfulness and reduce stress and anxiety.
- **Therapeutic metaphor creation:** Helps consumers create visual metaphors to explore and understand their experiences.
- **Collaboration with other therapists:** Art therapists work alongside psychologists, social workers and other mental health professionals to complement traditional therapeutic approaches.

Case studies

The provided case studies offer examples when art therapists may be involved in delivering mental health services.

Adult mental health inpatient service

In an inpatient mental health setting, an art therapist can work with consumers who find traditional talk therapy ineffective. The art therapist may introduce art-making activities, allowing consumers to express and release emotions creatively. This non-verbal approach can become a vital component of the treatment plan, contributing to a consumer's gradual improvement.

Community mental health service

In a community mental health service, an art therapist may lead support groups, for example for survivors of trauma, and engage participants in collaborative art projects. The shared creative experience fosters a sense of connection and resilience among group members, complementing individual therapy and community support.

🔑 The six key factors

Regulation	In Western Australia, art therapists come under the [National Code of Conduct for Health Care Workers](#)[38] under the management of [HaDSCO](#).[39] It is essential to stay informed about any regulatory changes and ensure compliance with the relevant professional standards in mental health care and creative arts therapy. The peak professional association for art therapists is ANZACATA.
Capability	Art therapists possess a unique blend of artistic skills and therapeutic expertise. Their capabilities lie in facilitating creative expression, conducting art-based assessments and integrating artistic modalities into holistic mental health service provision.
Scope of practice	The scope of practice for art therapists in Western Australia encompasses a wide range of mental health issues. They work with diverse populations including children, adolescents, adults and older adults, and address issues such as trauma, anxiety, depression and personal development.
Experience	Maintaining recent and relevant practice experience is crucial. Art therapists should stay engaged in the field, participating in ongoing professional development and practical experiences to ensure the effectiveness of their interventions.
Professional development	Continual professional development is vital for art therapists to stay abreast of new research, therapeutic techniques and advancements in the field. Attending workshops and conferences and pursuing additional certifications contributes to ongoing growth and competency.

Supervision	Regular supervision is recommended for art therapists to reflect on their practice, receive guidance, and ensure ethical and effective therapeutic interventions. Supervision contributes to professional development and enhances the quality of the services they provide.

✳ The five core workstreams

Practice	Art therapists in Western Australia play a vital role within the practice occupational stream by providing unique and personalised interventions to individuals experiencing mental health issues within the WA public mental health sector's services. While terminologies within the Framework may vary, the role of an art therapist aligns with the broader scope of clinician or care provider. Art therapists contribute significantly to holistic care by incorporating creative methods that go beyond traditional approaches. Their interventions aim to foster emotional expression, build coping skills and enhance overall wellbeing. In cases where conventional methods might be limited, art therapists offer a valuable alternative, contributing to the comprehensive support and services provided to individuals navigating mental health issues.
Research	Art therapists engage in research to validate and expand the evidence base for their interventions. They contribute to studies examining the effectiveness of art-based approaches in mental health care, adding to the broader knowledge of creative therapies. Research efforts aim to refine best practices, inform treatment guidelines and demonstrate the value of art therapy within the WA mental health landscape.

Education	Within the education occupational stream, art therapists in Western Australia may actively engage in educational initiatives, contributing to the development of the mental health workforce. Recognising the importance of effective education delivery, art therapists leverage their expertise to provide training to other mental health professionals. They share valuable insights into the integration of creative modalities, emphasising the therapeutic benefits of art in the mental health service. As professionals progress through proficiency levels in this stream, they strengthen their ability to impart knowledge and skills, fostering a workforce that can respond appropriately to consumers of mental health services. Art therapists play a pivotal role in ongoing organisational development, ensuring optimal service provision by promoting a deeper understanding of the role and effectiveness of art therapy. Beyond the professional realm, they extend their educational role to raise awareness among the public, contributing to a broader understanding of the availability and benefits of art therapy services within the community.
Leadership	Art therapists exhibit leadership by advocating for the inclusion of creative interventions in mental health policies and programs. They actively participate in MDTs, influencing the integration of art-based approaches in broader mental health strategies. Through leadership roles, they shape the direction of the mental health services in Western Australia, emphasising the importance of holistic and innovative therapeutic practices.
Strategy	Within the research stream, the focus is on honing the art therapists' skills necessary for policy development and the implementation of innovative practices within the mental health sector. They play a role in establishing principles and courses of action that advance the integration of art-based therapies, ensuring a holistic and consumer-centred approach. Art therapists contribute to the transformation of processes within the industry, impacting the sector's overall direction. Their involvement in strategy and planning reflects a commitment to driving positive change, fostering a more inclusive and effective health system that recognises the unique benefits of art in the WA mental health service.

Career progression

Career progression for art therapists in Western Australia may involve advancing to leadership roles, taking on supervisory positions or engaging in specialised areas such as a research or program development. Networking within the mental health and arts communities can open avenues for career growth.
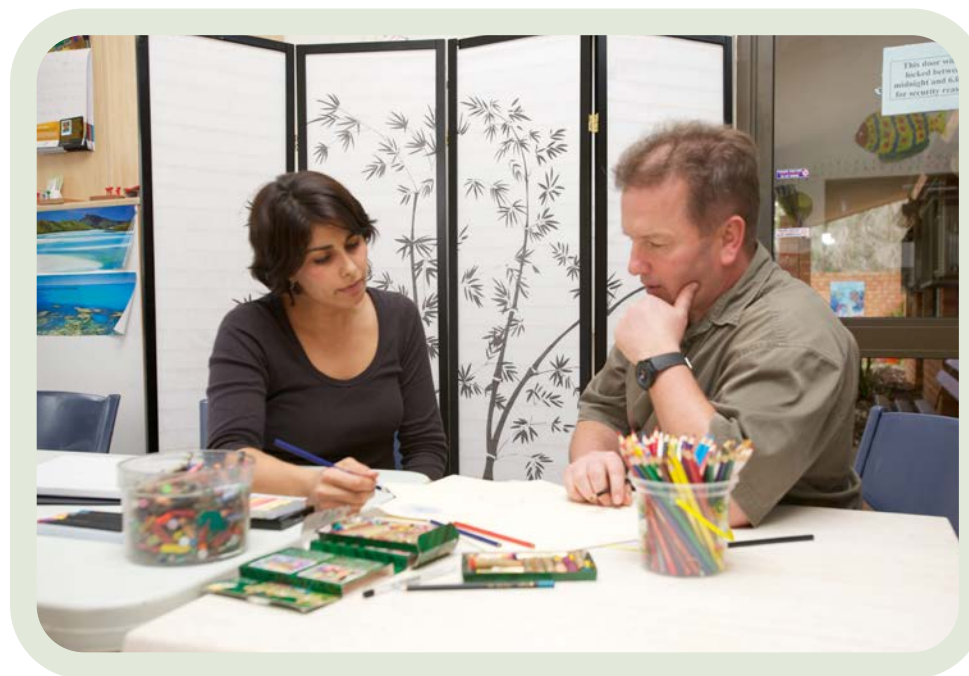
Dietitians

In the public mental health sector within Western Australia, the dietitian workforce is a crucial part of the MDT, focusing on addressing the nutritional needs of individuals with mental and physical health conditions.

The dietitian workforce in this context may comprise:

- **Clinical dietitians:** Specialise in assessing and managing the nutritional needs of individuals with general and mental health issues, tailoring individualised dietary management plans to address specific conditions and medication-related nutritional requirements.
- **Mental health dietitian:** Focus on the intersection of nutrition and mental health wellness, providing expertise in managing dietary strategies to support mental wellness.
- **Professional or discipline or clinical lead:** Dietetic profession leaders in the dietetic profession and can be involved in the coordination of professional development, creating supervision opportunities, recruitment, student coordination, developing core competencies, learning and development, policy and procedures, safety and quality, research and governance.

Occupation foundations

The foundational underpinnings of the dietitian workforce in the WA mental health service are grounded in several key theories and historical evolutions:

- **Nutritional psychiatry:** Explores the relationship between diet and mental wellbeing, emphasising how food and nutrients affect brain function and mental wellbeing, including the link between gut health and mood. It incorporates the understanding of how specific nutrients and dietary patterns can impact mental health conditions.
- **Biopsychosocial model:** Considers the biological, psychological and social factors that influence an individual's mental wellbeing. Dietitians in mental health settings adopt this model, acknowledging the role of nutrition as a biological factor affecting mental wellbeing within the broader context of the mental health service.
- **Holistic and person-centred care:** Dietitians in mental health settings provide care that considers the whole person, recognising individualised dietary needs and preferences, and acknowledging the impact of food and eating habits on mental health recovery.

The role of dietitians in mental health care has evolved, with a growing recognition of the impact of nutrition on mental wellbeing. While historically the mental health service often overlooked the role of diet, there has been an increasing understanding of how nutritional deficiencies or imbalances can affect mental health conditions, leading to the integration of dietetics into the mental health service as an essential component of comprehensive treatment. This recognition has led to the development of specialised roles for dietitians within mental health services, emphasising the importance of nutrition in supporting mental health and wellbeing.
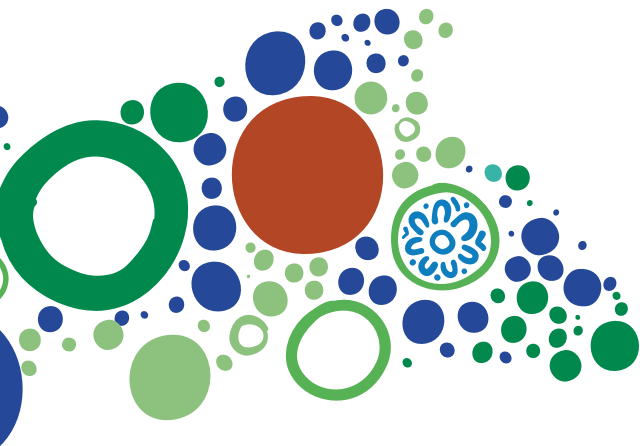
Mental health service contribution

The dietitian workforce in Western Australia contributes to mental health services in the following ways:

- **Nutritional expertise:** Possess specialised knowledge in nutrition and its impact on mental wellbeing. Understand how specific nutrients and dietary patterns can influence mood, cognition and overall mental wellbeing. Understand the effects of an eating disorder on physiology and the subsequent management. Experience and knowledge of physical health and physiological implications of starvation and malnutrition and how to address this through dietetic management and nutrition counselling.

- **Assessment and individualised planning:** Conduct nutritional assessments to identify deficiencies or imbalances that might exacerbate mental health conditions. They create tailored dietary management plans that support individual mental health issues while considering medication interactions and health conditions.

- **Collaborative multidisciplinary approach:** Collaborate within multidisciplinary mental health teams. Contribute valuable insights and strategies to support treatment plans, addressing nutritional concerns that may impact mental health conditions.

- **Education and support:** Offer education to individuals and their families or carers about the connection between nutrition and mental health, empowering them to make informed dietary choices to support mental wellbeing.

- **Prevention and management:** Assist in preventing and managing the physical health consequences of mental health conditions, such as weight management, metabolic issues and chronic diseases related to diet and mental health medications.

Their contributions in the mental health context lead to a more holistic approach to care, addressing not only the psychological but also the physiological aspects of mental wellbeing, thereby enhancing the overall treatment outcomes and quality of life for individuals receiving mental health services.

Multidisciplinary team

The dietitian workforce provides the following elements to the MDT:

- **Nutritional perspectives:** Offer insights on how diet affects mental health and contribute valuable information in treatment planning discussions.

- **Individualised care plans:** Tailor dietary interventions to align with the overall treatment goals; consider the impact of nutrition on mental wellbeing; and advocate for nutrition intervention escalation as needed.

- **Advocating for holistic care:** Highlight the importance of nutrition in mental health recovery and advocate for a holistic approach that integrates dietary considerations into the consumer's overall journey.

- **Influencing treatment outcomes:** Impact consumer health outcomes and quality of life and enhance the effectiveness of mental health services provided by addressing the consumers' nutritional concerns.

When to engage this workforce

Dietitians in the mental health context are typically referred to or consulted for various reasons and conditions, including:

- **Eating disorders:** Nutritional rehabilitation is crucial for conditions such as anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, disordered eating, or other specified feeding or eating disorders.
- **Psychotropic medication management:** Side effects of psychiatric medications can impact appetite, weight or nutrient absorption.
- **Nutritional deficiencies:** Deficiencies can exacerbate mental health conditions, e.g. low levels of certain vitamins and minerals can affect mood and cognition.
- **Mood disorders:** Conditions such as obsessive-compulsive disorder can impact nutrition and oral intake, and dietary patterns and specific nutrients might play a role in symptom management of depression and anxiety.
- **Metabolic health:** Addressing weight management, metabolic issues and chronic diseases associated with mental health conditions or medications is essential, along with providing advice and support for those at risk of or diagnosed with malnutrition.

Services provided

In the mental health context, the dietitian workforce offers a range of services focusing on nutritional support and education, including:

- **Nutritional assessment:** Conduct comprehensive assessments to identify nutritional deficiencies, imbalances and dietary concerns impacting mental wellbeing.
- **Individualised dietary planning:** Create tailored meal plans that consider specific mental health conditions, medications including physical health co-morbidities, and the nutritional needs of each individual.
- **Nutrition education:** Provide educational sessions to consumers, families and staff about the impact of diet on mental wellbeing and offering guidance on making healthier food choices.
- **Support for eating disorders:** Develop structured meal plans and refeeding strategies and provide meal support education and nutritional rehabilitation guidance to individuals and their families to support recovery in individuals with eating disorders.
- **Collaboration with treatment team:** Work closely with psychiatrists, psychologists, mental health nurses, Aboriginal health workers, and other mental health professionals to integrate nutritional interventions into overall treatment plans.
- **Monitoring and follow-up:** Assess progress, make necessary adjustments to dietary plans, and offer ongoing support to individuals in their mental wellbeing journey.

Case studies

The case studies provided offer instances in which dieticians may be involved in delivering mental health services.

Inpatient eating disorder service

In an inpatient eating disorder unit, a dietician can collaborate with the treatment team to commence evidence-based nutrition restoration using the [WA Eating Disorders Outreach and Consultation Service (WAEDOCS)](#)[40] guidelines by providing a structured meal plan or enteral feeding. Providing monitoring, education and support to the consumer and their family or carer allows ongoing nutritional rehabilitation, enabling the consumer to plan for discharge and gradually assist with the eating disorder behaviour and ongoing recovery in the community.

Outpatient mental health clinic

In an outpatient mental health clinic, a dietitian can conduct nutritional assessments; devise meal plans focusing on mood-supportive foods; and offer psychoeducation on managing weight for individuals experiencing weight gain due to medications in order to support mood. While providing ongoing monitoring and education, the dietitian ensures the nutritional needs are met in conjunction with any other treatment. The dietitian provides an approach that allows the consumer to develop skills in identifying the link between mood and food, and build skills in menu and meal planning.

Community mental health service

In a community setting, a dietitian will work with mental health teams by providing nutritional counselling and psychoeducation; promoting healthy eating choices to manage issues such as weight gain and metabolic health due to medication; and helping to ensure adequate nutrient intake.

Adult inpatient mental health service

In an inpatient psychiatric setting, a dietitian can collaborate with the nursing team to create a meal schedule and balanced diet to stabilise blood sugar levels and aid mood regulation and promote the importance of regular eating patterns. Delivering psychoeducation increases the knowledge of the impact of diet on mental wellbeing.
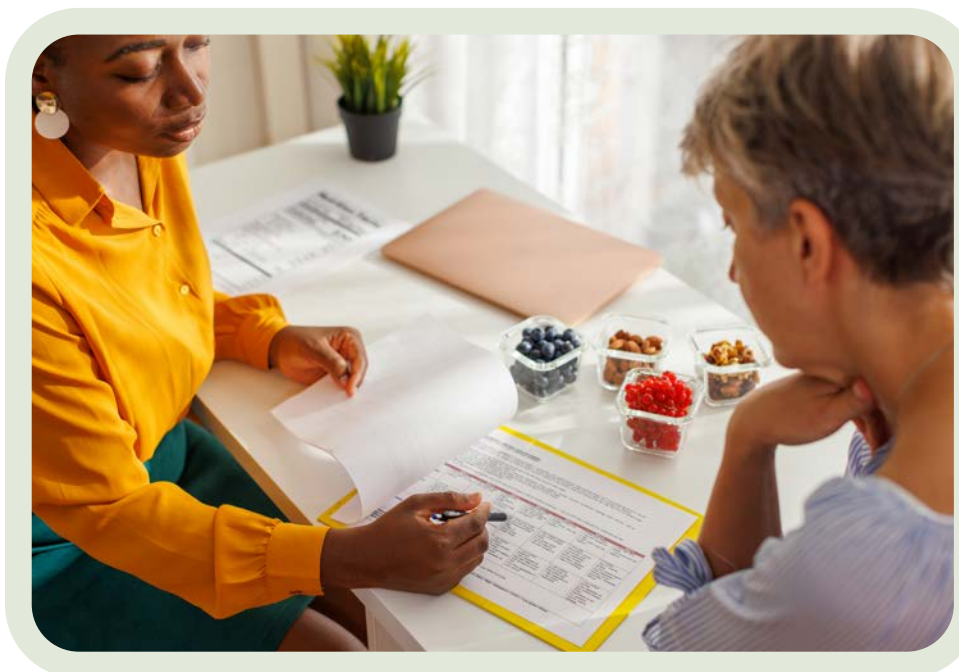
The six key factors

Regulation	Dietitians are a self-regulated profession and adhere to the regulations and standards set by the professional body Dietitians Australia.[41] They are subject to the National Code of Conduct for Health Care Workers[42] under the management of HaDSCO.[43] Dietitians Australia has developed competency standards with expectation all dietitians understand and apply them in practice. Dietitians working in the area of eating disorders can apply for the Australia & New Zealand Academy for Eating Disorders (ANZAED) Eating Disorder Credential,[44] which is mapped to the national competency standards for dietitians.
	For additional information, see:
	• Dietitian and Nutritionist Regulatory Council | Dietitians Australia[45]
	• National competency standards for dietitians | Dietitians Australia[46]
	• Professional standards and scope of practice | Dietitians Australia[47]
	• Code of Conduct for dietitians and nutritionists | Dietitians Australia[48]
	• Eating disorders role statement | Dietitians Australia[49]
	• Mental health role statement | Dietitians Australia[50]
	• Indigenous Allied Health Australia (IAHA).[51]
Capability	Dietitians possess expertise in nutritional assessment, planning and education within mental health, operating within their defined scope of practice to promote mental wellbeing.

|	
Scope of practice	Scope of practice for dietitians can vary depending on the context in which individual practitioners work and the population groups they serve. Dietitians Australia have developed a Framework and Scope of Practice Decision Tool to support practitioners to determine competence and appropriateness of performing activities in alignment with the policies and procedures of the organisation in which they work.
Experience	Dietitians maintain updated knowledge and skills through continuous practice, staying informed about the latest research and evidence-based practices in both nutrition and mental health care.
Professional development	Dietitians engage in ongoing professional development activities, including workshops, seminars and further education to enhance their expertise in mental health nutrition. Dietitians Australia requires 30 hours continuing professional development annually to continue lifelong learning.
Supervision	Some dietitians in mental health settings receive clinical supervision to ensure the quality of their work and to support professional growth through reflective practice and ongoing learning in a safe and supportive environment.

✳ The five core workstreams

Practice	Dietitians collaborate with mental health teams to ensure that nutritional needs are integrated into treatment plans, offering individualised care and support. They implement behavioural strategies to support dietary changes and meal planning in alignment with mental health treatment goals.
Research	Dietitians engage in research to advance the understanding of the relationship between nutrition and mental wellbeing, contributing to evidence-based interventions and guidelines. They conduct research to measure the impact of dietary interventions on mental health outcomes and treatment efficacy and often translate these findings into practice or updating policies based on new evidence.
Education	Dietitians offer training and educational sessions to mental health professionals to enhance their understanding of the role of nutrition in mental health care. They develop and provide educational materials to support consumers, families and caregivers in understanding the link between mental health and nutrition while empowering them to make informed choices. Dietitians will often provide education and training to student dietitians to develop their skills in the mental health setting prior to graduation.
Leadership	Dietitians advocate for their inclusion in mental health care teams, emphasising the importance of addressing the nutritional needs of consumers during treatment. They contribute to the development of policies and guidelines that recognise the role of dietitians in mental health services, ensuring the integration of nutritional care into mental health services at a systemic level.
Strategy	Dietitians can take on strategic roles to drive practice change, implement policy and advocate for high-quality nutritional care to be provided to individuals.

👥← Career progression

Career advancement involves roles such as coordinator, senior dietitian, clinical lead or managerial positions within mental health services, which are often based on experience and further qualifications.
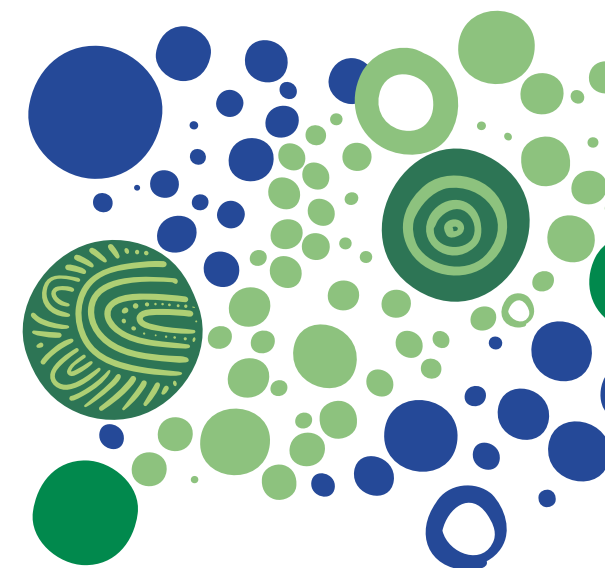
Exercise physiologists

The exercise physiology workforce in the public mental health sector within Western Australia comprises individuals who work collaboratively to integrate physical activity-based health care into mental health treatment.

This may include the delivery of education sessions, lifestyle modification or behaviour change, and implementation of exercise-based treatment (e.g. tailored physical activity interventions, exercise augmentation, exercise for acute crisis management and trauma-sensitive movement) that directly addresses mental health symptomology as well as supporting secondary physical health concerns relating to the mental health diagnosis and associated treatments (e.g. medication management). Common titles include exercise physiologists, accredited exercise physiologists, clinical exercise physiologist or senior exercise physiologist.

Occupation foundations

The theoretical underpinnings of exercise physiology services in mental health care stem from theories such as neurobiological mechanisms, psychophysiological responses and health psychology. Frameworks such as the biopsychosocial model, World Health Organization's International Classification of Functioning, Disability and Health (ICF) framework,[52] Physical Literacy Framework and Behaviour Change Model are all tailored to ensure a holistic and individual approach to mental health care. Historical evolution reveals a shift towards recognising the intertwined relationship between physical activity and mental health. The emergence of physical exercise as an important therapy in mental health treatment is rooted in the understanding of the positive impact of exercise on neurochemicals, neurogenesis, oxidative stress, inflammation, sensory regulation, stress reduction, self-concept, physical health and overall wellbeing. As research progressed, the exercise physiology workforce increasingly integrated physical activity-based interventions as a crucial component of mental health and overall wellbeing, and for improving quality of life, independence and activities of daily living.

Mental health service contribution

Accredited exercise physiologists are university qualified health professionals who specialise in providing evidence-based physical activity interventions, health education and motivation interviewing/behaviour change coaching for lifestyle modification. The exercise physiology workforce brings expert knowledge to the mental health sector on the physiological and physical impact of physical activity and how to tailor its prescriptions. The exercise physiologists' expertise lies in considering all aspects of health (e.g. mental, physical, physiological, social and functioning) and working collaboratively with the MDT to tailor physical activity interventions that consider symptomatology, pharmacology, individual needs and goals, psychosocial barriers, co-occurring conditions, comorbidity risk factors, and how physical activity can augment or compliment other allied health therapies. Exercise physiologists make an important contribution to mental health care teams across multiple domains by promoting holistic care. Interventions foster self-management and independence, reduce symptoms, enhance mood, teach adaptive movement-based ways of coping and regulating emotions/sensations, develop physical literacy and safe-attachment through play-based movement, and improve overall health and wellbeing. Their approach aids in reducing distress and managing mental health symptomology while boosting self-esteem, cognitive function and social interaction, resulting in comprehensive and more effective care to improve a person's quality of life.

Multidisciplinary team

Exercise physiologists in mental health care play a pivotal role in the MDT by contributing expertise in physical activity, behaviour change and positive health behaviours. They collaborate alongside a comprehensive MDT and external agencies and providers to develop holistic and person-centred treatment plans. They bring a unique perspective by advocating for the integration of physical activity (e.g. movement, incidental activity and structured exercise) into consumer care discussions, emphasising the physiological, pharmacological, physical and psychosocial benefits. Their input includes undertaking health and function assessments; designing person-centred individualised exercise

plans; addressing physical and metabolic health concerns; teaching movement-based strategies for augmenting other therapies; and advocating for lifestyle modifications. They therefore influence the consumer journey by fostering a comprehensive approach to mental health treatment and overall wellbeing.

When to engage this workforce

Consumers can benefit from seeing an exercise physiologist in mental health services for various reasons or triggers, typically involving physical health challenges.

This may include referrals to:

- Manage mental health symptomology.
- Manage adverse metabolic/physical health impacts of medications.
- Address specific physical health concerns that intersect with mental health issues, such as physical deconditioning, obesity, cardiovascular risk or disease, dysfunctional exercise or acute symptom management.
- Teach movement-based coping or regulation strategies.
- Support other allied health therapies, such as exercise augmentation or trauma processing.
- Provide education on the importance of a physically active lifestyle for health and wellbeing.
- Manage stress/distress and varying nervous-system states.
- Manage mood.
- Address physical literacy in children and adolescents.
- Provide play-based movement for young children.
- Enhance overall wellbeing.

Services provided

The exercise physiology workforce provides a range of services focused on integrating physical health care and exercise interventions into mental health care plans.

Services may include:

- **Tailored physical activity prescription, delivery and modification:** Design and deliver evidence-based and person-centred physical activity tailored to individual mental health and physical health presentations and the consumer's goals. Goals can range from acute symptom management to longer-term individual or group programs. Prescriptions can range from play-based movements to structured exercise prescriptions.
- **Physical activity, education and support:** Offer guidance on the benefits of physical activity for mental wellbeing, physical health and symptom management (e.g. distress tolerance or motivation).
- **Physical health monitoring and evaluation:** Assess physical health indicators and functional performance and track progress to address direct and indirect mental and physical health concerns and overall wellbeing. Monitor the impact of exercise on mental health symptoms and quality of life through assessments and follow-ups.
- **Positive lifestyle behaviours modification coaching, motivational interviewing and support:** Provide guidance on lifestyle changes and promote long-term adherence to physical activity for mental and physical health benefits.
- **Trauma-sensitive movement and trauma processing:** Provide movement that is trauma sensitive to help in the regulation of the sympathetic/parasympathetic drive to create a sense of safety to explore grounding and connection with the body and allow for trauma processing when delivered alongside appropriate psychological interventions.
- **Physical literacy and play-based movement:** Provide age-appropriate design and delivery of physical activity and movement-based interventions for the infant, child and adolescent mental health service population. Includes physical movement skills, attitudes and emotions, positive social skills, and knowledge and understanding to value, develop and maintain positive physical activity behaviours for life.

Case studies

The provided case studies offer instances in which exercise physiologists may be involved in delivering mental health services.

Outpatient mental health clinic

In an outpatient setting, an exercise physiologist may collaborate with other mental health professionals, such as a consumer's psychiatrist, to design personalised exercise routines for consumers and provide the training and support for them to implement the routine at home. Routines developed by exercise physiologists may include movements focused on aerobic fitness and mindfulness-based movements to support consumers in managing symptoms of distress and anxiety and improve sleep.

Adult mental health inpatient service

In an inpatient psychiatric setting, an exercise physiologist may conduct group sessions that are tailored to the needs of specific groups to promote activities that increase daily activity levels and social interaction guided by group members' interests and needs. Group activities can contribute to elevated mood resulting from exercise and social interactions.

Community mental health service

In a community mental health centre, an exercise physiologist may develop evidence-based interventions focused on physical activity, consumer education and dietary changes. These interventions can support effective weight management, improve cardiovascular health and result in positive impacts on self-esteem and mood.

Rehabilitation service

In a rehabilitation centre, an exercise physiologist can work in collaboration with the rehabilitation team to develop progressive exercise programs to support recovery using a combination of physical activities and cognitive engagement to boost mood and cognitive function.

🔑 The six key factors

Regulation	Exercise physiologists are a self-regulated profession and adhere to the regulations and standards set by the profession body Exercise and Sports Science Australia (ESSA), observing its ethical guidelines and competencies. Exercise physiologists are subject to the National Code of Conduct for Health Care Workers[53] under the management of the HaDSCO.[54]
	For additional information, see:
	● Exercise & Sports Science Australia[55]
	● ESSA Code of Professional Conduct and Ethical Practice[56]
	● AEP Professional Standards for Accreditation[57]
	● Incorporating Exercise Professionals in Mental Health Settings: An Australian Perspective | Journal of Clinical Exercise Physiology[58]
	● Indigenous Allied Health Australia (IAHA).[59]
Capability	The capabilities of exercise physiologists involve assessing physical health, prescribing individualised exercise programs and applying behavioural change strategies within the scope of mental health care.
Scope of practice	An exercise physiologists' scope of practice includes conducting physical health and fitness assessments; designing, implementing and modifying tailored physical activity interventions that address mental and physical health concerns (including illness/injury signs and symptoms); and collaborating with MDTs to augment treatment, support function/engagement, and enhance mental health outcomes. Exercise physiologists provide holistic care following the biopsychosocial model and the ICF framework.
Experience	Recency of practice in mental health settings allows for continued understanding of the evolving nature of mental health interventions.
Professional development	Continual professional development is required as part of accreditation requirements and ensures exercise physiologists stay updated on the latest research and methodologies in mental health care and exercise.
Supervision	Supervision, particularly in the early stages, allows for guidance and mentorship in working within mental health settings.

✳ The five core workstreams

Practice
- Implement collaborative care models integrating exercise into mental health treatment.
- Tailor exercise programs to suit individual mental health conditions.
- Monitor and evaluate the effectiveness of exercise programs for consumers.
- Advocate for the importance of physical activity in mental health care.

Research
- Lead and collaborate on projects exploring physical activity, exercise and movement in acute and long-term mental health issues.
- Collaborate on research to develop and evaluate models of care to support consumers and health outcomes across the mental health continuum.
- Innovate new exercise interventions based on evidence-based research.

Education
- Provide training for professionals in the mental health setting on the role and benefits of exercise in mental health care.
- Offer educational resources for integrating exercise into mental health care.
- Conduct public awareness campaigns about the link between exercise and mental health.
- Contribute to academic and career pathways. Expand knowledge, awareness and interest in the role of exercise physiologists in mental health services via student placements.

Leadership
- Advocate for policy changes to include exercise in mental health care.
- Lead the integration of exercise interventions in mental health treatment.
- Establish standards for exercise in mental health within healthcare systems.

Strategy
- Develop and execute long-term plans for exercise physiology growth.
- Contribute to policy development and advocate for supportive policies.
- Build strategic partnerships with mental health professionals and organisations.
- Implement strategies for continuous service quality enhancement.
- Advocate for recognition and integration of exercise physiology in mental health care.

👥➤ Career progression

Career progression might involve advancing to leadership roles, conducting research, providing education and student supervision, or becoming an advocate for policy changes regarding the provision of exercise in mental health care.

Lived Experience (Peer) workers

The Lived Experience (Peer) workforces can be embedded across service, sector and system levels to support service planning, management and delivery. In frontline positions, the roles are often referred to as peer support workers or peer workers. These workers are employed as subject matter experts (being Lived Experience) who can effectively engage individuals and family or significant others with the services they use.

Lived Experience (Peer) workers are an invaluable component of mental health services. The Western Australian Lived Experience (Peer) Workforces Framework defines a Lived Experience (Peer) worker as an individual who has had a 'profound life-changing mental health, alcohol and other drug and/or life challenges'[60] or suicidal crisis (including thoughts, feelings or actions) or a family member or significant other who has or is caring for or about someone with these experiences or who has been bereaved by suicide. Furthermore, as outlined in the National Lived Experience (Peer) Workforce Development Guidelines: Lived Experience Roles: 'What enables a person with lived experience to work in a Lived Experience role is being willing and able to share and apply the knowledge and understanding gained within their professional role. It is important to understand that the experiences, and impacts, are very personal and while "how much experience is enough" is highly subjective, people with lived experience describe experiences that changed life as they knew it and took them on a different path from what they had planned. The experiences, particularly for people in personal Lived Experience roles also caused significant change to the way they viewed themselves and their place in the world.'[61] The individuals, family members and significant others who work in designated Lived Experience (Peer) roles use a combination of their lived experience and training, Lived Experience supervision and professional development in their practice, linking to the body of knowledge and skills of broader social and rights movements, which are required to develop Lived Experience expertise.

Lived Experience expertise[62] is a prerequisite for a wide range of volunteer and paid designated roles positioned across frontline (the most familiar), management, strategic and board levels. The roles are varied and may be across settings such as research, academia, policy development, consulting and advocacy as well as direct support and can be adapted to meet local needs in regional, rural and remote areas as well as different service settings. For the purpose of this document, the references to the Lived Experience (Peer) workforces are related to those employed in designated paid roles within public mental health services, both hospital and linked community mental health and alcohol and other drug services.

Lived Experience (Peer) work incorporates understandings of the diversity of communities (and diversity within communities), identities, lifespan, and experiences of distress and service use. In Western Australia, Lived Experience (Peer) workforces comprises three distinct workforces – the Aboriginal Lived Experience (Peer) workforce, the Consumer Lived Experience (Peer) workforce, and the Family/Significant Other Lived Experience (Peer) workforce – hence the term 'workforces'. Further specialisations within these workforces also exist, derived from shared lived experiences.

Occupation foundations

The Lived Experience sector has evolved from grassroots consumer movements with clear origin lines to social justice, civil and human rights movements globally. Workers draw on emancipatory approaches and often use social and emotional wellbeing and social determinant models as well as holistic, person-centred ways of working. The profession uses person-centred, whole-of-life perspectives and rights-based responses in a professional relationship, drawing on the principles of self-determination and social justice working towards citizenship for all. An understanding of and the ability to address unequal power relations and the importance of belonging and inclusion are cornerstones to the practice.

The Western Australian Lived Experience (Peer) Workforces Framework and National Lived Experience (Peer) Workforce Development Guidelines outline the foundational values and principles of the Lived Experience practice, including hope, mutuality, authenticity, human rights and equality. Please refer to these documents for richer guidance regarding this dynamic and evolving discipline and associated practice expectations.

Mental health service contribution

Lived Experience (Peer) roles are not a substitute for consumer and family/significant other (carer) engagement, consultation or representation. By purposefully drawing on their lived experience, Lived Experience (Peer) training, and their rights-based movement understanding using a 'democratic participation' perspective,[63] Lived Experience (Peer) workers in both frontline and other designated roles (such as educators, policy workers, project officer, executive management, and research) can assist services to use trauma-informed, recovery-focused, and person-centred approaches across the service continuum. A recovery-oriented system of mental health and social support requires Lived Experience workers everywhere in the mental health system, at all levels of service delivery and decision-making.

Across frontline clinical settings, the Lived Experience (Peer) workforces contribute to improvements in the experiences of service users and their families/significant others, together with clinical outcomes. These workforces use their Lived Experience expertise combined with core relational skills, person-centred and trauma-informed approaches, active listening, foregrounded human rights awareness, communication skills and respectful collaboration to support people and their families/significant others in their personal recovery journey. Access to peer support workers reduces the need for longer inpatient stays and reduces the rate of readmission[64] by enacting the values of the practice, bridges people's access to citizen capital resources for recovery,[65] and significantly contributes to meeting the National Safety and Quality Health Service (NSQHS) Standard 2, Partnering with Consumers.[66]

👥 Multidisciplinary team

Lived Experience (Peer) frontline workforces are specialist members of the MDTs in mental health and alcohol and other drug services.

When working in designated roles, Lived Experience (Peer) workforces bring:

- Their own experiential knowledge of navigating mental distress and/or substance use, accessing and navigating services, and recovery.
- A recognition of their trauma responses and associated healing needs that can enable and maintain social and emotional wellbeing.[67]
- The collective lived experience movement's conceptualisations of madness, trauma, social determinants-informed, human rights, social justice, recovery/wellbeing knowledge and skills.
- Their ongoing professional development, supervision, networking and connection to their own community[68] as well as other lived experience communities.
- The broader knowledge and practice base from national and international research and Lived Experience literature.

The Lived Experience (Peer) workforces work from either a consumer or family/significant other perspective, although they may have dual experiences. When working in delineated roles (e.g. family peer worker), it is important to do so from the perspective of that role and expertise only. Maintaining this clarity of perspective is supported by access to skilled Lived Experience (Peer) supervision, reflective practice and mentoring. This is especially important in small organisations, communities (including smaller diverse communities) and rural areas where there may be no other Lived Experience expertise available.

⬅➡ When to engage this workforce

At the frontline service level, all people referred or accessing services should be made aware of, and be offered access to, the Lived Experience (Peer) workforces upon initial engagement with the service (where possible).

As such, Lived Experience service engagement may occur through:

- Referral via intake, assessment or clinical review by clinical staff or Lived Experience worker at review points.
- Self-referral, i.e. when requested by the individual or family/significant others accessing mental health services.
- When the consumers' family/significant others become identified by existing staff members.

This engagement is determined by the scope of the Lived Experience (Peer) workers' role. For example, peer educators may not be involved in service navigation or support discharge processes, whereas a peer support worker could be.

It is essential to note that Lived Experience (Peer) workers may decline an engagement due to upholding the peer work ethic or scope of practice,[69] conflict of interest[70] or psychological safety reasons. This may relate to pre-existing interpersonal tensions in relationships or personal activation with specific activities within the mental health or alcohol and other drug use arena.

Outside the service delivery level, the National Lived Experience (Peer) Workforce Development Guidelines: Growing a Thriving Lived Experience Workforce states that 'the Lived Experience workforce is an essential element in the development of recovery-oriented care. … Lived Experience workers are needed everywhere, at all levels in service delivery and decision-making and across diverse communities.'[71] It is vital that Lived Experience workers are engaged in meaningful and supported roles that are fully embedded across the organisation.

⚙ Services provided

Lived Experience (Peer) workforces are part of the frontline MDT and, as such, are included in clinical reviews and intake and discharge processes. These workforces 'walk alongside' people referred to and accessing mental health services or the supporters of the person, and provide the following assistance:

- Support in service navigation, partnerships and collaborative care.
- Promote and role model hope, self-determination and self-empowerment.
- Encourage self-referral to enable early intervention.
- Support the development and use of self-advocacy skills.
- Support in building pathways towards a quality life (recovery).
- Support in connecting to the community of their choice (belonging).[72]
- Empathetic and non-judgemental one-on-one and group support drawing on their lived experience and citizenship recovery expertise.
- Develop of life skills.
- Provide education to enable reflective and supportive ways of working.
- Assist in supporting informed consent and decision-making.
- Provide information on consumers' and family/significant others' rights and responsibilities.
- Promote the consumers' and family/significant other's perspective as central to their service experience.

Lived Experience (Peer) workers can extend the reach of traditional care by providing ongoing support outside clinical settings, such as in the community or at home, and extend the continuum of care. They can conduct follow-ups and check-ins and maintain client engagement between clinical appointments, but cannot undertake clinical work.

Case studies

The provided case studies offer instances in which Lived Experience (Peer) workers may be involved in delivering mental health services.

Adult mental health inpatient service

Lived Experience (Peer) workers in an adult mental health inpatient unit can build relational rapport through safe sharing of similar experiences and help orient consumers firstly within the ward and then through the navigation of services and care planning. A Lived Experience (Peer) worker can attend clinical reviews and assessments at the request of the individual or their family/significant others to provide psychological safety, help with clarifying service terminology, reduce stigma around mental health and diagnosis, and support consumers with self-advocacy. The inclusion of a Lived Experience (Peer) worker in these settings can result in enhanced consumer engagement, trust, informed decision-making and the development of consumer-led recovery planning.

Community mental health service (outreach)

In community mental health outreach settings, a Lived Experience (Peer) worker can engage with consumers and their families using strengths-based approaches to provide emotional support, connection and hope to guide them through the mental health service. The Lived Experience (Peer) worker can contribute to the increased confidence of consumers and their families through access to appropriate mental health and alcohol and other drug community support services. The Lived Experience (Peer) worker can facilitate one-on-one and group family peer support groups, attend clinical reviews and family meetings.

Community mental health service

In community mental health settings, a Lived Experience (Peer) worker may be requested by a consumer to work with them, to listen, validate and acknowledge (and deescalate) their distress. The Lived Experience (Peer) worker can liaise with the clinical team to identify assessment and treatment needs and support the consumer through the process. The support and continuity of care provided by a Lived Experience (Peer) worker can lead to greater consumer engagement and trust in clinical services.

🔑 The six key factors

Regulation	The Lived Experience (Peer) workforce is currently a non-regulated, non-credentialed profession; however, workers are included under the National Code of Conduct for Health Care Workers[73] under the management of the HaDSCO.[74]
Capability	The Lived Experiences (Peer) work roles accompany and strengthen clinical services as they are focused on support, advocacy and empowerment from a peer perspective. This promotes informed engagement, enhanced experiences, and trauma-informed and person-centred care provision.
Scope of practice	Lived Experience values and principles guide the scope of practice, alongside organisational and legislative requirements. The scope of practice will be attuned to the setting that the worker is within (e.g. Emergency Department, Eating Disorder service or Safe Havens) and the perspective the role is undertaking (e.g. family/significant other, consumer, mental health or alcohol and other drug). However, these roles cannot undertake clinical responsibilities as this falls outside their scope of practice.[75] It is critical to ensure that these roles remain within their scope of practice in the clinical environment as there is a risk of being asked to fulfil duties not in alignment with Lived Experience (Peer) work, for example, active involvement in restrictive practices such as seclusion and restraint. Given the values and principles of Lived Experience (Peer) work, the consumer/family/significant other relationship is paramount to service provision and assists in providing a psychologically safe environment for people accessing the mental health services. Given the relational nature of the work, the skills and techniques of relational practice apply at all levels of service delivery. To maintain the integrity of the role and avoid 'peer drift', ongoing professional development and practice supervision is vital.
Experience	Lived Experience (Peer) workforces use a combination of their lived experience plus training and professional development grounded in the Lived Experience and the civil rights body of knowledge in their practice to support the development of Lived Experience expertise. As with all elements of the mental health workforce, supporting psychologically safe workplaces is critical for success. For the Lived Experience (Peer) workforces, consideration of recency and type of lived or living experience needs to be factored into the work design and recruitment to support the worker's wellbeing. Workplace adjustments and reasonable allowances are standard practice as required in alignment with legislation such as the Work Health and Safety Act 2020 (WA).

Professional development	Like other professions, Lived Experience (Peer) workers require adequate resourcing and professional development, including access to: • Lived Experience-led training. • Lived Experience professional networks, communities of practice, conferences and webinars. • Lived Experience (Peer) supervision (see below). • Regular debriefing for those in direct support roles. • Professional development includes: • Certificate IV in Mental Health Peer Work (nationally accredited). • Internationally recognised Intentional Peer Support training. • Relevant informal training such as safe storytelling and establishing professional boundaries. • Connection to body of knowledge and research underpinning and supporting the workforce and the Lived Experience movement. • Trauma-informed care. • De-escalation and crisis intervention. • Suicide prevention training. • LGBTQIA+ inclusive practice. For Lived Experience (Peer) supervisors and managers there is also peer supervision training and leadership and management training.
Supervision	Access to discipline-specific supervision, referred to as Lived Experience peer supervision, is an industry best practice to maintain the integrity of the role, especially in a clinical environment where 'peer drift' and the co-opting through the adoption of clinical language, duties and practices may take place. According to the National Lived Experience (Peer) Workforce Development Guidelines: Planning the Future Mental Health Workforce 'Employers need to consider the emotional cost of Lived Experience work when allocating time and resources for processing, debriefing, and ensuring access to Lived Experience supervision and networks.'[76] Lived Experience peer supervision sessions are described as a safe space to explore strengths; problem-solve challenges and tensions; stretch and develop one's practice; and experience empathy and validation. Peer supervision relationships should be underpinned by the values and principles of peer work and be based on mutuality, whereby supervisor(s) and supervisee(s) share both personal and professional experiences to facilitate mutual learning and minimise power differentials. Lived Experience peer supervision can be one-on-one with another relevant Lived Experience (Peer) or can take the form of group co-reflection, internal or external to the workplace. Peer supervision should be: • Mandatory on a regular basis. • Accessible to all Lived Experience (Peer) workers. • Undertaken in work time. • Independent of the workplace. • Founded on Lived Experience (Peer) principles and values. • Chosen by the Lived Experience (Peer) worker. • Employ the rights-based, social justice bodies of knowledge and literature, and draw on self-awareness reflective practice building frameworks.[77] Peer-to-peer supervision is provided in addition to other supervision structures, such as line management, mentoring relationships, communities of practice, co-reflection groups and debriefing supports.

✣ The five core workstreams

Practice	Lived Experience (Peer) workers in Western Australia play a vital role by providing specialised, non-clinical, recovery-oriented care for individuals and their families/significant others experiencing mental health stressors within the WA public mental health sector's services. Peer workers contribute significantly to holistic care by working towards facilitating the conditions for self-empowerment of the people they serve and facilitating access to the rights, resources and skills to live a quality life (recovery) and to identify wellbeing methods and coping strategies. Their toolbox of peer practices foster hope, provide authentic connection and destigmatise mental health to enhance overall wellbeing. Within MDTs, peer workers actively bring their Lived Experience perspectives to clinical reviews and implementation of care plans, and they promote the voices of the consumer and their family/significant other to the centre of the support and care provided to individuals within a service.
Research	Lived Experience (Peer) workers engage in research to validate and expand the evidence base for their practice. They work with Lived Experience researchers and general researchers contributing to studies examining the effectiveness of Lived Experience (Peer) approaches in the mental health, alcohol and other drug and suicide prevention sectors, adding to the broader knowledge of holistic therapies. Research efforts aim to refine best practice, inform treatment guidelines, and demonstrate the impact of Lived Experience and peer work within mental health and alcohol and other drug services in Western Australia. They also contribute to evaluations and quality improvement initiatives within health services.
Education	To protect against peer drift, it is essential that Lived Experience (Peer) workers in Western Australia actively engage in educational initiatives, especially those grounded in the human rights, social justice mental models and bodies of knowledge, and contribute to the development of the Lived Experience (Peer) workforces. Lived Experience (Peer) workers provide training to other professionals as subject matter experts, sharing valuable insights into the importance of Lived Experience, trauma-informed and person-centred practice skills. Lived Experience (Peer) workers actively work within services to ensure optimal service provision by amplifying the voices of individuals and families accessing mental health or alcohol and other drug services.
Leadership	Workers in Lived Experience (Peer) roles demonstrate leadership through active role modelling of relational and citizenship recovery and hope.[78] They are change agents promoting the consumer and family/significant other voice throughout all aspects of service planning and delivery and through policy and strategic planning. They act as a translator between individuals/families and the services to promote rights, clarity, confidence and engagement. Senior Lived Experience (Peer) leadership positions facilitate organisational change, leading the Lived Experience program, policy and procedural development and organisational readiness for the expansion of the workforces to ensure psychological safety, and responsive and accessible services that are trauma informed and holistic. It is essential that all workers in Lived Experience (Peer) leadership roles have regular access to other Lived Experience (Peer) leaders in the sector to continually build and bolster their practice skills and knowledge.

Strategy	While frontline facing staff are not always in formal strategy roles within the mental health system, peer workers can meaningfully contribute to reform and policy development. They may be involved in service change and establish processes under the guidance of the clinical and Lived Experience leadership roles that contribute to the development of the Lived Experience workforce within the mental health, alcohol and other drug and suicide prevention sectors.

Career progression

A strong, skilled, and growing Lived Experience (Peer) workforce is critical to providing appropriate, holistic person-centred services across the mental health sector that is responsive to the needs of both consumers and families/significant others in Western Australia. Appropriately trained and structured Lived Experience (Peer) workforces that are embedded across all levels of the organisation will improve the WA public mental health sector's capability to deliver appropriate services that better meet the needs of the diverse population.

As the workforce size increases and roles diversify in WA, career progression pathways for Lived Experience (Peer) workforces will mature with clear, incremented pathways established. Current efforts to develop entry-level, early career, experienced and leadership positions will support the Lived Experience (Peer) workforces to progress in their career and remain in the discipline. As such, frontline Lived Experience (Peer) staff may specialise in particular areas of mental health (e.g. Forensics, Emergency Departments, Safe Haven, Eating Disorders), pursue further education, or take on roles with more responsibilities and leadership functions.

Medical practitioners

The medical workforce in the WA public mental health setting is diverse and heterogeneous. The common elements to this workforce are the possession of a medical degree from an accredited higher education provider and registration by the [Medical Board of Australia (MBA)](#).[79]

A graduate medical practitioner starts at an internship level, where multiple specialised rotations offer a broad generalist experience. This stage is followed by a residency, which can last one or many years. Doctors in this stage of their training are known as Resident Medical Officers (RMOs). RMOs may fill the roles of a junior or senior medical officer, before (and if) embarking on specialist vocational training later. RMOs are mandated to practice under supervision of a senior medical practitioner, specialist, or consultant.

A registrar is a doctor who has been accepted into a specialist training. Those who wish to become a psychiatrist apply for admission to a training program delivered by the [Royal Australian and New Zealand College of Psychiatrists (RANZCP)](#).[80]

When a registrar begins a psychiatry training program, they perform psychiatric duties under the supervision of a senior psychiatrist and undertake further education for a minimum of five years. During training, they will undertake a practice rotation through the various psychiatric speciality areas and then select their own specialty preferences to finalise their education. On the completion of all training and assessments, a registrar is awarded a RANZCP Fellowship and becomes a consultant psychiatrist.

A senior medical officer (SMO) is a senior doctor with significant experience working in an acute health setting but without the mandatory specialist training. SMOs can now complete a [Certificate in Postgraduate Training in Clinical Psychiatry](#)[81] offered by RANZCP if they wish to use their experience to enhance their skills and continue to work in acute mental health. SMOs can also access training by the WA [Office of the Chief Psychiatrist](#)[82] to enable them to perform some duties of the mental health legislation under 'distant' supervision by a consultant psychiatrist.
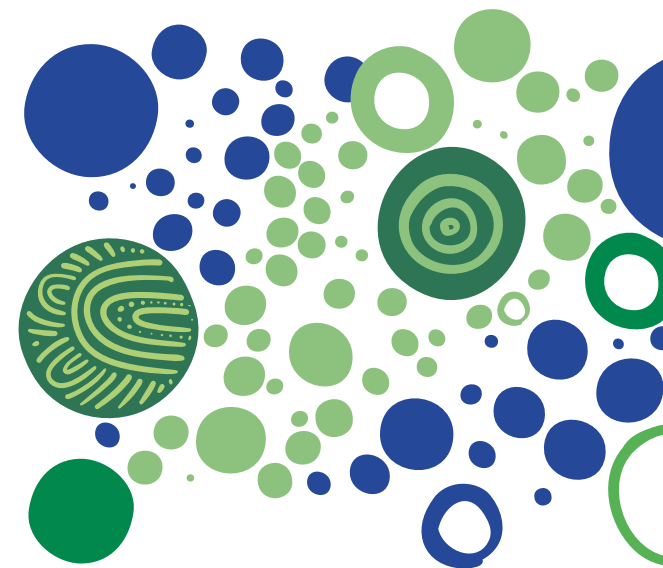
Occupation foundations

Medicine is the science and practice of health care that involves identifying and managing a diagnosis, treatment, rehabilitation and recovery. The practice of medicine also includes prevention and health promotion activities.

Psychiatrists are specialist medical practitioners dedicated to the prevention, diagnosis and treatment of a wide range of mental health conditions. They adopt a biopsychosocial model emphasising the interconnection between biological, psychological and social factors affecting mental health at the individual and population level. More recently, recovery-oriented practice has become an integral principle of psychiatric care, for example, see the RANZCP position statement 'Recovery and the psychiatrist'.[83]

In Australia, RANZCP is the main accreditation, registration and representation body for psychiatrists. Most psychiatrists are Fellows of RANZCP, which indicates that they have fulfilled the requirements of an accredited training program and are eligible for RANZCP membership.

RANZCP is accredited by the Australian Medical Council and the Medical Council of New Zealand to deliver specialist medical education, training and professional development programs in psychiatry.

Mental health service contribution

Psychiatrists in the WA mental health sector can diagnose and prescribe treatment, including medications, for a range of mental health conditions and use specific therapies such as cognitive behavioural therapy (CBT) and psychotherapy. In Western Australia, psychiatrists also undertake duties specified in the Mental Health Act 2014 (WA) and the Criminal Law (Mental Impairment) Act 2023 (WA). They are also the sole medical profession authorised to perform specific mental health interventions such as electro-convulsive therapy in a specified setting.

There are ten psychiatric specialty and subspeciality areas, which demonstrates the range of mental health care psychiatrists provide. These ten areas are:

1. Adult psychiatry
2. Addiction psychiatry
3. Child and adolescent psychiatry
4. Consultation-Liaison psychiatry
5. Forensic psychiatry
6. Neuropsychiatry
7. Old Age psychiatry
8. Perinatal and infant psychiatry
9. Psychiatry of intellectual and developmental disabilities
10. Psychiatric psychotherapy.

The RANZCP position statement 'The role of the psychiatrist in Australia and New Zealand'[84] provides further detail about the roles and responsibilities of psychiatrists.

Multidisciplinary team

Psychiatrists work in MDTs of general practitioners (GPs), occupational therapists, psychologists, mental health nurses, Aboriginal mental health workers, social workers and other allied health professionals. Psychiatrists diagnose and treat a range of mental health conditions and work together with other health professionals to provide person-centred care. Psychiatrists often lead teams caring for mental health consumers who have prolonged, severe and acute mental health conditions.

In relation to multidisciplinary, collaborative practice: clinical authority is vested in the psychiatrist by the virtue of training and experience and can be enhanced by good teamwork; psychiatrists working in a team remain responsible and accountable for their own professional conduct and the care they provide; clinical responsibility, which relates to duty of care and standards of care, rests with every health care professional.

The RANZCP position statement 'Psychiatrists as team members'[85] provides a policy position on MDTs in mental health care.

When to engage this workforce

Psychiatrists work in both the private practice and the public mental health system and see people with diverse lived experience of mental health challenges. Although psychiatrists are most often employed in acute mental health settings such as hospital wards and the specialist community treatment services, they also work with outpatients in their homes or community settings and in private clinics.

Psychiatrists in both public and private practice receive referrals from GPs, psychologists and mental health nurses from the community. The relationship between the primary care sector and the tertiary care sector, in which most psychiatrists work, is important for coordinated care of community members who need it.

The RANZCP position statement 'The roles and relationships of psychiatrists and other service providers in mental health services'[86] clarifies the roles and responsibilities between different team members in a service setting and underpins these relationships.

Unlike other medical specialists, psychiatrists have unique roles and responsibilities legislated under the Mental Health Act and the Criminal Law (Mental Impairment) Act. This includes involuntary treatment and seclusion under strict circumstances. Psychiatrists are authorised to perform or prescribe specialist mental health treatments including psychiatric medications and interventions such as electroconvulsive therapy. Psychiatrists adopt clinical lead in shared-care arrangements with other health practitioners.

⚙ Services provided

Psychiatrists prevent, diagnose and treat a range of mental health conditions, from mood disorders to more complex mental health challenges, such as psychosis, and neurological conditions, such as attention deficit hyperactivity disorder (ADHD). They can also admit people to hospital if required.

Psychiatrists work in a person-centred way and use a combination of treatments, including psychotherapy, medication and physical treatments. They rarely work alone, generally they are part of a MDT.

Psychiatrists are also expected to contribute to their profession and society beyond the individual patient care. As active members of the RANZCP committees, psychiatrists lead the development of a range of professional guidelines, codes and practice standards that guide the provision of psychiatric care and services. The committees also propose and advocate for policy and administrative change aligned with the evidence base and contemporary standards in both the public and private mental health systems.

Case studies

The provided case studies offer scenarios to illustrate how psychiatrists may be involved in delivering mental health services.

In the hospital environment

In a hospital, psychiatrists work with both voluntary and involuntary patients under the Mental Health Act with often acute and severe mental health challenges. A psychiatrist leads a MDT of mental health practitioners, and directs the treatment, care and support provided to patients.

In the forensic setting

Psychiatrists who work in forensic settings may choose to subspecialise in forensic psychiatry to meet the complex needs of people in custody. A psychiatrist leads and oversees the care and treatment of people in custody, either in or outside the prison settings, for example, prisoners are often transferred to public hospitals for treatment. Psychiatrists do not provide involuntary treatment in prisons.

In private outpatient practice

In private outpatient practice, psychiatrists see patients who are referred by their local GP or another health professional. The shared-care model may be appropriate in many circumstances between psychiatrists and other health professionals such as GPs and nurse practitioners. Services can be provided in consulting rooms or via telehealth tools.

In remote communities

A psychiatrist working across remote communities may work in partnership with an Aboriginal community controlled health service, which provides holistic care. The service would operate under the unique social and emotional wellbeing framework, including cultural care, to complement the psychiatric biopsychosocial model of care.

The six key factors

Regulation	All medical practitioners must be registered with the Australian Health Practitioner Regulation Agency (Ahpra) in order to practice. On successful completion of the fellowship training program doctors are eligible to become a Fellow of the RANZCP (FRANZCP), which qualifies them to practice independently as a psychiatrist.
Capability	Expertise in diagnosing and managing mental health illnesses and the ability to prescribe and manage medications to treat them. Skills in providing various forms of psychotherapy and counselling. Ability to work with patients, families, and other healthcare professionals.
Scope of practice	Assessment, diagnosis, and treatment of mental health illnesses, including developing and implementing of treatment plans, prescribing and managing medications and providing psychotherapy and counselling.
Experience	Medical practitioners maintain contemporary knowledge and skills through continuous practice, staying informed about the latest research and evidence-based practices in both medicine and the specialty area of psychiatry.
Professional development	Completion of continuing professional development (CPD) hours. Participation in workshops, conferences, and seminars. Staying abreast of the latest research, treatments, and best practices.
Reflective Practice	Regular reflection on clinical practice, CPD activities and decision-making. Identification of areas for improvement and implementation of changes. Participation in peer review and audit processes. Commitment to providing high-quality, patient-centred care. RANZCP is responsible for accrediting the training programs and posts in psychiatry to ensure they provide quality training and support safe and competent practice of psychiatry. RANZCP is accredited by the Australian Medical Council,[87] an independent national standards body for medical education and training.

All trainees are expected to demonstrate the core RANZCP Fellowship competencies[88] on completion of the Fellowship program. The competencies are defined across the major roles expected of a contemporary consultant psychiatrist:

- **Medical experts:** Perform comprehensive mental health assessments, prescribe treatment, provide care and work with patients of all ages.
- **Communicators:** Communicate effectively with a range of patients, carers, MDTs, GPs, colleagues and other health professionals using their interpersonal skills for the improvement of patient outcomes.
- **Collaborators:** Work with other psychiatrists, within MDTs and with patients, carers and significant others.
- **Managers:** Demonstrate clinical leadership as well as leadership in management and administration of health services, and in policy development and implementation.
- **Health advocates:** Advocate both on behalf of their patients and for systemic changes that improve psychiatric practice.
- **Scholars:** Commit to lifelong learning and apply research evidence and information to improve outcomes for their patients.
- **Professionals:** Commit to the wellbeing of their patients and maintain the high standards of the profession in all aspects of their work.

RANZCP develops accreditation standards covering main educational, clinical and governance areas. A key RANZCP role is to define these standards and monitor their application through accreditation reviews.

Apart from training psychiatrists, RANZCP also:

- Sets and assesses professional standards, including assessing quality and standards in training, clinical supervision, capabilities and scope of practice.
- Sets the code of conduct and the code of ethics.
- Conducts training and exams in the Fellowship Training Program.
- Administers the CPD program, and once qualified, psychiatrists must continue to maintain high level of skills and knowledge and ongoing medical registration.
- Holds conferences and meetings, including the annual scientific Congress.
- Publishes guidelines and policy documents.
- Represents its members' interests as psychiatrists.
- All psychiatrists are required to adhere to the codes and policies of the MBA, which apply to the whole medical profession. For additional information, see:
  - MBA Good medical practice: A code of conduct for doctors in Australia[89].
  - MBA Registration Standards.[90]

Psychiatrists are required to maintain their registration as specialists either through RANZCP or the MBA, which is responsible for Australian and New Zealand medical graduates[91] standard that applies to medical practitioners upon the completion of internship, or to some Specialist International Medical Graduates under the expedited pathways program.

✳ The five core workstreams

Practice	A vast majority of registered consultant psychiatrists provide direct mental health services to consumers. Patient consultations are the most substantial part of their daily work. Psychiatric practice is diverse according to the setting or the specialisation of a doctor, but it is always person-centred while incorporating the best available clinical evidence base. The RANZCP Committee for Professional Practice[92] advises on all aspects of psychiatric practice.
Research	Psychiatry is an evidence-based medical science where an understanding of research outcomes and how they translate to psychiatric practice is essential to a person-centred approach to care. Psychiatrists perform research in many settings including services, academia and private practice. The RANZCP Committee for Research[93] provides leadership on all aspects of research conduct in psychiatry.
Education	An integral part of a psychiatrist's role is supervision of registrars on their pathways to Fellowship. Clinical supervision is vital to successful training and to the assessment of trainees' professional competence. The RANZCP Education Training Policy and Procedure[94] is a detailed policy on clinical supervision and the RANZCP List of training regulations[95] sets out the requirements of supervisors for accreditation purposes. The RANZCP Education Committee[96] oversees all aspects of the Fellowship in Australia and New Zealand.
Leadership	Psychiatrists play a key role in mental health care and are well placed to lead and advise on a range of matters. Psychiatrists are clinical leaders and managers across the service system. Leading and contributing to discussions on policy direction and better approaches to public health is also core business for psychiatry. The RANZCP Section of Leadership and Management[97] promotes leadership as a career option for psychiatrists.
Strategy	Psychiatric leadership, when embedded at all levels of mental health and health governance, is a prerequisite for integrated service provision to mental health consumers. In shaping strategy, psychiatric leadership contributes insights specific and unique to the professional role of psychiatrists across the mental health system.

👥↙ Career progression

Options for career progression are not mutually exclusive, for example, a psychiatrist may be engaged predominantly in clinical practice as a senior consultant but have an adjunct academic research or education role at a university medical school.

For the purposes of the Framework, a simplified list of career progression could include:

- Clinical practice: Psychiatrists who remain in service provision may pursue clinical leadership opportunities as clinical managers or directors of services. They use insights gained through significant experience and expertise working with patients to drive service improvements and innovative models of care.

- Academia, education and research: Psychiatrists who commit to a research career may complete a PhD and work as a researcher in a university or research institute. They may combine this with clinical work as part of their research projects and become leaders in translational research, which applies research findings in mental health settings.

- Administration and management: Progression through service leadership may lead to senior executive roles in health system management, including leading government agencies and statutory bodies.

Music therapists

The music therapy workforce in the WA public mental health sector typically includes certified music therapists.

These professionals may work in various occupational groups, such as mental health clinics, hospitals or community health settings. Common titles for music therapists in this context include 'registered music therapist' or similar designations.

Occupation foundations

The foundational/theoretical underpinnings of the music therapy workforce in the WA public mental health sector draw from various approaches, including psychodynamic, behavioural and humanistic theories. Music therapy's historical evolution in this context reflects a shift from using music primarily for recreation to a more systematic therapeutic approach. Over time, the field has embraced evidence-based practices, incorporating psychological and neuroscientific principles to enhance mental health interventions. The evolving perspective underscores the integration of music as a tool for emotional expression, communication and overall wellbeing.

Music as a therapeutic intervention has been used consistently for a few decades, particularly in mental health services within inpatient wards and community environments. Facilitation of this intervention has not been limited to music therapists – experienced mental health clinicians from the existing workforce (who were also musicians) have taken on the role of facilitators of music interventions to meet this need. Typically, many mental health consumers are talented in the creative arts and most benefit greatly from engagement through this therapeutic medium.

In view of the above, the foundational/theoretical underpinnings include a person-centred approach within a recovery framework, sensory integration therapy, cognitive disabilities model, acceptance and commitment therapy, trauma-informed care and model of human occupation.

Mental health service contribution

The music therapy workforce in the WA public mental health sector brings a unique blend of musical expertise, psychological knowledge and therapeutic skills. Music therapists are trained to assess and address an individual's needs, using music as a medium for self-expression and emotional communication. Their experience enables them to tailor interventions that resonate with consumers, promoting engagement and facilitating emotional expression where verbal communication may be challenging. This workforce contributes significantly to holistic care by enhancing emotional regulation, social skills and coping mechanisms, thereby complementing traditional mental health interventions and fostering a more comprehensive approach to consumer wellbeing.

With a holistic, recovery-oriented and evidence-based approach, interventions through music have achieved the following:

- **Music assisted occupation:** Using music during the performance of occupation/s to address limitations through functional performance training, that is, listening to music or audio recordings to sustain motivation to engage in particular daily tasks or to cope in challenging situations or environments. For example, the consumer can compose and audio record a track and then listen to this regularly to help manage anxiety in a busy shopping centre or to motivate/initiate action to complete tasks.
- **Music as an occupation:** Engaging in a music activity to enhance quality of life or to rediscover meaningful occupation that adds value, purpose and meaning to daily life, routines, sense of identity and connection to others. For example, mastering or simply expressing oneself through singing or playing an instrument (e.g. the guitar or drums) can make the consumer feel good. This may be even more pronounced when shared with others or practiced in the company of others as a means of interacting or socialising.
- **Music in preparation for an occupation:** The use of music before participation in an occupation can be used to prepare oneself emotionally or to induce the appropriate arousal level. For example, using music and audio recordings to wake you up in the morning to start the day or to help prepare you for a good night's sleep.

The use of music after a difficult occupational task or traumatic experience can help an individual process emotional or arousal changes and prepare them for the next occupational task, for example, engaging in music, song writing and audio recording to explore, process and enhance self-understanding and self-awareness in relation to past experiences and trauma.

Therapeutic use of music can relate to the 'process' or the 'end product'. Audio recording is a tangible and timeless therapeutic tool that allows consumers to listen back to support ongoing needs, for example, for evaluating therapeutic progress; reinforcing creative identity; building self-esteem, self-confidence and agency; generating a sense of pride in achievement; and validation in sharing with others,

Multidisciplinary team

The music therapy workforce in the WA public mental health sector plays a crucial role within the MDT. Music therapists collaborate with psychiatrists, psychologists, occupational therapists, social workers and other professionals to contribute a unique therapeutic perspective. They bring a non-verbal, creative approach to the discussion, offering insights into emotional and expressive aspects of consumers' experiences. Music therapists advocate for the integration of music therapy interventions in treatment plans, emphasising its positive impact on mental health outcomes. Through collaboration and sharing consumer progress, they influence the overall consumer journey by contributing to a more comprehensive and individualised approach to care.

With the introduction of the National Disability Insurance Scheme (NDIS), therapeutic liaison extends to private practitioners, support coordinators and support workers.

When to engage this workforce

Consumers can be referred to the music therapy workforce in the WA public mental health sector for various reasons, including:

- **Emotional expression and regulation:** When individuals find it challenging to express emotions verbally, music therapy provides an alternative avenue for communication. Music interventions can be a powerful tool when combined with other approaches such as acceptance and commitment therapy and CBT, hearing voices coping strategies, positive self-talk and mantras, personalised breathing, relaxation, mindfulness and exercises.
- **Stress and anxiety:** Music therapy is beneficial for individuals experiencing stress and anxiety, offering relaxation techniques and coping strategies.
- **Communication disorders:** For consumers with communication disorders or difficulties, music therapy can enhance non-verbal communication skills.
- **Mood disorders:** Music therapy is often utilized for individuals with mood disorders, such as depression or bipolar disorder, to address emotional regulation and mood enhancement.
- **Psychotic disorders:** Therapeutic use of music can assist with volitional, routine, cognitive, physical and interpersonal skills development. It can also support identity development and community integration.
- **Trauma and post-traumatic stress disorder (PTSD):** Music therapy can be effective in trauma recovery, helping individuals process and cope with traumatic experiences.
- **Identity and role development:** Music therapy can assist in meaningful occupational engagement which can evolve into meaningful identity and role development.

Referrals may be received from inpatient psychiatric facilities, both public and private, inpatient state mental health forensic service, community mental health services, private psychiatrists and general practitioners for consumers with a range of mental health conditions, including mood disorders, anxiety disorders, psychotic disorders, emotionally unstable personality disorders, post-traumatic stress disorder, complex trauma and suicidal ideation.

⚙ Services provided

The music therapy workforce in the WA public mental health sector provides a range of services aimed at enhancing the consumer's mental health and wellbeing.

The music therapist initially works with the consumer to build a therapeutic relationship while conducting assessments to determine the consumer's strengths, challenges, capability, past experience and therapeutic need.

Music therapy services can include:

- **Assessment and treatment planning:** Conduct initial assessments to understand the consumer's needs and developing individualised treatment plans.
- **Audio recording and production:** Use audio recordings to capture the therapeutic and healing process for each consumer and provide a clinical record of the therapeutic process and progress. It is a complex process that helps bridge the consumer's subjectivity and reality and lead to transformation.
- **Therapeutic music interventions:** Use music or music production to address specific therapeutic goals, such as emotional expression and stress reduction, and improve coping mechanisms.
- **Song writing and lyric analysis:** Engage consumers in song writing activities or analysing song lyrics to explore and express emotions, thoughts and experiences.
- **Improvisation and jam sessions:** Facilitate musical improvisation and jam sessions to encourage spontaneity, creativity and social interaction.
- **Relaxation and guided imagery:** Employ music to induce relaxation and guide individuals through imagery exercises to promote a sense of calm and focus.
- **Music listening and discussion:** Use pre-recorded music for active listening, followed by discussions to explore emotional responses and insights.
- **Group music therapy:** Conduct group sessions to foster social connections, communication skills and a sense of community among participants.

These activities contribute to the overall therapeutic process, addressing a spectrum of mental health concerns and promoting positive outcomes.

Therapy commences through individual sessions or group work to focus initially on arousal levels and emotional regulation. This is achieved through breath work, relaxation and developing adaptive coping skills. Consumers are also introduced to playing an instrument (including their voice). As client work progresses, songwriting and creating musical scores are explored as channels for thoughts and feelings that consumers would otherwise find difficult to express.

A range of approaches are used in providing a person-centred approach through music and audio production, for example, dialectical behaviour therapy (DBT), trauma-informed care, CBT, functional cognition, sensory integration and the hearing voices approach recovery model.

Case studies

The provided case studies offer scenarios to illustrate how music therapists may deliver mental health services.

Anxiety and stress reduction scenario

For consumers presenting with anxiety disorders and struggles with managing stress, the music therapist may introduce guided relaxation sessions incorporating calming music. Over the sessions, the consumer can learn to use music as a tool for self-soothing, resulting in reduced anxiety and improved stress management.

Non-verbal communication scenario

For consumers with challenges in verbal communication, the music therapist may use rhythmic activities and musical games to enhance non-verbal communication. The consumer can express themselves through music, leading to increased confidence and social engagement.

Depression and emotional expression scenario

Songwriting may be a medium for expression for consumers struggling to articulate emotions. Through composing lyrics and melodies, consumers can find a constructive outlet, fostering a sense of accomplishment and emotional release.

Social isolation, distressing auditory hallucinations and Schizophrenia scenario

A music therapist working with consumers experiencing auditory hallucinations in a psychotic episode may conduct an assessment that includes voice mapping and dialoguing. The consumer may then be guided to write and record original lyrics and music to address the 'voices', reducing the intensity and frequency of distress associated with hearing them. The consumer is supported in acknowledging and deciphering their relationship with the voices. The consumer may play back their recording to aid community integration and support ongoing grounding in day-to-day living in public settings.

Music therapists can support consumers to write and record personalised scripts, prompts or affirmations. This can help reduce generalised anxiety and anxiety related to specific tasks, enabling consumers to complete activities of daily living and supporting improved confidence, independence and quality of life.

Music therapists will work with individuals and groups by drawing out and guiding the natural talents of consumers, for example, those with a flair for writing or poetry will be encouraged to use their language to describe their experiences of schizophrenia through lyrics, which can then be recorded to original music. Helping consumers to identify and use their own talent improves their confidence and enables them to share their recovery journey with loved ones, families, friends and sometimes the broader community through performance.

Complex trauma or post-traumatic stress disorder scenario

Consumers with complex trauma may experience challenges with interpersonal functioning, social isolation and emotional dysregulation. Music therapists will work with consumers in individual sessions to express and understand the painful thoughts and feelings through safe music exploration and engagement. They may then help the consumer record their original songs and personalised scripts, validating their experiences, resilience and hope for the future, and providing recordings to listen back to when emotionally dysregulated and dissociating.

In small group sessions, consumers may be supported to process their trauma through sharing their thoughts and feelings and collaboratively write and record songs. In some cases this can lead to disclosure of their trauma with families, which can be an important step to recovery.

Aboriginal consumer scenario

Music therapy can be effective when working with Aboriginal consumers, particularly those from remote communities far from family and community supports. Music therapists can support consumers through individual sessions to sing and record a song in their language, which helps facilitate increased connection to country and sense of artist identity. Listening back to their own music through headphones can help with behavioural regulation and reduce incidents of aggression.

The six key factors

Regulation

In Western Australia, music therapists come under the National Code of Conduct for Health Care Workers[98] under the management of the HaDSCO.[99] Music therapists working in the public mental health sector follow specific guidelines and standards set by regulatory bodies or professional associations with the state.

For additional information, see:

- Australian Music Therapy Association (AMTA)[100]
- Indigenous Allied Health Australia (IAHA).[101]

Music therapists working in WA public mental health settings usually have a primary professional qualification such as nursing, occupational therapy, social work or psychology and have undertaken additional professional development to use music as a therapeutic intervention. These practitioners should be registered with the Australian Health Practitioner Regulation Agency (Ahpra)[102] for their primary profession.

Capability

Music therapists possess a diverse skill set encompassing musical proficiency, therapeutic techniques and interpersonal skills. Their capabilities include assessing individual needs; designing and implementing effective interventions; and evaluating the impact of music therapy on mental health outcomes.

Scope of practice

The scope of practice for music therapists in the WA public mental health sector includes working with individuals across the lifespan who have a variety of mental health conditions. This may involve one-on-one sessions, group therapy or collaboration with other healthcare professionals.

Scope of practice also extends to audio recording and production in individual and group therapy. Given the benefits of this therapeutic intervention, long-term engagement is recommended for some consumers and therefore scope of practice should include the development of partnerships with community organisations for referrals and community integration.

Experience

Practitioners typically maintain recent and relevant experience through ongoing clinical practice. Regular engagement in the field ensures that music therapists stay current with evolving therapeutic approaches and contribute effectively to the mental health sector.

Professional development

Continuing professional development is essential for music therapists and other professions involved in music interventions to enhance their skills and stay informed about advancements in the field. Workshops, conferences and training programs contribute to ongoing learning and professional growth.

Supervision

Supervision is crucial for professional development and maintaining ethical standards. Music therapists often engage in regular supervision sessions with experienced colleagues to reflect on their practice, receive guidance and ensure the quality of their therapeutic interventions is maintained.

✸ The five core workstreams

Practice	Music therapists in the WA public mental health sector contribute to the practice domain by providing personalised and evidence-based care, support and treatment. They offer support through therapeutic interventions by addressing the consumer's emotional, cognitive and social needs. Their role involves collaborating with other healthcare professionals to integrate music therapy into comprehensive treatment plans, enhancing overall consumer care.
Research	In the realm of research, the music therapy workforce engages in studying the efficacy of different interventions and their impact on mental health outcomes. They contribute to the evidence base by participating in research projects, conducting assessments and sharing findings to advance the understanding of how music therapy can be optimally utilised within mental health care. They educate consumers on the benefits of music therapy and how it can be integrated into their mental health journey.
Education	Music therapists play a vital role in the education of other healthcare professionals. They contribute to the education of colleagues, sharing insights into the therapeutic use of music and its application in diverse mental health contexts.
Leadership	In the leadership domain, music therapists take on roles that involve advocating for the integration of music therapy services within mental health settings. They contribute to policy development, ensuring that the therapeutic potential of music is recognised and used effectively. Leadership also involves fostering interdisciplinary collaboration and promoting the role of music therapy in holistic mental health care.
Strategy	Music therapists in mental health care play a crucial role in driving reform and leading change within their field, using their proficiency in strategy and planning to implement innovations and transform therapeutic processes. They are instrumental in developing and leading policies that establish principles and courses of action to enhance the mental wellbeing of individuals and communities through the innovative use of music interventions.

👥✈ Career progression

Career progression in music therapy may involve moving into specialised areas such as research, education or clinical supervision. Advanced certifications, leadership roles and contributions to the field through publications or advocacy can further shape the career trajectory of music therapists.

Nurses

In the WA public mental health sector, nurses play a vital role in delivering comprehensive, integrated care to individuals facing mental health challenges.

In general nursing wards, nurses play a central role in identifying early signs of mental health deterioration through their continuous observation and assessment skills. In mental health settings, mental health nurses provide highly specialised clinical expertise combined with a holistic, person-centred approach, ensuring that those requiring mental health services receive the support they need.

In the WA mental health context, the terms 'mental health nursing' and 'psychiatric nursing' are often used interchangeably; however, they have a slightly different focus.

Psychiatric nursing is a historical term that described nurses focused on caring for people with severe mental illnesses in psychiatric hospitals or institutions. They managed mental health conditions from a medical and diagnostic standpoint closely aligned with the field of psychiatry.

Mental health nursing is the more commonly used term today. It reflects a less pharmacotherapy oriented, broader and more holistic approach to mental health care, focusing on the psychological, emotional and social wellbeing of individuals across mental health settings. These settings include inpatient facilities such as hospital mental health units, correctional facilities and community mental health services along with more generalised nursing settings such as hospital emergency departments, where mental health nurses provide specialist mental health nursing interventions.

The mental health nursing workforce comprises enrolled nurses (ENs) and registered nurses (RNs) specialising in mental health care.

Enrolled nurses

ENs operate under the supervision of RNs, providing essential nursing care, assisting with daily living activities, and implementing care plans developed by RNs.

ENs complete a Diploma of Nursing, typically a two-year program focusing on fundamental nursing skills. ENs who can demonstrate a specialist or advanced set of competencies, either through training or experience, may apply to be classified as an advanced skill enrolled nurse (ASEN) through an industrial-led process. An ASEN is a specialist in their area and is able to undertake more complex aspects of care. ENs can further advance their careers by enrolling in a conversion program to become RNs, which is typically a two-year full-time university course.

Registered nurses

RNs possess a broader scope of practice than ENs, which includes conducting advanced clinical assessments, developing care plans, administering medications and leading patient care. They may specialise in areas such as mental health and often develop into leadership roles.

RNs complete a Bachelor of Nursing degree, which usually takes 3 to 3.5 years full-time study.

RNs in mental health settings develop their expertise through a structured progression of skills, knowledge and experience. Their proficiency levels range from foundational to highly advanced (Table 1). Initially, RNs focus on consolidating essential skills in mental health care, such as conducting assessments and using therapeutic communication. As they advance in their careers, they take on more complex cases and may step into leadership roles.

Proficiency is usually relative to the specific position an RN holds and the environment and setting in which they work. Transitioning between different areas of mental health (e.g. from inpatient care to community or from working with older adults to children) may require additional learning and skill development. For example, an RN proficient in adult mental health inpatient care may need to up-skill to develop new competencies when transitioning to a child and adolescent mental health service or a forensic mental health setting. In this context, up-skilling means acquiring new knowledge and skills tailored to the unique demands of the new area, such as learning specific therapeutic approaches; understanding different risk factors; adapting communication techniques; and gaining familiarity with specialised protocols and safety measures relevant to the mental health setting.

RNs perform diverse roles across various mental health settings, with required skills differing significantly based on the specific environment and geographic location (e.g. metropolitan versus regional and remote areas). Each setting presents unique challenges and opportunities for skill development, enabling nurses to provide high-quality care to individuals with varied mental health needs.

Occupation foundations

Mental health nursing is grounded in several key theoretical perspectives:

- **Psychiatric and psychological theories:** Includes cognitive-behavioural theory, psychodynamic theory and trauma-informed care, which provide the foundational knowledge required to assess and treat mental health disorders.
- **Biopsychosocial model:** Patients are assessed holistically by integrating biological, psychological and social factors into treatment plans.
- **Recovery-oriented care:** One of the eight key principles of practice identified for this Framework. Places emphasis on the consumer's journey towards recovery and empowering them to be actively involved in their care decisions.
- **Trauma-informed care:** Many individuals accessing mental health services have experienced trauma. The delivery of sensitive and respectful care that works to minimise re-traumatisation and supports better outcomes for those who have experienced trauma is the focus of this model.
- **Therapeutic relationship:** Building therapeutic alliances with patients is central to mental health nursing by fostering trust and communication in the care process.

Mental health service contribution

Mental health nurses possess specialised expertise in managing complex conditions such as schizophrenia, bipolar disorder, depression, anxiety disorders and substance use disorders. They are highly skilled in responding to acute crises, including psychotic episodes, self-harm or suicidal ideation, performing assessments and preparing associated care plans.

By building therapeutic relationships, mental health nurses create a safe space for patients to communicate concerns, facilitating early intervention. These relationships also enable mental health nurses to detect subtle behavioural or mood changes, such as withdrawal or altered sleep patterns, that may signal emerging or re-emerging mental health issues.

In acute crises, such as self-harm or psychotic episodes, mental health nurses often act as first responders, effectively managing the situation until specialised mental health professionals can provide additional support.

Mental health nurses contribute to mental health care in the following arenas:

- **Psychopharmacology:** Mental health nurses manage administration and or prescribing (NPs) of psychiatric medications within their scope of practice, including antipsychotics, antidepressants and mood stabilisers. They monitor patient responses, side effects and medication adherence. They also provide patient and family education in collaboration with medical teams.
- **Risk assessment and management:** Assessing the potential for harming self or others is a key factor in the assessment process by mental health nurses.
- **Therapeutic interventions:** Mental health nurses use therapeutic communication techniques and deliver psychoeducation to individuals and families. In some settings, mental health nurses may deliver various structured psychological interventions within their scope of practice, such as motivational interviewing or CBT. Note: Psychoeducation involves providing individuals and their families with information and resources to better understand and manage mental health conditions. This educational approach helps patients recognise symptoms, understand treatment options and develop coping strategies, ultimately empowering them to take an active role in their recovery. It can cover a range of topics such as managing medications, recognising triggers and improving communication skills.

- **Person-centred care:** One of the eight key principles of this Framework. The focus is on providing holistic, individualised support that addresses a person's mental health needs alongside their physical, social and emotional wellbeing. Mental health nurses coordinate treatment among various healthcare providers and advocate for patient safety. This involves actively identifying, assessing and managing potential risks, such as signs of self-harm, suicidal ideations and medication interactions, and taking steps to minimise them. By maintaining clear communication, ongoing assessment and timely interventions, mental health nurses ensure patient safety remains a central focus throughout the recovery process.
- **Managing acute and chronic health conditions:** Mental health nurses ensure care is person-centred, holistic and continuous. Mental health nurses address the relationship between physical and mental health, recognising that chronic physical illnesses often coincide with mental health challenges such as depression or anxiety.
- **Community reintegration:** Mental health nurses support patients reintegrating into the community after discharge, connecting individuals with ongoing mental health resources, including community health services, support groups and psychoeducation programs. This work is essential in remote or rural areas, where barriers to accessing care are more pronounced.
- **Cultural competence:** Mental health nurses are trained in culturally competent care, with a strong focus on understanding and respecting the mental health perspectives of Aboriginal and Torres Strait Islander peoples. This includes incorporating traditional healing practices and working collaboratively with Aboriginal mental health workers, Elders and community leaders. In addition, mental health nurses are skilled in providing care that reflects the diverse cultural and linguistic backgrounds of the population, supporting treatment that is inclusive, respectful and responsive to cultural needs.
- **Health promotion and prevention:** These are fundamental aspects to proactive mental health care, by not only treating existing conditions but also focusing on prevention. Mental health nurses educate individuals and families on recognising early signs of mental health issues and offer strategies to maintain wellbeing, which reduces the risk of crises, particularly in vulnerable populations such as those in rural areas with limited healthcare access.

Multidisciplinary team

Mental health nurses are integral to the MDT, working collaboratively with a range of professionals to provide comprehensive care.

This collaboration takes various forms, including partnering with Aboriginal workers to support culturally safe care for Aboriginal people, collaborating with allied health professionals to help implement treatment plans and encourage an individual's participation, rehabilitation and independence, and supporting medical practitioners and pharmacists with medication administration and management.

Mental health nurses' contributions include:

- **Team communication:** Mental health nurses are central to facilitating effective and open communication within the mental health care team. Of all the professionals comprising a MDT, mental health nurses spend the most time with the consumers day-to-day and are well placed to provide essential insights about their physical and mental health status. This is important for managing various physical health conditions such as diabetes, cardiovascular disease, eating disorders and substance use disorders, which often coexist with mental health issues. By communicating updates about a person's physical health, mental state and daily behaviour, mental health nurses ensure that all aspects of health are addressed in a coordinated and holistic manner. Mental health nurses facilitate collaboration across disciplines by relaying information between medical practitioners, allied health practitioners and other mental health professionals to ensure a unified care plan.

- **Care coordination:** Mental health nurses are pivotal in coordinating care across different services and settings, working closely with both inpatient and outpatient providers to ensure continuity of care when people move between hospital-based care and community-based services. This includes collaborating with discharge planners, community health teams and other mental health professionals to organise follow-up care, medication management and access to community resources post-discharge. The mental health nursing role ensures that patients have ongoing support during their transition, which reduces the risk of relapse or readmission. Care coordination also involves scheduling appointments, arranging transport if necessary and ensuring family members or carers are kept informed and involved in the care process.

- **Advocacy:** Mental health nurses perform an essential role in representing the individual's preferences and ensuring that their voices are heard in treatment planning. During MDT meetings, mental health nurses work alongside their Aboriginal and Lived Experience colleagues to advocate for a person's cultural values, individual circumstances and personal goals to be respected and considered. For example, they may ensure that a treatment plan reflects a person's desire to use less invasive interventions or that cultural practices and beliefs are integrated into their care. This advocacy also involves safeguarding individual's rights, ensuring informed consent and supporting people who may struggle to articulate their needs or preferences due to mental health challenges. In this way, mental health nurses ensure that care is person-centred and aligned with the individual's needs.

When to engage this workforce

Mental health nurses are influential in supporting people during their recovery journeys. Early engagement of mental health nurses is important in providing information based on observational changes in mood, behaviour, and physical health, these serve as early indicators of treatment effectiveness, or the need for modifications. This individualised and ongoing engagement makes mental health nurses essential contributors to recovery-oriented care, ensuring that treatment remains adaptable and responsive to the evolving needs of people requiring mental health care.

⚙ Services provided

Mental health nurses provide a variety of services in the WA public mental health sector. Key areas include:

Assessment and diagnosis:

- Use structured interviews and standardised tools to assess symptoms.
- Gather detailed patient histories, including medical, psychiatric, social and family backgrounds.
- Observe and document behaviours, mood and affect.
- Identify individuals' current mental health status, coexisting conditions and potential triggers to guide appropriate care.
- Collaborate with MDTs including psychiatrists, allied health, lived experience (peer) and Aboriginal mental health workers.
- Share observations and insights to contribute to formal diagnoses.
- Provide early interventions crucial to effective care.
- Participate in case conferences to develop individualised care plans.

Medication management:

- Conduct therapeutic drug monitoring, including observing patients for side effects, therapeutic responses and signs of non-adherence.
- Administer medications including long-acting antipsychotic injections, ensuring meticulous preparation and precise administration.
- Manage complex medication regimens in settings with limited access to regular medical care.
- Ensure patients continue their prescribed treatments safely and effectively.
- Educate patients and families on medication purposes, dosages and potential side effects.
- Conduct medication reconciliation to ensure accuracy and prevent interactions.
- Collaborate with pharmacists and prescribers to manage complex medication regimens.

Crisis intervention:

- Use de-escalation techniques to address aggressive or paranoid behaviours, reduce distress and ensure the safety of the individual and others.
- Employ skills such as active listening, establish rapport and use calming communication to help the individual regain control.
- Collaborate with local healthcare providers to facilitate emergency transfers to psychiatric units or arrange telehealth consultations in rural and remote settings.
- Coordinate with emergency services for patient transfer or additional support.
- Develop and implement short-term safety plans tailored to the individual's immediate needs.
- Provide immediate emotional support and crisis counselling to patients and families.

Consumer education:

- Educate patients and families about specific mental health disorders, the effects of medications and strategies for managing symptoms.
- Provide information on lifestyle modifications such as stress management, diet, exercise and sleep hygiene, all of which are essential for supporting mental wellbeing.
- Support health literacy to help individuals make informed decisions about their care, adhere to treatment plans and actively engage in the recovery process.
- Lead medication education sessions to ensure patients fully understand their treatment plans.
- Facilitate support groups or workshops on coping strategies and wellness practices.

Therapeutic interaction:

- Conduct one-on-one therapeutic sessions to explore concerns and provide emotional support.
- Use motivational interviewing techniques to encourage behaviour change and treatment adherence.
- Engage in reflective practice to help individuals gain insights into their thought processes and emotions.
- Facilitate group therapy sessions or support groups to promote social support and peer interaction.
- Provide crisis counselling and emotional support during times of heightened distress.
- Promote recovery, encourage self-awareness and support individuals in developing healthier coping mechanisms through communication strategies.

Chronic mental health condition management:

- Offer regular support by adjusting care plans based on the individual's evolving needs.
- Ensure both mental and physical health needs are addressed, with a focus on holistic care.
- Educate patients and their families about chronic conditions, treatment options and self-management strategies to empower patients and enhance recovery.
- Conduct home visits to monitor mental health status and assess symptom management.
- Review medication adherence and address any side effects or concerns.
- Adjust the care plan based on individual feedback and observed symptoms.
- Provide individual and family education about treatment options and self-management strategies to empower the recovery process.
- Use telehealth consultations for ongoing support and check-ins when face-to-face visits are not practical.
- Refer individuals to community resources such as support groups and mental health services to increase their support network.
- Develop a crisis management plan with the individual and their family, which outlines the steps to take if symptoms worsen or a relapse occurs.

Community mental health nurses provide ongoing follow-up care for individuals with chronic mental health conditions such as schizophrenia, bipolar disorder and borderline personality disorder that focuses on symptom management, relapse prevention and avoiding hospitalisation. Mental health nurses conduct the discharge planning activities listed below and, in some cases, may conduct the preceding pre-discharge assessments to identify an individual's needs and potential challenges.

Discharge planning:

- Develop personalised discharge plans that outline follow-up care, community supports and necessary services.
- Coordinate with community mental health teams and social services to ensure continuity of care after discharge.
- Educate individuals and families on the post-discharge plan, how to access community resources and what to expect during recovery.
- Provide follow-up support post-discharge to monitor patient progress and address any emerging issues or needs.

Personalised discharge plans address the individual's mental health, physical health and psychosocial needs. This process includes ensuring smooth transitions from hospital to community care, promoting long-term recovery and reducing the risk of readmission by providing a continuum of care.

Rural and remote mental health

Nurses play a central role in delivering mental health care in rural and remote communities across Western Australia, often taking on responsibilities that, in urban areas, are typically managed by other mental health care specialists. Rural and remote nurses address a broad spectrum of mental health needs, ranging from crisis interventions for acute episodes to long-term care for chronic conditions.

In many rural and remote settings, nurses are frequently the sole providers of immediate mental health assessment and support, relying on their advanced skills in assessment, critical decision-making and crisis management to meet urgent needs.

In regional areas, nurses are central to ensuring a seamless transition between inpatient and community-based care. They bridge the gap between physical and mental health services, providing comprehensive support in settings where resources may be limited.

With limited access to specialist support, nurses rely on their training to provide person-centred, culturally respectful care, especially when supporting

Aboriginal and Torres Strait Islander communities. By fostering trust and working collaboratively with local community members, including Aboriginal health workers and Elders, they deliver holistic mental health services respecting cultural perspectives on mental health and recovery.

Many nurses working in rural and remote settings pursue additional qualifications in mental health, or specialised rural and remote health qualifications. Further training in areas such as advanced life support, cultural competency and telehealth enhances these nurses' ability to address the unique challenges of rural and remote mental health care. These skills are equally valuable for nurses working in metropolitan areas, underscoring the importance of ongoing professional development across all healthcare settings.

For additional information, see:

- [The National Rural and Remote Nursing Generalist Framework 2023–2027](#)[103]
- [Australian Nursing & Midwifery Federation Rural and Remote Health.](#)[104]
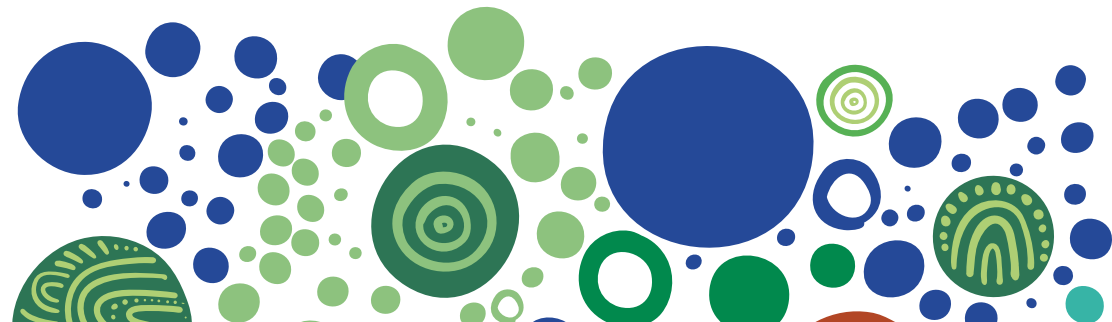
Case studies

Mental health inpatient service

Mental health nurses have an important role in the initial assessment and ongoing evaluation of people experiencing mental health issues in inpatient settings. This includes conducting comprehensive assessments that involve collecting a detailed history, observing behaviour, and using standardised tools to evaluate symptoms. This process helps in identifying a person's mental health status, any coexisting conditions, and potential triggers. Mental health nurses collaborate with the MDT, including psychiatrists and clinical psychologists, contributing to the formulation of a formal diagnosis. This collaborative approach ensures that the diagnostic process is thorough, considers various professional perspectives, and emphasises holistic person-centred care. In remote areas of WA, mental health nurses may be the primary healthcare providers conducting these assessments, making accurate diagnosis and early intervention crucial to preventing the escalation of a person's mental health issues.

Community mental health

Community mental health nurses often manage acute mental health crises such as severe anxiety, suicidal ideation, or aggressive behaviour. Mental health nurses are often the first responders in these situations, using de-escalation techniques to manage aggressive or paranoid behaviour, reduce distress, and ensure the safety of both the person experiencing the mental health crises and others. This involves employing skills such as active listening, establishing rapport, de-escalation and breakaway techniques, and using calming communication to help the person regain control. In Western Australia where access to specialised mental health services may be limited in certain regions, mental health nurses often serve as the frontline crisis responders. They also play a pivotal role in coordinating emergency care, such as arranging transfers to psychiatric units and engaging local resources such as health services, GPs and police, thereby providing essential support during the most critical phases of mental health treatment.

The six key factors

Regulation	Registered and enrolled nurses in mental health settings must be registered with the Australian Health Practitioner Regulation Agency (Ahpra)[105] under the Nursing and Midwifery Board of Australia (NMBA).[106] This registration requires adherence to specific standards, such as maintaining professional practice and undertaking continuing professional development (CPD) activities to ensure the quality and safety of care. Nurses must also comply with annual renewal requirements, including criminal history checks and proof of ongoing competence and recency of practice. Ensuring safety and quality in mental health care is a primary responsibility of mental health nurses. They must adhere to best practice guidelines and evidence-based protocols when providing care. This includes maintaining accurate clinical documentation, participating in quality improvement initiatives and adhering to infection control standards. Mental health nurses must also be aware of and manage the risks associated with mental health care, such as the potential for self-harm or aggression, to provide a safe environment for both patients and staff. Mental health nurses must adhere to the National Standards in Mental Health Services (NSMHS),[107] which outline the expectations for service delivery, including rights and responsibilities of patients, safety and quality, and the provision of evidence-based care. Additionally, compliance with the *Mental Health Act 2014 (WA)* is mandatory, specifically the treatment and rights of involuntary patients to ensure ethical and legal standards are maintained throughout their practice. For additional information, see: • Australian Nursing & Midwifery Federation (ANMF)[108] • Australian College of Mental Health Nurses (ACMHN)[109] • Australian Government Mental Health Carers Fact Sheet: Roles and responsibilities of mental health professionals[110] • Australian Government National Mental Health Commission[111]
Capability	Mental health nurses are required to adhere to the Standards of Practice as outlined by the Nursing and Midwifery Board of Australia. The Australian community is rich with culturally and linguistically diverse people. Recognising the importance of history and culture to health and wellbeing, mental health nurses apply the standards for practice accordingly, ensuring holistic, culturally safe, person-centred care.
Scope of practice	Mental health nurses operate within a clearly defined scope of practice as set out by Ahpra and NMBA.
Experience	Maintaining recency of practice is crucial for mental health nurses to ensure they remain competent in their field. This involves having recent clinical experience in mental health settings, which is a requirement set by Ahpra. All nurses must demonstrate that they have practiced within their scope in the last five years to maintain their registration. This ensures that they are up to date with current clinical practices, treatment modalities and therapeutic interventions essential for providing high-quality care.
Professional development	Mental health nurses must engage in regular CPD activities to maintain and enhance their skills and knowledge. CPD may include attending workshops, seminars or courses on mental health legislation, risk management and therapeutic interventions. Ahpra mandates a minimum number of CPD hours per year, tailored to the nurse's area of practice to ensure they are competent to meet the dynamic needs of mental health care.

Supervision	Reflective practice is a form of professional clinical supervision and is a key support mechanism for mental health nurses, allowing them to reflect on complex cases and enhance their clinical practice. Reflective practice is typically provided by more experienced senior mental health nurses or other mental health professionals and is crucial for developing clinical competence and confidence, particularly for junior mental health nurses. This structured support ensures the delivery of safe, effective and patient-centred care. Training and developing senior mental health nurses in providing reflective practice is vital to ensuring the mental health nursing workforce is adequately supported.

✳ The five core workstreams

Practice	Mental health nurses provide direct services to consumers across various settings, including hospitals, community health centres and specialised mental health facilities such as prisons. They conduct comprehensive mental health assessments, risk assessments and therapeutic interventions tailored to the individual needs of patients. These services range from acute care during psychiatric crises to long-term support for individuals with chronic mental health conditions. Mental health nurses also play a critical role in crisis management, where they use de-escalation techniques and provide immediate care to stabilise patients during emergencies. This frontline role is vital for ensuring that patients receive timely and effective care, often acting as the initial point of contact within the mental health care system. Mental health nurses work closely with patients to develop individualised care plans that incorporate not only medical and psychological interventions but also social and lifestyle factors that impact mental health. This holistic approach is crucial for promoting recovery and preventing relapse, especially in rural and remote areas where access to mental health services may be limited.

Research	Mental health nurses often engage in research projects, identifying potential areas of improvement and leading the development of research that contributes to the evidence base of mental health care. This may also include participating in clinical trials or quality improvement projects such as assessing the implementation of a new screening tool for detecting early signs of depression in patients. This involves collecting and analysing data on patient outcomes; examining factors such as identification rates; intervention success; and patient feedback. Mental health nurses' involvement in research ensures that nursing practice remains aligned with best practice and that the care provided is based on robust evidence. In addition to conducting research, mental health nurses are responsible for translating research findings into clinical practice, evaluating new studies and integrating relevant evidence into their daily routines to ensure that the care provided is both effective and up to date. This commitment to evidence-based practice is critical for improving outcomes and advancing the field of mental health nursing.

Education	Mental health nurses lead and supervise training of nursing students. They also support the development of allied health professionals by developing and delivering curricula, particularly in mental health units with student and graduate programs. RNs share their clinical expertise and evidence-based knowledge to strengthen workforce skills and provide mentorship. RNs focus on patient and family education while sharing practical knowledge with junior staff. Nurse educators design structured training programs and assessments to develop competencies, whereas research nurses bring evidence-based practices into clinical education through their research. Together, they offer ongoing training in key areas such as mental health legislation, risk management and therapeutic communication to ensure that healthcare teams maintain high standards of care and are well-prepared for the complexities of mental health care.

Strategy	Senior mental health nurses contribute to policy development and strategic planning. They provide expert input on issues such as mental health service design, resource allocation and workforce development. Their insights are crucial for shaping policies that reflect the needs of both patients and healthcare providers.
	Senior mental health nurses perform a significant role in the implementation of new models of care and the introduction of innovative service delivery methods.

Leadership	Senior mental health nurses are advanced practice nurses taking a leadership role within MDTs, advocating for patient-centred care and driving service improvements. They lead clinical teams, oversee care coordination and manage service delivery within both inpatient, community and liaison mental health services. This leadership ensures that care plans are effectively implemented and that the diverse needs of patients are met.
	Furthermore, mental health nurses are involved in implementing new models of care such as trauma-informed care and recovery-oriented practices within their organisations. Mental health nurses work to create an environment that supports not only patient recovery but also the professional development of their nursing teams, fostering a culture of continuous improvement and clinical excellence.

Career progression

In Western Australia, the career pathway for mental health nurses allows for specialisation and leadership within the field of mental health nursing. There are very clear guidelines and governance regarding the scope of practice each nurse is authorised to engage in, which is dependent on their education and training.

Career pathways for mental health nurses include:

Enrolled nurse

ENs must be registered with Ahpra and comply with the standards and guidelines set by NMBA. ENs provide hands-on care and support to patients and perform tasks under the guidance of an RN. ASENs can undertake specialised tasks and often bridge the gap between ENs and RNs, offering greater flexibility and support within healthcare teams.

Registered nurse

RNs must be registered with Ahpra and comply with the standards and guidelines set by NMBA. As part of their Bachelor of Nursing, student RNs undergo extensive training and complete clinical placements in various areas including theatre, general medicine, surgical nursing, aged care, community nursing, maternity and paediatrics, with a mandatory mental health placement included in their clinical rotation. Within registered nursing, the following promotional opportunities are available as RNs develop higher levels of clinical and leadership skills:

- Clinical Nurses
- Senior Clinical Nurse
- Senior Registered Nurse

Mental health nursing is a recognised specialist field that requires advanced skills in mental health care. To further develop their expertise, many RNs pursue additional qualifications, such as a graduate certificate or master's degree in mental health nursing. These qualifications not only enhance their knowledge and skills but also entitle them to a qualification allowance as part of their pay package.

Registered midwife

Registered midwifes (RMs) must be registered with Ahpra and adhere to standards set by NMBA. To practise as a midwife in Western Australia, individuals must hold a current registration as an RN with NMBA and have completed a graduate diploma or master's degree in midwifery. Midwifery training typically requires 12–18 months of full-time study (or longer if part-time) and enhances nursing skills with specialised midwifery teaching, including antenatal, intrapartum and postnatal care, along with neonatal support and community-based midwifery.

Midwives with a focus on mental health are crucial for supporting individuals' wellbeing during the perinatal period, which encompasses pregnancy and the first year after birth. These midwives assess mental health, conduct screenings and refer individuals to specialised services as needed to address perinatal mental health disorders such as anxiety, depression and postnatal psychosis, which can impact a mother's ability to care for herself and her baby.

In addition to monitoring, midwives provide education and counselling to help new parents manage emotional changes through teaching coping strategies and connecting families with mental health resources. They work collaboratively with mental health nurses, psychologists, social workers and other healthcare professionals to create integrated care plans that support both the physical and mental health of the individual. By advocating for mental health within maternity

care, midwives foster continuity of care, build trust and facilitate early intervention for emerging mental health issues. Through these efforts, midwives play a vital role in supporting the emotional wellbeing of individuals and families throughout the perinatal journey. For additional information, see the [Perinatal and Infant Mental Health Promotion and Prevention Plan](#).[112]

Credentialed mental health nurse

Credentialing is an advanced professional recognition offered by ACMHN. It signifies a nurse's expertise, extensive clinical experience and ongoing commitment to professional development in mental health nursing. Credentialed mental health nurses (CMHNs) are acknowledged as having met stringent criteria in terms of education, clinical experience and adherence to ethical and professional standards. They often take on roles that involve leadership in clinical practice, research, education and policy advocacy, and may serve as mentors to less experienced staff. CMHNs are well positioned to influence practice standards and service delivery models, ensuring the highest quality of mental health care.

Clinical nurse specialist

Clinical nurse specialists (CNSs) are experienced nurses who have developed expertise in a particular area of mental health such as crisis intervention, addiction services, child and adolescent mental health, adult and elderly mental health or forensic mental health. They provide advanced clinical care, which includes comprehensive assessments and the development of specialised care plans. CNSs also play a pivotal role in service development, quality improvement initiatives and clinical leadership, often serving as a resource for other healthcare professionals within their area of specialty.

Clinical nurse consultant

Clinical nurse consultants (CNCs) in mental health are advanced nurses that provide expert advice and support to mental healthcare teams, collaborating with psychiatrists and other mental health professionals to ensure the delivery of high standards of care. Responsibilities typically include the provision of advanced, complex client care and specialist consultancy and guidance both within and external to the health service. CNCs are involved in developing and implementing policy and standards of practice, implementing changes to clinical practice, and initiating and conducting research and quality improvement activities. CNCs also provide a mentoring function for teams, leading and educating staff on best practice.

Clinical nurse manager

The nurse manager role is a senior RN position that oversees the operations of clinical nurses and services, coordinates nursing teams and ensures that care delivery aligns with organisational and policy standards. They are responsible for workforce planning, budget management and strategic planning. Nurse managers also contribute significantly to policy development and the implementation of service redesigns aimed at improving mental health care delivery across the system.

Nurse unit manager

A nurse unit manager is a management role, providing career development opportunity for nurses with an interest in leadership, strategy and administration. Nurse unit managers responsibilities can vary but typically includes managing the activities of the other nurses in a ward or unit. This can take place in a hospital or in community settings. While still involved in care, the nurse unit manager role is aimed at improving care through effective team management rather than providing one on one direct patient care.

Coordinator of nursing

The coordinator of nursing role is an intermediate senior management role, providing leadership across nursing and MDTs within the specialty and service, to promote and maintain high standards of patient care and safety. The coordinator of nursing works autonomously and in collaboration with clinical and non-clinical staff providing expert clinical consultancy to manage, resolve and prevent issues, and manage human, financial and material resources.

The coordinator of nursing operates under the direction of nursing co-directors and area directors to coordinate and manage the nursing function within health services.

Nursing and midwifery co-director and area director

Nursing and midwifery co-director and director are senior leadership positions, overseeing nursing staff and ensuring the delivery of quality patient care. These roles involve the strategic planning and management of nursing operations, compliance with regulations, and the implementation of policies to enhance the overall efficiency of the healthcare system. These are key liaison points between nursing staff, administration, and other healthcare professionals. Depending on the service, these roles may be specific to mental health nursing or oversee nursing and midwifery staff overall. These advanced positions represent senior-level career progression pathways for the nursing profession.

Nurse practitioner

The Nurse practitioner (NP) role is a unique independent practice role. NPs hold a master's degree in nursing and advanced clinical training, enabling them to practice independently. They are authorised via Ahpra to conduct comprehensive assessments, diagnose mental health conditions, prescribe medications and manage complex care plans. NPs often serve in specialised roles such as within emergency mental health services or community mental health settings, providing a higher level of autonomy and filling critical gaps in care, especially in underserved areas.

Occupational therapists

The occupational therapy workforce within the WA public mental health sector is a professional group whose focus is on enhancing the ability of consumers of all ages living with mental health conditions to engage in meaningful occupations and daily living skills.

Occupational therapists work with consumers to improve their mental health through therapeutic interventions and activities. They collaborate in a multidisciplinary approach to provide comprehensive care for all individuals in the public mental health sector.

Occupational therapists are well placed to provide care coordination for consumers and families, providing the coordination of therapies and services, managing risk, and supporting (re)engagement in meaningful occupations in the community.

Occupation foundations

The occupational therapy workforce in the public mental health sector draws from the following theoretical frameworks:

- **Occupational therapy model:** Underscores meaningful engagement and independent function for wellbeing.
- **Biopsychosocial model:** Integrates biological, psychological, and social factors in mental health understanding.
- **Model of Human Occupation (MOHO):** Guides assessment and intervention based on volition, habituation, and environment.
- **The Person-Environment-Occupation-Performance (PEOP) Model:** Considers function within systems as a whole and considers interaction among three equal components: characteristics of the person, features of the environment and characteristics of the activity.
- **The Canadian Model of Occupational Performance and Engagement (CMOP-E):** Considers function as above, with a greater focus on the person relative to the other components and focussing on occupation engagement as core outcome rather than participation.
- **The Kawa Model:** Uses the metaphor of a river with different contextual elements to represent human life.
- **Recovery-oriented approach:** Emphasises empowering individuals on their journey towards wellness.
- **Developmental theories:** Consider the occupational performance of the consumer in the context of developmental expectations and behaviours.
- **Attachment theories:** Consider the occupational performance of the consumer in the context of attachment relationships.
- **Strengths-based perspective:** Focuses on the consumer's strengths and how they can be utilised in the consumer's varying environments.

Historically rooted in moral treatment, occupational therapy practice has transitioned to a holistic, recovery-focused approach. These frameworks inform the workforce's assessment and support strategies, facilitating a person-centred and holistic approach to meet evolving mental health needs in the WA public mental health sector.

Mental health service contribution

The occupational therapy workforce in the WA public mental health sector brings a comprehensive approach that considers the physical, psychological, spiritual, and social wellbeing of individuals of all ages. Their expertise emphasises the significance of meaningful occupations in mental health care, aiding in skill development for independent living. With specialised assessment skills, they tailor interventions using various therapeutic modalities to support goal achievement. Collaboration with diverse healthcare professionals and partnering with those with Lived Experience ensures a cohesive approach to mental health care. Through empowerment-focused strategies, occupational therapists help individuals regain or optimise functional skills and independence. They actively advocate, educate, and participate in research, reducing stigma and promoting evidence-based practices. Their collective knowledge significantly improves the quality of care, addressing functional limitations and enhancing overall wellbeing for those facing mental health challenges in the WA public mental health sector. Occupational therapists provide a vital understanding of the consumer's functional capacity and are able to describe the support needs of the person with mental illness. This is essential in planning the required psychosocial supports and addressing the consumer's physical and mental health care needs.

Multidisciplinary team

Occupational therapists in the WA public mental health sector are integral members of the MDT. They contribute by assessing and providing the interventions and support required to meet the consumer's care needs. Occupational therapists evaluate how mental health conditions impact a person's ability to undertake their daily activities and engage in their chosen and desired occupations and overall functioning. Within team discussions, they offer insights into the impact on occupational performance, advocating for person-centred care tailored to the consumers' individual goals and priorities. Their role involves working with consumers to agree on realistic and meaningful goals, addressing barriers to functional abilities, harnessing strengths, and promoting independence. Collaborating with the consumer and other team members, occupational therapists contribute to the development of comprehensive care plans that consider consumer needs holistically. Occupational therapists educate the team on the significance of occupation in mental health care and emphasising personalised interventions. By understanding the impact of mental health on daily activities, they ensure a well-rounded, customised approach and contribute significantly to the consumers' overall recovery.

When to engage this workforce

Referrals to occupational therapists within the WA public mental health sector commonly occur due to diverse reasons or triggers, including:

- **Functional limitations:** Individuals facing challenges in daily living due to mental health conditions that affect their ability to perform meaningful activities of daily living.
- **Rehabilitation needs:** Individuals needing assistance in recovering skills for daily functioning after a mental health crisis or hospitalisation.
- **Social participation barriers:** Individuals whose mental health conditions hinder their engagement in social, leisure, work, or community activities.
- **Support for daily living:** Individuals requiring assistance in managing stress, routine activities, or coping mechanisms in everyday life.
- **Cognitive or behavioural challenges:** Individuals needing support in managing cognitive or behavioural difficulties related to mental health conditions.
- **Sensory processing:** Individuals of any age who have sensory processing difficulties that impact on their ability to self-regulate, concentrate, attend to tasks, and engage in their meaningful occupations at home, school, work, leisure, and rest environments.
- **Comprehensive assessment:** Individuals requiring an occupational performance in their meaningful environments of school, work, home. Occupational therapists consider activities of daily living in addition to instrumental activities of daily living.
- **Chronic pain management:** Individuals requiring evidence-based treatment for the impact of chronic pain on their mental health.
- **Infant, child and adolescent mental health:** Young people needing assessment and treatment of functional impairments that may be affecting their occupational performance, for example, self-care, attention, memory and concentration, coordination and motor planning, fine and gross motor skills, participation in play, social skills and cognitive flexibility, confidence and self-esteem, goal setting, energy conservation and grading, stress management and study skills, and reintegration into meaningful activity in the community.

Services provided

The occupational therapy workforce in the WA public mental health sector offers various services tailored to promote occupational performance and participation and enhance wellbeing. Some key areas of their services include:

- **Daily living skills training:** Provide targeted and graded interventions to support performance of activities of daily living such as personal hygiene, cooking and managing household tasks to promote independence.
- **Communication and social skills development:** Assist individuals in developing communication and social skills and fostering community integration through group activities or social interaction training.
- **Cognitive rehabilitation:** Offer interventions to improve memory, attention, problem-solving and decision-making skills.
- **Sensory interventions:** Conduct and interpret a range of age-appropriate sensory assessments and tools. Employing sensory-based activities to manage sensory processing issues, enhance self-regulation and support the reduction or elimination of restrictive practices.
- **Vocational rehabilitation:** Assist in career exploration, job readiness and work-related skills training to support employment goals.
- **Leisure and recreational activities:** Encourage participation in hobbies and leisure activities to promote mental health and overall wellbeing.
- **Comprehensive assessment:** Provide comprehensive assessment of psychosocial disability, functional capacity (including components of functional cognition), mental health, sensory-motor skills, and behaviour to inform treatment and funding applications for National Disability Insurance Scheme (NDIS) grants.
- **Key consumer stakeholder communications:** Liaise with service providers, schools, general practitioners, and other mental health facilities to collaborate, handover and build treatment communication links between services.
- **Group therapy/interventions:** Provide structured therapies, for example, dialectical behaviour therapy (DBT), cognitive behaviour therapy (CBT), psychoeducation, functional skills, and activity-based therapies.
- **Environmental modification:** Advise on equipment requirements and basic home modifications to create an enabling environment for those with dementia or cognitive impairments.

These services, among others, aim to address the specific challenges individuals face due to mental health conditions, fostering independence and improving their quality of life.

Case studies

The provided case studies offer instances in which occupational therapists may be involved in delivering mental health services.

Adult mental health inpatient service

In an inpatient psychiatric facility, an occupational therapist may perform functional assessments to identify the functional capacity and define the support needs of consumers presenting with complex cognitive and functional deficits related to schizophrenia, dementia or bipolar affective disorder for example. This may involve performing cognitive assessments using standardised assessment tools such as the Montreal Cognitive Assessment (MoCA), the Addenbrooke's Cognitive Examination (ACE-III) and the Allen Cognitive Level Screen (ACLS), and performing functional assessments of the consumer's performance in their activities of daily living and instrumental activities of daily living. Occupational therapists explore the consumer's function across their occupational roles (personal care, social, leisure, family, vocational, educational, etc.) to explore their history and usual function and their usual support network. The identification of options to support improved function for the consumer may include providing reports for NDIS or similar support or accommodation applications.

An occupational therapist may also conduct individual consumer or group sessions to support improved self-regulation and the development of coping strategies. Consumers in these settings present with a wide range of mental health conditions such as schizophrenia, drug-induced psychosis, bipolar affective disorders, anxiety disorders, depressive disorders, attention deficit hyperactivity disorder (ADHD), personality disorders and suicidal ideation. An occupational therapist may use counselling techniques, visual reformulation, calming and relaxation techniques, cognitive behaviour therapy techniques, time management strategies, activity or meditation-based mindfulness strategies, skills practice, and psychoeducation to support the consumers in learning to manage their stress and build resilience while seeking to optimise their occupational functioning.

Outpatient mental health clinic

In a community mental health team, an occupational therapist may provide living skills assessment and training for consumers presenting with conditions such as schizophrenia or bipolar affective disorder. The occupational therapist assesses the consumer's living skills and their learning needs and capacity; engages the consumer in goal planning; and provides training to the consumers and their support workers to learn the skills or modify the tasks or environment to improve their independence, sustain or enter independent living and achieve their goals.

Infant, child and adolescent mental health service

In a specialised infant, child and adolescent mental health service, an occupational therapist may provide comprehensive, evidence-based assessments of young people who are having difficulty engaging in their meaningful personal and instrumental daily activities, for example, getting up for school in the morning, sleep hygiene, concentration and attention, organisation skills, structure and routine, social skills and peer relationships, emotion regulation and distress tolerance, complex trauma, and sensory processing difficulties. Occupational therapists may then provide interventions to address the assessed needs and collaborate with the consumer and their family and/or school supports and other care providers to identify strategies and goals to improve their function. This may include sensory strategies to improve the young person's self-regulation, or calming strategies and cognitive strategies to improve their communication and decision-making. The occupational therapist may also consider recommendations for environmental adaptation.

Older adult mental health service

In a specialised older adult mental health service, an occupational therapist may provide an assessment of a consumer's functional needs. This may be performed with consumers presenting with cognitive deficits related to dementia, schizophrenia, neurological conditions, or major mood disorders, for example, and may include cognitive assessment via formal standardised screens and functional activities. They may also conduct assessments of the home environment to identify interventions to sustain the consumer's independence and support safety in the home environment, for example, via home modifications or specialised equipment. The occupational therapist may also provide strategies and training for support workers and carers to support the consumer and sustain safe practice, considering ergonomics, communication strategies and the consumer's needs.

🔑 The six key factors

Regulation	Occupational therapists working within Australia are registered with the Australian Health Practitioner Regulation Agency (Ahpra)[113] and regulated by the Occupational Therapy Board of Australia.[114] This ensures adherence to standards of practice, registration requirements and ongoing professional development. The Occupational Therapy Board of Australia has developed the occupational therapy competency standards and expects all occupational therapists to understand and apply them in practice. **For additional information, see:** • Occupational Therapy Australia[115] • Indigenous Allied Health Australia (IAHA).[116]
Capability	The Occupational Therapy Australia Mental Health Capability Framework[117] proposes a series of capabilities that occupational therapists practising in mental health settings should seek to achieve at different career stages including foundational practitioner, intermediate practitioner and senior practitioner.

Scope of practice	The occupational therapy scope of practice encompasses a wide range of interventions focusing on mental health, supported by ongoing professional development and supervision, such as through the Occupational Therapy Board Ahpra Australian Occupational Therapy Competency Standards.[118]
Experience	Occupational therapists are required to meet the Occupational Therapy Board of Australia Registration Standard: Recency of Practice.[119] This requires a minimum of 150 hours of practice to be maintained each year.
Professional development	Occupational therapists engage in continuous learning to stay current with evidence-based practice and to continuously develop their practice. To maintain Ahpra registration, all occupational therapists are required to complete a minimum of 20 hours of professional development each year that directly relates to competence in their current scope and setting of practice, as detailed in the Occupational Therapy Board of Australia Registration Standard: Continuing Professional Development.[120]
Supervision	Regular supervision, including profession-specific supervision, is recommended for ensuring reflection on practice, scope, and guidance to ensure the development of and the quality of therapeutic interventions is maintained. New graduate and early career occupational therapists require supervision and profession-specific support to develop their profession-specific skills. Profession-specific supervision and oversight is important across all settings and mental health program delivery models. Experienced senior and clinical lead occupational therapists can receive supervision by a combination of peer support models, multidisciplinary supervision, and profession-specific supervision.

❅ The five core workstreams

Practice	The occupational therapist workforce delivers person-centred care, support, and treatment to individuals in mental health services through implementing evidence-based interventions that promote independence, support occupational performance, and enhance overall wellbeing. Occupational therapists working within mental health settings may have also undertaken additional training to deliver psychological therapies such as CBT, DBT and sensory integration.
Research	Occupational therapy professionals engage in research and contribute to evidence-based practices in mental health interventions. Their involvement enhances the understanding of effective treatment approaches and aids in advancing the field.
Education	Occupational therapists actively participate in educating healthcare professionals about mental health issues and effective interventions. This involvement decreases stigma and enhances mental health literacy.
Leadership	This workforce demonstrates leadership through advocating for holistic, person-centred, and strengths-based approaches to service delivery; promoting an understanding of how occupation is used to support mental health recovery; influencing policy development; participating in service design initiatives/projects; and conducting quality improvement activities.
Strategy	Occupational therapists may contribute to reform and policy development. They may also be involved in service change and establish processes that contribute to the development of the occupational therapy workforce within the mental health sector.

❖ Career Progression

Career progression often involves specialisation, leadership roles or research opportunities within mental health settings.

Occupational therapists may progress to team leader or clinical coordinator positions responsible for overseeing and managing the delivery of occupational therapy and other services within mental health settings. They often coordinate care plans and supervise other staff members.

Experienced occupational therapists may also progress to professional, discipline or clinical lead roles, with a potential career pathway to manager or director of mental health services. Responsibilities of clinical lead roles may include coordinating professional development, creating supervision opportunities, recruitment, student coordination, developing core competencies, learning and development, policy and procedures, safety and quality, research, and governance.

Occupational therapists are well placed to provide education, advice and support to consumers and other public health staff regarding NDIS, and their knowledge and experience can provide a holistic and clinical perspective in some policy, project and safety and quality functions.

Pharmacists

The pharmacy workforce in the WA public mental health sector is comprised of pharmacists and pharmacy support staff working across the clinical, operational, supply chain, safety and quality, administrative and electronic medicines management settings.

The largest cohort of the workforce are highly specialised clinical pharmacists working in the inpatient, community and transitional care settings servicing adult, older adult, adolescent and paediatric consumers.
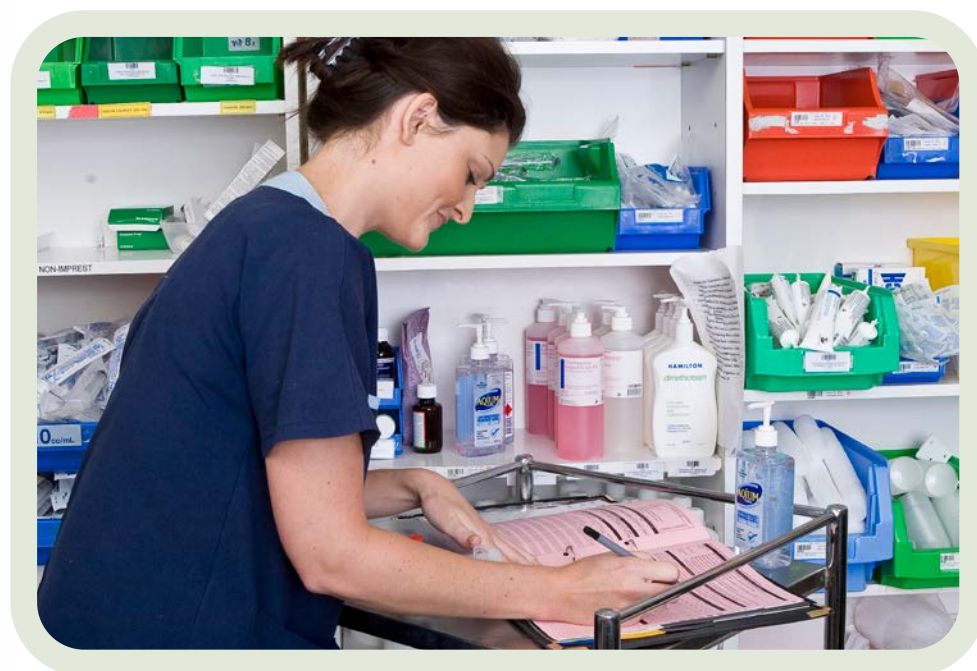
This workforce manages the dispensing, supply and distribution of medications in the inpatient and community setting, oversee medication management of consumers as part of the MDT and are involved in medication governance to ensure safe, equitable, cost-effective and evidence-based medication treatments are used. Pharmacists play a role in ensuring legislative and mandatory policy requirements are met in relation to aspects such as the storage and record keeping of Schedule 8 and Schedule 4 Restricted medications.

The support staff workforce comprises pharmacy assistants and pharmacy technicians, who support inventory and supply functions across the hospital. Recently, pharmacy technician roles have expanded to more clinical duties, such as assisting pharmacists with medication history taking and medication reconciliation processes.

Occupation foundations

Traditionally, pharmacy has overseen the supply and logistics of medication in hospitals. Over the past 30 years, the profession has undergone significant evolution, giving rise to new branches such as clinical pharmacy, medicine governance and medicines safety. In addition to the foundational responsibility of medication supply, hospital pharmacists now play a pivotal role in clinical reviews and manufacturing, and in leading automation initiatives, such as electronic prescribing and supply robotics.

The pharmacists' scope of practice has broadened across various domains, including the provision of vaccination services and partnered prescribing. In the realm of mental health, pharmacists are now actively engaged in new areas of clinical services such as Hospital in the Home (HITH), community mental health teams, specialty teams such as Youth Community Assessment and Treatment Team (YCATT) and clozapine management.

The demand for pharmacists in the workforce has grown steadily, driven by an increasing need for clinical input in consumer medication management, the rising complexity of medicines supply, and the expanding use of technology to deliver pharmaceutical services. This transformation has led to the development of the present-day mental health pharmacy workforce.

Mental health service contribution

The pharmacy workforce in the mental health setting contributes specialised expertise in medicines management, maintenance of the supply chain and oversight of medication governance. Pharmacists perform medication reviews and offer medication education to both consumers and staff, ensuring the optimal use of prescribed medications as well as complementary medicines like vitamins and nutritional supplements and natural or herbal remedies such as traditional medicines for consumer benefits. Clinical pharmacists, dedicated to mental health, serve as content experts and collaborate closely with clinicians to ensure the appropriate prescribing of psychiatric medications. A whole-of-person approach is taken to review other medications that may be prescribed for non-psychiatric conditions.

Psychiatric medications, such as lithium and clozapine, are deemed high risk. Integrating pharmacists into mental health settings enhances medication safety and fosters prudent, cost-effective use of medication. This results in decreased medication-related incidents and improved treatment adherence, ultimately leading to better consumer outcomes.

The pharmacist's expertise enables them to recommend medications based on receptor profiles by considering side effects such as weight gain, sexual dysfunction or sedation. This enhances medication literacy, improves adherence and reduces readmission and mortality.

Multidisciplinary team

The mental health pharmacy workforce is an integral part of the MDT, offering expertise in pharmacotherapy and medicines management. Pharmacists actively contribute to treatment planning discussions, providing insights on medication selection, dosing, monitoring overall pharmacotherapy and addressing challenges in medicines management. Their focus is on ensuring safe, rational and cost-effective prescribing; advocating for deprescribing unnecessary pharmacotherapy; and providing consumer education to enhance treatment adherence.

Clinical pharmacists within the MDT contribute to better consumer outcomes through their work in helping to reduce errors in prescribing and administration. Their activities include conducting medication history and reconciliation during admission, transfer and discharge; checking the accuracy of prescriptions; improving consumer care during transition of service settings; and maintaining treatment continuity post-discharge. For mental health consumers, the point of discharge is pivotal due to the significance of non-adherence and social stigma in this demographic.

Pharmacists play a crucial role in discharge liaison and planning, ensuring continuity of care post-discharge to enhance health outcomes and reduce readmission rates. Admission and discharge medication reconciliation ensures medication appropriateness throughout the consumer's journey, from hospitalisation to community care. This continuous medication supply helps consumers avoid missed doses, receive ongoing treatment for their mental health illness, and reduces the likelihood of readmission. This collaborative activity involves clinical pharmacists working closely with various allied health, medical clinicians and community care providers to safely discharge the person back into the community.

When to engage this workforce

The pharmacy workforce assists other healthcare professionals in managing conditions requiring pharmacotherapy, particularly in mental health settings in public hospitals. The primary diagnoses for which medications are prescribed include psychotic disorders such as schizophrenia, affective disorders such as bipolar affective disorder and depression, obsessive-compulsive and other adjustment disorders, and personality disorders.

In the inpatient setting, there is an open referral for all consumers admitted to the hospital. A member of the pharmacy team will aim to review the consumer within 24 hours of admission. For the outpatient setting, medicines reviews are done on a referral basis due to resource limitations but should be open for all consumers on pharmacotherapy.

Given the pharmacy workforce's significant role in medicines governance, referrals are also made to assist other health professionals in resolving medicines-related systemic issues. For example, improving medicines safety by reviewing workflow for medicines administration on the ward and creating policies to ensure high-risk medicines are used appropriately within the organisation.

As integral members of the MDT, mental health areas are frequently represented by a pharmacist on committees such as the Drug and Therapeutics Committee and the Medication Safety committee to promote and advocate for the needs of mental health consumers and staff.

Services provided

Clinical pharmacists offer a range of essential services to enhance consumer care and medication outcomes, including:

- **Medication management:** Collaborate with the MDT, employing a person-centred approach to optimise the consumer's medication management. Includes medication rationalisation, selection, therapeutic drug monitoring, assessing consumer adherence in the community, and facilitating the supply of medication and dose administration aids upon discharge.
- **Medication reviews:** Conduct specialised medication reviews to optimise pharmacotherapy regimens, deprescribing when necessary to enhance adherence.
- **Medication reconciliation:** Perform medication reconciliation to obtain the best possible medication profile during transitions between care settings.
- **Education:** Provide education on pharmacotherapy, explaining the rationale of treatment, potential adverse effects and dosing to consumers and carers in a one-to-one setting or group setting.
- **Staff education:** Provide education sessions for clinicians.
- **Medicines information:** Offer medicine information and advice to other healthcare professionals or respond to drug queries raised by staff.

Clinical pharmacists are also integral to the efficient supply and logistics of medication within mental health services, including:

- **Dispensing:** Play a vital role in dispensing medication for inpatients and managing the process for leave and discharge.
- **Supply:** Ensure seamless access to medications on imprest and supplying non-imprested medicines by troubleshooting medicines shortage issues. Adeptly manage complex supply matters, including those related to medicines on Special Access Scheme, Clinical Trials or Patient Familiarisation Programs. Responsibilities encompass adherence to formulary requirements, procurement, management of high-risk medications such as clozapine, and compliance with Therapeutic Goods Administration (TGA) imposed regulations in both supply and monitoring.
- **Outpatient supply:** Maintain the Mental Health Community Pharmacy Access Program where applicable, ensuring a continuous and reliable outpatient supply.
- **Electronic medication medicines management:** Ensure medications

are monitored and stored appropriately, minimising delays in consumers receiving their medications. This not only enhances efficiency but also ensures accountability and tracking to individual consumers.

The Chief Pharmacist serves as the site poisons permit holder, a crucial role that allows health services to legally procure medications for consumer treatment. As outlined in the poisons permit, the Chief Pharmacist is responsible for the storage and accountability of medications in pharmacy. However, in ward/consumer clinical areas, this responsibility falls under the legal remit of the registered nurse (the nurse unit manager).

- **Policy, guidelines management:** The Chief Pharmacist ensures medicines are managed in compliance to the WA Department of Health Medicines Handling Policy (0139/20) and aligns with the Corruption and Crime Commission's recommendations for controlled medicines, including relevant legislation. The Drug and Therapeutics Committee oversees the creation and maintenance of medicines-related policies and guidelines. The pharmacy workforce actively participates in the development of these policies and guidelines related to medicines management. Additionally, they engage in relevant audits to ensure compliance with policy, guidelines and best practice in medicines usage.

- **Medication safety:** The pharmacy team monitors medication usage to ensure safety, adherence to guidelines and policy compliance to ensure that the organisation meets the relevant accreditation standards. They play a crucial role in educating clinical staff and running programs aimed at optimising medication use; improving medication safety for consumers; and facilitating best practice medication use.

Case studies

The provided case studies offer instances in which pharmacists may be involved in delivering mental health services.

Adult mental health inpatient service

In inpatient mental health settings, clinical pharmacists support appropriate medication management, including conducting medication reconciliations by examining various sources of information such as the community dispensing history, the general practitioner's medication list, and collateral information from consumers and their carers. This comprehensive review allows the pharmacist to piece together the best possible medication profile and identify any oversights or omissions from consumers' medication charts, ensuring all required medications are included and prescribed and any contraindications identified.

Outpatient mental health clinic

In outpatient mental health settings, clinical pharmacists can undertake comprehensive medication reviews, including delving into individuals' treatment histories and the rationale for current medications. They provide ongoing medication monitoring and support, helping treatment teams to monitor the progress of individuals and their adherence to medication plans, and adjusting medication plans as appropriate to safely respond to individual's needs and progress.

Mental health service governance and logistics

Pharmacists oversee the supply and logistics of medications to mental health services. They can perform informed liaison with suppliers regarding the availability of medications and negotiate rationed deliveries in the event of shortages or advise alternative treatment options in advance where stock procurement issues are identified.

Audit pharmacists identify patterns of medication uptake across services, which can provide information regarding service alignment to guidelines. In instances where anomalies or discrepancies in medication usage across services arise, pharmacists can provide education regarding specific medications and recommended usages.

The six key factors

Regulation	Pharmacists working within Australia are registered with the Australian Health Practitioner Regulation Agency (Ahpra)[121] and regulated by the Pharmacists Board of Australia.[122] This ensures adherence to standards of practice, registration requirements and ongoing professional development. See also Indigenous Allied Health Australia (IAHA).[123]
Capability	Pharmacists are expected to practise in a professional, legal and ethical manner in collaboration with consumers and other health professionals on matters related to medication management. They play a key part in advocating for medication safety through various roles such as conducting clinical reviews, dispensing and supply of medication, compounding and provision of medication counselling.
Scope of practice	The role of pharmacists has continued to evolve over recent years, with scope expansion to include the delivery of vaccinations and partnered medication charting. In addition to clinical duties, pharmacists also play a key role in governance and policy development; are involved in stewardship programs relating to high-risk medications (e.g. antimicrobials and opioids); undertake research and quality improvement activities; and deliver education programs to multiple different professional groups. There is an increasing amount of attention placed on the uptake of electronic systems and digitisation in health. Pharmacists have been involved in implementing complex electronic medication management solutions throughout the WA health system, such as the deployment of automated dispensing cabinets and electronic prescriptions.
Experience	To comply with the Pharmacy Board of Australia Registration Standard: Recency of Practice,[124] pharmacists must have practised in the profession for at least 150 hours in the past 12 months (or 450 hours in the past 3 years) prior to submitting an application for registration (or renewal of registration).

Professional development	To comply with the Pharmacy Board of Australia Registration Standard: Continuing Professional Development,[125] registered pharmacists are required to undertake continuing professional development (CPD) activities each year (1 October to 30 September), which entails the following:
	1. Evidence of annual planning of CPD activities that are relevant to the pharmacist's role.
	2. Completion of a range of CPD activities (across groups 1, 2 and 3) to the combined value of a minimum 40 CPD credits.
	Pharmacists working in mental health regularly engage in ongoing education and professional development via in-house pharmacy journal club presentations and clinical pharmacy tutorials. The mental health pharmacy team also engage in routine weekly catch-up meetings to discuss different aspects of pharmacology in mental health including new medicines and case referrals.
Supervision	New pharmacy graduates are required to complete an intern training program, which includes 1,824 hours of work in a community or hospital pharmacy (internship) under the supervision of a registered pharmacist. Upon successful completion of this program (including the required number of supervised working hours) and passing the relevant board-determined examinations, the intern is eligible to apply for registration with the Pharmacy Board of Australia.
	Junior pharmacists are thoroughly orientated to their new role and are supported by the senior mental health pharmacist. They undertake regular Performance and Development Plans (PDP) and are assessed using the Society of Hospital Pharmacists Clinical Competency Achievement Tool (ClinCAT®) to support training and development.

⁂ The five core workstreams

Practice	The mental health pharmacy workforce stands at the forefront of mental health clinical practice, continually advancing their knowledge and practices in pharmacotherapy. Committed to ongoing professional development, this workforce challenges boundaries to enhance consumer outcomes and contribute to the evolution of mental health care.
	The partnered pharmacist medication prescribing initiative is a noteworthy example of a new clinical practice aimed at supporting medical staff in the prescribing process. This initiative has shown significant benefits, including the reduction of both the length of stay and medication errors, highlighting its potential impact on enhancing consumer care.
	Another example is the introduction of a clinical pharmacist to undertake a medication review and optimisation role for community-based consumers who are under the care of Child and Adolescent Mental Health Service (CAMHS). This role has been highly successful in supporting psychiatrists and nursing staff in the management of complicated medication regimes for paediatric and adolescent consumers.
Research	The mental health pharmacy workforce not only contributes to the research scene but is also known for its innovations, striving to enhance the efficiency of practices. Pharmacists are well-placed to support and develop clinical trials and collaborate with investigators to design and conduct trials in mental health practices. In recent years in WA, this workforce has been at the forefront of developing innovative technology to improve efficiency and medication safety and have been early adopters of electronic medical records and discharge summaries, demonstrating a commitment to cutting-edge practices and information delivery.

Education

The mental health pharmacy workforce actively engages in education and training initiatives for a significant portion of the mental health sector. Serving as experts in psychotropic medicines management, they lead pharmacy, medical and nursing teaching programs at universities while contributing to training and teaching for groups of clinicians within the workplace.

In addition to their educational roles, pharmacists in mental health settings provide crucial support by educating consumers and their families about mental health conditions and the role of medication in treatment. They offer valuable advice on managing side effects and address various medication-related issues to enhance consumer understanding and adherence.

The mental health pharmacy workforce actively participates in mental health research, either by conducting studies or collaborating with other researchers. This contribution adds a valuable dimension to understanding mental health conditions and their treatment, reinforcing the role of pharmacists in advancing mental health care.

Leadership

The administration and management team of the mental health pharmacy workforce collaborates across sites and with other disciplines to achieve an effective and standardised standard of care. The management team actively participates in committees such as the WA Psychotropic Medicines Group (WAPMG) and the Chief Pharmacist Forum (CPF) to enhance coordination of services, optimise resource utilisation and elevate clinical standards.

Strategy

Pharmacists in mental health settings are pivotal in driving reform and leading change within their field and require proficiency in strategy and planning to implement innovations and transform processes. They are instrumental in developing and leading policies that establish principles and courses of action to enhance the mental wellbeing of individuals and communities through pharmaceutical interventions.

Career progression

New pharmacy graduates are required to complete a year of supervised training (internship) and upon successful completion of the intern training program, they become Ahpra registered. Most sites have an entry-level position with the opportunity to progress to senior pharmacist, lead pharmacist roles and management.

Physiotherapists

The physiotherapy workforce in the WA public mental health sector includes physiotherapists specialising in mental health.

Their roles may involve contributing to mental health assessments, physical health assessments, therapeutic exercises and interventions. Physiotherapists working in this setting may be referred to as a mental health physiotherapist, psychiatric physiotherapist or behavioural health physiotherapist.

Occupation foundations

The theoretical basis of physiotherapy in mental health encompasses various models. The biopsychosocial model, incorporating biological, psychological and social elements, guides assessment and intervention. The historical evolution involves a shift from a biomedical model to a more holistic approach. Concepts such as neuroplasticity, pain science and the mind–body connection influence modern practices, emphasising function, movement and wellbeing in mental health settings. This evolution reflects a transition from solely physical rehabilitation to a more comprehensive approach addressing mental and emotional wellbeing alongside physical health.

Mental health service contribution

Physiotherapists bring a unique perspective to mental health care through their expertise in movement, exercise and physical function. Their knowledge of anatomy, physiology and body mechanics enables them to address the physical aspects of mental health conditions. This includes managing stress, promoting relaxation and enhancing overall wellbeing through tailored exercise programs. Physiotherapist's knowledge of mental health medication helps in optimising consumers wellbeing by identifying and addressing musculoskeletal side effects of psychotropic medications.

They contribute to the mental health service by developing strategies to manage physical symptoms associated with mental health issues, collaborating with MDTs and promoting a holistic approach to consumer care. Their contribution lies in fostering a comprehensive treatment plan that integrates physical health with mental wellbeing, promoting functional recovery and overall quality of life for individuals in the mental health context. Physiotherapists in the mental health context also possess specialised skills to assess and treat musculoskeletal, cardiorespiratory and neurological conditions in both the paediatric and adult cohorts. Furthermore, they provide expertise in the management of chronic health conditions such as diabetes, cardiovascular disease and chronic pain disorders, which can adversely impact a person's mental wellbeing. These additional competencies further enhance their ability to comprehensively address the physical aspects of mental health conditions.

Multidisciplinary team

Physiotherapists in the mental health context collaborate within a MDT, contributing their expertise in physical health and movement. They participate in discussions by offering insights on the physical implications of mental health conditions and advocate for holistic treatment plans that consider both the physical and mental wellbeing of individuals. Their role involves designing and implementing exercise programs, addressing physical symptoms, and educating the team on the impact of movement, exercise and physical activity on mental health. Physiotherapists advocate for a comprehensive approach to consumer care, ensuring that physical aspects are considered in treatment plans, thereby influencing the consumer's overall journey towards improved functional wellbeing and quality of life. They actively engage in care coordination, contribute to treatment strategies, and support consumers through their physical rehabilitation and wellbeing journey in the context of mental health care.

⇆➡ When to engage this workforce

Individuals may be referred to a physiotherapist in the WA public mental health sector for a variety of reasons, including:

- Physical manifestations of mental health conditions, such as tension, pain or psychosomatic symptoms.
- Lifestyle changes and physical deconditioning due to mental health issues.
- Movement-related difficulties affecting daily functioning, posture or mobility due to mental health conditions that impact neurological functioning.
- Rehabilitation following acute mental health episodes or hospitalisation leading to acute physical injury (e.g. fractures, soft tissue or joint problems).
- Interventions to mitigate physical deterioration associated with extended inpatient hospital stay.
- Support for stress management, relaxation techniques and overall wellbeing through physical activity.
- Assistance in promoting physical health and wellness as part of a comprehensive mental health treatment plan.
- Management of acute and chronic musculoskeletal, cardiorespiratory and neurological conditions to minimise hospital acquired deconditioning that adversely affects mental health as part of a comprehensive management plan.
- Falls prevention and management strategies, particularly in the older adult population.
- Provision of expertise in graded exercise prescription or return to function specific to mental health conditions such as healthy activity levels in people with eating disorders.

Typical conditions include anxiety disorders, depression, post-traumatic stress disorder (PTSD), schizophrenia, bipolar disorder and other mental health conditions that may manifest with physical symptoms or impact an individual's movement and physical wellbeing.
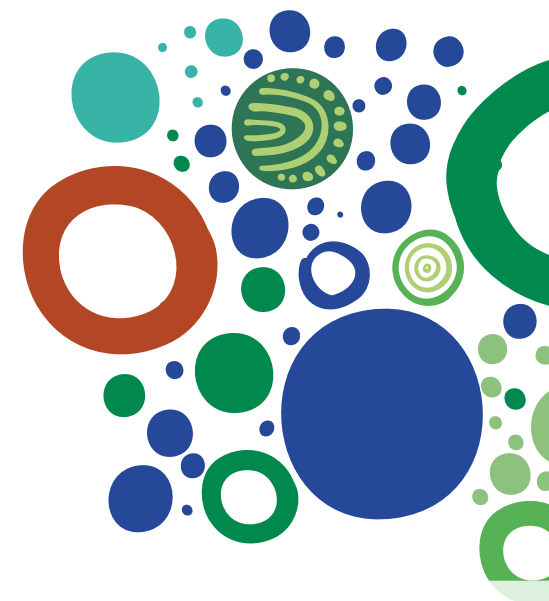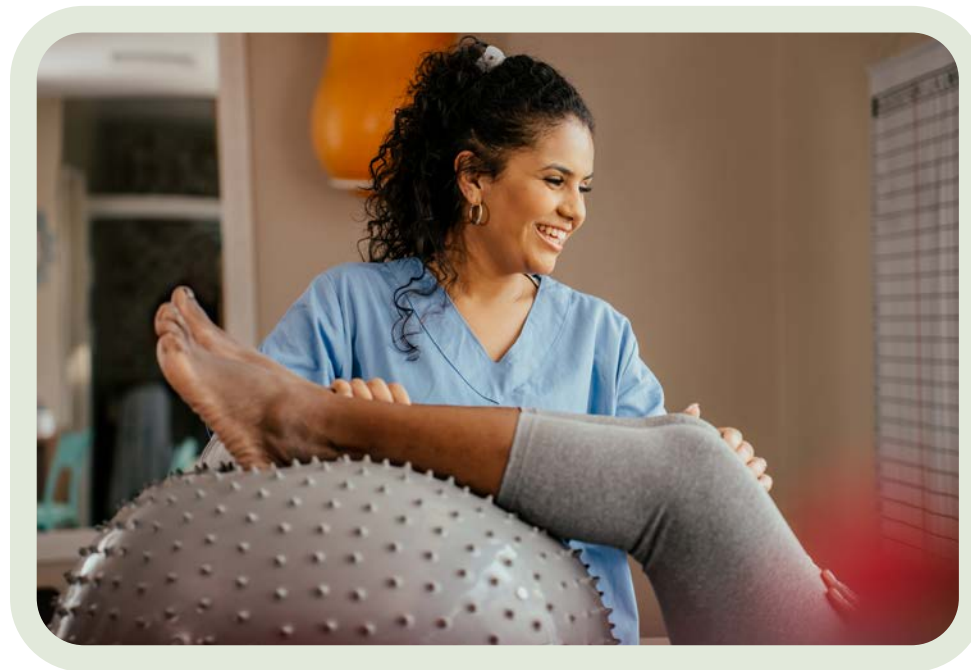
⚙ Services provided

Physiotherapists in a public mental health setting provide services such as:

- **Physical assessment:** Evaluate movement, posture and physical capabilities in relation to mental health conditions.
- **Exercise prescription:** Design tailored exercise programs to manage stress, improve mobility and enhance physical wellbeing.
- **Relaxation techniques:** Teach and implement methods to reduce tension and promote relaxation through movement and breathing exercises.
- **Pain management:** Provide strategies to alleviate physical discomfort associated with mental health conditions.
- **Education and self-management:** Empower individuals with knowledge on managing physical symptoms and promoting overall wellbeing through movement and physical activity. Provide education and support for carers in relation to manual handling, specifically in the older adult population.
- **Collaborative care:** Work within interdisciplinary teams to integrate physical health into holistic treatment plans for mental health consumers.
- **Cardiorespiratory assessment and management:** Manage distressing symptomatology such as breathlessness and fatigue management in chronic cardiorespiratory or vascular disease.

Case studies

The provided case studies offer scenarios that illustrate how physiotherapists may be involved in delivering mental health services.

Anxiety and stress reduction scenario

A physiotherapist working with consumers diagnosed with severe anxiety may incorporate cardiopulmonary interventions including diaphragmatic breathing exercises, progressive muscle relaxation and gentle movement to reduce symptoms of tension and breathlessness. Through ongoing sessions, the physiotherapist will provide support for consumers in managing symptoms leading to an improvement in their overall wellbeing.

Depression and physical inactivity scenario

Physiotherapists may support consumers experiencing depression and reduced physical activity by creating personalised exercise programs. Depending on the consumer's fitness and past experience with exercise and physical activity, this may begin as a walking and light resistance training program with gradual increments in duration and intensity. Physiotherapists monitor mood and energy levels for positive impacts.

Complex trauma or PTSD scenario

Consumers with a history of complex trauma or PTSD may experience associated symptoms of muscle tension and pain. Physiotherapists working with consumers with these experiences may introduce relaxation techniques, massage, therapeutic exercises and movement-based interventions to help reduce muscle tension, leading to improved sleep and decreased physical discomfort.

Mental health disorders can also result in challenges to maintaining a consistent lifestyle. Physiotherapists collaborate with consumers to establish personalised routines that include regular physical activities. Such programs can result in improved stability and mood regulation, which can complement the consumers' ongoing treatment plans.

The six key factors

Regulation	Physiotherapists working within Australia are registered with the [Australian Health Practitioner Regulation Agency (Ahpra)](.)[126] and regulated by the [Physiotherapy Board of Australia.](.) This ensures adherence to standards of practice, registration requirements and ongoing professional development. **For additional information, see:** • [Australian Physiotherapy Association.](.)[128] • [Indigenous Allied Health Australia (IAHA).](.)[129]
Capability	Physiotherapists working in mental health possess capabilities in physical assessment, therapeutic exercise, pain management and holistic care delivery.
Scope of practice	Physiotherapists address physical aspects of mental health conditions within their scope of practice. This expanded scope further underscores the importance of their role in promoting overall wellbeing. In summary, the physiotherapy workforce in mental health goes beyond addressing mental health conditions alone; they are equipped to address a spectrum of physical health issues, ensuring a holistic and integrated approach to consumer care.
Experience	Physiotherapists play an important role in supporting an individual's physical and mental well-being. Physiotherapists design exercise programs, conduct physical health assessments, and provide movement-based interventions to help manage symptoms of poor mental health. Physiotherapists collaborate with MDTs, educate individuals on healthy lifestyle habits, and contribute to research and quality improvement initiatives.
Professional development	Continual professional development is essential for practitioners and involves workshops, courses and conferences that focus on advancements in mental health care, interdisciplinary collaboration and evidence-based practices.
Supervision	Physiotherapists working in mental health settings benefit from clinical supervision, which is recommended to ensure consumer safety and high-quality care. They may prefer supervision that focuses on professional skill development, including direct observation and guidance of their practice. Physiotherapists' experiences and preferences in clinical supervision highlight the importance of tailoring supervision to their specific learning needs and the nature of their professional practice.

The five core workstreams

Practice	Physiotherapists implement evidence-based physical interventions to address physical symptoms associated with mental health conditions. They practice collaboratively with MDTs to deliver holistic care, addressing both physical and mental wellbeing. Assessing and managing co-morbid musculoskeletal, cardiorespiratory and neurological conditions is also a core part of practice together with providing support to individuals by tailoring physical interventions for improved functional outcomes.
Research	Physiotherapists can conduct or may contribute to studies on the efficacy of various physical interventions for mental health conditions. They also evaluate the impact of exercise and movement on mental health and wellbeing while exploring innovative ways to integrate physical and mental health treatments for better consumer outcomes.

Education	Physiotherapists provide training to mental health professionals to ensure they understand the role and benefits of physiotherapy in mental health care. They also develop educational materials for consumers to understand the relationship between physical activity and mental health. Finally, they contribute to academic programs to expand knowledge and awareness of the role of physiotherapy in mental health care.
Leadership	Physiotherapists advocate for the integration of their services in mental health care policies and treatment guidelines. They spearhead initiatives to promote interdisciplinary collaboration and a holistic approach to mental health care. They also lead and participate in forums to advance the understanding and importance of physical interventions in mental health settings.
Strategy	Physiotherapists in mental health settings are essential in driving reform and leading change within their field, requiring proficiency in strategy and planning to implement innovations and transform processes. They play a crucial role in developing and leading policies that establish principles and courses of action that enhance the mental wellbeing of individuals and communities through physical therapy interventions.

Career progression

Physiotherapy career progression may relate to the advancement of individuals to positions such as specialised mental health physiotherapist, clinical lead, educator, researcher or managerial positions within mental health services.

With experience, physiotherapists may take on more independent practice, specialise or progress into senior roles. Some will progress into other streams in the mental health sector.

Podiatrists

The podiatry workforce within the WA mental health sector includes dedicated podiatrists funded to provide specialised care within the mental health environment.

They are often referred to as 'mental health podiatrists' or 'podiatrists in mental health'. However, the primary provision of podiatry care for individuals with mental health conditions is usually undertaken by general podiatrists within secondary, tertiary and community health settings. Podiatrists work collaboratively within MDTs and with other mental health professionals to address foot health issues among individuals with mental health conditions.

Occupation Foundations

The foundations of podiatry within the mental health sector is rooted in understanding the bidirectional relationship between mental health and foot health. This perspective recognises the impact of mental health conditions on foot health and vice versa, emphasising a holistic approach to health care that considers the interconnectedness of physical and mental wellbeing. Evolving as part of a broader shift towards holistic consumer care, the integration of podiatry into mental health settings underscores the importance of addressing physical health concerns, including foot-related issues, for individuals with mental health conditions. Additionally, the consideration of medications used in mental health management acknowledges potential risks, such as an increased susceptibility to chronic conditions like diabetes and associated foot complications.

Mental health service contribution

The podiatry workforce in the mental health sector possesses specialised knowledge in both podiatric care and mental health, understanding the unique foot-related issues prevalent among individuals with mental health conditions, including neuropathy, decreased mobility and self-neglect. Their expertise contributes to tailored foot care interventions that address the challenges presented by mental health issues, offering preventative care and educating consumers and the MDT about the interconnection between mental health and foot health. Ultimately, this specialised care aims to enhance the overall wellbeing and quality of life of individuals within the public mental health sector by addressing their specific podiatric needs.

Multidisciplinary team

The podiatry workforce in the mental health sector plays a crucial role within the MDT, offering insights into the relationship between foot health and mental health. They advocate for the inclusion of podiatric care in the overall treatment plan, actively participating in discussions and providing expertise regarding foot-related issues and their impact on the consumer's wellbeing. Collaborating with other professionals, they share assessments and suggest interventions to address foot health issues. This advocacy and collaboration ensure that foot care is integrated into the consumer's holistic treatment plan, influencing the overall consumer journey and promoting comprehensive care for an improved quality of life. Podiatrists also contribute to maintaining safe mobility and reducing fall risk through the management of painful foot conditions and assessment and education regarding appropriate footwear.

When to engage this workforce

Referral to the podiatry workforce in the mental health sector is recommended for various conditions, including:

- Foot pain or discomfort affecting mobility or quality of life.
- Neuropathy or reduced sensation in feet.
- Development of foot ulcers or wounds due to chronic health conditions such as diabetes or from neglect or decreased self-care.
- Mobility issues affecting foot health, such as gait abnormalities or foot deformity.
- Impact of medications on foot health, such as changes in sensation or swelling.
- Management of chronic conditions such as diabetes, which can significantly affect foot health in individuals with mental health concerns.
- Neglect of foot care, such as heavy calluses and very long or deformed toenails.

Services provided

The podiatry workforce in the WA mental health sector provides a range of services aimed at addressing foot-related issues in individuals with mental health conditions, including:

- **Foot assessments:** Conduct comprehensive evaluations to identify potential issues such as neuropathy, peripheral arterial disease, wounds or gait abnormalities.
- **Preventive care:** Offer guidance on proper foot care and hygiene; provide strategies to prevent foot problems; and provide footwear education.
- **Treatment interventions:** Provide wound and callus debridement; implement wound care plans; address nail conditions; and provide pressure offloading and orthotic management when necessary.
- **Education and advocacy:** Offer education to consumers and the MDT regarding the link between mental health and foot health; advocate for the integration of podiatric care into treatment plans.
- **Referrals and coordination:** Collaborate with other healthcare professionals for holistic care and make referrals to other specialties when needed for comprehensive management. Recommend appropriate long-term podiatry care at community/local services as required.

Case studies

The provided case studies offer scenarios to illustrate how podiatrists may be involved in delivering mental health services.

Mental health disorders with co-occurring chronic disease scenario

Mental health podiatrists can provide assessments and care for consumers suffering from chronic diseases, which can be associated with current and potential foot health issues that co-occur with diagnoses of mental health conditions. Consumers with co-occurring chronic diseases such as diabetes can develop issues such as foot ulcers as a result of lack of education, neglect and inappropriate footwear. In situations such as this, mental health podiatrists can conduct comprehensive assessments, deliver wound care, provide appropriate pressure off-load and educate consumers about self-

care practices. Mental health podiatrists can initiate referrals for further investigations and input by community clinics and arrange ongoing, regular community care. Mental health podiatrists ensure consistent follow-ups and care, which results in improvements in foot health, the avoidance of further deterioration and enhanced mobility.

Mental health disorders with existing foot health issues scenario

Mental health podiatrists also work with consumers living with mental health disorders who may also suffer from undiagnosed and untreated foot health issues. A mental health podiatrist can work with consumers to identify causes of ongoing foot pain such as poor mechanics and foot structure and prepare tailored foot care strategies that are aligned to their mental health treatment plans. Mental health podiatrists work closely with the mental health treatment team to adjust pain medication; plan for ongoing podiatric care, including appropriate footwear and orthoses to reduce pain; and contribute to improved consumer wellbeing.

Depression and neglect scenario

Mental health podiatrists may also work with consumers living with mental health conditions such as depression, which may lead to a neglect of foot hygiene, resulting in issues such as fungal infections of the skin and nails. Mental health podiatrists may collaborate with the consumer's general practitioner, local pharmacist and psychologist to address the specific foot health issues identified, provide information regarding foot care and hygiene and support improved mental health. Mental health podiatrists can support coordinated responses such as this to support consumers in becoming more engaged in self-care and achieve better foot health and improved overall wellbeing.

🔑 The six key factors

Regulation	Podiatrists working in the WA mental health sector are registered with the Australian Health Practitioner Regulation Agency (Ahpra)[130] and regulated by the Podiatry Board of Australia.[131] This ensures adherence to standards of practice, registration requirements and ongoing professional development. **For additional information, see:** • Australian Podiatry Association[132] • Indigenous Allied Health Australia (IAHA).[133]
Capability	These professionals possess capabilities in assessing, diagnosing and managing foot health issues within the context of mental health.
Scope of practice	Their scope of practice includes wound care, preventive interventions and collaborative care within MDTs.
Experience	The workforce typically comprises experienced podiatrists who have expertise in both general podiatric care and mental health. Continual practice within this field ensures proficiency in addressing the unique challenges faced by individuals with mental health conditions.
Professional development	Continuing professional development is essential and involves training in both podiatric care and mental health to enable practitioners to stay updated with the latest advancements.
Supervision	Supervision, often within a MDT, provides guidance and support in complex cases. The Podiatry Board of Australia Supervised Practice Framework[134] outlines the principles which underpin supervised practice, the level of supervised practice and the Boards' expectation of supervisees, supervisors and employers.

❄ The five core workstreams

Practice	The podiatry workforce in mental health provides person-centric care, offering tailored support and treatment that recognises the interplay between foot health and mental wellbeing. This includes preventive measures, wound care and education to promote overall wellness.
Research	There is a growing need for research focusing on the intersection of podiatry and mental health to explore effective interventions; identify prevalent foot conditions; understand the relationship impact of mental health and foot health; and advance evidence-based practices in this specialised field.
Education	Emphasising the importance of education, the workforce advocates for both consumer and staff education. They promote understanding about the relationship between mental health and foot health and encourage the integration of podiatric care into mental health care training programs.
Leadership	This workforce plays a leadership role by advocating for the integration of podiatry into mental health settings; participating in multidisciplinary discussions; and promoting policies that recognise the importance of addressing foot health in mental health care. Their leadership ensures comprehensive care for individuals with mental health conditions.
Strategy	Podiatrists play a crucial role in driving reform and leading change within the podiatry field, requiring proficiency in strategy and planning to implement innovations and transform processes. They are tasked with developing and leading policies that establish principles and courses of action to improve foot health for individuals.

👥← Career progression

Career progression may involve advancements to leadership roles within mental health institutions; involvement in policy development; or specialisation in specific areas such as research, education or advanced clinical practice within the mental health and podiatry sectors.
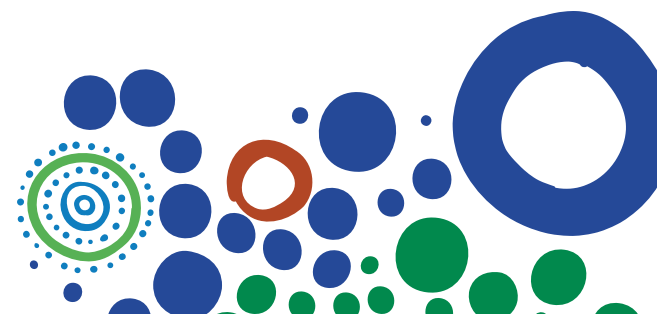
Psychologists

The psychology workforce within the WA public mental health sector encompasses various occupational groups and roles.

All psychologists are generally registered with a minimum of six years in training.

### Psychologists without an area of practice endorsement (6-year trained)

These psychologists have completed six years of education and training and are often employed in care coordination roles within a MDT. Others are employed in occupation-specific roles, providing therapeutic interventions, assessment and diagnosis, and family/carer support within the boundaries of their training as defined in their role descriptions. The protected title for this workforce is psychologist. Psychologists are required to demonstrate competence areas defined by the Psychology Board of Australia. These have been recently reviewed and from 1 December 2025 are as follows:

- **Competency 1:** Applies and builds scientific knowledge of psychology to inform safe and effective practice.
- **Competency 2:** Practises ethically and professionally.
- **Competency 3:** Exercises professional reflexivity, deliberate practice and self-care.
- **Competency 4:** Conducts psychological assessments.
- **Competency 5:** Conducts psychological interventions.
- **Competency 6:** Communicates and relates to others effectively and appropriately.
- **Competency 7:** Demonstrates a health equity and human rights approach when working with people from diverse groups.
- **Competency 8:** Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families and communities.

For additional information, see the Psychology Board of Australia Registration Standards[135] and the Australian Clinical Psychology Association.[136]

Psychologists with an area of practice endorsement (8-year trained)

These psychologists complete specialised training to build on the general competencies listed above. Following completion of a master's degree, these psychologists complete up to an additional two years in the aligned registrar program in a chosen area of practice endorsement (AOPE). There are eight AOPEs protected and endorsed by the Psychology Board of Australia through their Guidelines on Area of Practice Endorsements.[137] The most common AOPEs in the WA mental health public sector are clinical psychology and clinical neuropsychology.
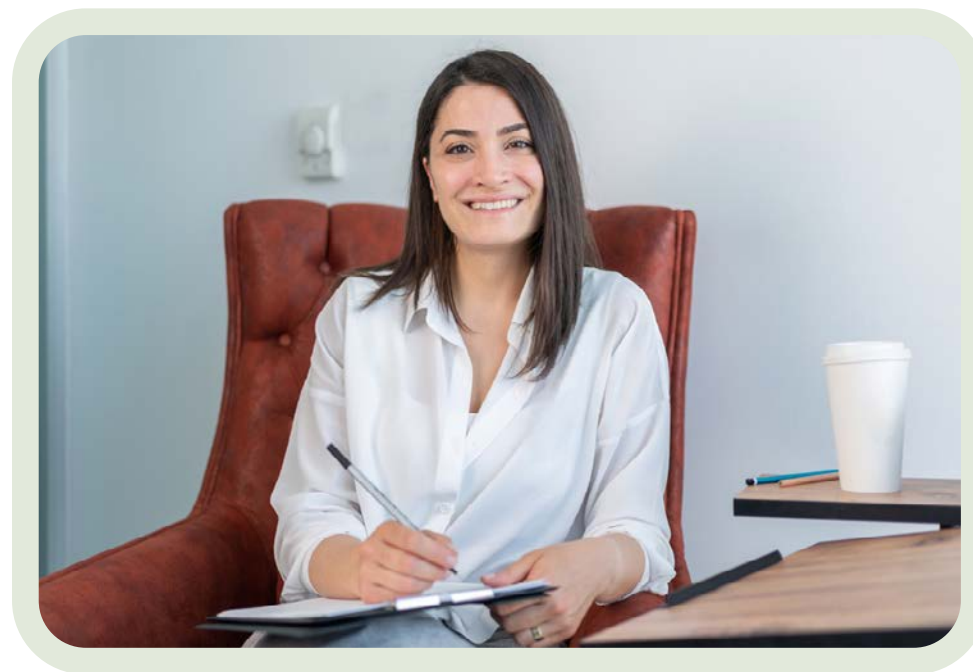
Occupation foundations

The psychology workforce in the public mental health sector is rooted in foundational theories such as behaviourism, cognitive psychology, humanistic-existential, and psychodynamics. Over time, these theories have evolved and interwoven to shape mental health care in its various settings. The current theories and practice used by psychologists are evidence-based. Advances in neuroscience, brain imaging, and psychopharmacology have significantly impacted the understanding of mental health conditions and have shaped psychological theory and psychotherapy methods. The historical context reflects a transition from institutionalisation to holistic, person-centred care. This workforce emphasises interdisciplinary collaboration through the integration of biological, psychological and social aspects to offer a comprehensive approach to mental health.

Mental health service contribution

The clinical psychology workforce uses their knowledge of psychology and mental health for the assessment, diagnosis, formulation, treatment and prevention of psychological problems and mental illness across the lifespan. They research psychological problems and use their psychological knowledge to develop scientifically based (evidence-based) approaches to improve mental health and wellbeing. The clinical neuropsychology workforce uses their knowledge of psychology and the brain to research and diagnostically assess brain dysfunctions in individuals. They also consult and design clinical interventions to assist people with neurological disabilities and impairment. The psychology workforce often work within a MDT to provide care coordination as well as evidenced-based psychological assessments and interventions such as psychometric assessments, cognitive assessments, cognitive behaviour therapy, behavioural therapies, interpersonal psychotherapy, dialectical behavioural therapy, psychoeducation, eye movement desensitisation reprocessing, skills training and diagnostic assessment depending on their training and qualification levels.

All psychologists provide interdisciplinary collaboration with various healthcare professionals to allow for a comprehensive approach that considers biological, psychological and social factors. Through ongoing research and innovation, they advance understanding and therapeutic techniques while advocating for mental health awareness and improved policies. This collective knowledge not only addresses symptoms but also considers underlying causes and maintenance factors, promoting the consumer's overall wellbeing and quality of life.

👥 Multidisciplinary team

The psychology workforce integrates within the MDT by providing expert insights into psychological processes of mental health and neurological conditions impacting the consumer's mental wellbeing. This may include processes that are cognitive, emotional, interpersonal or behavioural. Depending on their role, they may undertake psychometric, cognitive or other assessments and collaborate with other professionals to diagnose or otherwise influence treatment approaches. Overall, their contributions support evidenced-based, nuanced and effective care within the multidisciplinary setting, improving the overall consumer experience and outcomes.

⬅➡ When to engage this workforce

Referral to the psychology in the mental health sector is recommended for various reasons, including:

- **Psychological disorders:** Disorders such as anxiety, depression, post traumatic stress disorder (PTSD), personality disorders, adjustment disorder, schizophrenia and bipolar disorder necessitating psychological assessment and intervention.
- **Emotional disorders of childhood:** Disorders such as separation anxiety disorder and elective mutism requiring specialised assessments and interventions.
- **Developmental disorders:** Disorders such as autism spectrum disorder, attention deficit hyperactivity disorder (ADHD) and learning disabilities requiring specialised assessments and interventions.
- **Substance use disorders:** Disorders involving substance use or addiction requiring psychological support and intervention.
- **Neurological conditions:** Conditions such as traumatic brain injuries, strokes and neurodegenerative disorders (e.g. Alzheimer's or Parkinson's disease) requiring specialised neuropsychological opinion.
- **Memory and cognitive concerns:** Cases involving memory impairment, cognitive decline and executive functioning changes requiring comprehensive assessment and support.

⚙ Services provided

Psychologists in the public mental health setting provide a range of services, including:

- **Assessment:** Conduct comprehensive assessments and evaluations to understand cognitive, emotional and behavioural aspects, aiding in accurate diagnosis, clinical formulation and treatment planning.
- **Diagnosis:** Assessment and diagnosis of mental and behavioural disorders according to standardised diagnostic frameworks, across the lifespan.
- **Psychotherapy and counselling:** Offer individual and group therapy, behavioural interventions and co therapeutic interventions to address mental health concerns.
- **Risk assessment:** Formalised risk assessment and risk management within community and inpatient/acute mental health settings, across the lifespan.
- **Psychotherapeutic interventions:** Developmental assessments and evidence-based, developmentally informed psychotherapeutic interventions, including parenting and family-based interventions.
- **Behavioural interventions:** Implement behaviour modification techniques to address specific behavioural issues.
- **Consumer education and support:** Provide psychoeducation, teach coping strategies and support consumers and their families through the treatment process.
- **Consultation and collaboration:** Collaborate with healthcare professionals by offering expertise in treatment planning and recommendations.

Case studies

The provided case studies offer instances in which psychologists may be involved in delivering mental health services.

Community mental health service

A psychologist in a community mental health service setting provides assessment and therapeutic treatments to people presenting with a range of mental health issues. For example, a psychologist may implement measures to monitor symptoms of severe anxiety and panic attacks before, during and after treatment; initiate therapies such as CBT; help consumers to identify causal and maintaining factors; and teach anxiety management skills.

Psychologists may also lead manualised and structured group therapy for individuals dealing with mental health issues such as depression. Participants share experiences and receive psychoeducation on managing symptoms. Psychologists facilitate group discussions and teach coping skills to increase the confidence and improve the emotional management of individuals.

Infant, Child and Adolescent mental health service

In an infant, child and adolescent mental health service, psychologists conduct comprehensive developmental and mental health assessments, including standardised psychometric measures, involving children presenting with a wide range of mental health conditions, and their parents and caregivers. Proximal and distal causal and maintaining factors are considered to inform individualised, evidence-based psychological treatments that are matched to the child's assessed developmental capacities. Parental interventions are also delivered to enhance the coping behaviours in the child. Outcomes associated with treatments are measured via standardised measures, and routinely monitored and utilised to guide future interventions.

The six key factors

Regulation	Psychologists working in Australia are registered with the Australian Health Practitioner Regulation Agency (Ahpra) [138] and regulated by the Psychology Board of Australia.[139] This ensures adherence to standards of practice, registration requirements and ongoing professional development. **For additional information, see:** • Australian Psychological Society[140] • Australian Association of Psychologists[141] • Indigenous Allied Health Australia (IAHA).[142]
Capability	A strict set of competencies and requirements are provided for each of the different registrations (provisional and general) and areas of practice endorsements, to define a psychologist's capabilities that must be adhered to. See, for example, the Psychology Board of Australia Guidelines on Area of Practice Endorsements.
Scope of practice	Psychologists are required to practice within their level of competency and bounds of their specific area of endorsement, where relevant. See, for example, the Psychology Board of Australia – Title Protection and Scope.[143]
Experience	Ahpra's registration standard sets out the Psychology Board of Australia Recency of Practice requirements for psychologists.[144] To ensure that psychologists practise competently and safely, registered health practitioners must have recent practice in the scope in which they intend to work and maintain an adequate connection with their profession. The specific requirements for recency depend on the profession, the level of experience of the practitioner and, if applicable, the length of absence from the practice.
Professional development	To maintain eligibility for annual registration, psychologists require continuing professional development and supervision as set out in the Psychology Board of Australia Continuing Professional Development.[145] This assists with maintaining the continuous development of practice.
Supervision	As is the case for professional development, psychologists have requirements for professional supervision to maintain annual registration. There are specific requirements for those with an area of practice endorsement specific to their specialty in addition to those who hold general registration as set out in the Psychology Board of Australia Supervision.[146]

The five core workstreams

Practice	Psychologists in this stream are engaged in addressing a broad range of psychological factors in mental health, including social, cultural, spiritual, psychological, trauma, political and biomedical factors. Their role encompasses providing direct consumer support and care as well as delivering direct education to individuals, carers or family members as part of the services provided within the WA public mental health sector. It is acknowledged that professionals in the psychology profession may choose to specialise in this stream, dedicating their career to developing proficiency in addressing mental health stressors and providing direct support and care. This specialisation may involve ongoing education and training to enhance their skills and knowledge within the scope of mental health.

| **Research** | The research stream in the psychology profession focuses on enabling professionals to acquire the knowledge, skills and behaviours necessary to use evidence to inform their practice and enhance mental health services. Advancement within this stream may involve the development of more formal research and evaluation skills.

Professionals in this stream undertake systemic investigations or evaluations, contributing to the expansion of knowledge and the establishment of an evidence base in the field of mental health. Additionally, they may play a pivotal role in translating research findings into practical applications, influencing policy decisions and guiding future research initiatives within the WA public mental health sector. This development within the research stream ensures that psychology professionals actively contribute to evidence-based practices, ultimately improving the quality and effectiveness of mental health services in Western Australia. |

| **Education** | Psychologists who develop in this stream specialise in the development and delivery of education within the mental health system. These individuals play a crucial role in enhancing the capacity of the workforce, advancing practice, disseminating key research findings and fostering collaboration within the education sector. The focus of this stream lies in acquiring the skills necessary to effectively develop individuals, groups, organisations, communities and systems with the aim of improving health knowledge, attitudes, skills and behaviours.

Psychology professionals in this stream may engage in delivering education or instruction in various settings, including communities, conferences, mental health service environments and academic institutions. Their target audience encompasses diverse groups such as communities, health workers (both internal and external) and students within the mental health service and academic environments.

The recognition of the particular skill set required for effective education delivery is a key aspect of this stream. Successful workforce development not only ensures that individual workers possess the necessary knowledge and skills to respond appropriately to mental health service consumers but also emphasises the importance of having a skilled workforce capable of imparting that knowledge and skill effectively. This contributes to optimal service provision and supports ongoing organisational development to meet the evolving needs of the mental health sector in the future. As professionals progress through the levels of proficiency in this stream, they enhance their ability to provide education and training to others, contributing to the continuous improvement of mental health services. |

Leadership	Psychologists in this stream are dedicated to fostering teamwork skills and cultivating the necessary development for effective leadership. The primary goal is to equip individuals with the capabilities required to lead and fulfill roles in professional and organisational leadership within the mental health sector. This leadership focus involves advancing an individual's career into a more senior role or enhancing their leadership capabilities within their current position.

Psychology professionals in this stream play a crucial role in leading and managing various aspects of mental health service delivery, including human resources, business units, departments, funding and advocacy efforts. Their responsibilities encompass guiding and overseeing service delivery processes, effectively managing personnel and strategically steering business units or departments to achieve organisational goals. Additionally, professionals in this stream may engage in advocacy activities to secure funding and support for mental health services.

The recognition of leadership as a core competency within this stream underscores the importance of developing skills that go beyond clinical expertise. Professionals in the psychology profession within the WA health system who advance in this stream are expected to possess the capabilities needed for successful leadership, whether it involves leading clinical teams, managing resources or advocating for mental health initiatives. This stream acknowledges the dynamic nature of leadership within the mental health sector and aims to cultivate the skills necessary for effective leadership roles. |

Strategy	In the context of mental health in the WA health system, the strategy, system and policy stream within the psychology profession centres on psychologists who possess varying levels of proficiency in strategy and planning. This stream is dedicated to cultivating the skills necessary to drive reform, take a leadership role in policy development, lead transformative changes, implement disruptive innovations, establish guiding principles, and transform processes within the mental health industry, sector, occupation and service.

Psychology professionals within this stream play a key role in shaping and influencing the strategic direction, policies and systems that govern mental health services in Western Australia, contributing to ongoing improvements and advancements within the sector. |

Career progression

Career progression involves various levels of expertise, from entry-level to advanced specialised roles, encouraging ongoing skill enhancement. In the WA public mental health sector there is a distinction between the roles those with and without an area of practice endorsement hold. Further details on regulatory bodies, practice guidelines and career paths in mental health psychology can be found through peak bodies such as the Psychology Board of Australia. These resources offer insights into registration competencies, standards, regulations and professional growth within the mental health sector.

Social workers

The social work workforce in the WA public mental health sector primarily consists of social workers with experience and training in assessing and treating people with mental health conditions.

Although social workers may engage in various roles, such as service managers, executive or research positions, social work-specific roles within the WA health system typically involve a combination of clinical intervention and care coordination responsibilities. They provide biopsychosocial, trauma-informed, holistic assessment and treatment of consumers presenting across the lifespan with mental health and co-occurring issues, focusing on empowering and enhancing their recovery journey. They work with consumers, their families and significant others to improve mental health through therapeutic interventions and activities across community and inpatient settings and are well placed to provide advocacy and support for mental health consumers, their families and significant others.

Social workers frequently provide care coordination for consumers and families, coordinating therapies and services, managing risk and (re)engaging the consumer in meaningful occupations in the community. In community and inpatient mental health settings, social workers often develop and facilitate group therapy and life skills programs.

👥 Occupation foundations

The foundational theories and perspectives underpinning the social work profession include:

- **Social systems theory/ecological perspective:** Understanding individuals within their social environments and systems, considering the broader social, economic, orientation, cultural and community aspects. Strengths lie in biopsychosocial-spiritual assessments and systemic formulation.
- **Strengths-based perspective:** Focusing on individual strengths and promoting self-determination, empowerment, resilience and collaboration with the consumer.
- **Mental health:** Knowledge of mental health disorders across various life stages (infant, child, adolescent, adult and older adult) and delivery of corresponding evidence-based treatments for these disorders.
- **Psychological theories and human development:** Understanding the evolution and application of foundational theories, such as psychodynamic, behavioural, attachment, social, transpersonal, cognitive, humanistic and developmental perspectives.
- **Community development:** Focusing on empowering and building capacity of groups and communities.
- **Trauma-informed practice:** Knowledge of the impact of trauma across the lifespan from a biological and psychological perspective. Understanding, promoting and delivering a whole-of-system approach of the core trauma-informed principals of safety, trust, choice, collaboration, empowerment and respect for diversity to support the wellbeing of those who use and work within mental health service systems.

The social work profession integrates theories from sociology, psychology and human behaviour to guide interventions and social change efforts within all communities.

Within mental health this includes supporting change within the individual and their environment. Social workers draw from a range of evidence-based therapies, such as cognitive behaviour therapy (CBT), interpersonal therapy, dialectical behaviour therapy (DBT), eye movement desensitisation reprocessing, motivational interviewing, family therapy and narrative therapy to support and facilitate change.

Mental health service contribution

Social workers in mental health services typically work within their MDT to provide assessment, treatment planning, evidence-based interventions, case coordination and specialist liaison and advocacy for individuals and their families presenting with mental health issues.

Mental health social workers bring a diverse range of experience, knowledge and contributions to consumer care. Their expertise includes:

- **Assessment and intervention skills:** Bring a strong systemic, developmental and biopsychosocial-spiritual perspective to understanding and assessing complex mental health presentations. Work collaboratively with the consumer and treating team to develop targeted interventions (may include assessment and management of domestic abuse, child safety planning with focus on intersectionality).

- **Psychotherapy:** Provide psychological strategies and evidence-based interventions to support individuals with mental health concerns and their families. This may include delivery of group programs for individuals and families.

- **Crisis intervention:** Provide crisis intervention services to support those who are experiencing a mental health crisis and are at risk of harm to self, to others and from others.

- **Advocacy and empowerment:** Act as advocates for individuals and their significant others with mental health concerns, helping them to navigate the public mental health sector and ensure their rights are heard and protected.

- **Collaborative care:** Collaborate with other mental health professionals, external stakeholders and services. Liaise, communicate and build vital networks with other services for the purposes of community development, streamline referral pathways, and provide options and education around local services.

- **Understanding social determinants of health:** Recognise and address the impact of social, economic, psychological and environmental factors on individual wellbeing.

- **Education and prevention:** Provide education and prevention programs to promote mental health and wellbeing.

This comprehensive knowledge and experience contributes significantly to delivering appropriate care by providing holistic, person-centred, trauma-informed care and support that considers not only the immediate issues but also the broader social context influencing and intersecting within a person's life. Social workers bring a unique blend of empathy, professional skills and a commitment to social justice, which enables them to navigate complex situations and deliver effective, trauma-informed and culturally sensitive services.

Multidisciplinary team

Social workers play a crucial role within a MDTs by contributing the following:

- **Psychosocial perspective:** Provide holistic and interconnected insights into the psychosocial aspects of care and consider the social and environmental factors that impact wellbeing.

- **Systemic perspective:** Understand underlying family and interpersonal dynamics, including broader social community, healthcare and government systems.

- **Professional knowledge base:** Provide specific, specialist knowledge, including trauma-informed practice and other evidence-based psychological interventions. In infant, child and adolescent services this includes treatment for psychological disorders, emotional disorders of childhood and developmental disorders.

- **Advocacy and support:** Advocate for consumer needs to ensure they receive appropriate resources and support beyond medical treatment.

- **Collaboration and coordination:** Facilitate communication between team members, external stakeholders and community services to ensure a holistic approach to care.

The social work influence on the consumer journey is significant as they advocate for comprehensive care, respond to gaps in service provision and address social determinants affecting the consumer's health. Social workers ensure that consumers receive holistic care and aim for improved outcomes and overall wellbeing beyond the clinical setting.

⬅️➡️ When to engage this workforce

Referral pathways and reasons vary depending on the service area, location and team. Primarily, a referral will be triggered when a mental health assessment and treatment is required for the individual, their family or significant other, or for coordinating care and accessing resources.

Social workers are engaged in various situations, including:

- **Mental health concerns:** Provide assessments and interventions for individuals experiencing a wide range of mental health presentations, especially when social and environmental factors significantly impact mental wellbeing. This includes the provision of evidence-based interventions for psychological disorders.

- **Specific safety or advocacy issues:** For example, the presence of domestic violence and safety concerns; the needs for child protection and safeguarding; the presence of caregiving or family challenges; legal matters (guardianship, administration, State Administrative Tribunal (SAT), providing reports to the Court, etc.); or for assistance with accessing the National Disability and Insurance Scheme (NDIS).

- **Social or emotional challenges:** Provide support for grief, anxiety or relationship and attachment issues.

- **Financial or housing problems:** Provide support for homelessness or economic hardships.

- **Family or caregiving challenges:** In some settings, provide support for abuse, neglect or caregiver stress.

- **Barriers to accessing community resources:** Support individuals in accessing social services or community resources for health and wellbeing.

In some services social workers are involved in cases requiring holistic support beyond treatment, focusing on the social and environmental factors affecting an individual's health and wellbeing. They are an integrated part of the treatment team for individuals with broad range of complex mental health presentations and deliver assessments and evidence-based interventions to those consumers.

⚙️ Services provided

In the WA public mental health sector, social workers services, including prevention services, mental health assessments, delivery of evidence-based interventions, crisis intervention, counselling, community resource navigation (including complex discharge planning), safeguarding, safety planning and care coordination. They may offer individual, family, group or community interventions.

For example, they may offer immediate support during crises; provide counselling to individuals and families; assist consumers in accessing community resources; liaise with a range of community stakeholders and agencies; and coordinate care among healthcare providers for smooth transitions in various settings to promote the consumer's overall wellbeing and quality of life.

Case studies

The provided case studies offer instances in which social workers may be involved in delivering mental health services.

Community mental health service

In a community mental health setting, a social worker may provide case coordination and/or one-on-one counselling and support to consumers with a range of mental health needs. Social workers can provide ongoing therapeutic sessions to help individuals manage their symptoms, develop coping strategies and navigate social challenges to improve daily functioning and overall wellbeing.

Social workers may also lead support groups, with sessions focused on topics such as life skills development, routine planning, emotional regulation techniques and social support strategies. Through these sessions, participants develop skills to manage daily tasks, identify early warning signs and emotional fluctuations to foster stability, improved regulation and self-care.

Social workers in these settings can also provide social safety and integration services such as domestic abuse assessments. In situations where a social worker identifies people at high risk of harm and in need of safeguarding, they collaborate with the MDT, child protection and domestic violence police teams to coordinate a response to ensure children are placed in safe care with ongoing support and psychoeducation, and ongoing domestic violence and mental health safety planning is implemented.

Infant, child and adolescent mental health service

In infant, child and adolescent mental health settings, social workers are an integral part of MDTs providing comprehensive mental health assessments and interventions. In acute settings, this role may have an emphasis on bio-psycho-social assessments, family interventions, case coordination, and liaison with external agencies. In community settings, social workers routinely provide evidence-based, developmentally, and trauma-informed individualised interventions to infants, children, and families, as well as case coordination, consultation, and liaison.

Adult mental health inpatient service

In a supported residential setting, a social worker may initiate programs focused on building life skills for residents with mental health conditions such as depression. By providing counselling and guidance, the social worker helps residents in skill development and provides services in areas such as self-help skills, activities in daily living and social engagement to promote independence and overall wellbeing.

Social workers are also important in supporting people with mental health-related experiences to reintegrate into the community. The social worker can prepare tailored reintegration programs that include social participation activities, gradual exposure exercises and support in navigating social interactions and are designed to help individuals rebuild confidence and reintegrate into community life.

The six key factors

Regulation	The Australian Association of Social Workers (AASW)[147] is the professional body for social workers. All social workers within WA public health services must be eligible for membership of the AASW. This peak body is committed to maintaining high standards, ethical practice and ongoing professional development in the mental health sector. Social workers also fall under the National Code of Conduct for Health Care Workers[148] under the management of the HaDSCO.[149] The AASW offer appropriately trained social workers a range of credentials to support leadership in social work and facilitate a consistent way of assessing and recognising specialist skills, including accreditation as mental health social workers. To explore further information, the AASW website provides insights into regulation, capabilities, scope of practice, career progression and ongoing professional development. See also Indigenous Allied Health Australia (IAHA).[150]
Capability	Social worker capability in the mental health sector, as outlined in the AASW Practice Standards 2023,[151] emphasises the profession's commitments to Aboriginal and Torres Strait Islander peoples, human rights and social justice, as well as the encapsulation of culture, identity and intersectionality in practice. Social workers with a mental health credential are highly valued for their specialist skills and experience.

Scope of practice	In Australia, social workers have a significant scope of practice in the mental health sector, including the provision of assessments, crisis intervention, counselling and other evidence-based therapeutic interventions. The profession encompasses a diverse range of settings, such as health, disability, family support services and family violence, with a specific cohort of mental health specialists known as Accredited Mental Health Social Workers (AMHSWs), who have achieved the AASW Mental Health Credential.[152] These specialists undergo advanced training to work with individuals with complex mental health needs and demonstrate expertise in assessment and the provision of therapies and interventions. They also play a crucial role in advocating for consumers' rights, identifying service gaps and initiating the delivery of new programs and services.
Experience	To be accredited by the AASW, social workers in Australia are required to maintain their recency of practice to ensure that their skills and knowledge remain current and relevant through engaging with continuing professional development (CPD) and supervision.
Professional development	Social workers undergo CPD and may specialise in a particular area. CPD is integral to maintaining, improving and broadening the skills, knowledge and expertise of social workers in Western Australia. It is an ongoing process throughout a social worker's career and is informed by the changing practice environment, professional domains, new research and community need. For additional information, see AASW Continuing Professional Development Policy.[153]

Supervision	Supervision is a professional activity in which practitioners are engaged throughout their careers, shaping a process of review, reflection, critique and replenishment for professional practitioners. The AASW sets the standards for professional supervision, emphasising its importance in maintaining best practice and enhancing the quality of care, guidance and support provided across settings. For additional information, see: AASW Practice Standard Supplement: Expectations as to how Practice Standard 8 works in practice.[154]

✵ The five core workstreams

Practice	Social workers actively engage in evidence-based trauma-informed services and provide holistic care, support and treatment to individuals and families, focusing on their mental health, intersection and influencing factors, and overall wellbeing.
Research	Social workers contribute to research by evaluating interventions, exploring effective strategies and advocating for policies that enhance mental health, family inclusive practice, and trauma-informed, recovery-oriented services and systems.
Education	Social workers play a role in educating communities, consumers and other professionals about mental health by offering workshops, training and informational resources to promote mental health awareness and understanding.
Leadership	Social workers often take on leadership responsibilities, which includes influencing policy development and program implementation, as well as advocating for improved mental health services and resources to support individuals and communities.

Strategy	Social workers develop strong networks across their community to ensure they are able not only to provide effective consumer services but also to address community issues on a broader strategic level. They are vital in driving reform and leading change within the social services sector, requiring proficiency in strategy and planning to implement disruptive innovations and transform processes. Their role involves developing and leading policies that establish principles and courses of action to enhance the wellbeing of individuals, families and communities.

Career progression

Career progression in social work involves opportunities in various settings and specialised areas, including clinical roles, prevention, health promotion, management, policy development and academia.

Social workers may progress to team leader or clinical coordinator positions, which are responsible for overseeing and managing the delivery of services within community mental health teams, programs or social work services within mental health settings. They often coordinate care plans and provide social work-specific consultation, liaison and supervision to social workers and other staff members.

Experienced social workers may also progress to professional, discipline or clinical lead roles, with a potential pathway to manager or director of mental health services. Responsibilities of a clinical lead role may include coordinating professional development, creating supervision opportunities, recruitment, student coordination, developing core competencies, learning and development, policy and procedures, safety and quality, research, service provision and governance.

Social workers are also well placed to educate and support public health staff, consumers, their families and significant others regarding NDIS. Their knowledge and experience can also provide insight from a trauma-informed, social justice and holistic perspective in policy, project, and safety and quality roles, where they use theoretical frameworks and focus on the broader system impact on the consumer, clinicians, service and wider community.

Speech pathologists

The speech pathology workforce in the WA public mental health sector comprises speech pathologists in both inpatient and community settings, and they may work closely with the MDT.

Historically, speech pathology in mental health has evolved from an emphasis on communication and swallowing impairments to a more holistic approach that considers the impact of communication and swallowing on an individual's mental health, wellbeing and overall ability to function. This evolution involved a shift towards a person-centred, interdisciplinary model that acknowledges the complex interplay between communication, mental health and social functioning.

Occupation foundations

The foundational theoretical underpinnings of the speech pathology workforce in the mental health sector stem from various models and theories. These include:

- **Communication models:** The World Health Organization's International Classification of Functioning, Disability and Health (ICF)[155] frames communication as a vital component of mental health and overall wellbeing.
- **Medical models:** The effect on swallowing and communication of progressive neurological disorders including dementia, and the adverse impact of other medical and mental health conditions that compromise feeding, swallowing and communication function.
- **Psycholinguistic and cognitive models:** Understanding language and cognitive processes in mental health conditions by incorporating theories of cognition, language processing and social communication.
- **Biopsychosocial approach:** Incorporating biological, psychological and social factors in assessment and intervention.
- **Evidence-based practice:** Relying on research and empirical evidence to guide interventions and therapy.
- **Developmental theories:** Considering communication and feeding in the context of developmental expectations and behaviours.
- **Attachment theories:** Considering communication development in the context of attachment relationships.

Mental health service contribution

The speech pathology workforce in the mental health sector brings specialised experience, knowledge and contributions that aid in providing appropriate care in several domains. These contributions include:

- **Communication assessment and intervention:** Provide expertise in assessing, diagnosing and treating communication disorders that co-occur with mental health conditions to enhance therapeutic outcomes and quality of life. This includes helping individuals modify their voice and communication style to align with their gender identity.
- **Diagnosis:** Provide expertise in identifying language and communication behaviours that may indicate a mental health disorder or assessing language and communication functioning as part of a multidisciplinary differential diagnosis process, for example, pragmatic disorders in the autism spectrum, schizophrenia and the dementias, and aphasia in schizoaffective disorders.
- **Swallowing and feeding intervention:** Assess, diagnose and manage issues with swallowing and feeding due to the mental illness or because of the impact that mental illness has on an existing medical disorder. Medications used in mental health may have an adverse effect on swallow function leading to dysphagia, for example, psychotropic medications can cause 'extrapyramidal side effects'. Many medications cause dry mouth (xerostomia), which affects swallowing. Certain medications can also lead to reduced muscle control and coordination, potentially impacting the muscles involved in swallowing. Death by choking in people with mental illness is significantly higher than in people without mental illness. Management of feeding and swallowing disorders reduces the risk of adverse outcomes such as aspiration pneumonia, choking, dehydration and weight loss. In the child and adolescent context, screening and assessment occurs as part of a MDT to support paediatrics feeding disorders.
- **Education:** Provide education for caregivers, families, members of the

mental health team, schools and workplaces regarding the short- and long-term psychological, behavioural and social impacts and how to support those with communication and swallowing disorders.

- **Support MDT:** Provide support for members of the mental health team to help them to identify whether an individual has the capacity to participate in mental health interventions and to support an individual's communication. Assisting team members to adjust and scaffold interventions to help the person understand and participate in their treatment.
- **Social communication skills:** Provide therapy to develop social communication and pragmatic skills and support individuals in their interactions and relationships leads to improved wellbeing and community integration.
- **Speech and language skills:** Provide therapy to develop speech and language skills including the ability to understand and describe emotions, and to understand and convey thoughts, ideas and stories.
- **Collaborative care:** Collaborate with MDTs to address the complex interplay between communication impairments and mental health to ensure comprehensive and holistic care.
- **Advocacy:** Advocate for inclusive practices and accessible services and educate other professionals and the community about the impact of communication on mental health and swallowing, feeding and communication difficulties in the context of mental health.

Multidisciplinary team

The speech pathology workforce in the mental health sector plays a vital role within the MDT through the following areas:

- **Assessment and intervention:** Assess, diagnose and treat communication and swallowing difficulties contributing to or resulting from mental health conditions. Provide analysis, clinical insight, and treatment programs to reduce the impact on a person's overall mental health and social functioning and their ability to access and benefit from mental health interventions. Assessment and analysis can also contribute to a multidisciplinary differential diagnosis.
- **Collaborative input:** Offer expertise on how communication and swallowing issues influence an individual's mental health and quality of life, contributing valuable insights to the team's overall understanding and treatment planning. Risk reduction through collaborative implementation of education and risk management strategies targeting swallowing disorders.
- **Advocacy for communication needs:** Advocate for the recognition of communication challenges within mental health care to ensure that appropriate support and strategies are integrated into the consumer's care plan to enable them to get maximum benefit from mental health interventions.
- **Advocacy for swallowing needs:** Advocate for appropriate swallowing interventions, influencing the care plan to ensure safety during mealtimes and overall consumer wellbeing within the mental health context. This leads to better hydration and nutritional outcomes and improved safety and risk management for the consumer.
- **Educational role:** Educate other team members, people with mental illness and family/carers about the significance of communication in mental health; promote inclusive care practices; and foster a more holistic approach to consumer care.

⇨ When to engage this workforce

Consumers should be referred to the speech pathology workforce in the mental health context if they present with any communication or swallowing challenges, including:

- **Speech and language issues:** Difficulties in speech, language or communication as a result of a mental health conditions (e.g. schizophrenia, bipolar disorder, depression or dementia). Difficulties with speech and language that impact an individual's ability to understand and to express themselves and impact functioning, behaviour, wellbeing or mental health.
- **Swallowing difficulties:** Dysphagia or swallowing and/or feeding problems due to mental illness, dementia and progressive neurological disorders. These may include cognitive-behavioural issues or be a result of medication side effects, anxiety or other mental health issues.
- **Communication concerns:** Difficulties with social communication impacting the individual's relationships, day-to-day functioning, engagement in treatment and mental health recovery.
- **Literacy concerns:** Reading or writing difficulties.
- **Voice concerns:** Dysphoria associated with voice that is incongruent with a person's gender identity.

Various conditions are associated with communication and swallowing disorders, each presenting distinct challenges. In individuals with schizophrenia, common issues encompass communication, dysphagia and language difficulties. Depression and anxiety may impact speech, motivation for communication, cognition and swallowing, whereas bipolar disorder can affect language, cognition, communication and swallowing behaviour. Dementia and progressive neurological disorders often lead to cognitive-communication, speech and swallowing challenges. Autism spectrum disorder (Autism) is characterised by difficulties in social relationships, communication and sensory processing, with a diagnosis involving an assessment of persistent communication difficulties resulting in an increased risk of mental health disorders. Attention deficit hyperactivity disorder (ADHD) is frequently linked to co-morbid language disorders and an elevated risk of mental health conditions. Childhood trauma is associated with a heightened risk of language and communication disorders, and attachment disorder increases the risk of neurodevelopmental delay, particularly in the domains of language and communication. Gender dysphoria is associated with a voice incongruent with a person's gender identity and may require vocal training and education.

Communication and swallowing disorders exert a profound impact on mental health and can lead to social isolation and hinder personality development, attention and concentration. The risk of mood disorders, anxiety and behavioural issues is elevated while access to literacy, learning and work opportunities is impeded.

Referral to the speech pathology workforce is crucial when communication or swallowing issues significantly impact an individual's mental health and overall wellbeing.

⚙ Services provided

Speech pathologists in the public mental health setting provide a range of services, including:

- **Communication screening, assessment and therapy:** Assess and treat speech, language and communication difficulties; provide therapy to improve language, communication skills, consumer or child/caregiver interaction and social interaction.
- **Swallowing and feeding assessment and management:** Conduct swallowing assessments and instrumental analysis to identify dysphagia risk; develop strategies for safe dysphagia management through fluid or dietary modifications and environmental modifications to reduce cognitive and behavioural impacts; contribute to multidisciplinary assessment and management of feeding disorders.
- **Cognitive-communication therapy:** Address cognitive-communication issues impacted by and affecting mental health; implement strategies to identify and improve memory, attention and problem-solving in communication.
- **Education and support:** Provide education to individuals, families and MDTs about communication and swallowing challenges in people with mental illness; offer support and strategies for effective communication within the mental health and community context.

Case studies

The provided case studies offer instances in which speech pathologists may be involved in delivering mental health services.

Community mental health service

In a community mental health setting, the speech pathology workforce collaborates with the treating team to improve consumers' communication abilities, enhancing their social participation and mental health recovery. They conduct assessments and employ therapy with a focus on improving consumers' cognitive-communication skills and organising speech patterns. By integrating strategies to enhance memory and engagement in conversations, the consumers experience improved communication and a sense of social connection, contributing positively to their mental health journeys.

Older adult mental health service

In an older adult mental health setting, speech pathologists work with consumers presenting with conditions associated with older age, such as Alzheimer's disease, which may co-occur with pre-existing conditions such as chronic alcoholism, anxiety or depression.

A speech pathologist in this setting will assess swallowing ability and baseline cognitive-communication skills and complete instrumental dysphagia analysis. They will provide education and develop and implement a rehabilitation plan.

Intervention typically focuses on implementing strategies to optimise swallowing safely for conditions such as those caused by neurological impairment, medication-induced akathisia (movement disorder), or behavioural and cognitive deficits. Intervention may also include strategies to optimise communication with the consumer.

Infant, child and adolescent mental health service

Speech pathologists in infant, child and adolescent mental health settings may provide assessments and support options for consumers who have difficulties understanding or expressing themselves, for example in therapy sessions, or have reported social communication struggles and peer difficulties. Speech pathologists use evidence-based assessment techniques with young people, caregivers and school staff to obtain a thorough language and communication assessment in order to contribute to multidisciplinary differential diagnoses. Speech pathologists can provide advice regarding the language and communication demands of mental health therapy sessions. They can suggest strategies, adjustments and/or communication options and alternatives such as visual supports and use of technology (for example tablets, phones, communications devices) to support communication when spoken language is difficult. Speech pathologists also provide consultation and education for family, schools or workplaces so appropriate supports and adjustments can be made for the consumer in these contexts.

Adult inpatient mental health service

In an adult inpatient mental health service, speech pathologists may work with consumers presenting with a range of speech-related difficulties, for example due to physical disorders or trauma. Reduced communication ability can result in increased anxiety and distress. Speech pathologists in this setting can complete instrumental dysphagia (difficulty swallowing food or liquids) analysis and assessments; develop and implement rehabilitation planning; and provide education to consumers and their treating teams to strengthen swallowing musculature and identify strategies to aid communication during recovery.

The six key factors

Regulation	The speech pathology workforce is self-regulated and governed by Speech Pathology Australia,[156] which ensures professional standards and ethics. Speech pathologists are required to meet the minimum standards of practice per the National Code of Conduct for Health Care Workers[157] under the management of HaDSCO.[158] See also Indigenous Allied Health Australia (IAHA).[159]
Capability	The Speech Pathology Australia Speech Pathology in Mental Health[160] Position Statement provides comprehensive detail of capabilities required for speech pathologists working in mental health settings.
Scope of practice	Speech Pathology Australia states that it is within the scope of practice of speech pathologists to assess, diagnose and treat communication and swallowing difficulties of individuals with, or at risk of, mental illness. Speech pathologists working within a discipline-specific framework would not typically be expected to take on the generic mental health roles; however, with relevant knowledge, skills, supervision, training and experience, speech pathologists should be considered eligible for transdisciplinary roles in mental health teams. This includes generic mental health assessment and broader mental health treatment planning, crisis and care coordination roles.
Experience	Speech pathologists engage in continuous learning to stay current with best practices. Continuing professional development (CPD) for speech pathologists involves maintaining, improving and broadening their skills, knowledge and expertise for professional practice. This process is ongoing throughout their careers and is informed by the changing practice environment, new research and community needs. Speech pathologists are responsible for their own professional development and may participate in various activities such as workshops, webinars and events to meet their CPD requirements and stay up to date with the latest developments in the field.
Professional development	Speech pathologists engage in CPD activities, including workshops, seminars and further education, to enhance their expertise in mental health.
Supervision	Due to the limited number of speech pathologists in Western Australia working in mental health, it can be challenging to access mental health specific clinical supervision.

The five core workstreams

Practice	Speech pathology professionals assess and offer tailored communication and swallowing interventions for people with mental health needs; provide education and counselling for consumers and families or carers; and collaborate with teams or other support people for holistic care.
Research	Speech pathology professionals investigate links between communication and/or swallowing issues and mental health and explore diagnoses, assessments, supports and therapies that can lead to consumers having improved access to, and engagement with, mental health interventions and improved mental health recovery.

Education	Speech pathologists educate consumers, caregivers and peers on the role and importance of communication skills for mental health and for accessing and benefitting from mental health interventions. They also educate regarding the impact of dysphagia and management of aspiration risk. They also contribute to training future professionals.
Leadership	Speech pathologist leaders advocate for the development of organisational and mental health service provision and workforce that is responsive and supportive of consumers' communication, swallowing and voice needs.
Strategy	In the context of the WA mental health services of the public health system, the speech pathology workforce may have varying levels of proficiency in strategy and planning among its practitioners. Those involved in the strategy stream harness the skills needed for driving reform in service provision and policy, ultimately improving consumers' access to speech pathology expertise when accessing mental health services. Speech pathologists play a pivotal role in ensuring that policies, procedures and mental health service provision is supporting consumers' communication so they can access and participate in mental health interventions. Their expertise is crucial not only in advancing their own occupation but also in influencing positive change for consumers within the broader mental health sector. Through a focus on strategic leadership and policy development, speech pathologists in this workforce contribute significantly to shaping and improving mental health services in Western Australia, ensuring all consumers can access and participate in mental health services and interventions to enhance their recovery.

Career progression

There are limited opportunities for career progression for speech pathologists working in mental health as it is a very small workforce. Career progression usually leads senior speech pathologists into non-clinical leadership roles or academia. Speech pathologists do not have titling or a specialisation program.

Welfare officers

The welfare officer workforce in the WA public mental health sector consists of professionals who provide direct support and assistance to individuals facing mental health challenges.

Welfare officers assist with sourcing appropriate accommodation, Centrelink and other entitlement applications and related issues. They assist individuals with accessing financial assistance, referrals and basic budgeting, as well as essential items and emergency relief. Additionally, welfare officers facilitate community agency referrals and act as a liaison.

Occupation foundations

The welfare officer workforce draws from various theoretical frameworks and historical evolutions. Their approach is grounded in social work theories such as person-centred care, strengths-based perspectives and trauma-informed practices. In terms of historical evolution, there has been a notable shift from institutional care to community-based support, placing emphasis on human rights, empowerment and social inclusion. This evolution aligns with broader societal changes advocating for individual autonomy and a focus on holistic wellbeing rather than solely medical treatment. This shift has significantly influenced the role of welfare officers, steering them towards a more comprehensive, community-centred approach.

Mental health service contribution

The welfare officer workforce in the WA public mental health sector brings a diverse skill set and knowledge base. Their experiences often involve training in mental health support and community resource navigation. They contribute by fostering a person-centric approach, which emphasises the individual's strengths and preferences in care. Their expertise in linking consumers to relevant community services, providing emotional support and addressing social determinants of mental health enhances the overall wellbeing of individuals. This holistic perspective aligns with a comprehensive model of mental health care to ensure a more nuanced and personalised approach.

Multidisciplinary team

Welfare officers in the WA public mental health sector play a crucial role in MDTs. Their primary responsibility involves advocating for the psychosocial needs of individuals. During team discussions, they contribute insights into the social determinants of mental health and offer perspectives on community resources. Their emphasis on holistic wellbeing complements the medical expertise of other team members to ensure a comprehensive understanding of consumers' needs. Welfare officers often act as advocates for consumers, ensuring that the broader context of their lives is considered in treatment planning. This collaborative approach enhances the overall consumer journey by addressing not only the clinical aspects but also the social and environmental factors impacting mental health.

When to engage this workforce

Individuals may be referred to the welfare officer workforce in the WA public mental health sector for various reasons, including

- **Psychosocial challenges:** Individuals may face significant psychosocial challenges such as housing instability, unemployment, contact with the justice system and financial stressors that can adversely impact their mental health.
- **Community integration:** There may be a need to facilitate community integration for individuals transitioning from institutional settings or facing social isolation.
- **Crisis support:** Immediate psychosocial support may be required during a crisis such as homelessness after a traumatic event or during a mental health crisis.
- **Daily living support:** Individuals struggling with activities of daily living due to mental health issues may be referred to other relevant agencies for assistance.

⚙ Services provided

The welfare officer workforce in the WA public mental health sector provides a range of services to address psychosocial aspects of mental health. Key areas of service include:

- **Community resource navigation:** Assist individuals in accessing and navigating community resources such as housing support, employment services and social programs.
- **Emotional support:** Offer empathetic and compassionate listening and provide emotional support to individuals experiencing mental health challenges while ensuring that the support remains within the scope of professional boundaries, e.g. whether psychology or social work is required for counselling.
- **Life skills coaching:** Assist individuals in developing and enhancing practical life skills, including simple budgeting.
- **Advocacy:** Advocate for consumers' rights and needs within the healthcare system and the broader community and ensure they receive appropriate care and support.
- **Collaboration with MDT:** Work closely with other healthcare professionals to contribute psychosocial perspectives to treatment plans and ensure holistic care.

Case studies

The provided case studies offer instances in which welfare officers may be involved in delivering mental health services.

Community mental health service

Welfare officers in community mental health settings help consumers experiencing a range of different mental health issues to access social and financial supports, for example, connecting them with financial services, housing services or employment agencies. They may also connect consumers with appropriate community services for mental health maintenance.

Inpatient mental health service

In the inpatient mental health service, some consumers can face challenges such as loneliness and isolation when returning to their communities after an extended hospital stay.

Welfare officers work collaboratively with other agencies to facilitate the transition of consumers back to their communities by connecting them with local services and support groups. Welfare officers provide proactive support by encouraging consumers to find ways to engage with their community and foster social connections, promoting overall wellbeing.

Older adult mental health service

In an older adult mental health setting, welfare officers may aid in sourcing suitable aged care facilities for eligible consumers. Welfare officers can help consumers and their families navigate the required processes including providing support in completing Centrelink and site assessment and application forms, and facilitating wait list processes at multiple facilities.

🔑 The six key factors

Regulation	In Western Australia, welfare officers fall under the National Code of Conduct for Health Care Workers,[161] managed by HaDSCO.[162] Although welfare officers are currently not regulated in Australia, they have the option to become members of the Australian Community Worker's Association (ACWA).[163] They may also come under Indigenous Allied Health Australia (IAHA).[164]
Capability	Welfare officers should possess strong interpersonal skills, empathy and cultural competence. Key capabilities include crisis support, community integration, and systems and resource navigation, along with collaborative communication within MDTs and with associated stakeholders.
Scope of practice	The scope of practice or welfare officers encompasses providing psychosocial support, crisis intervention, community integration and advocacy. Welfare officers collaborate with other healthcare professionals to address the holistic needs of individuals experiencing mental health challenges.
Experience	While not vital, professional experience is helpful and can be developed while in the role with ongoing engagement in the field ensuring relevance and effectiveness. Staying informed about current government policy and legislation, evolving systems and updates on evidence-based practices and mental health approaches is essential for maintaining a high standard of care.
Professional development	Continued professional development is crucial for staying abreast of advancements in mental health care. Welfare officers should actively engage in relevant workshops, conferences and training programs to enhance their skills and knowledge.
Supervision	Regular supervision is essential to provide support, ensure ethical practice and facilitate continuous learning. Supervisory relationships contribute to the professional growth and wellbeing of welfare officers but are not a requirement of the role.

❄ The five core workstreams

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Practice	Welfare officers contribute to innovative and person-centred care practices. Through collaborative approaches, they enhance treatment outcomes by addressing the broader social determinants of mental health.
Research	While not primarily researchers, welfare officers can contribute valuable insights to mental health research. Their frontline experiences provide qualitative data on the effectiveness of various interventions and the impact of social factors on mental health outcomes. This experiential knowledge can inform and shape research initiatives.

Education	Welfare officers can provide information on available resources and destigmatise mental health issues. Working collaboratively with clinicians or treating teams, welfare officers assist with the implementation of strategies through interactions and built rapport with the consumer. Additionally, they may contribute to the education of other healthcare professionals by sharing practical insights in MDT settings.
Leadership	In the realm of mental health leadership, welfare officers demonstrate leadership through advocacy and consumer-centred initiatives. Welfare officers work in collaboration with social workers to champion the integration of psychosocial considerations into mental health policies and programs, contributing to a more inclusive and comprehensive public mental health sector.
Strategy	Welfare officers can play a role in shaping strategies for mental health and wellbeing. They conduct needs assessments; collaborate in the development of inclusive strategies; advocate for psychosocial considerations; and support implementation through stakeholder collaboration. Additionally, they contribute to monitoring and evaluation, ensuring consumer-centred and holistic approaches to address social determinants of mental health.

Career progression

Career progression may involve moving into leadership roles, specialising in specific areas of mental health or pursuing advanced qualifications. Networking, professional involvement and a commitment to ongoing learning contribute to career advancement.
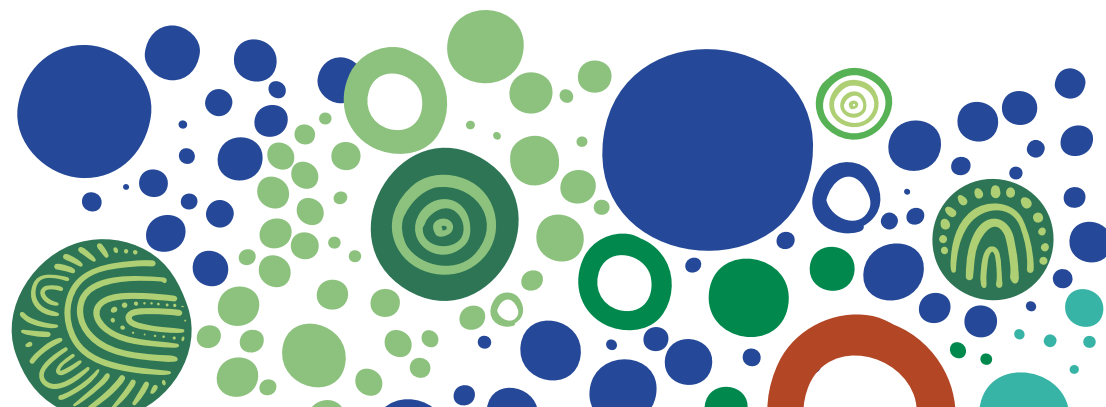
Appendix A

The Chief Psychiatrist's Standards for Clinical Care (CP Standards):[165]

- The purpose of the CP Standards is to assist in the development and implementation of appropriate practices and to guide continuous quality improvement in mental health services.
- The CP Standards are monitored through the Chief's Psychiatrist's Clinical Monitoring Program.

The Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020–2025:[166]

- Notes opportunities including the expansion of emerging work roles (such as peer workers) and benefits of consistent staff core competencies for certain work roles, aligned to models of care and supported by education and training.

The Mental Health Clinical Workforce Action Plan:[167]

- Recognises that to achieve the planned reforms and expansion of WA mental health services will require development of contemporary models of care with appropriate workforce capabilities and skill mix.

National Mental Health Workforce Strategy 2022–2032:[168]

- The Strategy sets out how governments will work together with the sector to meet the demands of the mental health sector. This includes how to best attract, train, maximise, support and retain the workforce required to meet current and future demands of the mental health sector.

The National Safety and Quality Health Service Standards (2nd edn) User Guide for Acute and Community Mental Health Services (NSQHS User Guide for MH):[169]

- A user guide for acute and community mental health services (the user guide) to support implementation of the 7 NSQHS Standards.
- The user guide is intended to support members of the workforce when they are providing health services to people with existing or emerging mental ill health.

Social Assistance and Allied Health: Future Workforce Skills Report 2020:[170]

- Identified opportunities to better position the vocational education and training (VET) sector to respond to the workforce development needs of the Aboriginal Health and Wellbeing sector and the Mental Health, Alcohol and Other Drugs (AOD) sector.

The WA Health Aboriginal Workforce Strategy 2014–24:[171]

- Recognises that Aboriginal people bring to the health sector a diverse range of skills, and bring cultural perspectives which help meet the needs of Aboriginal people.
- States the WA health system commitment to build and sustain a skilled Aboriginal health workforce from entry-level to leadership, with a priority action to review and clarify roles and responsibilities for designated Aboriginal employment categories.

The Western Australian Lived Experience (Peer) Workforces Framework:[172]

- Identifies six guiding principles for Lived Experience (Peer) workers of connection, authenticity, diversity, humanity, mutuality and human rights.
- Describes Lived Experience expertise[173] as the essential requirement for designated Lived Experience (Peer) workers in addition to the knowledge and skills, peer work values and relevant practices needed for the specific role.
- The Lived Experience expertise is developed from personal experiences combined with education, training and peer supervision.

Other documents this framework has drawn from include:

- Credentialing and Defining Clinical Practice for Allied Health and Health Science Professions Standards (2023)[174]
- Credentialing and Defining Scope of Clinical Practice: A guide for managers and clinicians (2021)[175]
- Final Report – Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0–18 years in WA[176]
- National Practice Standards for the Mental Health Workforce (2013)[177]
- NDIS (National Disability Incentive Scheme) Workforce Capability Framework[178]
- Position Statement: Clinical Supervision for Nurses and Midwives[179]
- Sustainable Health Review Final Report[180]
- Victorian Digital Capability Framework for Allied Health Professionals[181]
- WA Aboriginal Health and Wellbeing Framework 2015–2030[182]
- WA Agency Capability Framework[183]
- WA health system Clinical Services Framework[184]
- *WA Mental Health Act 2014*[185]
- WA Public Sector Capability Profiles[186]
- WA Public Sector Commission's Human Resources Capability Framework[187]

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5. In some instances, relevant occupation-specific structures or groups were identified for this purpose instead of creating new working groups.

6. The Lived Experience (Peer) workforce is developing in the WA public mental health sector and includes a variety of organisational positions and roles. This document is focused on roles that directly deliver care, support and treatment to mental health consumers and leadership roles within this space. Many Lived Experience worker roles in direct delivery have the term 'peer' in the title.

7. https://www.health.gov.au/our-work/national-mental-health-workforce-strategy-2022-2032

8. It is acknowledged that the word 'care' for some people historically connotates feelings of disempowerment, burden and passivity; however, for the purpose of this document, we define care as comprehensive person-centred support that is compassionate and collaborative. It encompasses a range of holistic interventions aimed at promoting physical and mental wellbeing with dignity and respect, addressing psychological distress and supporting individuals in managing their symptoms and improving their quality of life in a way that is meaningful for them.

9. Including spirituality.

10. Embracing a strengths-based perspective involves respecting individuals for their choices, recognising their positive attributes and understanding that their reality may diverge from our own.

11. Inclusive of expertise gained through life experience.

12. Inclusive of experimental evidence.

13. https://www.hadsco.wa.gov.au/News/2022/11/08/National-Code-of-Conduct-for-health-care-workers

14. https://www.health.gov.au/our-work/national-registration-and-accreditation-scheme

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18. Allied health assistants also include related assistant workforces such as occupation-specific assistants (e.g. occupational therapy assistants) and technicians (e.g. pharmacy technicians).

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