



anf policy

# australian nursing federation

## mental health nursing care

It is the policy of the Australian Nursing Federation that:

1. All health care has a mental health component. The provision of quality health care involves a holistic approach to the client/resident needs which incorporates their psychosocial, environmental, cultural and physical well being.
2. Mental health care includes: promotion of health; prevention of ill health; health maintenance; illness care; chronic disease management as well as rehabilitation; throughout the various life stages of individuals and is specific to each stage.
3. Mental health nursing practice is an essential component in the delivery of mental health services. Qualified mental health nurses have the skills and expertise to provide comprehensive and holistic mental health care.
4. Mental health nursing care is provided in the least restrictive manner by the observance of the rights of persons requiring care and by the provision of care that maximises human liberty and freedom, whilst maintaining the nurses' duty of care without compromising the safety of any person.
5. The philosophy and principles of normalisation and de-institutionalisation in the care of mentally ill persons underpin the provision of adequate and appropriate community mental health care supported by in-patient specialist mental health services.
6. All persons requiring mental health care are entitled to receive care at the facility that best addresses their needs. Health service catchment areas and funding systems should not impede a persons' access to care.
7. Mental health nursing is practised in a variety of settings which include, but are not restricted to psychiatric hospitals, stand alone facilities, in-patient units attached to general hospitals, outpatient facilities, specialist teams in community health centres, supported accommodation facilities, and in the client's own environment.
8. All admissions of an involuntary nature should be to a public facility in the first instance.
9. Mental health nursing practice is conducted in a variety of contexts which includes, but is not restricted to, direct twenty four hour care, community support and treatment, early diagnosis and intervention, crisis intervention, consultation and autonomous practice.
10. Mental health nursing practice may include providing care to persons with co-morbidities (such as, physical illness, drug and alcohol dependence or developmental disability in addition to mental illness or disorder). When the primary care need is for a mental illness, persons with co-morbidities, whatever the setting, must always have access to appropriate mental health care as well as assessment and care of the other physical conditions.
11. Mental health care must be adequately resourced with a funding formula that correlates with the prevalence of mental disorder or mental illness within that area or district and the population profile.

12. Mental health nurses must coordinate or be directly involved in the planning, delivery and evaluation of, all aspects of mental health care to individual clients/residents. Mental health nurses should be included in planning and service delivery at local, state/territory and Australian government levels.
13. Mental health nursing is a discrete nursing specialty offered at the post-graduate level, and qualifications can also be obtained in a variety of ways, including through the VET sector for enrolled nurses.
14. To ensure a current and future qualified workforce, specific mental health nursing courses which include theoretical and clinical components, must continue to be available at post graduate level. Undergraduate nursing courses must also offer core subject material in mental health.
15. Mental health nurses should have access to continuing education appropriate to their area of specialty and supportive of their individual professional development needs.
16. Erosion of mental health nursing positions and / or services in any setting by the employment of other staff categories, however titled, is strongly opposed.
17. Mental health nurses are entitled to provide and receive formal paid clinical supervision in the provision of mental health nursing services.
18. Mental health nurses must have access to career paths which will include clinical, administrative, managerial, education and research streams as well as conversion of post graduate qualifications to nurse practitioner roles in both the public and the private sector.
19. Professional lines of accountability to nursing must always be maintained for mental health nurses regardless of the setting in which they function. This does not preclude functional reporting within non-nursing organisational structures.
20. Mental health nurses, regardless of the setting in which they function, must be covered by nursing awards or agreements and they must have access to membership of nursing professional and industrial associations.
21. With regard to persons to whom the forensic provisions of mental health legislation apply:
  - persons who are not guilty of an offence due to mental illness must be accommodated in an appropriate mental health facility with the consideration of safety issues and not in a corrective services facility.
  - once it is established that a person is unfit to plead due to mental illness in relation to a criminal charge, that person should be treated at a suitable mental health facility, and not in a corrective services facility, until such time as they are fit to plead.
  - a continuum of rehabilitation services should be available, whatever the setting of care with regard to mentally ill persons to whom the forensic provisions of mental health legislation apply.
  - to ensure appropriate care for persons to whom the forensic provisions of mental health legislation apply, post registration educational opportunities in forensic mental health care should be available.

*adopted june 1998*

*reviewed february 1999*

*reviewed and re-endorsed may 2005*

*reviewed and re-endorsed november 2008*