

Core and Specialist Skills Assessment

AREA 8: Practice Area – Community Care Unit

Scope and Objectives

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

- Build on their knowledge and skills within a *Community Care Unit (CCU)*. This includes understanding their professional role within a CCU, whilst also building on core skills of mental health allied health practitioner service to this group of people.
- Develop a sound understanding of CCU care and the opportunities and challenges in providing this service to people, their significant others, families and carers.
- Develop a sound understanding of CCU service delivery including mental health and discipline specific assessment, therapeutic groups, community referrals and discharge pathways.

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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Requisite training, knowledge, skills and experience

Training opportunities

- Training as outlined in the New Graduate Framework “Graduate Training Schedule and Record”.
- [Australian Mental Health Outcomes and Classification Network \(AMHOCN\)](#) training.
- Internal linkage opportunities within the HHS:
 - Senior or advanced clinical roles of each profession within the team.
 - Connect with the relevant referring and discharge treating teams (community and inpatient settings), Service Integration Coordinator (SIC) roles (where available).
- External linkage opportunities:
 - Other government agency linkages may include National Disability Insurance Scheme (NDIS), Department of Housing and Public Works, Queensland Public Trustee, Office of the Public Guardian, Services Australia (Centrelink), Department of Families, Seniors, Disability Services and Child Safety.
 - Local community supports, social infrastructure and organisations which offer sustainable community connections. These might include:
 - Common support pathways including NDIS support services, carer supports.
 - Community centres and Non-Government Organisations (NGO's) which offer groups, activities and psychosocial supports.
 - Council facilities and activities such as libraries, pools, groups.
- 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:

- Demonstrates an understanding of the variety of presentations encountered by a CCU service, balancing risk and recovery considerations, including prevalent diagnoses, levels of complexity and risk, and the treatment and referral pathways for care within a CCU setting.
- Recognises deteriorating mental state and/or escalating risk and discusses plans to support a person, their significant other, family and carers with senior clinicians and/or medical staff as per local clinical governance processes.
- Links people with:
 - General Practitioner (GP) and other healthcare providers for administration of depots, and regular monitoring of physical and mental health.
 - Other community-based support providers which may include support to navigate and access and appropriate sharing of relevant clinical information.
- Provides discipline specific assessment, intervention and advice supporting CCU care planning and discharge planning.
- Facilitates therapeutic group interventions as part of the CCU therapeutic group program.
- Utilises outcome measures (HONOS, LSP, MHI) as a therapeutic engagement tool encouraging the person to reflect on their health and wellbeing through comparing results over time.

References and supporting documents

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



1. Clinical Governance Standard



2. Partnering with Consumers Standard



4. Medication Safety Standard



5. Comprehensive Care Standard



6. Communicating for Safety Standard



8. Recognising and responding to Acute Deterioration Standard

National

- Australian Mental Health Outcomes and Classification Network (AMHOCN).

Queensland

- Clinical guidelines, policies and resources developed by the Mental Health, Alcohol and Other Drugs Branch (the Branch) supports the statewide development, delivery and enhancement of safe, quality, evidence-based clinical and non-clinical services in the specialist areas of mental health and alcohol and other drugs treatment. Key documents include:
 - [Community Care Unit Model of Service](#). (2015).
 - [Comprehensive Care - Partnerships in Care and Communication](#). (2020).
 - [Co-occurring substance use disorders and other mental health disorders: policy position statement for Mental Health Alcohol and Other Drugs Service](#). (2021).
 - [Strengthening the state funded mental health alcohol and other drugs \(MHAOD\) service response for people from culturally and linguistically diverse \(CALD\) communities](#). (2023).
 - [Supporting Metabolic Health for Queenslanders living with Serious Mental Illness and/or Substance Use Disorders](#). (2023).
- Additional resources available via [Insight](#), Queensland Health.
- Community Care Units models of care promote the use of recovery language and integration of the lived experience workforce per the [Recovery Oriented Language Guide](#). (2022).

Assessment: performance criteria

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Name:

Position:

Work Unit:

	Assessment criteria	Applicable (Y/N)	Date achieved	Assessor initial
1	Develops a therapeutic relationship (inclusive of trust, rapport and positive communication skills) with the person, their significant other, family or carers, giving consideration to professional boundaries, addressing ruptures, and potential for dependency.			
2	Completes assessment of mental state and risk as part of discipline specific assessment, and intervention in line with the HHS policy and procedures with a person.			
3	Demonstrates an understanding of the role of graduate's profession within a CCU including their scope of practice, balance between discipline specific role and Primary Support Person (PSP) requirements, assessments, professional formulation and treatments provided including therapeutic group facilitation.			
4	Demonstrates an understanding of key considerations for persons during a CCU stay including motivation and readiness to change, balancing recovery and rehabilitation goals with capacity for skill development (cognition, symptoms), discharge and support coordination.			
5	Completes consistent, high quality clinical documentation relevant to CCU settings in alignment with the MHAOD comprehensive care resource guide e.g. care review summary, discipline specific assessment.			
6	Provides a range of evidence-based individual and therapeutic group psychoeducation sessions for core diagnoses and clinically significant outcomes.			
7	Demonstrates a sound understanding of working within an integrated multidisciplinary team in alignment with the CCU service model.			
8	Explains risk considerations for working with a person in a CCU setting. Examples may include institutionalisation, "splitting" and miscommunications, substance use and acute intoxication, impaired capacity and vulnerability, recognising and responding to a deteriorating person (RRDP).			
9	Demonstrates the ability to identify risks or RRDP such as recognising early warning signs and symptoms of deterioration and implements agreed management strategies as per their recovery and care plans.			
10	Identifies and escalates concerns about a person's mental state and/or risk as per local clinical governance processes and procedures.			
11	Demonstrates a sound understanding of the local process required when supporting an acutely unwell person which may include: • develop safety plans that balance identified risks, safety and recovery philosophies; • increasing support intensity (visual observations); • direct admission to the inpatient unit (if available); • admission via the Emergency Department (if available).			
12	Demonstrates an understanding of the Mental Health Act (2016) and the requirements of an allied health professional within a CCU setting e.g. explaining a Treatment Authority (TA), MHRT tribunals.			
13	Demonstrates awareness of referral pathways with respect to community supports particularly NDIS supports including accommodation and completes relevant profession specific assessments/reports to support future care planning.			
14	Demonstrates a sound understanding of the local process required when supporting a person's community discharge support options: • health care supports including GP, community pharmacy, private psychology and NGO supports; • accommodation and psychosocial supports; • community-based treating teams e.g. CCT, MIRT.			
15	Demonstrates sound knowledge of other service providers and non-government organisations that work with the CCU to deliver a seamless transition of care.			

Reflective practice (mandatory)		Date achieved	Assessor initial
R1	CCU's can be a place of significant growth and change for a person. Consider what opportunities and challenges may arise for a person during an extended community-based residential stay, including the role of the facility 'community'.		
R2	Reflects on the interaction between recovery philosophies, rehabilitation approach and how this aligns with discipline specific perspective.		
R3	Reflects on the process of making and sharing recommendations across a 24-hour staffed service, noting task delegation and skill sharing, differing approaches and understanding across staff. Considers how to ensure all staff have a consistent approach to treatment implementation.		

Comments:					
Record of assessment competence:					
Assessor name and signature:		Assessor position:		Competence achieved:	/ /
Assessor name and signature:		Assessor position:			
Assessor name and signature:		Assessor position:			