

# Core and Specialist Skills Assessment

## CORE 2: Recovery philosophy

### Scope and Objectives of Core and Specialist Skills Assessment

This Core and Specialist Assessment (CSAt) will enable the allied health professional to:

- Demonstrate an understanding of recovery principles and philosophies as they pertain to Mental Health Alcohol and Other Drug (MHAOD) use and incorporates these into their service provision and care.
- Demonstrate knowledge and application of the recovery philosophy and principles in everyday MHAOD allied health practitioner care.
- Demonstrate understanding of the balance between duty to care issues, including risk management and the recovery philosophy incorporating positive risk-taking that supports the person's autonomy and growth.

In order to complete this CSAt, it is recommended that the allied health professional connect with HHS staff in the Lived Experience, Peer Worker or Carer roles (where available).

This CSAt should be used in conjunction with professional supervision and the Allied Health MHAOD New Graduate Program Framework. The framework and associated resources are available at: <https://qheps.health.qld.gov.au/allied-health/mental-health>

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The CSAt reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: [OCAHO-MHAODS@health.qld.gov.au](mailto:OCAHO-MHAODS@health.qld.gov.au)

Prior to use, please check <https://qheps.health.qld.gov.au/allied-health/mental-health> for the latest version of this CSAt.

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## Requisite training, knowledge, skills and experience

### Training opportunities

- Training as outlined in the New Graduate Framework “Graduate Training Schedule and Record.”
- Internal linkage opportunities within the HHS:
  - Connect and partner with Lived Experience Worker, Peer Support Worker, Carer Peer staff within the HHS (where available).
- External linkage opportunities:
  - Non-Government Organisations (NGOs) providing psychosocial support particularly those run by people with a lived or living experience of mental health, substance use or carer experience such as Clubhouse or Lives Lived Well.
  - Queensland Alliance for Mental Health (QAMH) as the peak body for community mental health and wellbeing sector.
- Graduate Reflective Learning Sessions or peer learning groups and supervision.

### Clinical knowledge/evidence

The following are examples of demonstrating content knowledge by an allied health professional:

- Able to explain and adapt recovery principles and philosophies free of jargon to consumers, carers and stakeholders.
- Use of strengths-based, person-centred and future-focused language.
- Reframing setbacks as part of the journey rather than failure.
- Providing psychoeducation on mental health diagnoses, substance use, early warning signs and coping strategies to empower consumers with knowledge.
- Offering choice and shared decision-making about treatment options (e.g. goal setting, therapy approaches).
- Supporting consumers to problem-solve in ways that foster autonomy.
- Ensuring documentation, particularly the “Recovery Plan”, “Care Review” and “Care Plan” includes the consumer voice with goals identified in the consumer’s own words/recovery language.

## References and supporting documents

### National Safety and Quality Health Service Standards (second edition) alignment



2. Partnering with Consumers Standard



5. Comprehensive Care Standard



6. Communicating for Safety Standard

### National

- Victorian Government Department of Health. (2013). [National Practice standards for the Mental Health Workforce](#):
  - Standards 3, 4, 5, 6, 7, 9, 13.
- Australian Health Ministers' Advisory Council. (2013). [A national framework for recovery-oriented mental health services: guide for practitioners and providers](#).
- Australian Health Ministers' Advisory Council. (2013). [A national framework for recovery-oriented mental health services: policy and theory](#).
- Mental Health Coordinating Council. (2022). [Recovery Oriented Language Guide](#).
- National Mental Health Commission. (2023). [National Lived Experience \(Peer\) Workforce Development Guidelines](#).

### Queensland

- Queensland Health. (2023). [Lived Experience \(Peer\) Workforce Framework](#).
- Queensland Health. (2005). [Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care](#).
- Queensland Health. (2022). [Terminology, language and communication - Shatter the Stigma](#).

# Assessment: performance criteria

## CORE 2: Recovery philosophy

Name:

Position:

Work Unit:

	Assessment criteria	Applicable (Y/N)	Date achieved	Assessor initial
1	Understands the essentials of the recovery philosophies, as outlined in <a href="#">“A national framework for recovery-oriented mental health services: Guide for practitioners and providers”</a> .			
2	Understands the five (5) basic principles of recovery, as outlined in <a href="#">“Sharing Responsibility for Recovery: creating and sustaining recovery oriented systems of care for mental health”</a> : Hope, discovery, active sense of self, personal responsibility and connectedness.			
3	Recognises that recovery in MHAOD settings is not about cure, but about being able to create and live a full and meaningful life, with or without the presence of symptoms.			
4	Supports the person's choices in living their life in a meaningful and purposeful way by supporting them to enhance their strengths and abilities while navigating their unique challenges.			
5	Enables the person to make their own choices and try out new strategies, balanced with duty-of-care and risk issues.			
6	Supports the person to identify and build on their strengths, values, aspirations, and resilience. Assists the person to grow and learn how to take responsibility for themselves without withholding care or treatment.			
7	Promotes and attends to the person's rights and human experience within the MHAOD service experience.			
8	Supports the person to develop meaningful social, recreational, occupational and vocational activities.			
9	Treats each person with dignity and respect and behaves with sensitivity and respect toward the person, despite any personal differences in values and diversity.			
10	Communicates in clear, recovery focused language that avoids jargon and shares relevant information honestly with the person.			
11	Demonstrates courtesy and honesty in their interpersonal interactions, while showing respect for each person's values, beliefs and culture.			
12	Undertakes person centred care planning which includes responding to the person's recovery goals, expressed needs and priorities, as well as those of their carers and families, while instilling hope for their future.			
13	Collaborates to develop safety plans that balance identified risks with safety and recovery philosophies.			

Reflective practice		Date achieved	Assessor initial
R1	Reflects upon own attitudes and learning needs regarding recovery-oriented practice.		
R2	Identifies three instances when graduate has implemented recovery principles in practice and what they have learned while doing this.		
R3	Considers how to integrate recovery philosophies with own professional theories and models.		

**Comments:**

**Record of assessment competence:**  
It is recommended that a Lived Experience, Peer Worker or Carer staff member/s are included in the assessment of this CSAt.

Assessor name and signature:		Assessor position:		Competence achieved:	/ /
Assessor name and signature:		Assessor position:			
Assessor name and signature:		Assessor position:			