



Queensland Alliance for Mental Health

DRAFT VERSION  
Nov 2023

Community Mental Health  
and Wellbeing Sector

CORE COMPETENCY  
FRAMEWORK

## Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

## QAMH contact details

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### Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

### Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

## Background

This Core Competency Framework (the Framework) outlines the competencies required by the Community Mental Health and Wellbeing workforce to deliver high quality, safe and effective supports to those experiencing mental health challenges. The Framework forms one of the key components of the *Community Mental Health and Wellbeing Workforce Strategy 2024-2029*, which has been developed by the Queensland Alliance for Mental Health (QAMH) in partnership with Queensland Health.

The Community Mental Health and Wellbeing Sector has historically lacked a clear articulation of the scope of practice expected of its workforce. Unlike other mental health professions (eg. Psychiatrists, Psychologists, Occupational Therapists, General Practitioners and Nurses), there has not been a formally documented set of values and beliefs, attitudes and behaviours, and skills and knowledge required of the Community Mental Health and Wellbeing workforce. This has resulted in a lack of public understanding of the sector's contribution to the broader mental health ecosystem. It has also opened the sector to criticism that, despite a large body of evidence demonstrating positive outcomes for people with mental distress, it lacks 'professionalism'.

This Framework seeks to address this by capturing, in one place, the industry-agreed skills and knowledge that already exist in the Community Mental Health and Wellbeing workforce. It has been developed in consultation with the sector and people with lived and living experience, and as such reflects their understanding of the role performed by a Community Mental Health and Wellbeing worker.

It is anticipated this Framework will lead to greater consistency across the sector, while still allowing enough flexibility for innovation and specialised areas of practice. People enter the Community Mental Health and Wellbeing Sector from a broad range of educational backgrounds. While this diversity of educational pathways has undeniable benefits (eg. people bringing a heterogeneity of professional and educational knowledge to the sector), it also has its drawbacks, because workers don't come with a standard basic skill set to build upon. By articulating an industry-agreed set of core competencies expected of all workers across the sector, the Framework will assist employers and employees to identify gaps in skills and knowledge, and target training and development accordingly.

Additionally, it is expected that the Framework will:

- Provide a workforce planning tool that employers can use in organisational workforce planning, recruitment and performance review cycles;
- Provide a consistent language to describe workforce capabilities;
- Assist educational institutions to review and re-design key qualifications relevant to the sector.

The Framework is the first of its kind in Australia to document the skills and knowledge of the Community Mental Health and Wellbeing workforce. While competency frameworks exist for the Victorian<sup>1</sup> and New South Wales<sup>2</sup> mental health workforces, and have informed the development of this Framework, these examples outline the competencies required of the broader mental health workforce, including clinical roles. It is hoped that by identifying the specific competencies required by the Community Mental Health and Wellbeing workforce, the Framework will increase the visibility of the sector, leading to an increased understanding in the public consciousness of its valuable contribution to the wider mental health ecosystem.

## Methodology

The Framework was developed through extensive engagement with the sector to understand the nature of the work and ensure the competencies are led by this understanding, incorporating the sector's language and voice. It is driven by and anchored in the sector's aspirations about how to best support people with lived and living experiences of mental distress, their families, carers and communities.

The Framework has been developed in conjunction with the *Community Mental Health and Wellbeing Workforce Strategy 2024-2029*. QAMH led the development of this Strategy, in partnership with Queensland Health's Mental Health Alcohol and Other Drugs Strategy and Planning Branch (MHAOD SPB), and with expert guidance from a Project Advisory Committee (PAC). The PAC consisted of 22 stakeholders with various perspectives and expertise, including service providers, people with lived and living experience, Queensland Government agencies, peak and industry bodies, and tertiary educational institutions.

Extensive state-wide public consultation occurred between March and June 2023 regarding the Strategy and Framework. Face to face consultations to identify core competencies required in the sector were held in the following locations: Townsville, Bundaberg, Ipswich, Brisbane, Cairns and Mt Isa, as well as one online consultation. Sixty-seven organisations participated with a total of 171 individuals attending. These participants came from diverse backgrounds and included QAMH members and non-members, all organisational levels from frontline workers to CEOs and executive board members, people from both within and outside the sector, and people with lived and living experience of mental distress. Consultation reports which detail these conversations can be found here ([link](#)).

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<sup>1</sup> Victoria State Government Department of Health. (XXXX). The Victorian Mental Health and Wellbeing Workforce Capability Framework. [victorian-mh-and-wellbeing-workforce-capability-framework-pdf.pdf](#)

<sup>2</sup> New South Wales Ministry of Health Mental Health and Drug and Alcohol Office. (XXXX) Draft NSW Mental Health Services Competency Framework. Unpublished.

In addition, two focus groups were held in June 2023 - one for people with a lived or living experience (20 participants) and one for people from Culturally and Linguistically Diverse backgrounds (19 participants). Specialist consultation also occurred with the Queensland Council for LGBTI Health and the Queensland Aboriginal and Islander Health Council to ensure the Strategy was inclusive of diverse perspectives.

## Structure

The Framework is arranged around the following components:

- **Guiding principles:** the common values, approaches, attitudes and ways of working articulated within [Wellbeing First](#) and which provide a vision for the Community Mental Health and Wellbeing Sector
- **Values and beliefs:** the intrinsic aspirational and cultural features which guide the behaviours of organisations and employees within the sector
- **Competencies:** the 12 domains of practice that outline the skills and knowledge expected of a worker to deliver safe and effective care and support in the Community Mental Health and Wellbeing Sector

## How to use the Framework

The Framework can be used in various ways at each of the levels below.

### For workers

- to help understand capability expectations
- to help identify gaps in skills and knowledge
- to help identify learning and development needs and inform career planning

### For organisations

- to develop Position Descriptions and interview questions
- to inform staff appraisals, make the process more transparent and inform approaches to professional practice supervision
- to help determine professional development and training needs

- to inform organisation-wide improvement plans
- to help design and redesign jobs for the future
- to develop and support career growth and pathways

### For educational institutions

- to guide course development of education, training programs and curriculum
- to inform professional development requirements for formal or informal accreditation
- to review standards of practice

Please note: These competencies are intended to provide guidance on good practice for workers and employers, rather than prescribe mandatory skills and knowledge for Community Mental Health and Wellbeing Sector roles.

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## Guiding Principles

This Core Competency Framework is guided by the principles outlined in [Wellbeing First](#) which articulates a vision for the Community Mental Health and Wellbeing Sector. It argues for the need to fundamentally shift the sector's focus from managing illness to actively supporting wellbeing, arguing that:

- Not all human distress needs a medical intervention
- We should support people experiencing mental health difficulties before they reach crisis point, early in the trajectory of their distress
- Supports should be tailored to the needs of the person experiencing distress rather than a one-size fits all approach
- Supports must be person-first and person-led, allowing people to drive their own care and outcomes
- We should support people's ability to lead a connected and contributing life – the role of the sector is not to replace natural resources with specialised services but to intentionally provide opportunities for people to re-engage with their relationships and community

## Values and Beliefs

It is recommended that the following values and beliefs should underpin the application of the skills and knowledge in the Core Competency Framework, including a commitment to:

- The inherent dignity and worth of all human beings
- Self-determination and the autonomy of the individual
- Diversity and inclusivity of all cultures, languages, religions, ages, gender identities and sexual preferences
- Delivering least restrictive models of care
- The value of Lived Experience leadership, knowledge and expertise
- Relationships based on mutual trust, authenticity and equality
- Collaboration, collective action and joint accountability for the mental wellbeing of the community



## Attitudes and Behaviours

It is recommended that a worker in the Community Mental Health and Wellbeing Sector should be:

- Respectful, open-minded and non-judgmental
- Compassionate, empathetic, warm and caring
- Expressive of hope and positivity, applying a strengths-based approach
- Self-aware and self-reflective
- Person-centred, relational, genuinely interested and responsive
- A collaborative team player
- Curious and committed to continuous growth

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## Core Competencies

The following core competencies are arranged into 12 domains of practice and include the skills and knowledge expected of a worker in the Community Mental Health and Wellbeing Sector.

### Effective Communication

- Takes time to establish trust, connection and rapport through exhibiting empathy, compassion, patience and unconditional positive regard
- When communicating, views a person holistically by taking into consideration the context of the person's whole life situation including their culture, social identities, values and interests
- Uses active listening and validation to communicate in a calm, positive and strengths-based way
- Reflects on any power differences in relationships and works to minimise their own part in these by employing a person-led approach
- Uses inclusive, recovery-oriented language and terminology:
  - avoids medicalising or pathologising people's distress
  - uses non-stigmatising language
  - asks about language preferences and uses terminology that the person uses
  - understands importance of LGBTIQ+ and gender-neutral terms
- Communicates using speech that is easily understood, free of jargon and culturally appropriate for the person
- Uses culturally appropriate non-verbal communication including eye contact and body posture
- Offers use of interpreter services and understands how to work with interpreters effectively
- Demonstrates effective, timely and consistently applied written communication skills (eg. note-taking, case report writing) and completes these in partnership with the person

- Advocates effectively for the person's rights, supporting them to use their voice
- Uses digital technologies effectively

## Understanding Mental Health and Wellbeing

- Understands the bio-psycho-social model of mental health and wellbeing
- Understands the influence and intersectionality of social and cultural factors on mental health and wellbeing, including different cultural concepts of mental health, distress and recovery
- Understands the Wellbeing Continuum and its intersection with the Mental Illness Continuum
- While recognising the challenges of the medical model, has basic knowledge of mental health conditions as defined by that model (eg. depression, anxiety, bipolar, schizophrenia) including prevalence, signs, symptoms and treatment approaches
- Understands the elements of the mental health system and the role of the Community Mental Health and Wellbeing Sector within the broader landscape
- Understands the concept of stigma (of others and self)

## Trauma-Informed Practice

- Understands and acknowledges the widespread, cumulative and compounding impact of trauma on mental health and wellbeing, including the possibility that the people supported may have a history of trauma which still impacts them today
- Creates environments where people feel safe from harm or re-traumatisation
- Sees trauma survivors holistically, in the context of their lives
- Exudes a message of hope and optimism that recovery is possible
- Creates opportunities to rebuild a sense of control and empowerment through strength building and skills acquisition rather than symptom management

- Fosters true collaboration and power sharing between the worker and the person seeking help

## Supporting Personal Recovery

- Uses a recovery-oriented approach which:
  - Recognises that the person is the leader of their life
  - Emphasises the strengths, uniqueness and dignity of the person experiencing mental distress
  - Recognises diversity in recovery, understands that not everyone sees mental illness through the Western medical model, and acknowledges other cultural models of care exist
  - Supports the person to shift to a flourishing state by maximising their self-management and personal agency
  - Supports the person to take responsibility for their own recovery and wellbeing, while at the same time recognising that everyone might define their lived experience and recovery in very different ways
  - Recognises the person's right to make their own decisions and choices, to change their mind, and to take positive risks
- Creates a welcoming environment and sensitively conducts, as a shared process, a comprehensive assessment which includes information on mental health history, strengths and challenges, risks, support networks, and social determinants of mental wellbeing (housing, employment, education, social isolation etc)
- Works collaboratively with the person in an equal partnership to co-design self-directed recovery goals which:
  - Are unique to that person
  - Focus on the person's strengths, abilities and successes – what they can do rather than what they cannot do
  - Are culturally appropriate

- Supports the person to achieve their recovery goals by:
  - Utilising a range of culturally appropriate, evidence-informed therapeutic approaches including (but not limited to): Acceptance and Commitment Therapy, Cognitive Behavioural Therapy, Mindfulness and Motivational Interviewing to increase the person's mental wellbeing
  - Utilising coaching principles to motivate and support people to build self-efficacy, foster independence and resilience, establish connections and engage in meaningful social and occupational activities within the broader community
  - Teaching specific skills related to mental health and wellbeing (eg. Problem solving, stress management, meditation, deep breathing) as well as general capacity building skills
- Monitors progress in the recovery journey through:
  - Supporting the person to identify meaningful and culturally appropriate outcomes that are relevant to the person, not the service
  - Utilising outcome measurement tools which encompass emotional, psychological and social wellbeing at baseline and throughout the recovery journey
  - Recognises that each person's journey is unlikely to be a straight path but more likely to be a mix of achievements and setbacks

## Responding to Crisis and Suicidality

- Demonstrates awareness of the possibility that people may have past experiences of trauma, and uses a trauma-informed approach when responding to a person experiencing a mental health crisis
- Demonstrates an understanding of the need to balance the dignity of risk with concern for safety
- Recognises common signs of distress and escalating situations
- Activates responses for defusing tension, managing crisis situations and preventing further deterioration, in line with how the person wants to be supported and in accordance with organisational policy and procedure

- Supports the person to develop coping strategies for future crises, including development of a safety plan which outlines the person's preferences for actions to be taken in times of crisis
- Understands how, when and where to seek additional support and advice when concerned about a person's self-harm or suicidal ideation, including clinical mental health services
- Follows up with, and ensures the safety of, the person after a critical incident
- Utilises reflection, debriefing and self-care following a critical incident

## Social Determinants of Mental Health

- Understands the social, historical and structural conditions which shape the context in which people live, their intersectionality, and how they influence the person's recovery journey including:
  - Housing
    - Supports access to and maintenance of safe, secure and affordable housing
  - Employment/Education
    - Recognises the impact of meaningful work on wellbeing and supports people to access and maintain work or educational opportunities
  - Social inclusion
    - Recognises the link between social inclusion and mental health and wellbeing, and supports people to connect authentically with their community
  - Financial
    - Supports access to financial resources including government benefits and builds financial skills such as budgeting and financial literacy
  - Family violence and intergenerational trauma
    - Understands the link between family violence and mental health and wellbeing, monitors for signs of family violence and responds appropriately

- Recognises that unacknowledged trauma is a risk factor for re-traumatisation of later generations and how this is linked to poor mental health outcomes
- Stigma and Discrimination
  - Is aware of the negative impact of stigma and discrimination on mental health and wellbeing, and actively challenges these entrenched views

### Multi-morbidity

- Understands the link between physical health and mental health and wellbeing
- Promotes a healthy lifestyle including the reduction of risk factors for physical illness
- Supports access to physical healthcare
- Recognises the impact alcohol and other drugs can have on mental health and wellbeing, and supports access to treatment programs
- Has an awareness of all types of disabilities (eg. physical, intellectual, sensory, neurological) and their interaction with mental health and wellbeing

### Collaboration, Coordination and Connection

- Demonstrates in-depth and up-to-date knowledge of local community resources and service providers, including eligibility requirements and referral pathways
- Ensures people are not always referred to other formal services but coached to identify natural supports where possible
- Develops both formal and informal networks and partnerships with other organisations and facilitates multi-agency collaboration through meetings and regular communication
- Engages in shared learning opportunities, both within the sector and more broadly, to enhance practice

## Working with Families, Supporters and Kin

- Understands the central role that families, supporters and kin play in a person's recovery journey
- With the person's consent, genuinely partners with families, supporters and kin, building their capacity to support the person's recovery
- Recognises the impact the carer's role has on families, supporters and kin and supports access to specialised carer services
- Acknowledges and works easily across diverse family configurations, capacities and value systems
- Understands and works effectively within both individualistic and collective cultures

## Evidence-based Practice and Continuous Improvement

- Reads and uses available research, outcome measures and other evidence to inform future practice
- Participates in professional development relevant to role and interests
- Actively participates in supervision, peer review and mentoring
- Engages in reflective practice

## Safety, Professionalism and Ethical Practice

- Abides by relevant professional codes of practice (eg. NDIS Practice Standards)
- Complies with state and federal legislation related to treatment of mental illness, safety, privacy, confidentiality and consent, including but not limited to:
  - Mental Health Act 2016 (Qld)
  - Privacy Act 1988 (Commonwealth)



- Applies the principles and standards of international, national and state human rights law, including:
  - United Nations Universal Declaration of Human Rights
  - The United Nations Convention on the Rights of the Child
  - Racial Discrimination Act 1975
  - Australian Human Rights Commission Act 1986
  - Human Rights Act 2019 (Qld)
- Complies with current child protection legislation and reporting requirements as set out in the Child Protection Act 1999 (Qld)
- Understands legal requirements of restrictive practices as set out in the Guardianship and Administration Act 2000, the Disability Services Act 2006 and the Mental Health Act 2016 and works with relevant stakeholders to minimise their use
- Understands and follows critical incident reporting processes
- Maintains safe and professional boundaries
- Has clear understanding of the limits of scope of practice, recognises when to seek assistance, and refers when needed
- Recognises the impact of stress, burnout and vicarious trauma, and actively uses reflective practice and self-care strategies to mitigate their effects

### Wellbeing Promotion and Population-Based Approaches

- Understands the importance of reducing the risk factors and enhancing the protective factors for mental health and wellbeing
- Plans and implements population-based initiatives that promote mental health across the wellbeing continuum, including providing education and resources to the community
- Challenges stigma and discrimination

- Understands the role and types of advocacy in promoting whole-of-community wellbeing and bringing about systemic change
- Recognises the value of community engagement in promoting mental wellbeing

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