

Core and Specialist Skills Assessment

AREA 9: Practice Area – Step Up Step Down

Scope and Objectives

This Core and Specialist Assessment (CSAt) is for use in both Adult and Youth Step Up Step Down (SUSD) services. This CSAt will enable the allied health professional to:

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

This CSAt outlines the core practice skills and considerations for graduates working in SUSD service.

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				
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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An electronic version of this document is 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 acute teams and roles within the HHS
 - Connect with the relevant acute teams and roles within the HHS such as Acute Care Team (ACT), Acute Mental Health Inpatient Unit, Acute Response Team (ART), Consultation Liaison (CL), Crisis Support Space, Drug and Alcohol Brief Intervention Team (DABIT), Emergency mental health, MH CALL or tele-triage services.
 - Connect with the relevant community teams and roles within the HHS such as Alcohol and Other Drugs Service (AODS), Assertive Mobile Youth Outreach Service (AMYOS), Child and Youth Mental Health Services (CYMHS), Continuing Care Teams (CCT), Early Psychosis (EP) teams, Evolve Therapeutic Services, Community Care Unit (CCU), Mobile Intensive Rehabilitation Team (MIRT) (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.
 - Crisis support services such as charity or religious services who provide emergency relief, food vouchers, etc.
 - 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 SUSD service, balancing risk and recovery considerations, including prevalent diagnoses, levels of complexity and risk, and the treatment and referral pathways for care within an SUSD 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 the person 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 SUSD care planning and discharge planning.
- Facilitates therapeutic group interventions as part of the SUSD 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:
 - [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.

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, with consideration of the brief nature of engagement.			
2	Completes assessment of mental state, risk and brief intervention with persons in sub-acute phase of recovery in line with the HHS policy and procedures.			
3	Demonstrates an understanding of the role of graduate's profession within a SUSL service including their scope of practice, assessments, professional formulation and treatments provided with consideration of the person, their significant other, family or carers.			
4	Demonstrates an understanding of key considerations for persons during a SUSL stay including recognising and responding to a deteriorating person (RRDP), domestic and family violence (DFV), balancing risk and recovery goals with capacity for skill development (symptoms, cognition).			
5	Completes consistent, high quality clinical documentation relevant to SUSL 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 SUSL service model.			
8	Explains risk considerations for working with a person in a SUSL setting. Examples may include recognising and responding to a deteriorating person (RRDP), "splitting" and miscommunications, substance use and acute intoxication, impaired capacity and vulnerability.			
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 skills to support a person with vulnerability risks such as DFV, child protection, financial vulnerability etc.			
13	Demonstrates an understanding of the Mental Health Act (2016) and the requirements of an allied health professional within a SUSL setting e.g. explaining a Treatment Authority (TA), MHRT tribunals.			
14	Demonstrates awareness of referral pathways with respect to community supports particularly NDIS supports including support accommodation and completes relevant profession specific assessments/reports to support future care planning.			
15	Demonstrates a sound understanding of the local process required when supporting a person's community discharge support options: • health care supports including GP, private psychology and NGO supports; • community-based treating teams e.g. AMYOS, CYMHS, CCT, CCU.			
16	Demonstrates sound knowledge of other service providers and non-government organisations that work with a SUSL service to deliver a seamless transition of care.			

Reflective practice (mandatory)		Date achieved	Assessor initial
R1	Completes a clinical case study of care provided from a discipline specific perspective reflecting on professional practice learnings. Within this case study, consider the experience/perspective of the person, their significant other, family or carer, and other key stakeholders.		
R2	Reflects on the interaction between risk management, recovery philosophies and how this aligns with discipline specific perspective.		
R3	Reflect on the unique opportunities and challenges working in a short-stay transitional unit. Consider the impact on care provided including transitions of care, and engaging with the person, their significant other, family, and carers, and a new treating team to meet their recovery goals.		

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:			