COURSE OUTLINE
SWRK2006 SOCIAL WORK THEORY AND PRACTICE

Course Co-ordinator: Dara Sampson
Room: W229
Ph: 4921 5396
Email: Dara.Sampson@newcastle.edu.au
Consultation hours: Wednesday 1:00 – 3:00pm or by appointment

Co-facilitator: Karen Barrett
Room: W230
Ph: 0412 704 960
Email: Karen.Barrett@hnehealth.nsw.gov.au
Consultation hours: By appointment

Semester: Semester 2 – 2010
Unit Weighting: 10

Teaching Methods: Self Directed Learning
Workshops

Brief Course Description
SWRK2006 builds upon knowledge gained from SWRK2001. The topics covered are mental health/illness and disability.

Contact Hours
Workshop for 2 Hours per Week for six weeks
Workshop for 3 Hours per Week for the Full Term

Learning Materials/Texts
Details on references and resources will be provided at workshops. Students are also expected to do their own research to locate relevant literature.
Course Objectives
The overarching theme in second year is the locus and process of change in which social workers are involved: interpersonal, community, organisational and societal; and the social work roles entailed. There are a number of interconnected learning goals for the two learning units that cover social work values, self awareness, communication skills, ethical and professional practice, assessment and intervention, working with others/teamwork, rural/remote practice, research and inquiry skills, policy analysis and critical thinking. These objectives are provided in more detail in the Mental Health Learning Unit at the end of this Course Outline.

Course Content
SWRK2006 examines some essential knowledge for Social Work. Group work and research skills continue to be built upon, arising from SWRK 2001. Theories including Crisis Intervention; Grief and Loss; and Structural Theory of Disability are covered at an exploratory level. From a skills perspective, psycho-social and suicide risk assessments are covered. The course also includes an in-depth focus on critical thinking and a number of current social issues (including policy) as they relate to mental health and disability.

Assessment Items

<table>
<thead>
<tr>
<th>Assessment Items</th>
<th>Description</th>
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<tbody>
<tr>
<td>Essays / Written Assignments</td>
<td>worth 50%, word limit 2,500 words.</td>
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<tr>
<td>Essays / Written Assignments</td>
<td>worth 50%, word limit 2,500 words.</td>
</tr>
<tr>
<td>Projects</td>
<td>Projects/Group Tasks - There are ungraded assessment tasks in this course (satisfactory/unsatisfactory). Students must successfully complete these assessment tasks to pass the course.</td>
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</tbody>
</table>

Assumed Knowledge
SOCA1010, SOCA1020, PSYC1010, PSYC1020 and SWRK1001 and SWRK1002 or SWRK1010A and SWRK1010B, SWRK2001, SWRK2003 and concurrent completion of SWRK2007.

Callaghan Campus Timetable
SWRK2006
Social Work Theory and Prac 2
Enquiries: School of Humanities and Social Science
Semester 2 - 2010
Workshop and Workshop
Wednesday 9:00 - 12:00 [V03, V09]
Wednesday 10:00 - 12:00 Optional contingent on room suitability and class structure.
Thursday 13:00 - 15:00 Wks 1-6 only

IMPORTANT UNIVERSITY INFORMATION
ACADEMIC INTEGRITY
Academic integrity, honesty, and a respect for knowledge, truth and ethical practices are fundamental to the business of the University. These principles are at the core of all academic endeavour in teaching, learning and research. Dishonest practices contravene academic values, compromise the integrity of research and devalue the quality of learning. To preserve the quality of
learning for the individual and others, the University may impose severe sanctions on activities that undermine academic integrity. There are two major categories of academic dishonesty:

**Academic fraud** is a form of academic dishonesty that involves making a false representation to gain an unjust advantage. Without limiting the generality of this definition, it can include:

- a) falsification of data;
- b) using a substitute person to undertake, in full or part, an examination or other assessment item;
- c) reusing one's own work, or part thereof, that has been submitted previously and counted towards another course (without permission);
- d) making contact or colluding with another person, contrary to instructions, during an examination or other assessment item;
- e) bringing material or device(s) into an examination or other assessment item other than such as may be specified for that assessment item; and
- f) making use of computer software or other material and device(s) during an examination or other assessment item other than such as may be specified for that assessment item.
- g) contract cheating or having another writer compete for tender to produce an essay or assignment and then submitting the work as one's own.

**Plagiarism** is the presentation of the thoughts or works of another as one's own. University policy prohibits students plagiarising any material under any circumstances. Without limiting the generality of this definition, it may include:

- a) copying or paraphrasing material from any source without due acknowledgment;
- b) using another person's ideas without due acknowledgment;
- c) collusion or working with others without permission, and presenting the resulting work as though it were completed independently.

**Turnitin** is an electronic text matching system. During assessing any assessment item the University may:

- Reproduce this assessment item and provide a copy to another member of the University; and/or
- Communicate a copy of this assessment item to a text matching service (which may then retain a copy of the item on its database for the purpose of future checking).
- Submit the assessment item to other forms of plagiarism checking

**RE-MARKS AND MODERATIONS**

Students can access the University's policy at:

**MARKS AND GRADES RELEASED DURING TERM**

All marks and grades released during term are indicative only until formally approved by the Head of School.

**SPECIAL CIRCUMSTANCES AFFECTING ASSESSMENT ITEMS**

*Extension of Time for Assessment Items, Deferred Assessment and Special Consideration for Assessment Items or Formal Written Examinations* items must be submitted by the due date in the Course Outline unless the Course Coordinator approves an extension. Unapproved late submissions will be penalised in line with the University policy specified in **Late Penalty** (under student) at the link above.

**Requests for Extensions of Time** must be lodged no later than the due date of the item. This
applies to students:

- applying for an extension of time for submission of an assessment item on the basis of medical, compassionate, hardship/trauma or unavoidable commitment; or
- whose attendance at or performance in an assessment item or formal written examination has been or will be affected by medical, compassionate, hardship/trauma or unavoidable commitment.

Students must report the circumstances, with supporting documentation, as outlined in the Special Circumstances Affecting Assessment Items Procedure at: http://www.newcastle.edu.au/policylibrary/000641.html

**Note:** different procedures apply for minor and major assessment tasks.

**Students should be aware of the following important deadlines:**

- Special Consideration Requests must be lodged no later than 3 working days after the due date of submission or examination.
- Rescheduling Exam requests must be received no later than 10 working days prior the first date of the examination period.

*Late applications may not be accepted.* Students who cannot meet the above deadlines due to extenuating circumstances should speak firstly to their Program Officer or their Program Executive if studying in Singapore.

**STUDENTS WITH A DISABILITY OR CHRONIC ILLNESS**

University is committed to providing a range of support services for students with a disability or chronic illness. If you have a disability or chronic illness which you feel may impact on your studies please feel free to discuss your support needs with your lecturer or course coordinator.

Disability Support may also be provided by the Student Support Service (Disability). Students must be registered to receive this type of support. To register contact the Disability Liaison Officer on 02 4921 5766, email at: student-disability@newcastle.edu.au. As some forms of support can take a few weeks to implement it is extremely important that you discuss your needs with your lecturer, course coordinator or Student Support Service staff at the beginning of each semester. For more information on confidentiality and documentation visit the Student Support Service (Disability) website: [www.newcastle.edu.au/services/disability](http://www.newcastle.edu.au/services/disability).

**CHANGING YOUR ENROLMENT**

Students enrolled after the census dates listed in the link below are liable for the full cost of their student contribution or fees for that term.


Students may withdraw from a course without academic penalty on or before the last day of term. Any withdrawal from a course after the last day of term will result in a fail grade.

**Students cannot enrol in a new course after the second week of term**, except under exceptional circumstances. Any application to add a course after the second week of term must be on the appropriate form, and should be discussed with staff in the Student Hubs or with your Program Executive at PSB if you are a Singapore student.

To check or change your enrolment online go to myHub: [https://myhub.newcastle.edu.au](https://myhub.newcastle.edu.au)

**STUDENT INFORMATION & CONTACTS**

Various services are offered by the Student Support Unit:


**The Student Hubs** are a one-stop shop for the delivery of student related services and are the first point of contact for students studying in Australia. Student Hubs are located at:

<table>
<thead>
<tr>
<th>Callaghan Campus</th>
<th>Port Macquarie Student Hub</th>
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<tbody>
<tr>
<td>Shortland Hub: Level 3, Shortland</td>
<td>The University of Newcastle</td>
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</table>
### School of Humanities and Social Science

**Building**

Hunter Hub: Level 2, Student Services Centre

City Precinct

City Hub & Information Common, University House

Central Coast Campus (Ourimbah)

Student Hub: Opposite the Main Cafeteria

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### A Block, Administration

Widderson Road

Port Macquarie NSW 2444

Phone: 49215000

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### Singapore students

contact your PSB Program Executive

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### OTHER CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Faculty Websites</th>
<th>Rules Governing Undergraduate Academic Awards</th>
<th>Rules Governing Postgraduate Academic Awards</th>
<th>Rules Governing Professional Doctorate Awards</th>
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<tr>
<td><a href="http://www.newcastle.edu.au/faculty/education-arts/">www.newcastle.edu.au/faculty/education-arts/</a></td>
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<td><a href="http://www.newcastle.edu.au/faculty/engineering/">www.newcastle.edu.au/faculty/engineering/</a></td>
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<td><a href="http://www.newcastle.edu.au/faculty/health/">www.newcastle.edu.au/faculty/health/</a></td>
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<td><a href="http://www.newcastle.edu.au/faculty/science-it/">www.newcastle.edu.au/faculty/science-it/</a></td>
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**Dean of Students Office**

The Dean of Students and Deputy Dean of Students work to ensure that all students receive fair and equitable treatment at the University. In doing this they provide information and advice and help students resolve problems of an academic nature.


Phone: 02 4921 5806
Fax: 02 4921 7151
Email: Dean-Students@newcastle.edu.au

**University Complaints Managers Office**

The University is committed to maintaining and enhancing fair, equitable and safe work practices and promoting positive relationships with its staff and students. There is a single system to deal with all types of complaints, ranging from minor administrative matters to more serious deeply held grievances concerning unfair, unjust or unreasonable behaviour.


Phone: 02 4921 5806
Fax: 02 4921 7151
Email: Complaints@newcastle.edu.au

**Campus Care**

The Campus Care program has been set up as a central point of enquiry for information, advice and support in managing inappropriate, concerning or threatening behaviour.


Phone: 02 4921 8600
Fax: 02 4921 7151
Email: campuscare@newcastle.edu.au

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**General enquiries**

Callaghan, City and Port Macquarie

Phone: 02 4921 5000
Email: EnquiryCentre@newcastle.edu.au

Ourimbah

Phone: 02 4348 4030
Email: EnquiryCentre@newcastle.edu.au
This course outline will not be altered after the second week of the term except under extenuating circumstances with Head of School approval. Students will be notified in advance of the change.

**Mandatory Program Component**

This course is a Mandatory Program Component. All 2000 Level SWRK courses must be completed in one calendar year, and SWRK2001 and SWRK2003 in Semester 1 must be successfully completed to progress to Semester 2 courses – SWRK2006 and SWRK2007.

**Essential Criteria in Assessment**

This course contains compulsory components or assessment items that must be satisfactorily completed in order for a student to receive a pass mark or better for the course. These essential elements are described in the CTS and in greater detail later in this Course Outline.

In order to satisfactorily complete assessment items students are required to attend all classes. Attendance records will be kept for all classes. Feedback regarding class participation will be provided verbally by staff to students throughout the Semester and in writing as part of feedback on written assignments and group projects. If students are unable to attend a class they should contact the Course Coordinator. The Course Coordinator will consult throughout the semester with students who have a poor attendance and participation record. In most cases this will result in additional assessment requirements being established. Where it becomes apparent that a student is unable to complete (ungraded) group projects at a satisfactory level, due to their poor class attendance and participation, they will be required to undertake additional assessment task(s). Additional make-up assessment tasks will be designed to ensure students demonstrate knowledge and skills equivalent to the original task(s).

**Group Work, Peer and Self-Assessment**

Both individual assignments and group tasks are designed to be authentic representations of social work practice. Much of social work involves working collaboratively with others, being open to having your practice evaluated by others and having a capacity to evaluate your own practice. Each group task will therefore include assessment criteria that reflect these practice realities.

The purpose of group tasks is to assist students to achieve the course learning goal of developing a capacity to work and actively participate in teams. This includes the negotiation of differences of opinion within the group and taking a range of group task and maintenance roles.

Group tasks are graded as **satisfactory or unsatisfactory**. The specific criteria for determining the grade on each task will be discussed in class and provided in written form as part of the task. All group members will obtain the same result, unless a case is made to the course coordinator to exclude one or more group members from the final result. Such cases will be reviewed by the course coordinator in consultation with the Social Work Discipline Convenor. Groups or individuals with an unsatisfactory grade will be required to submit additional work to a satisfactory standard.

Groups are expected to work cooperatively in deciding how to approach the task and how work will be distributed and managed between group members. Some time will be spent in the first group meeting discussing group expectations and negotiating a group contract. Group members are to take responsibility for developing strategies for managing group processes and addressing any conflict that may arise in the group. The teaching staff will be available to assist groups during the group meetings scheduled in class times and also during consultation times (as listed above) to discuss any concerns in relation to the content or processes entailed in the group task.

A number of different methods will be used to form groups. For some tasks students will be allocated to groups by the Course Coordinator. This occurs as a way of replicating the realities of practice situations when social workers do not get to choose the people with whom they are
required to work. For other tasks group formations will be negotiated taking into account student preferences.

Although staff will not always be providing feedback to individual students regarding their performance on group tasks, students will be required to engage in processes of self evaluation and feedback to peers. Staff will provide feedback on group performance.

**Studentmail and Blackboard**

This course uses Blackboard and studentmail to contact students, so you are advised to keep your email accounts within the quota to ensure you receive essential messages. To receive an expedited response to queries, post questions on the Blackboard discussion forum if there is one, or if emailing staff directly use the course code in the subject line of your email. Students are advised to check their studentmail and the course Blackboard site on a twice weekly basis, as a minimum, and more regularly nearing assessment due dates.

**Important Additional Information**

Details about the following topics are available on your course Blackboard site.

- Written Assignment Presentation and Submission Details
- Online copy submission to Turnitin
- Penalties for Late Assignments
- Special Circumstances
- No Assignment Re-submission
- Re-marks & Moderations
- Return of Assignments
- Preferred Referencing Style
- Student Representatives
- Student Communication
- Essential Online Information for Students
Classes for SWRK2006 will be held on Wednesday 9-12 and Thursday 1-3.
The mental health learning unit runs until 8 September 2010 inclusive.
Thursday classes run for six weeks until (and including) 2 September 2010, after which time
placement commences.

**THEMES**

Social work practice in mental health including biopsychosocial assessments, crisis intervention,
strengths-based practice, rights-based practice, ethical decision-making, psychiatric approaches to
mental health, groupwork and health promotion, awareness of legislation, consumer and family
perspectives and policy analysis.

**LEARNING GOALS**

**Social work values**
1. Demonstrate recognition, respect and valuing of persons with a mental illness and their
   families.
2. Demonstrate depth of understanding of social work values as outlined in the AASW Code of
   Ethics in relation to people with a mental illness.
3. Demonstrate a commitment to social justice for people with mental health problems, based on
   their human rights.

**Self-awareness**
4. Examine your own values and beliefs about mental health.

**Communication skills**
5. Demonstrate a capacity to explore and validate the experiences of people using mental health
   services, their family and friends.

**Ethical and professional practice**
6. Demonstrate knowledge of and commitment to the social work code of ethics, and develop an
   awareness of ethical debates in relation to mental health, especially in relation to issues of
   assessment (diagnosis).
7. Demonstrate professional behaviour including reliable attendance, punctuality, observing
   confidentiality, and meeting task deadlines.

**Theories about assessment, intervention, and problem solving**
8. Develop an appreciation of how different health professions understand mental health
   problems and their approach to resolving these problems.
9. Develop an understanding of the dominant medical (disease, biological, biomedical,
   psychiatric) model of practice and develop and understanding of the purpose and
   implementation of the psychiatric diagnostic framework.
10. Integrate previous learning about addictions and child protection and develop an understanding
    of the influence of problematic use of alcohol and/or drugs on mental health and the care and
    protection of children.
11. Assess the likelihood of client self-harm and harm to others, and develop skills in responding appropriately.

12. Learn about the social work biopsychosocial models of practice in the field of mental health and gain knowledge of what should be covered in a social work assessment.

13. Gain knowledge of contemporary approaches to mental health care provided by local mental health services, both government and non-government, and become aware of referral pathways to these services.

14. Gain an understanding of the impact of stigma, social exclusion, marginalisation and discrimination on the experiences of people with a mental illness and their families.

15. Explore the role of theory and its relationship to practice. Particularly demonstrate an ability to apply strengths and crisis theory perspectives.

16. Articulate a critical perspective about the impact of dominant ideologies and discourses on mental health practice.

**Working with others/ teamwork**

17. Gain an understanding of the various social work roles within mental health services.

**Rural/ remote practice**

18. Demonstrate an understanding of current issues associated with the provision of mental health and support services to rural and remote communities.

**Inquiry skills**

19. Further develop critical thinking skills, particularly clarifying ideas through writing and through dialogue with others.

20. Further develop skills in seeking out research relevant to social work practice with people with mental health problems.

**Policy analysis**


22. Develop a basic understanding of national and state mental health legislation and policy relevant to social work practice.

23. Develop an understanding of historical and contemporary conceptions of mental health problems and societal responses and gain an understanding of the de-institutionalization / community care debate.
ASSESSMENT TASKS

1. Mental Health Unit Individual Task: Policy vs. Consumer Experience Mental Health Unit

You are to write a professional report that critically analyses the National Action Plan on Mental Health 2006 – 2011. The report is to analyse the National Action Plan on Mental Health (NAPOMH) in light of consumer experiences of the Australian mental health system and a rights-based approach to social work practice.

Background to the NAPOMH:

In February 2006, Australian leaders recognised that mental health is a major problem for the Australian community and committed to reform the mental health system in Australia.

The Council of Australian Governments (COAG) has agreed to a National Action Plan on Mental Health. The Plan provides a strategic framework that emphasises coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system, so that people with mental illness are able to participate in the community.

Write a report in which you:


2. Use research literature, novels and recent media articles to critically examine the NAPOMH in relation to the lived experiences of consumers in the Australian mental health system i.e. demonstrate and critically analyse how the NAPOMH directly relates to consumers.

3. Discuss the NAPOMH 2006-2011 and the consumer experience in relation to a rights-based approach to social work practice.

4. Evaluate the impact of the plan to date. This will involve three elements:
   i. Policy: what aspects have been implemented and with what success (or lack thereof)?
   ii. Consumers: what are some of the potential gains or risks for consumers?
   iii. What impacts might this plan have on workers in the field of mental health practice?

Criteria for assessment

Your paper should demonstrate:

1. knowledge and critical analysis of mental health and related policy
2. knowledge and critical analysis of current mental health debates
3. knowledge of consumer experience in the mental health system
4. application of human rights literature
5. clear and professional writing style, structure and referencing.

Due date: 5pm, Friday 27 August 2010

Length of paper: 2, 500 words.  Grading: 50%
ASSESSMENT TASKS

2. Group task: Health Promotion

Mental Health Month is part of a national mental health promotion campaign held in October. Its main aim is to promote social and emotional wellbeing to the NSW population, encouraging people to maximise their health potential, enhancing the coping capacity of communities, families and individuals, and increasing mental health literacy.

Mental Health Month 2010: October 1st - October 31st

Mental Health Month Theme “Good friends help us bounce back”

“This year, our focus is on "Good friends help us bounce back", promoting the importance of building and maintaining good friendships in the building of our resilience. One of the best ways to deal with a tough time is to draw on the support of other people who can listen and validate our feelings. Tackling problems with others is a resourceful way to lessen our load. Often it takes several friends who can provide different kinds of support to help us bounce back. Friendships that create love and trust, provide role models, and offer encouragement, reassurance and hope are all important in resilience building.”


Your group will be designing, implementing and evaluating a health promotion activity or event that is consistent with the aim of Mental Health Week 2010. You will be doing this under the auspice of a hypothetical agency. Each of the six groups in the class will approach this task from a different agency focus and will be oriented toward a particular population group as follows:

<table>
<thead>
<tr>
<th>Population group</th>
<th>Agency</th>
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<tbody>
<tr>
<td>Personality Disorders</td>
<td>Mater Mental Health Unit</td>
</tr>
<tr>
<td>Mood Disorders (anxiety &amp; depression) and adolescents</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>Depression and men</td>
<td>Rural Community Health Service</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Dept. Education / School Counselling Service</td>
</tr>
<tr>
<td>Postnatal Depression</td>
<td>Family Care Cottage</td>
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<tr>
<td>Schizophrenia</td>
<td>NEIMI</td>
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You will have 50 minutes to run your event in class time on **Wednesday, 8th September**. Three groups will present in W301A and the other three groups will present in one of the “V” room venues.

Your aims are to engage your “community” in the activity / event (promotion) and to ensure the activity / event is run in accordance with your agency’s philosophy, policies and practice mandate. You should assume your community has minimal knowledge of the mental health issue you have researched.

You should include the following in your activity:

1. Material demonstrating an understanding of the needs of; demographics; and impact of diagnosis of the illness on affected people;
2. Identification of gaps in service provision;
3. Proposal as to how to raise community awareness of the issue;
4. Persuasive arguments to convince the Mental Health Council representatives (Karen and Dara!) to expend funds on your proposal to build friendships, as per the theme.

You must submit a brief group report (approximately 1,000 words) that is to be submitted after your event by 9am on Monday 13 September. The report should include:

- The outcomes (evaluation results) of your activity / event
- Application of a SW theory, relevant to the activity or topic.

Apart from working together in your small group on this project you will all participate in and contribute to the evaluation of projects conducted by other small groups (ie: your attendance and participation at other group events is required). **You therefore should think about how to engage your student peers in this evaluation process.**

**Due dates:**
- Mental Health Month Events – 9am to 12midday, 8th September
- Project report – 9am, 13th September
  (Given placement commitments, project report can be e-mailed to Dara by this time and date.)

**Criteria for assessment**
- team work within your small group and within the whole class
- personal and group reflection on the community participation experience
- the ability to stage an event / activity
- demonstrated research and knowledge of mental health issues
- critical thinking in relation to mental health
- demonstrated understanding of evaluation
- demonstrated understanding of health promotion
- demonstrated understanding of theories, methods and approaches learnt thus far and their relevance to mental health

**Grading:** Satisfactory/Unsatisfactory
NOTE: This is an extensive listing and NOT required reading. The following readings and websites are suggested for two reasons:
1. Generalist reading;
2. As support tools for your assignments.

As per SWRK 2001 mandatory readings will be assigned each week to unit overview content. These will, again, be made available on-line through "short loans on-line" SWRK 2006.

General Readings


The Consumer Movement and Consumer and Family Perspectives

Psychiatric Approaches to Mental Health

Social Work Approaches and Interventions in Mental Health

Stigma, Discrimination and Social Inclusion and Exclusion

Practice issues related to age, gender, and race
Fuller, Andrew (1998) *From Surviving to Thriving: Promoting Mental Health in Young People*. Camberwell, ACER.
Assessment


Mental health policy and legislation


Historical and contemporary conceptions of mental health problems
USEFUL WEBSITES
LEARNING UNIT 1: MENTAL HEALTH

Association for Infants, Children, Adolescents and Family Mental Health Association
www.aicafmha.net.au

Association of Relatives and Friends of the Mentally Ill
www.arafmi.org

Australian Association of Social Workers: Mental Health Special Interest Group
http://www.aasw.asn.au/about/specialinterest/mental.htm

Australian Mental Health Consumer Network

Australian national consumer network
www.amhcn.com.au

Australian National University Centre for Mental Health Research
www.bluepages.anu.edu.au and moodgym.anu.edu.au

Beyond Blue
www.ybblue.com.au

Black Dog Institute
www.blackdoginstitute.org.au

Changing Minds
www.changeminds.org.au

Children of Parents with a Mental Illness (COPMI)
www.copmi.net.au

Mental Health and Wellbeing

Mental Health Association NSW
http://www.mentalhealth.asn.au/home.htm

Mental Health Council of Australia

Mental Health History Timeline
www.mdx.ac.uk/www/study/mhhtim.htm

Mental Health Resource Database

Multicultural Mental Health Australia

NSW peak NGO organization
www.mhcc.org.au

NSW Transcultural Mental Health Centre
www.tmhc.nsw.gov.au

Reach Out Australia

SANE Australia
http://www.sane.org/

Schizophrenia Fellowship of NSW
www.sfns.org.au

Streetwize youth-friendly publications

Youth outreach
www.reachout.asn.au
### AASW COMPETENCY STANDARDS

#### A. Attitudes and Values

1. Recognition and valuing of the person.
2. Respect for the client as a person, irrespective of their mental health problems.
3. A commitment to the importance of partnership and mutuality, especially with clients and their family and friends, through active collaboration and a readiness to engage in respectful partnerships.
4. Sensitivity to the impact of powerlessness, marginality, stigma and disadvantage, and the experiences of the client and family members, especially of social stigma and self-stigmatisation.
5. Empathy, compassion, and the importance of conveying hope and confidence.
6. Sensitivity to process, and adherence to mutuality, respect, honesty and integrity in professional practice.
7. A commitment to social justice for people with mental health problems, based on their human rights, and to advocacy at the individual and system level.
8. A commitment to the key tenets of professional confidentiality, recognising that confidentiality for clients with mental health problems may be subject to legislative caveats.
9. Understanding and respect for the ethic of care in relation to people with mental health problems, including the right of access to treatment, as well as the right to refuse treatment, except in certain circumstances defined in state mental health legislation.

#### B. Knowledge for Social Work Practice

**Essential**

1. Mental health problems and interventions
   1.1 An appreciation of the potential risks as well as developmental opportunities associated with major life stage transitions, such as attachment difficulties in early childhood, child behavioural problems, adolescent body image problems, and mental health problems following childbirth.
   1.2 A beginning understanding of patterns of thinking, feeling and action which might indicate that a client is experiencing mental health problems, and of relevant contextual factors eg. Current or recent stressful life events.
   1.3 A beginning appreciation of how the different health disciplines interpret mental health problems, and their approach to resolving these problems, and how to use this in establishing collaborative working relationships.
   1.4 A basic grasp of a psychiatric diagnostic framework, including differentiating between psychotic and non-psychotic conditions, and an introductory knowledge of how a client might present with behaviours characteristic of common mental health problems such as anxiety or depression, and also the less common, including bipolar disorder, schizophrenia, personality disorders, eating disorders, and post-traumatic stress disorder.
   1.5 An appreciation of the possible co-occurrence and influence of problematic use of alcohol and/or drugs.
   1.6 An introductory understanding of the purpose of psychiatric diagnosis and specifically, the nature of a mental status examination, and implications for social work practice.
   1.7 A beginning understanding of contemporary approaches to mental health care, including early intervention and relapse prevention, rehabilitation and recovery approaches, and their implications for social work practice.
   1.8 An introductory knowledge of contemporary treatment modalities, including the use of [It is assumed that the values, principles and ethical behaviour for social work practice as outlined in the AASW Code of Ethics (1999) would be covered fully in other parts of the qualifying social work course curriculum. This section concentrates only on attitudes and values which are particularly important to people with mental health problems, due to their experience of disadvantage, stigma and discrimination, including from mental health professionals. The attitudes and values identified here draw on the practice principles specific to mental health which are identified in the AASW Competency Standards for Mental Health Social Workers. In this Appendix, they are taken to underpin basic mental health knowledge and skills. The mental health curriculum content would therefore be expected to cover the following:]

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1 The range of knowledge potentially relevant to social work practice with clients affected by mental health problems is considerable, yet arguably not all is necessary for the beginning practitioner. Furthermore, there are obvious limits to how much can be encompassed in a social work course qualifying students for practice. For these reasons, the areas of knowledge identified below are separated into those considered essential to the mental health curriculum, and those designated as desirable.
psychotropic medication, individual therapies such as cognitive behaviour and interpersonal therapy, group work and family therapy.

2. Social work assessment and intervention

2.1 Knowledge of what should be covered in a social work assessment, particularly understanding the relevance for a client's mental health problems of social and environmental factors, such as social isolation, family stress, unemployment, low income, and inadequate housing.

2.2 An appreciation of how the emergence of mental health problems and their ramifications are influenced by age, gender, ethnicity, socio-economic status and geographical location.

2.3 Understanding the importance of taking account of the impact of parental mental health problems on children, and of a child or adolescent's emotional and psychological problems on parents and siblings.

2.4 An appreciation of the possible range of consumer experiences, including social stigma and self-stigmatisation, and how this should influence social work practice.

2.5 An understanding of the likely experiences of families and other carers, including the impact of social stigma, and how this should be taken into account in social work practice.

2.6 A basic grasp of social work interventions at the individual, family, group and community level and how these might be applicable to clients with mental health problems.

3. Relevant services, policy and legislation

3.1 Knowledge of services and resources relevant to a better quality of life and recovery for clients with mental health problems, and their availability and accessibility in the local area.

3.2 Knowledge of the basic structure of local mental health services, both public and private, and including disability support as well as clinical services, and referral pathways. Understanding when a referral for mental health care might be appropriate for a client with mental health problems, and to whom referral should be made and how.

3.3 A basic understanding of sections of state mental health legislation relevant to social work practice, particularly confidentiality and involuntary treatment, whether in hospital or in the community, and guardianship. Knowing when a referral for assessment for involuntary treatment might be necessary, and how to do this respectfully with a client.

3.4 An introductory grasp of national and local state mental health policy.

3.5 A beginning appreciation of how research and evaluation applies to social work practice with people with mental health problems, especially in relation to evidence-based practice and program evaluation.

Desirable

1. An understanding of the influence of age, gender, ethnicity, socio-economic status and geographical location on mental health problems, and specifically:

1.1 Mental health problems characteristic of different age groups across the life span.

1.2 Different presentations by women and men, and related life stresses.

1.3 Indigenous experience and understanding of mental health problems.

1.4 Mental health problems associated with migration, especially the experience of being a refugee.

1.5 Mental health problems associated with poverty and disadvantage.

1.6 Mental problems in rural and regional areas.

2. An understanding of the history and current state of national and local state mental health policy development.

3. An understanding of historical and contemporary conceptions of mental health problems and societal responses.

C. Skills for Social Work Practice

The focus here is on basic skills for working in a range of practice settings with clients with mental health problems. It is acknowledged that the client may well have been referred for matters other than mental health problems.

The skills are the capacity to:

1. Engage with clients with mental health problems, paying attention to their experience of stigma, discrimination and powerlessness.

2. Build a trusting relationship with clients with mental health problems, including with those whose
need for service might not be recognised or accepted by other workers or services due to difficulty in communicating and relating to others.

3. Explore the experience of the client's family and friends, establish a relationship and work collaboratively with them as well as the client. This may include negotiating and resolving potentially complex confidentiality issues.

4. Take account of the possible influence of mental health problems on a client's situation when undertaking a comprehensive, collaborative social work assessment.

5. Assess the likelihood of client self-harm, including suicidal risk, and appropriate responses.

6. Assess the possibility of harm to others eg. children's emotional or physical needs not being met, and harm from others, such as through an abusive relationship, and appropriate interventions.

7. Develop an individual service plan based on the maximum level of collaboration possible with the client and their family.

8. Undertake social work interventions at the individual, group, family and community level, such as problem-solving, developing relapse prevention strategies, providing family education and support.

9. Advocate for client and/or family access to relevant resources.

10. Work collaboratively with other practitioners involved with the client, including GPs and disability support workers.

11. Make effective referrals and respond appropriately to referrals.

12. Obtain and provide consultation where necessary.

13. Seek out relevant research and evaluation on a regular basis to inform practice.