

# Mental Health Nurses in Australia

## SCOPE OF PRACTICE 2013 & STANDARDS OF PRACTICE 2010



the Australian College  
of Mental Health Nurses inc.

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# SCOPE OF PRACTICE 2013



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the **Australian College**  
of **Mental Health Nurses** inc.

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# Foreword

I am delighted to provide the opening remarks regarding this document. Scope of practice describes what we do as mental health nurses and in the complex and changeable world of health care it has been never more important than now for mental health nurses to define and claim their scope using contemporary benchmarks. Moreover, it is important for mental health nurses to engage with and then determine roles and functions that create opportunities for professional growth and development.

Given that nurses practice in a variety of contexts and with diverse populations, their scope of practice needs to be flexible and evolving to account for specific demands and to permit the expansion and extension of practice, ultimately leading to advanced practice roles. A clearly defined scope of practice also enables others to understand what it is we do. So as we place the consumer at the heart of care carers, families and communities can observe the varied practice of the mental health nurse. In addition, a scope of practice sustains the development of mental health workforce, and informs health systems, health policy and health regulators.

A scope of practice is not a job description, a task list or an outcomes measure. However, it does provide the extent to which a mental health nurse works. The descriptors depict the array of activities but do not specify the relative importance of any. The *Scope of Practice of Mental Health Nurses in Australia 2013* harmonises with the *Standards of Practice for Australian Mental Health Nurses 2010*, and you will see them together in this manuscript.

We are indebted to the Pratt Foundation, which provided funding to develop the *Scope of Practice of Mental Health Nurses in Australia 2013*. I congratulate Dr Catherine Hungerford (Chair, ACMHN Research Committee 2011-2013) who led a small research team in managing this significant project, which involved multiple phases and nearly 2000 participants.

I commend the *Scope of Practice of Mental Health Nurses in Australia 2013* to you.



Wendy Cross  
President  
September 2013

# Introduction to the Scope of Practice of Mental Health Nurses In Australia

**Mental health nurses in Australia are taking the lead in defining their own scope of practice. In an ever-changing world, this is an important step forward for the profession of mental health nursing. There has been substantial evolution of the mental health service context since de-institutionalisation, with the focus of care moving from illness and pathology to health, wellness, and enabling self-determination for consumers.**

This evolution has required considerable flexibility and adaptability on the part of the mental health nursing profession; and provided greater opportunity for individual mental health nurses to develop expanded and extended roles in the community and primary health contexts. While such developments are exciting, they have also created some confusion, with the question often asked: "What is it that mental health nurses do?"

It is anticipated that a clear description of the scope of practice of the mental health nursing profession will go some way to answering this and similar questions. A clear description will also enable associated stakeholders, including consumers, carers, families and communities; government and regulatory authorities; not-for-profit and privately operated organisations; employers and managers; together with other nurses and health professionals, to recognise and acknowledge the diverse range of practices, therapeutic skills, activities and innovations undertaken by contemporary mental health nurses. Finally, clarification of the scope of practice of mental health nurses will support development of the mental health nursing workforce; mental health policy and procedural frameworks, health systems and structures; and, ultimately, better

health outcomes and recovery for consumers and carers.

Funding was provided to develop the *Scope of Practice of Mental Health Nurses in Australia 2013* by the

**...clarification of the scope of practice of mental health nurses will support development of the mental health nursing workforce**

Pratt Foundation in 2009. This funding enabled completion of a comprehensive literature review. The Research Committee of the Australian College of Mental Health Nurses, led by Dr Catherine Hungerford, was then asked to take carriage of the project. Ms Donna Hodgson, RN, CMHN, FACMHN, was co-opted onto the Committee to assist.

An e-Delphi survey, approved by a research ethics committee, supported a comprehensive process of national consultation. Almost 2,000 participants provided feedback, including Registered Nurses with at least three years' experience working in the speciality field of mental health (Round 1); Credentialed Mental Health Nurses (Round 2); Fellows of the ACMHN and other leaders in the field of mental health nursing (Round 3), together with representatives from consumer and carer groups (Round 4). The *Scope of Practice of Mental Health Nurses in Australia 2013* is the product of this process of consultation.

There are four important points to consider when reading the *Scope of Practice of Mental Health Nurses in Australia 2013*.

First, a scope of practice is neither a job description nor a list of tasks, but rather describes the broad parameters within which a health professional works. The mental health nursing profession is diverse; consequently, any description of the scope of practice of the mental health nurse will be necessarily broad in focus.

Second, because there were wide-ranging opinions about content and priorities, fielded throughout the process of consultation, the research team decided to order the explanatory dot-points in alphabetical order. This decision was made with a view to minimising division within the profession.

Third, the scope of practice of an individual or profession describes the opportunities and boundaries of the work, rather than specific outcomes. For this reason, no measures have been provided to gauge the effectiveness of the *Scope of Practice of Mental Health Nurses in Australia 2013* for the outcomes achieved as a consequence of its development.

Finally, it is recommended that the *Scope of Practice of Mental Health Nurses in Australia 2013* be read alongside the *Standards of Practice for Australian Mental*

*Health Nurses 2010*, as each of the two components of the practice of the mental health nurse supports or complements the other. This explains why the two have been placed together in this document.

*The Scope of Practice of Mental Health Nurses in Australia 2013* is to be formally reviewed every 3-5 years by the ACMHN.

Catherine Hungerford

RN, NP, CMHN, PhD, FACMHN

Chair, Research Committee (2011-2013), Australian College of Mental Health Nurses



## Scope of Practice

The term 'scope of practice' in the health context refers to the range of experience, work practices and activities undertaken by health professionals, according to the:

- competence of the health professionals (including attitudes, behaviours, capabilities, knowledge and skills)
- education, training and ongoing professional development of the health professionals
- regulatory authorities and health-related legislation overseeing the health professionals.

The scope of practice of health professionals is described in broad terms to allow for:

- developments in evidence-based practice
- diversity in the people, services and structures comprising the health care system
- the needs and preferences of those who utilise health services.

It is important to differentiate between the scope of practice and the standards of practice of health professionals. A scope of practice sits beside the standards of practice, with the standards guiding the scope of practice.

It is also important to differentiate between the scope of practice of health professionals and their position/job descriptions. A position description, which is developed by an employer, will contain the list of tasks that health professionals are expected to carry out in the course of their work. A position description may limit the scope of practice of a health professional.

## JUSTIFICATION

# The Need To Define The Scope of Practice of Mental Health Nurses in Australia

A clear explanation of the scope of practice of mental health nurses in Australia will inform stakeholders about the distinctive and diverse range of practices, therapeutic skills, activities and innovations undertaken by the mental health nurses.

Stakeholders include:

- consumers, carers, families and communities
- governments and regulatory authorities
- public, not-for-profit, and privately operated organisations
- employers and managers
- the nursing profession
- other health professionals.

Common understanding of the scope of practice of mental health nurses will enable:

- collaborative functioning of the multi-disciplinary team
- development of policy and procedure frameworks, health systems and structures
- development of the mental health nursing workforce
- improved health outcomes and recovery for consumers and carers
- more effective distribution of human and financial resources, to meet the needs and preferences of consumers, carers, and the community as a whole.

# PROVISO

The practice of all nurses and midwives in Australia, including mental health nurses, is framed by the regulatory requirements of the Nursing and Midwifery Board of Australia (NMBA) (e.g. adherence to relevant competency standards and decision-making frameworks, currency of practice, ongoing professional and practice development).

The scope of practice of mental health nurses in Australia is also regulated by relevant state and territory legislation; and informed by associated organisational guidelines and protocols. The *Scope of Practice of Mental Health Nurses in Australia 2013* sits alongside the scope of practice of all Registered Nurses in Australia.

In addition, the practice of all mental health nurses in Australia is guided by the ACMHN Standards of Practice for Australian Mental Health Nurses (2010). The document, *Scope of Practice of Australian Mental Health Nurses 2013* is to be read in conjunction with the document, *Standards of Practice for Australian Mental Health Nurses 2010*, which is found in Section II of this document.

Due to the evolving nature of the health context and mental health nursing profession, this Scope of Practice document should be reviewed every 3-5 years.

## PART ONE:

# Scope Of Practice: All Mental Health Nurses

“A mental health nurse is a Registered Nurse who holds a recognised specialist qualification in mental health [nursing]. Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual” (ACMHN, 2010, p.5).

1. The scope of practice of mental health nurses in Australia is:
  - nested within a holistic theoretical and clinical framework that encompasses the biological, cognitive, cultural, educational, emotional, environmental, functional, mental, occupational, physical, psychological, relational, sexual, social, and spiritual aspects of individuals and communities
  - distinguished by person-centred and consumer-focused therapeutic approaches, to deliver specialised, Recovery-oriented, evidence-based care to all people, from all cultures, across the lifespan and developmental stages, across diverse settings
  - characterised by engagement and relationships with consumers; partnerships and collaboration with carers, families, significant others, other members of the multidisciplinary team, and communities
  - underpinned by personal and professional reflection.

2. The scope of practice of mental health nurses in Australia encompasses a wide range of nursing roles, functions, responsibilities, accountabilities, activities and creativities, modalities and innovations; and is founded upon ethical decision-making. This diversity is fundamental to promoting optimal physical and mental health; preventing physical and mental illness; and providing therapeutic interventions and treatment to support the physical and mental health preferences and needs of individuals, communities and population groups.
  
3. The scope of practice of mental health nurses in Australia is influenced by diverse contextual, cultural, educational, environmental, ethical, financial, informational, political, regulatory and/or legislative, social, technological, and other factors. Consequently, the scope of practice of mental health nurses in Australia is dynamic - responding effectively to change and developing over time.

## PART TWO:

# Scope Of Practice: The Individual Mental Health Nurse

1. The scope of practice of the individual mental health nurse in Australia is framed by the scope of practice of all mental health nurses in Australia (see Part One).
2. The scope of practice of the individual mental health nurse in Australia is also influenced by a number of more specific factors including, but not limited to, the:
  - **community context** in which the mental health nurse practices, including:
    - **health preferences and needs of consumers, carers, families, communities and specific population groups** e.g. individuals and groups across the lifespan and developmental stages, refugee groups, forensic populations, culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander peoples
    - **location** e.g. jurisdiction; and also remote, rural, urban or metropolitan areas
  - **professional context** in which the mental health nurse practices, including:
    - **context** e.g. politics, industry, institution, not-for-profit, private, public
    - **employment conditions** e.g. available resources, enterprise bargaining agreements, policy and procedure, private contracts, skill mix of team, state/territory laws, specific demographic of consumer cohort
    - **practice setting/role** e.g. autonomous or independent practitioner, part of a multidisciplinary team; administration, advisory, clinical, education, leadership, management, policy, quality improvement, research
    - **service setting and area of specialisation** e.g. acute care services; addiction services; bed-based/inpatient services; clinics; community managed or non-government organisations; community mental health services; consultation-liaison services; correctional settings; Defence health; detention centres; e-health; early intervention, illness prevention and health promotion services; forensic services; Aboriginal and Torres Strait Islander services; older people services; private practice

and primary health care services; rehabilitation services; residential care; services for children, adolescence and young people; services for culturally and linguistically diverse populations

- **professional qualities** of the mental health nurse, including:
  - **educational experiences** e.g. level of education (undergraduate or postgraduate) including undergraduate majors and/or postgraduate sub-specialty(ies) e.g. specific population group; psychotherapy or focused psychological strategies; and/or undergraduate and/or postgraduate research; and/or education and/or management and/or leadership studies
  - **level of competence** e.g. attitudes, behaviours, capability, experience, knowledge, skills and values
  - **personal awareness and insights, background, life experiences and interests**
  - **personal nursing philosophy and theories utilised**
  - **practice experiences** e.g. undertaking regular clinical supervision, providing clinical supervision
  - **professional and practice development experiences**
  - **lifelong learning** e.g. additional specialist training in psychotherapy, family therapy or focused psychological strategies.

The scope of practice of individual mental health nurses will change and develop as their expertise and experience develops in specific areas of practice.

# Glossary

**AHPRA:** The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

**Evidence-based practice:** describes a process of integrating the best available evidence with professional expertise to guide professionals in decision-making regarding the care of individuals. It requires professionals to seek the best evidence from a variety of sources; appraise that evidence critically; determine the desirable outcome; apply that evidence in professional practice; and evaluate the outcome. Implicit in the process is consultation with the consumer (DoHA, 2000).

**NMBA:** Nursing and Midwifery Board of Australia. The functions of the Nursing and Midwifery Board of Australia include:

- registering nursing and midwifery practitioners and students
- developing standards, codes and guidelines for the nursing and midwifery profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practice in Australia
- approving accreditation standards and accredited courses of study.

**Scope of Practice:** The range of experience, work practices and activities undertaken by health professionals, according to the competence; education, training and ongoing professional development of the health professionals; and regulatory authorities and health-related legislation overseeing the health professionals.

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

**Recovery:** is a personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying life through the development of new meaning and purpose as the person grows beyond the effects of psychiatric disability (Anthony, 2000).

**Please Note:** For consistency, several glossary terms have been replicated from the Standards of Practice document (e.g. Recovery, Evidence-based practice). These definitions will be revised when the Standards are next reviewed and both document glossaries will be modified accordingly.



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# STANDARDS OF PRACTICE 2010



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# Foreword

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

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

In recent years, there has been an expressed imperative to update the 1995 Standards to ensure that they are contemporary in both their intent and detail. Publication of this document, the 'Standards of Practice for Mental Health Nurses in Australia 2010' is the final outcome of a 2½-year research, consultation and review process.

The research team and other participants in this process are to be congratulated for their expertise and skill in defining and articulating the aspirations of the profession of mental health nursing, including the concomitant knowledge, skills and attitudes required to fulfill these Standards. This publication is not an end point for standards of practice but yet another chapter in the growth and development of the profession.

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

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



Peter Santangelo  
President, June 2010

# Executive Summary

It is within the clinical environment where any Standards will have the greatest impact on the lives of people with a mental health issue. Therefore, contribution was sought from as many mental health nurses working in direct clinical care as possible. The mixed method study design comprised a national survey, workshop, focus group and Delphi panel. The national survey was conducted in 2007 via the ACMHN website and a posted survey. Invited participants were mental health nurses, both non-members and members of the ACMHN. The main purpose of the survey was to elicit comment and opinion on whether each of the 1995 version Standards should be retained, retained with modification, or removed. Responses were received from 208 individual nurses and groups of nurses. These data were collated, thematically analysed and then reviewed in line with the findings of a literature review that had been previously undertaken in 2006 (Neville et al, 2006). The outcome of this process was the development of a draft version of 'new Standards'.

This draft was taken to a workshop at the ACMHN 33<sup>rd</sup> Annual International Conference held in 2007 where twenty-one participants addressed terminology and structure. Draft vision and value statements, developed by the research team in response to comments provided in the national survey, were also presented to the participants. Feedback from this workshop was incorporated into the draft Standards and this next version was provided to a Delphi panel consisting of mental health nurses and key stakeholders. After two rounds of questionnaires the next draft of the new Standards of Practice were taken to a focus group at the ACMHN 34<sup>th</sup> Annual International Conference held in 2008. The purpose of this focus group was twofold; 1) to gather further consensus on and develop a format for measurable practice outcomes, and 2) to identify attributes for the Standards.

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

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

# Vision

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

## Mental Health Nurses

A mental health nurse is a registered nurse who holds a recognised specialist qualification in mental health. Taking a holistic approach, guided by evidence, the mental health nurse works in collaboration with people who have mental health issues, their family and community, towards recovery as defined by the individual.

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

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

# Standards of Practice in Mental Health Nursing

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

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

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

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

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



**Standard 1**

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

**Standard 2**

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

**Standard 3**

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

**Standard 4**

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

**Standard 5**

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

**Standard 6**

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

**Standard 7**

The mental health nurse demonstrates evidence-based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision and reflective practice.

**Standard 8**

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

**Standard 9**

The mental health nurse holds specialist qualifications and demonstrates advanced specialist knowledge, skills and practice, integrating all the Standards competently and modelling leadership in the practice setting.

# Standard 1

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

## **Rationale**

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

## **Practice Outcomes**

*This standard is being met when:*

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

## **Attributes**

### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

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

## **b) Skills**

*The mental health nurse:*

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

## **c) Attitudes**

*The mental health nurse:*

1. Respects the cultural values and beliefs of all groups within the community
2. Values and respects the rights of people using the service and their advocates
3. Embraces the concept of partnership
4. Accounts for and accepts responsibility for their own judgements and actions.

## Standard 2

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

### **Rationale**

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

### **Practice Outcomes**

*This standard is being met when:*

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

### **Attributes**

#### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

1. effective interpersonal communication, advocacy, collaboration, partnerships, and participation
2. the scope of partnerships possible, incorporating an understanding of the strengths and deficits in the partnership process.

## **b) Skills**

*The mental health nurse:*

1. plans, establishes, maintains and evaluates partnerships and participation
2. uses reflective practice to analyse partnerships
3. externally evaluates their practice with regard to maximising the effectiveness of his/her own therapeutic role, utilising clinical supervision.

## **c) Attitudes**

*The mental health nurse:*

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

## Standard 3

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

### **Rationale**

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

### **Practice Outcomes**

*This standard is being met when:*

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

### **Attributes**

#### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

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

## **b) Skills**

*The mental health nurse:*

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

## **c) Attitudes**

*The mental health nurse:*

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

# Standard 4

**The mental health nurse collaboratively plans and provides ethically based care consistent with the mental, physical, spiritual, emotional, social and cultural needs of the individual.**

## **Rationale**

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

## **Practice Outcomes**

*This standard is being met when:*

1. people with mental health issues identify that their mental, physical, spiritual, emotional, social and cultural needs have been consistently considered.
2. where ethical dilemmas exist, the mental health nurse uses ethical practice principles to ensure the consumer's mental, physical, spiritual, emotional, social and cultural needs are best met
3. where they exist, breaches in ethical practice are appropriately documented and investigated.

## **Attributes**

### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

1. the legislation and principles of ethical guidelines governing practice
2. the interconnected relationships that exist between mental health, physical health and general wellbeing
3. the importance of the social and cultural context with regard to the person's values and attitudes towards mental health, mental illness and mental health care and treatment.



## **b) Skills**

*The mental health nurse:*

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

## **c) Attitudes**

*The mental health nurse:*

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

## Standard 5

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

### **Rationale**

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

### **Practice Outcomes**

*This standard is being met when:*

1. people with mental health issues identify that the mental health nurse utilised the skills and knowledge of other individuals, organisations and groups wherever necessary
2. the contributions of other agencies and stakeholders are valued and identified in documentation.

### **Attributes**

#### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

1. the principles of holistic and evidence based care
2. the skills and expertise of other health care professionals
3. the principles of collaborative and multidisciplinary care.

## **b) Skills**

*The mental health nurse:*

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

## **c) Attitudes**

*The mental health nurse:*

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

# Standard 6

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

## **Rationale**

The recognition of, and taking action to address, the stigma that surrounds and influences the lives of people affected by mental health issues is an important contributor to improving practice outcomes.

## **Practice Outcomes**

*This standard is being met when:*

1. people identify that they experience an improved sense of community integration and reduced experiences involving stigma
2. the mental health nurse demonstrates active participation in health promoting, stigma reducing activities
3. the mental health nurse engages in opportunities to review and/or develop strategies and policies that promote community integration and reduce stigma.

## **Attributes**

### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

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

## **b) Skills**

*The mental health nurse:*

1. utilises health promotion and community integration principles in care actions
2. seeks out opportunities to enhance existing levels of knowledge and skill
3. demonstrates high level skills in communication, health promotion and community integration activities
4. uses reflective practice to assess existing skill and knowledge levels and deficits
5. externally evaluates their practice with regard to the reduction of stigma and other important social aspects associated with mental health care, utilising clinical supervision.

## **c) Attitudes**

*The mental health nurse:*

1. values health promotion, reduction of stigma and community integration
2. recognises the impact of stigma on the individual and is motivated towards playing an active role in reducing both stigma and its impact
3. willingly engages in opportunities to enhance stigma reduction, community integration and health promotion
4. reflects on their role, if any, in contributing to or perpetuating stigma and/or inhibiting community integration.

# Standard 7

**The mental health nurse demonstrates evidence based practice and actively promotes practice innovation through lifelong education, research, professional development, clinical supervision and reflective practice.**

## **Rationale**

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

## **Practice Outcomes**

*This standard is being met when the mental health nurse:*

1. consistently engages in activities to use and develop evidence base for practice, and utilises practice innovation where evidence is lacking or a novel approach is required
2. demonstrates regular engagement in activities of research, education and professional development, clinical supervision and reflective practice
3. engages in activities which support others in activities of research, education and professional development, clinical supervision and/or reflective practice.

## **Attributes**

### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

1. the principles and processes required for evidence based practice, professional development, clinical supervision, research and reflective practice
2. the benefits for a variety of relevant stakeholders when nurses engage in these practices.

## **b) Skills**

*The mental health nurse:*

1. incorporates the principles of these activities to their own practice
2. establishes and maintains a pattern of incorporating these practices into their own professional life
3. plans, develops and takes opportunities to enhance their knowledge and skill level in these areas and share them with others
4. uses reflective practice to analyse their practice in terms of the above areas
5. uses clinical supervision to externally evaluate practice and identify areas for professional development.

## **c) Attitudes**

*The mental health nurse:*

1. values evidence base and innovation in their practice
2. values the contributions of professional development, lifelong education, research, clinical supervision and reflective practice
3. willingly engages in opportunities to participate in these activities and supports others to do the same
4. reflects on areas of need for improvement and/or greater activity in reference to the identified activities
5. accepts responsibility for their own actions.

## Standard 8

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

### **Rationale**

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

### **Practice Outcomes**

*This standard is being met when:*

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

### **Attributes**

#### **a) Knowledge**

*The mental health nurse demonstrates an understanding of:*

1. the relevant policies, guidelines, statutes and codes of conduct and ethics governing practice
2. the mechanisms by which their practice may be reviewed in terms of their adherence to the above identified issues, their rights and the possible repercussions of breaches.



## **b) Skills**

*The mental health nurse:*

1. relates the policies, guidelines, standards, competencies, legislation and codes of conduct and ethics to their practice
2. practices in accordance with legislation, policies, guidelines, standards, competencies, codes of conduct and ethics at all times
3. identifies areas of need and takes appropriate action to address them
4. uses reflective practice to analyse their practice in terms of these issues
5. uses clinical supervision to externally evaluate practice and identify areas for professional development
6. acts as a role model for others in terms of these issues.

## **c) Attitudes**

*The mental health nurse:*

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

# Standard 9

**Specialist Professional Leadership: The mental health nurse holds specialist qualifications and demonstrates advanced specialist knowledge, skills and practice, integrating all the Standards competently and modelling leadership in the practice setting.**

## **Rationale**

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

## **Practice Outcomes**

*This standard is being met when:*

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

## **Attributes**

### **a) Knowledge**

*The mental health nurse demonstrates knowledge and understanding of:*

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

## **b) Skills**

*The mental health nurse:*

1. relates theory to practice and incorporates Standards into practice
2. establishes and maintains an advanced level of expertise
3. utilises reflective practice to identify areas of deficit and acts to address them
4. uses clinical supervision to externally evaluate practice and identify areas for professional development.

## **c) Attitudes**

*The mental health nurse:*

1. values Standards of Practice, knowledge and advancing their practice
2. values their role as leader and role model to novice and non-specialist colleagues, supporting them and willingly contributing to their professional development
3. willingly engages in activities to enhance their expertise and incorporate it into practice
4. reflects on their practice and how this may influence others.

# Glossary

The terms adopted for this document are derived from a range of existing resources in the whole but not restricted to Commonwealth documents. Other resources include dictionaries and websites. Please refer to the 'References' section for details.

**Advocacy** – involves the actions required to represent the concerns and interests of people affected by mental health issues and/or illness, speaking on their behalf if required. Advocacy also involves the provision of training and support to enable people to self-representation.<sup>1</sup>

**Benchmarking** – is concerned with the systematic process of identifying and implementing a standard of best practice within individual services or groups of services. Activities focus on service excellence, the needs of customers, and organisational culture issues.<sup>2</sup>

**Community capacity** – describes the combined characteristics and resources of a community to recognise, assess and take action to address key issues including financial, human, social, physical and environmental contexts.<sup>3</sup>

**Diversity** – describes the wide range of social and cultural groups that make up the Australian population and Australian communities. Diversity recognises the variance according to gender, age, disability and illness, social status, level of education, religion, race, ethnicity and sexual orientation amongst individuals and groups.<sup>4</sup>

**Evidence-based practice** – describes a process of integrating the best available evidence with professional expertise to guide professionals in decision-making regarding the care of individuals. It requires professionals to seek the best evidence from a variety of sources; appraise that evidence critically; determines the desirable outcome; apply that evidence in professional practice; and evaluate the outcome. Implicit in the process is consultation with the client.<sup>5</sup>

**Mental health** – is a state of emotional and social wellbeing wherein people can cope with the normal stresses of life and achieve to their potential. This includes the ability to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, respectfully and fairly, with each other and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities. The absence of mental illness does not describe mental health. Measurement is complex and there is no widely accepted approach as yet. There has been a preference for the term 'emotional and social wellbeing', which accords with holistic concepts of mental health held by Aboriginal and Torres Strait Islanders and some other cultural groups. Another alternative is the term 'mental health and wellbeing'.<sup>6</sup>

**Mental health problem** – a disturbance in the interactions between the individual, the group and the environment, which results in a lesser state of mental health.<sup>7</sup>

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

**Mental health promotion** – refers to those actions directed to groups and individuals to maximise health and wellbeing.<sup>8</sup>

**Mental illness** – is a clinically diagnosable disorder that significantly disturbs a person's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the DSM-IVR or the ICD-10. In Australia, drugs and alcohol issues and dementia are not generally considered the primary responsibility of a mental health service and have separate, specialist services. However, both are considered important in terms of co-morbidity.<sup>9</sup>

**Mental Health Nurse (MHN):** pertains to Registered Nurses who have undertaken specialist training and/or education to gain expertise in the field of mental health and illness.

**Participation** – is the active involvement by people affected by mental illness or health problems in the range of activities that include, but are not restricted to, policy and planning, development, decision making, research and evaluation of mental health services.<sup>10</sup>

**People from diverse cultural and linguistic backgrounds** – refers to people or the offspring of people born in a country where English is not the first language.<sup>11</sup>

**Practice outcomes** – a means of assessing care and the processes involved in providing care to people affected by mental health issues in terms of the outcomes achieved or not achieved by the practice of mental health nursing

**Prevention** – describes interventions that commence prior to the first onset of a disorder.

**Universal** – interventions are targeted at the general public or a whole population group which is not identified because of individual risk.

**Selective** – interventions are targeted to individuals or specific sub-group with a recognised risk higher than the general public/population.

**Indicated** – interventions are targeted at identified high risk individuals having minimal but observable signs and symptoms signifying developing mental illness but not yet meeting diagnostic requirements for DSM-IVR or ICD-10 diagnosis.<sup>12</sup>

**Recovery** – is a personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying life through the development of new meaning and purpose as the person grows beyond the effects of psychiatric disability.<sup>13</sup>

**Resilience** – refers to those 'capacities within a person that promote positive outcomes, such as mental health and wellbeing, and provide protection from factors that might otherwise place that person at risk of adverse health outcomes.'<sup>14</sup>

**Stakeholders** – refers to the various groups and individuals affected by decisions, consultations and policies.<sup>15</sup>

**Standards** – have two aspects. Clinical Standards of Practice are distinct and agreed clinical procedures and practices for desired treatment and care quality of people with mental illness or mental health issues. Service standards define what is required to achieve a suitable level of care from a mental health service.<sup>16</sup>

**Stigma** – ‘against a person with a mental illness often involves inaccurate and hurtful representations of them as violent, comical or incompetent.’<sup>17</sup> Stigma is the ‘application of a negative label or mark that distinguishes people in the community. It is manifested in negative attitudes, behaviours and feelings towards the identified group.’<sup>18</sup>

**Therapeutic relationship** – describes a relationship between the nurse and people affected by mental health issues or mental illness in which the professional knowledge and skill possessed by the nurse is used to facilitate the wellbeing of those with whom they work. There are five recognised aspects to this relationship: trust, respect, professional intimacy, empathy and power.<sup>19</sup>

## References: (Endnotes)

- 1 Australian Health Ministers (2003). *National Mental Health Plan 2003-2008*. Canberra: Australian Government, p. 32.
- 2 *ibid*, p32.
- 3 Public Health Unit (2003). Integrating Public Health Practices: A Position Statement on Community Capacity Development and the Social Determinants of Health for Public Health Services at <http://www.health.qld.gov.au/phs/Documents/shpu/20426.pdf>
- 4 Commonwealth Department of Health and Aged Care (2000). *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, p. 64.
- 5 *ibid*, p. 59.
- 6 Australian Health Ministers, 2003, *op. cit.*, p. 34.
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- 8 National Mental Health Education and Training Advisory Group (2002). *National Practice Standards for the Mental Health Workforce*. Canberra: Publications Production Unit, Commonwealth Department of Health and Ageing, p. 45.
- 9 Australian Health Ministers, 2003, *op. cit.*, p. 35.
- 10 National Mental Health Education and Training Advisory Group, 2002, *op. cit.*, p. 42.
- 11 *ibid*, p. 46.
- 12 *ibid*, p. 46.
- 13 Anthony, W.A. (2000). Recovery from mental illness: the guiding vision of the mental health service system in the 1990's. *Psychiatric Rehabilitation Journal*, 16(4):159.
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- 15 Commonwealth Department of Health and Family Services (1998). *The Kit: A Guide to the Advocacy We Choose to Do, Community Development Project*. Canberra: Department of Health and Family Services, p. 259.
- 16 Australian Health Ministers, 2003, *op. cit.*, p. 38.
- 17 SANE '**StigmaWatch**' accessed on 18/04/2008 [www.sane.org/stigmawatch/stigmawatch/stigmawatch.html](http://www.sane.org/stigmawatch/stigmawatch/stigmawatch.html)
- 18 Australian Transcultural Mental Health Network, Department of Psychiatry, University of Melbourne accessed on 18/04/08 [www.atmhn.unimelb.edu.au](http://www.atmhn.unimelb.edu.au)
- 19 College of Nurses Ontario (2006). The Therapeutic Nurse-Client Relationship, Revised 2006. at [www.cno.org/docs/prac/41033\\_Therapeutic.pdf](http://www.cno.org/docs/prac/41033_Therapeutic.pdf) p.3.



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