

Criteria and application for Accreditation as a Mental Health Social Worker

Preamble

This document is split into three important sections. Within the first section the Australian Association of Social Workers (AASW) outlines the principles, policies and procedures for the accreditation of Mental Health Social Workers. Accreditation as a Mental Health Social Worker is required to register with Medicare Australia for a Medicare Provider Number. This document represents a further update of the policies and procedures which were originally introduced in 2004, updated in 2011 and 2014.

In 2004, the Australian Government implemented the Enhanced Primary Care Program under which General Practitioners were able to refer patients with complex care requirements to a range of allied health services. Under this initiative social workers were recognised as one of the group of eligible mental health providers. In 2006, the Government introduced the 'Better Access to Mental Health Care' initiative, under which General Practitioners, Paediatricians and Private Psychiatrists could refer to suitably qualified and experienced allied health professionals namely: social workers; psychologists and occupational therapists for the provision of 'focussed psychological strategies'. This document explains the process in which a social worker must undergo, should they wish to be considered by Medicare Australia as 'suitably qualified and experienced allied health professional'.

The second section of this document, is the application form. The application form needs to be submitted to the AASW should a social worker want to apply for Accreditation as a Mental Health Social Worker.

The third section are appendices which are required when completing the application form.

This document comes into full effect from October 2014.

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Definitions

Accredited Mental Health Social Worker (AMHSW)

A social worker, who is a member of the AASW, who meets the Continuing Professional Development goals for the membership year and has achieved accreditation through the AASW by demonstrating that they meet the standards as outlined in the AASW *Practice Standards for Mental Health Social Workers* 2014. The social worker must have had the appropriate pre and post-qualifying training and work experience. Accreditation as a Mental Health Social Worker allows a social worker to apply to Medicare Australia for a Medicare Provider Number.

Australian Association Of Social Workers (AASW)

The AASW is the professional representative body for social workers in Australia. The AASW was formed in 1946 and is registered under the Corporations Act. Among its existing functions the AASW assesses social workers on behalf of the Federal Government, to regulate the profession and decide which social worker is eligible to provide services through Federal programs such as Medicare and the Department of Veteran Affairs.

Continuing Professional Development (CPD)

Continuing Professional Development is how AASW members maintain, improve, broaden and develop their skills, knowledge and expertise. CPD is an ongoing process throughout a social worker's career, informed by changing practice environment, professional domains, new evidence and community need. Interested applicants for accreditation as a Mental Health Social Worker must meet the Accredited Mental Health Social Worker CPD goals. Accredited Mental Health Social Workers (AMHSWs) must also maintain the AMHSW CPD goals annually.

Fields of practice

Fields of practice are either particular areas of practice such as: mental health, rehabilitation or practice which focuses on a particular client group such as: at risk children; persons with a disability.

Full time equivalent (FTE)

The AASW recognises that full time employment equates to 38 hours per week, for 48 weeks per year. The AASW requires applicants for accreditation as a Mental Health Social Worker to have at least 2 years full time employment experience in the required setting. The AASW is aware that many social workers are employed on a part time basis, so in order for a social worker to meet the two year full time employment requirement, they can demonstrate full time equivalence. For example a social worker is employed for 15 hours per week, the social worker would need to work for 5 years, at 15 hours per week, to meet the 2 year full time equivalence requirement.

Focussed Psychological Strategies (FPS)

Medicare Australia has approved a range of evidence based strategies, for use by allied health professionals including social workers. These strategies include:

1. **Psycho-education (including motivational interviewing)**
2. **Cognitive behavioural therapy (CBT) including:**
 - Behavioural interventions
 - Behaviour modification
 - Exposure techniques
 - Activity scheduling
 - Cognitive interventions
 - Cognitive therapy.

3. Relaxation strategies

- Progressive muscle relaxation
- Controlled breathing.

4. Skills training, which includes:

- Problem solving
- Anger management
- Social skills
- Communication
- Stress management
- Parent management.

5. Interpersonal therapy

There is also flexibility to include narrative therapy for clients of Aboriginal and Torres Strait Islander descent.

Knowledge for practice

This is commonly used to mean knowledge from all intellectual and professional disciplines that is regarded as an integral part of social work education.

Mental disorder

As outlined by Medicare Australia a mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional and social abilities. This includes:

- Chronic psychotic disorders
- Acute psychotic disorders
- Schizophrenia
- Phobic disorders
- Adjustment disorder
- Unexplained somatic complaints
- Depression
- Sexual disorders
- Conduct disorder
- Bereavement disorder
- Post-traumatic stress disorder
- Eating disorder
- Panic disorder
- Alcohol use disorder
- Drug use disorder
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit) disorder
- Enuresis (non organic)
- Obsessive compulsive disorder
- Mental disorder, not otherwise specified.

Mental health

A state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing and optimise opportunities for development and the use of a person's mental abilities. Mental health is not simply the absence of mental illness. Its measurement is complex and there is no widely accepted measurement approach to date. The strong historical association between the terms 'mental health' and 'mental illness' has led some to prefer the term 'emotional and social wellbeing', which also accords with holistic concepts of mental health held by Aboriginal peoples and Torres Strait Islanders and some other cultural groups. Alternatively the term 'mental health and wellbeing' is also used.

Mental health or demonstrably related field

The definition of the mental health field for the purposes of social work is discussed below. Social workers are considered to have worked in the mental health field if they can demonstrate that they have covered the areas outlined in the AASW *Practice Standards for Mental Health Social Workers* 2014. Among other things, this would necessitate social workers showing that they have specific knowledge about mental illness and serious mental health problems. Where the applicant has worked in a field that they consider to be highly related to mental health, the applicant will need to make a case to demonstrate the relevance.

National Mental Health Committee (NMHC) and the Accreditation Panel

The National Mental Health Committee is the collective name given to those AASW members, approved by the Board, to contribute to the goals of the Committee. Committee members are experienced social workers who engage in mental health settings in: public; private; non governmental or academic capacities. There is a sub group of the NMHC who are referred to as the Accreditation Panel. The Accreditation Panel provide advice and guidance to the AASW Accreditation Officer when required. Panel members are Accredited Mental Health Social Workers and have knowledge as well as understanding of mental health social work and related practice standards.

Practice knowledge

The body of knowledge, skills and value stances that have been developed by the profession of social work to inform its work.

Practice setting

Practice setting is the location in which social work practice occurs. Examples are community or inpatient settings, a social work agency or a non government organisation (NGO).

Qualifications to apply for recognition as an Accredited Mental Health Social Worker

Applicants are required to have completed an AASW accredited Bachelor of Social Work or Master of Social Work (Qualifying) for entry into the profession of social work, and to meet the minimum requirements for eligibility of membership of the AASW. Please refer to the AASW website for information concerning AASW approved courses.

Social worker

A social worker is a person who is eligible for membership of the AASW.

Supervised practice

The term supervised practice as used throughout this document is defined broadly. Supervised practice is mental health practice that has been subject to an identified form of professional appraisal. Supervised practice can include a range of activities undertaken to meet the professional development needs and accountability requirements outlined in the AASW *Practice Standards* 2013 and AASW *Supervision Standards* 2014.

Assessment Criteria

This section explains the assessment criteria for accreditation as a Mental Health Social Worker. The assessment criteria should be read prior to completing the relevant application form.

There are 6 criteria/components to the accreditation process. An applicant must:

- Hold current membership of the AASW;
- Have at least 2 years full time equivalent (FTE) post qualifying social work experience in a mental health setting. An applicant must be able to articulate how their experience meets the AASW *Practice Standards for Mental Health Social Workers* 2014;
- Have received at least 2 years full time equivalent (FTE) post qualifying supervision in a mental health field;
- Have met the Continuing Professional Development requirements;
- Demonstrate ability and knowledge of Clinical Social Work Practice;
- Arrange an employer or supervisor to provide a referee statement.

Criteria 1: Membership of the Australian Association of Social Workers

To apply for accreditation as a Mental Health Social Worker, an applicant must be a current member of the AASW.

If you are not a current member, please click [here](#).

Please note only Australian residents can register with Medicare Australia for a Medicare Provider Number.

Criteria 2: Post qualifying social work experience in a mental health setting

The AASW *Practice Standards for Mental Health Social Workers* 2014 are summarised on page 8.

Please click [here](#) to review the full document.

Applicants are required to demonstrate that they have a minimum of 2 years full time equivalent social work practice experience in a mental health or demonstrably related field. Where social work practice experience has been accumulated over an extended period of time, recency/currency of practice needs to be demonstrated, applicants therefore must show that they have the equivalent of 2 years full time in a mental health or demonstrably related role, within the last 5 years.

Whilst this is not intended to be an exhaustive list, the following are prime areas of mental health practice settings:

- Public specialist mental health settings (particularly community based)
- Psychiatric Disability Rehabilitation Support Services
- Counselling services through government agencies such as: Department of Veteran Affairs; Defence Force Australia; non government organisations that specialise in sexual assault, grief, bereavement and or trauma services; government community health; or other relevant services offering treatment and support for clients with a diagnosed/undiagnosed mental health condition. The counselling experience should include a reasonable proportion of work with clients who have high prevalence mental health conditions (ie: depression and or anxiety)
- Private practitioners who have substantial experience with people affected by a mental health condition
- Where an applicant has worked in a field that they consider to be highly related to the mental health field, the applicant will need to make a case to demonstrate its relevance.

At a minimum all applicants are required to explain the link between their practice experience and the AASW *Practice Standards for Mental Health Social Workers* 2014. Only the specific practice standards that are applicable to those applying for accreditation as a Mental Health Social Worker have been outlined on page 8.

Applicants are also required to submit a copy of their current Curriculum Vitae, please refer to checklist at the end of the application form for details as to what specific information to include in your Curriculum Vitae.

Criteria 3: Supervision

Applicants should be able to demonstrate that they have at least 2 years full time equivalent post qualifying supervised practice in a mental health, or a demonstrably related field. Applicants should be able to show that they have been formally supervised, in line with the AASW *Supervision Standards* 2014. To read the full document please click [here](#).

Generally, supervisors should have a higher level of practice experience than their supervisees, and should have some training in supervision. For the purposes of this assessment, the supervisor or employer does not necessarily need to have a social work background, but should have provided the applicant/supervisee with appraisal and assessment in relation to practice in a mental health field (ie: psychologist, medical practitioner or a mental health nurse).

Criteria 4: Continuing Professional Development

Applicants need to demonstrate they meet the Accredited Mental Health Social Worker Continuing Professional Development requirements, as outlined in the CPD policy. This means that an applicant must enter information regarding the professional development activities they have participated in within the current or previous CPD cycle. The CPD cycle runs from the 1st of July to the 30th of June each year.

The AASW recognises various activities as contributing to a social worker's ongoing professional development. Depending on the nature of the activity, the AASW has grouped these activities into different categories. There are three categories, and applicants must demonstrate they have engaged in activity/ies in each of the categories. Overall an applicant must demonstrate they have engaged in at least 50 hours worth of CPD, 20 hours of which must be relevant to mental health and 10 hours must be relevant to Focussed Psychological Strategies.

To read more about the CPD requirements, what activities are considered as CPD and the breakdown of categories please refer to the [CPD section of the website](#).

If you are applying for AMHSW status based on the CPD you have engaged in for the:

- **2015-2016** financial year please access the [updated CPD policy](#).

For further information on how and where to record your CPD, please refer to the [CPD Record User Guide](#).

Criteria 5: Demonstrated clinical social work practice

“Clinical social work practice is a practice specialty within the social work profession which is directed by the person-in-environment perspective. It aims to prevent, restore and ameliorate distress and suffering by providing therapeutic services to individuals, families and small groups. Clinical social work is informed by a wide range of theories (including sociological, psychological, feminist, critical and others) and requires the attainment of specialist competencies through supervised practice and/or post graduate training. Clinical social work functions within and supports the values of the larger social work professions, including a commitment to social justice and human dignity.”

Oosthuysen, K. (2010). Occupational recognition as a predictor of Australian clinical social worker's occupational commitment, identification and turnover intention (PhD Thesis). University of Queensland, Brisbane, pp. 12–13.

Even though social workers may use a variety of interventions, for the purposes of registering with Medicare Australia, a suite of Focussed Psychological Strategies (FPS) has been prescribed for working with people who have mental disorders. FPS are a crucial part of demonstrated clinical social work practice for AMHSWs. Applicants are not expected to be fully trained in all the FPS. It is important for applicants to be able to show that they are able to undertake an assessment of a person with a mental disorder as well as develop a treatment plan. To this end there are six case studies provided in the application form. The applicant is required to analyse two case studies, from the available selection, and must include an explanation why one or more FPS have been chosen and applied. The suggested work count for **each** response is 1500 words.

Criteria 6: Referee statement

All applicants are required to submit a referee statement from an employer or supervisor either past or present. It is necessary for the referee to confirm the claims made by the applicant. The primary purposes of the referee statement is to seek information about the applicant's skills and competencies in practice. The referee statement also needs to verify that you have had 2 years full time equivalent, post qualifying, practice experience within the past 5 years in a mental health or demonstrably related position. If one employer/supervisor is not able to verify 2 years full time equivalent, please arrange for an additional employer/supervisor to complete a referee statement document.

The referee statement form can be found [here](#). Please note that the employer/supervisor may be contacted directly by the Accreditation Officer if further clarification is required.

For the purposes of this assessment, the supervisor or employer **does not** have to have a social work background, but should have provided the applicant/supervisee with appraisal and assessment in relation to practice in a mental health field (ie statement could be from a: psychologist; medical practitioner or a mental health nurse).

Practice Standards for Mental Health Social Workers 2014

(mandatory standards for those applying)

Please note: only the practice standards that are applicable to this application, have been outlined.

1. Values and ethics

- Standard 1.1** Establishes a professional working relationship with the person who has a mental illness or disorder and their significant others
- Standard 1.2** Acts on the social justice issues related to people with a mental illness
- Standard 1.3** Integrates the concept into practice, promoting choice and self determination within medico-legal requirements and duty of care

2. Professionalism

- Standard 2.1** Manages personal workload
- Standard 2.3** Works as professional in: private practice; a member of a unit; and or a multidisciplinary team

3. Culturally responsive and inclusive practice

- Standard 3.1** Understands the way mental illness and mental health are conceptualised in the person's culture of origin
- Standard 3.2** Understands the way mental illness and mental health are conceptualised in Aboriginal and Torres Strait Islander peoples' culture of origin

4. Knowledge for practice

- Standard 4.1** Possesses current knowledge, concepts and evidence based theories of the individual in society
- Standard 4.4** Possesses knowledge of mental health psychopathology
- Standard 4.6** Has knowledge of government mental health policy

5. Applying knowledge to practice

- Standard 5.1** Completes a comprehensive bio-psycho-social assessment and case formulation addressing the physical, psychological and social aspects of the person and their situation
- Standard 5.2** Develops and implements one or more evidence based, therapeutic interventions with the person
- Standard 5.3** Advocates with and for person in relation to rights and resources
- Standard 5.4** Undertakes case management (or a similar function)
- Standard 5.7** Collaborates with other services

8. Professional development and supervision

- Standard 8.1** Maintains a critical reflective approach to social work practice in mental health with the aim of improving currency of knowledge and skills
- Standard 8.2** Accesses the research literature to be informed of the evidence base for professional mental health practice

Assessment process and continuing accreditation

The assessment

The assessment will be undertaken by a designated Accreditation Officer in the National Office of the AASW. The Accreditation Officer conducts a preliminary review of the submitted material, the applicant will be contacted if further evidence is required. The Accreditation Officer reports to a Senior Manager and the National Mental Health Committee. The Accreditation Officer may seek advice from the Committee's Accreditation Panel if required.

Assessment outcomes

Possible assessment outcomes:

- **Successful:** If the applicant clearly meets all the assessment criteria, they will be notified by email and granted accreditation as a Mental Health Social Worker. The applicant may then apply to Medicare Australia for a Medicare Provider Number
- **Further review:** If the Accreditation Officer determines that further information is required, the applicant will be notified. In some instances the application may be referred to the National Mental Health Committee's Accreditation Panel for further appraisal
- **Does not meet the requirements:** If the applicant is determined as not yet meeting the requirements, the Accreditation Officer will contact the applicant and provide advice on the professional development or practice experience that will facilitate the applicant obtaining accreditation in the future. The applicant will be refunded the accreditation cost associated with the fee. Please see the fee structure on page 10 for further details.

Duration and maintenance of accreditation

Following a successful assessment outcome, the applicant will receive certificates from the AASW confirming accreditation as a Mental Health Social Worker. The applicant may apply to Medicare Australia for a Medicare Provider Number and will need to send in the certificate of accreditation as a Mental Health Social Worker as confirmation. Accreditation as a Mental Health Social Worker will remain valid until the end of the current membership (financial) year. Accredited Mental Health Social Workers will thereafter need to renew their accreditation annually.

To maintain accreditation, AMHSWs will need to maintain their status, through completion of CPD requirements. This involves completing at least 50 hours CPD per membership year, including accruing 20 CPD hours specific to mental health and 10 CPD hours specific to Focussed Psychological Strategies. AMHSWs must retain supporting documentation for all CPD activities. You do not need to submit this evidence to the AASW unless you are selected as part of a random audit. For further information regarding the CPD requirements please click [here](#).

Appeals process

Applicants may appeal to the Chief Executive Officer against an assessment outcome. Appeals for reconsideration may be made on the following grounds

- improper procedure OR
- new evidence

An applicant must lodge an appeal within 30 days of the original notification of the assessment outcome decision. The appeal must be lodged in writing to the Chief Executive Officer of the AASW.

Withdrawal of accreditation

If a member resigns from their membership or membership is withdrawn for any reason, the member's accreditation to practice as a Mental Health Social Worker will also be withdrawn and subsequently Medicare Australia will be notified by the AASW. Medicare Australia has registration requirements that include an obligation on the registrant to inform them if accreditation as a Mental Health Social Worker ceases or

membership lapses.

All members of the AASW, including AMHSWs must comply with the AASW Code of Ethics. If the actions of an AMHSW compromise the expectations set out in the Code of Ethics, accreditation may be forfeited.

Fee structure

The following fee structure will apply:

- Assessment accreditation fee – this fee is for social workers lodging an application for accreditation as a Mental Health Social Worker. The fee, covers two separate costs. The first, incorporates the cost of conducting the assessment, this equates to \$470. The second, is the accreditation membership cost, which annually equates to \$200. If an applicant applies between May to December, the full fee amount is required (assessment cost plus full accreditation membership cost) this amount equates to \$670. Membership for the upcoming new financial year opens 1 May, this is why the full fee starts from this date. If an applicant applies between January to the end of April, the amount required incorporates the assessment cost plus half the accreditation membership cost, therefore the required amount during this time will be \$570. Both amounts are inclusive of GST. Should an applicant not meet the requirements, the accreditation membership cost will be refunded (either \$200 or \$100 depending on the time of year).
- Once accreditation as a Mental Health Social Worker has been granted, AMHSWs have to maintain their accreditation membership annually. The annual accreditation fee is in addition to normal AASW membership. The accreditation fee is \$200, inclusive of GST. This amount is required at the same time as normal membership renewal (end of each financial year). When AMHSWs pay the accreditation fee they are asked to confirm that they have met the AMHSW Continuing Professional Development requirements. It is the responsibility of the AMHSW to maintain their AASW membership, their AMHSW membership and CPD. Should an AMHSW fail to maintain any of these, accreditation will be cancelled and Medicare will be informed.

Application for accreditation as a Mental Health Social Worker

This form is to be completed by the applicant. The applicant must be a qualified social worker who can provide evidence of the following:

1. Current membership of AASW;
2. At least 2 years full time equivalent, post qualifying, social work practice experience in a mental health or demonstrably related field;
3. Received at least two years full time equivalent, post qualifying supervision in a mental health or demonstrably related field;
4. Meets the Accredited Mental Health Social Worker CPD requirements;
5. Demonstrated Clinical Social Work Practice;
6. Referee statement.

Applicant details (please ensure your AASW membership contact details are up to date)

Preferred title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other

Full name:

Prefer to be known as: AASW membership number:

Contact number: Email:

Criteria 1

I have paid my AASW Membership for the current financial year: ☐ Yes ☐ No

Criteria 2

Applicants are required to demonstrate knowledge, skills and experience in clinical social work services in the field of mental health. Please explain in the space provided (or additional word documents if necessary) how your post-qualifying social work practice experience shows that you meet the AASW *Practice Standards for Mental Health Social Workers* 2014, please provide brief examples as evidence of your ability to meet these standards. The Practice Standard indicators have been developed as a guide and example as to how an applicant can meet the individual standard. It would not be expected that applicants respond to each indicator, in their responses. The practice standards indicators can be accessed [here](#). You must have a minimum of 2 years full time equivalent social work practice experience in a mental health or demonstrably related field. If your social work practice experience has been accumulated over an extended period of time, recency/currency of practice needs to be demonstrated. Therefore you must be able to demonstrate that you have the equivalent of 2 years full time in a mental health or demonstrably related role, within the last 5 years. If further space is required, please attach additional sheets of paper. **Only the Practice Standards that are applicable to this application, have been outlined in the following pages.**

1. Values and Ethics

- Standard 1.1** Establishes a professional working relationship with the person who has a mental illness or disorder and their significant others
- Standard 1.2** Acts on the social justice issues related to people with a mental illness
- Standard 1.3** Integrates the concept of recovery into practice, promoting choice and self determination within medico-legal requirements and duty of care

2. Professionalism

Standard 2.1 Manages personal workload

Standard 2.3 Works as a professional in private practice, a member of a unit and/or a multidisciplinary team

3. Culturally responsive and inclusive practice

Standard 3.1 Understands the way mental illness and mental health are conceptualized in the person's culture of origin

Standard 3.2 Understands the way mental illness and mental health are conceptualized in Aboriginal and Torres Strait Islander peoples' culture and origin

4. Knowledge for practice

Standard 4.1 Possesses current knowledge, concepts and evidence based theories of the individual in society

Standard 4.4 Possesses knowledge of mental health psychopathology

Standard 4.6 Has knowledge of government mental health policy

5. Applying knowledge to practice

- Standard 5.1** Completes a comprehensive bio-psycho-social assessment and case formulation addressing the physical, psychological and social aspects of the person and their situation
- Standard 5.2** Develops and implements one or more evidence based, therapeutic interventions with the person
- Standard 5.3** Advocates with and for person in relation to rights and resources
- Standard 5.4** Undertakes case management (or a similar function)
- Standard 5.7** Collaborates with other services

8. Professional development and supervision

- Standard 8.1** Maintains a critical reflective approach to social work practice in mental health with the aim of improving currency of knowledge and skills
- Standard 8.2** Access the research and literature to be informed of the evidence based for professional mental health practice

Please attach additional pages if required.

Criteria 3

Please provide details of your experience receiving supervision. This table should show at least two years full time equivalent supervised social work practice in a mental health or demonstrably related field.

Supervisor's name, qualification and their role	Type of supervision: specify as to whether it was typically individual, group, or peer consultation	Topic and focus of the supervision	Period of supervision (start month and year and end month and year)	Frequency of supervision including number of sessions held and number of supervision hours

Please attach additional pages if required.

Criteria 4

Please see the requirements section of this document for details regarding Continuing Professional Development (specifically Page 2 and 6). Applicants are required to input details regarding the professional development they engaged in, for a financial year period referred to as a CPD cycle, this cycle may be the current or previous financial year. Applicants should record this information using the online system "My CPD Record" which is accessible through one's AASW membership. Please refer to the CPD Record [User Guide](#) for details regarding how to record your professional development.

Have you met the AMHSW Continuing Professional Development requirements?

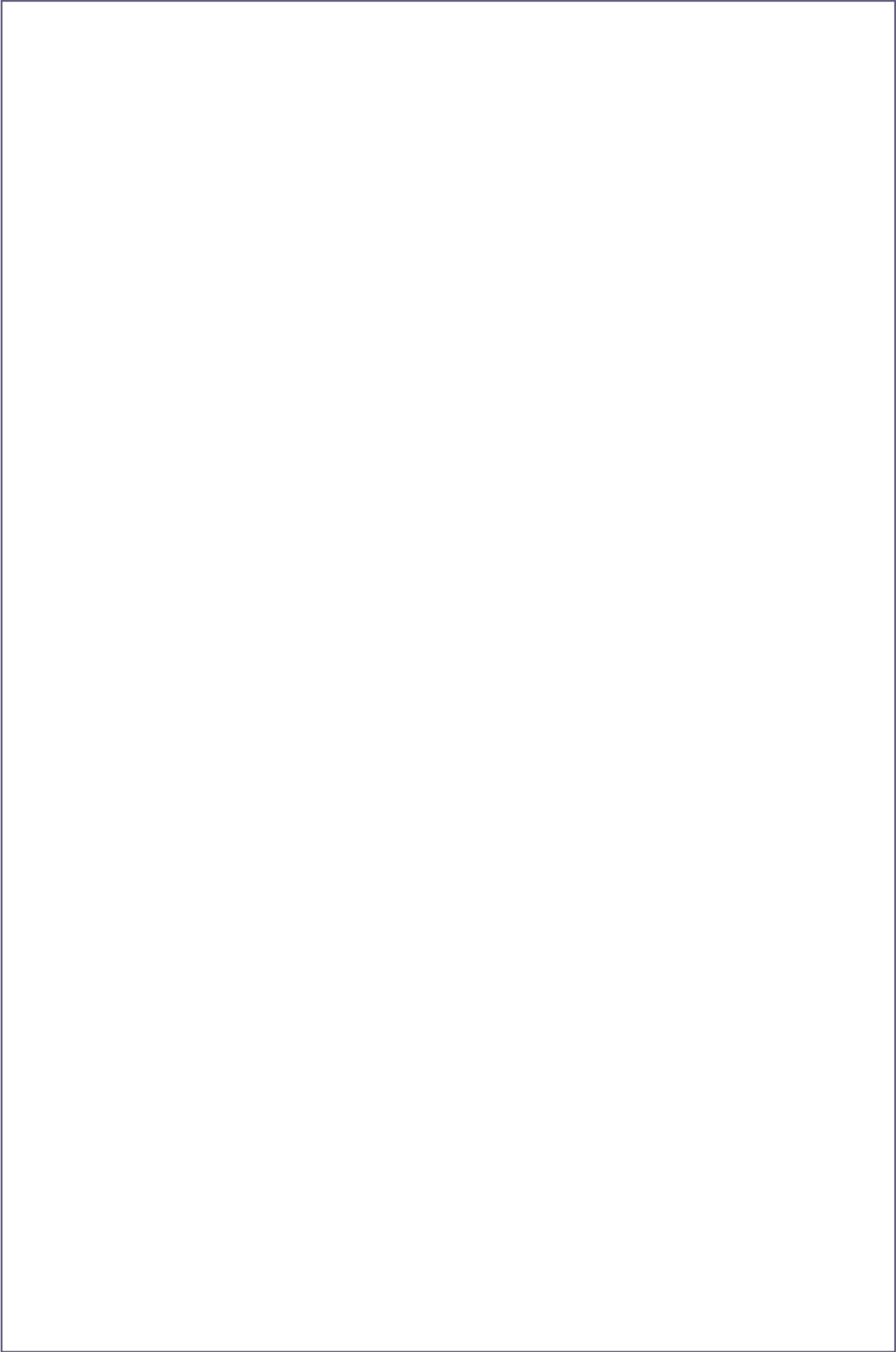
☐ Yes ☐ No

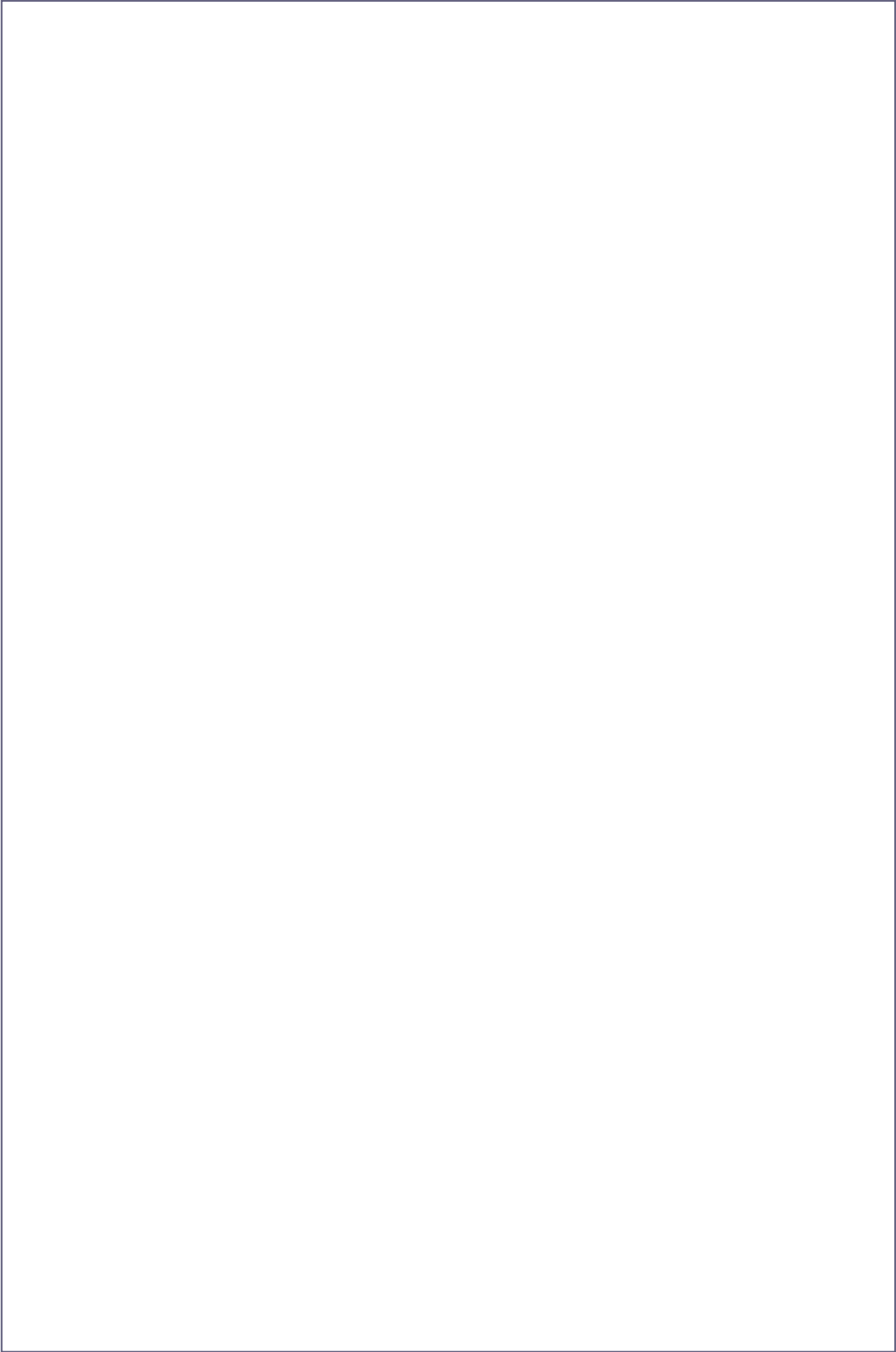
(If no, you need to meet these requirements, prior to submitting this application)

Criteria 5

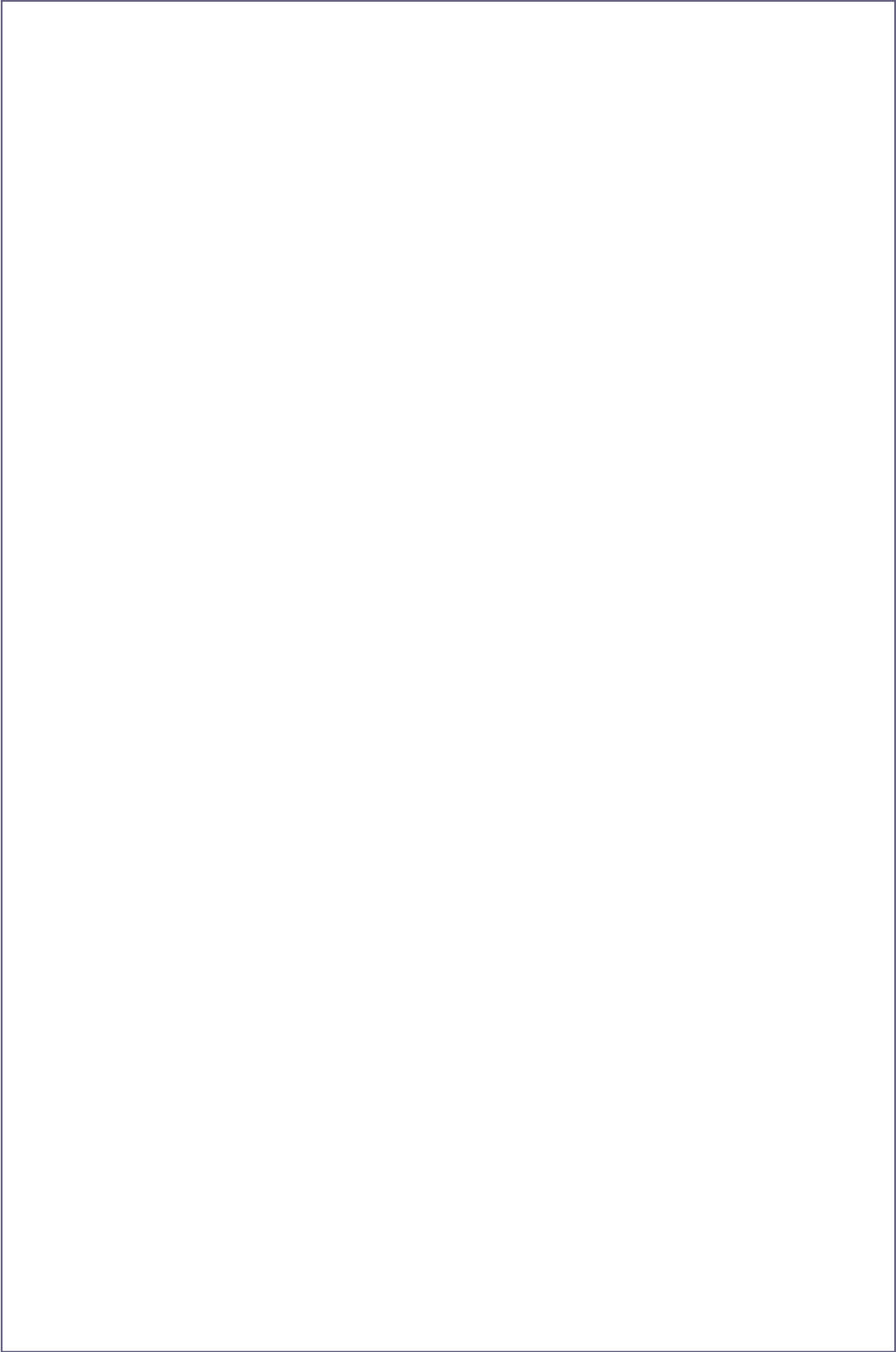
Applicant's are required to select and provide an analytical response to two of the case studies provided. Please refer to the appendices for instructions and case studies. The suggested word count for **each** response is 1500 words. Minimal space has been supplied in this application, please attach additional pages if required.

Case study title 1:





Case study title 2:



Payment of fee:

Please indicate how you would like to pay, please see page 10 for details regarding fee amount:

☐ Cheque or Money order

Payable to the; Australian Association of Social Workers

Please attach cheque or money order securely to your application if submitting together

☐ BPAY

An invoice will be emailed to you with BPAY codes, once your application has been submitted

☐ Online when submitting application

☐ Master card

☐ Visa card

Credit card number:

Expiry:

CVV:

Amount payable:

Cardholders name:

Cardholder's signature:

Checklist: to be completed once you have finished your application

- ☐ I have read the requirements section of this document (Page 1 to 10)
- ☐ I have answered all application questions and have provided responses to case studies
- ☐ I have recorded the professional development I have engaged in for the financial year using 'My CPD Record' and I meet the Accredited Mental Health Social Worker CPD goal requirements for that time period.
- ☐ I have attached my Curriculum Vitae that includes the following:
 - The date in which you graduated from your social work qualifying program and the university name
*Please note evidence of completion of social work qualifying program may be requested by the Accreditation Officer, should the AASW not already have access to this information.
 - Details regarding any post graduate studies you have completed
 - Details regarding any post qualifying (and pre qualifying in relevant) social work employment including:
 - title of position held,
 - full time equivalence for position (0.8 FTE if you worked 30 hours per week)
 - key roles and responsibilities (specify clinical aspect of the role if any)*Please note a position description document may be requested, if roles and responsibilities are not clear to the Accreditation Officer
- ☐ I have attached, or my supervisor has submitted separately the completed referee statement
- ☐ I have paid or have provided details to pay the assessment accreditation fee.
- ☐ (Optional) I would like to register for the AMHSW Collective Trade Mark (Trade Mark will become active only if application is successful).

We can only assess complete applications. If any of the above listed/requested information is missing from your application - this will delay processing!

Applicant's declaration and consent

I declare that:

1. The information I have supplied on this form and any attachments is complete, correct and up to date. I understand that any misleading statement or omission may cause my application to be rejected
2. I undertake to inform the AASW of any changes to my circumstances (e.g. address)
3. I authorise and consent to the AASW making any enquiries necessary to assist in the assessment of my qualifications and work experience and to use any information supplied in this application for that purpose
4. If assessed as meeting the requirements for mental health accreditation, I will adhere to meeting the ongoing membership requirements for the AASW and mental health accreditation
5. I understand that the AASW is responsible for the ongoing monitoring of my eligibility for AMHSW status. I consent to the AASW conducting random audits of AMHSWs Continuing Professional Development. The AASW will inform Medicare Australia, should my AMHSW accreditation be temporarily suspended or permanently removed.

Name of applicant:

Signature:

Date:

How to lodge your application and supporting documentation:

Email: mental.health@asw.asn.au OR
Upload to: www.asw.asn.au OR
Post to: AASW, Mental Health Team
PO Box 2008
ROYAL MELBOURNE HOSPITAL VIC 3050

Appendix 1: Instructions regarding case studies for criteria 5

Assessment:

The purpose of the assessment for accreditation as a Mental Health Social Worker is to determine your ability to understand a client's presentation. For example:

- ability to analyse the influence of contextual factors in the person's life and their psychosocial functioning;
- understanding and management of risks (if any) faced by the client;
- arrival at formulation/s as to how to proceed and make or confirm a diagnosis or diagnoses.

In your chosen case studies the AASW require you to explain what your assessment of the client's presentation would be and your rationale for this assessment.

Treatment planning and use of Focussed Psychological Strategies:

To demonstrate your clinical social work practice skills we require you to develop a treatment plan. This is used to show us how you would work with the client to:

- determine their needs
- establish the influence and priority of factors affecting their mental health condition
- establish the goals of treatment with the person and preferred strategies to achieve them
- identify and mitigate potential risk factors

Treatment planning also includes choosing the appropriate FPS. In your chosen case studies you are required to explain:

- What is the relevant FPS for the mental health issue and why?
- What would you expect to change in a person's management of/improvement in their mental health condition
- Any other elements of your treatment plan

PLEASE NOTE: The way you format your responses is up to you as the applicant, as long as your response includes the above requested information your case study will be reviewed and scored by the Accreditation Officer. The applicant must satisfy core requirements to be successful. Formatting is not included in the overall scoring, as long as a response follows a logical sequence.

Appendix 2: Case studies for criteria 5

The following case studies are based on real circumstances but the names and some details have been changed to ensure anonymity.

Case study 1: Alyssa

Alyssa is a 14 year old female who has recently moved from Brisbane. Alyssa and her mother (Diane, 33 years old) had moved to Brisbane for Diane's temporary job. Diane and Alyssa then moved back to their home town, once the Brisbane position ended. Diane was able to return to her original position. Alyssa has been self harming and has strong suicidal ideation and describes feeling abandoned by her mother. Alyssa reports that her mother, Diane, spends all her time either at work or with her boyfriend. This is Diane's first relationship, since Alyssa was born. Alyssa tells you that 'the boyfriend' is totally wrong for her mother, Alyssa thinks he is too old and that he is just using her mother. He is in between houses having sold one and not yet purchased another and her mother has allowed him to move into their home. Alyssa tells you that he uses her bathroom and that disgusts her. Alyssa reports that she misses her friends from her school in Brisbane and doesn't really have any friends locally despite having lived in the town most of her life. She tells you when she returned she didn't stop talking about how she missed her Brisbane friends and as a result the 'old friends' told her to go away. Alyssa also informs you that her grandparents are not interested in her at all and whilst her mother, Diane, has lots of friends and family she does not feel that any of them including her mother care about her at all. Alyssa also has serious issues relating to how she views herself. Alyssa states that she is "short, fat and ugly". Alyssa is about 5 foot tall, attractive, slightly over weight but not obese. Alyssa moves slowly, displays little expression facially and struggles to make eye contact. There is no reported history of family violence or child sexual assault, there is also no evidence to suggest she was neglected as an infant.

Case study 2: Sanjeev

Sanjeev is a 32 year old man, of Indian descent. Sanjeev has been living in Australia for the last 5 years. Sanjeev moved to Australia to study marketing and business in Sydney. Sanjeev was referred to you by the General Practitioner in the same building as his migration lawyer in the CBD. These two professionals are very concerned about Sanjeev's mental state. The referrers have told you that Sanjeev has just received news that his appeal to the Refugee Tribunal has been refused. Sanjeev originally applied to the Immigration Department for protection as a refugee in Australia. This application was denied, so an appeal was raised to the tribunal to seek a reversal of the earlier decision. Sanjeev applied for protection in Australia on the grounds that he is gay and therefore liable to persecution and harassment if he was to return to India. The referrers report that Sanjeev has been depressed and anxious whilst waiting to hear from the tribunal. Since the news from the tribunal, the migration lawyer reports that Sanjeev has presented as tearful, angry and threatening to harm himself rather than return to India. The migration lawyer advises you that this outcome is not inevitable as there are grounds to make a final appeal directly to the Minister for Immigration. The process might take several more months. Sanjeev has said that he is willing to see you, and accepts an appointment in your private practice the following day. The day of the appointment, Sanjeev arrives 20 minutes early. He bursts into tears and sobs uncontrollably as soon as he sits in your consulting room. When Sanjeev composes himself he responds to your invitation to talk about why he is here. He says he can't return to India because his parents want him to get married. He says he cannot marry a woman because he is only sexually attracted to men. His parents do not know this about him and would not accept it if they did. He says it would bring great shame on them and that he would be shunned and threatened with violence if it was revealed. He says he could not pretend to love a woman and this would be very unfair and hurtful for her and her family. He says he has been aware of his same sex attraction since boyhood. In his early 20s he began to arrange to come to Australia to study because his parents were talking about arrange a suitable bride for him. Since coming to Australia he has learned about the social identity of "gay man". Sanjeev reports that he met some other Australian gay men while out at 'sex on premises' venues and had some short terms relationships. Sanjeev explains that he has 'seen' some Indian gay men also but is hesitant to connect with them for fear they may know his family back in India. Sanjeev describes that he lives in a share household with three other Indian men and none of them know about his sexuality. Sanjeev says he feels lonely. Sanjeev reports that he practices safe sex most of the time. Sanjeev has no immediate plans to self harm however mentions suicidal ideation by throwing himself in front of a train.

Case study 3: Gina

Gina is 26 years old and has two children aged 3 and 5. Gina was hospitalised after a recent suicide attempt when she took multiple overdoses of prescription medication whilst intoxicated with alcohol. This is Gina's second suicide attempt in the last 2 years. Due to lack of resources at the hospital, Gina has been discharged with a referral to see an Accredited Mental Health Social Worker (you). Gina ran away from home at the age of 15 following a fight with her sexually abusive stepfather, who had been abusing her since she was 8. Since leaving home, Gina has had several unsuccessful relationships with violent men. The father of Gina's children is also physically abusive, and has sporadic contact with Gina and the children. Gina does not work and receives Centrelink benefits. Gina is known to be verbally abusive at times and her arms bear marks of self-mutilation. During Gina's recent hospitalization, she expressed to the doctor feelings of: alienation, abandonment, self-hatred, shame, despair and guilt. Gina fears that her children and her own needs will never be met.

Case study 4: Simon

Simon a 32 year old Aboriginal man, was admitted to the psychiatric ward of the general hospital in Alice Springs 4 weeks ago. The hospital specialist (multi disciplinary) team discharged Simon on the basis that Simon attend regular appointments with his GP. The hospital specialist team had liaised with Simon's GP (prior to discharge) and arranged a follow up appointment for Simon with a local Accredited Mental Health Social Worker. Simon presents for the appointment with you (the local Accredited Mental Health Social Worker). Simon describes that for the past 6 months, he has been hearing voices and is regularly visited by the spirits of his dead parents. Before Simon started hearing voices, he was employed as a truck driver. Simon found it difficult to maintain work when he started hearing voices, so he quit his job and now stays at home. Simon has been receiving care from his extended family, he has neglected his personal hygiene and has been known to become violent from time to time.

Case study 5: Judy

Judy is a 78 year old woman of Indo-Dutch heritage. Judy moved to Australia, from Indonesia in her twenties. When Judy moved to Australia she did not speak any English. Judy married an Australian man whom she had met in Indonesia. Judy and her husband had 3 children. Judy's husband passed away 3 years ago. Judy's eldest daughter, aged 56, is gay and has two children with a former partner. This daughter lives in remote Western Australia. The middle child, a son, lives some 150km away from Judy, and has an acquired brain injury (ABI). This son is constantly in and out of relationships and has children to various partners. Judy's youngest son lives in Darwin and is married with two children. Judy tells you that she is in regular contact with her three children, but has not seen her grandchildren for quite some time and feels that she won't have contact with some ever again, as a result of conflict between the parents and this distresses her. Judy also adds that she has previously decided to sell her home and move over to Western Australia to live with her daughter. Judy fears that if she makes a move then she will be a burden and doesn't want to affect her daughter and her family's life. Judy is also reluctant to move too far away from her son with an ABI. Judy tells you that she is involved with a church locally, the church have extreme views on homosexuality and she struggles with this. Judy describes wishing that she wouldn't wake up and dreads each day that she does. Judy has a number of age related health complaints. Judy also describes feeling that her life has no purpose and feels that all the friends she has are only her friends when they want something from her.

Case study 6: Jack

Jack is a 12 year old, who attends your private practice rooms with his father (Karl) because Jack is having difficulties at school. Karl is a single parent, and advises that in the past few years, they have had to move numerous times due to work and as a consequence Jack has had to move schools. Jack rated in the top 15% for the state in the last NAPLAN test however, recently Jack has indicated he is struggling with maths now that he is in high school. Jack tells you that his teacher writes quickly on the board and rubs this off before he has had the chance to copy things down. Jack advises that he is struggling to pay attention to what is being said and what is being written and finds himself going 'blank' as if there is nothing in his head at all. Jack tells you that they are studying algebra and he cannot make sense of it at all. Karl, mentions to you, that Jack has exceptional reading and comprehension skills, and can read large novels in a short period of time and accurately describe the content. Karl wonders if he should consider home schooling Jack as he seems to be able to work well in that setting. Karl explains that Jack's mother died when Jack was a baby. Karl informs you that he has not entered into a new relationship since the death of Jack's mother. Karl has made the decision to

settle in one place so that Jack can have a continuous high school education without interruption. Karl informs you that Jack recently refused to participate in school sports activity day, and Jack also refuses to engage in Italian learning language classes. Jack argues that he had learned a different language in primary and can see no point in learning Italian. Karl later explained that Italian is the language chosen, as in their suburb there is a large number of Italian speaking families. Jack reports that he has made new friends at high school and is not bullied and that he likes most of his teachers.