MENTAL HEALTH & ADDICTION SERVICES
Community Mental Health (CMH)
Whakatane

Position Description	Registered Social Worker
Position:	**19910-092**
Report To:	Clinical Coordinator Community Mental Health
Responsible For:	Nil Staff
Location:	Whakatane
Hours Of Work:	80 hours per fortnight
Liaise With:	Clients and their family/whanau Social Worker Professional Advisor CMH Multidisciplinary teams Psychiatric Inpatient Unit Kaupapa Services Consumer and Family/Whanau representatives Community and statutory agencies Non-government organisations Residential care and accommodation providers Work and Income Employment Agencies General practitioners and other health professionals
Date:	**October 2009**

ORGANISATIONAL ENVIRONMENT

The Bay of Plenty District Health Board has made a commitment to “healthy, thriving communities” and as such seeks the provision of effective, accessible and safe health and disability support services for the people of the district.

Community Mental Health Services is a secondary specialist service contracted to provide psychiatric care to those who experience a serious mental disorder and it provides a twenty-four hour/seven day acute care service as well as ongoing community follow-up during business hours.

A service model is followed that integrates generic and specialist knowledge and skills to support a multi-skilled workforce to work together and do whatever it takes to meet the shared objectives for the benefit of service-users and their families. Each role requires application of core and common case management care delivery functions as well as valuing and utilising specialist social worker knowledge and skills. Acceptance of a position within this team signals a commitment to partnership and collaboration, and a willingness to provide assistance and collegial support as required. Staff is expected to apply skill diversity by adhering to training requirements and taking opportunities to work in varied roles.

The designated case manager for a service user is the primary person for contact and treatment planning and coordination of care, as well as a timely crisis response during business hours for that person. That includes the organisational expectation regarding reporting such as: HONOS, KPP, and relapse prevention plans.

The case manager works within an integrated and eclectic model of care predicated on Crisis Resolution, Strengths and Recovery philosophies that aim to:

- promote the service-user's strengths in managing mental disorder and psycho-social sequelae and
- decrease the destructive potential of mental disorder and
- utilise person-specific risk management and relapse prevention planning in a timely and congruent manner.

The scope of practice may include acute assessment and response and timely management of referrals, ongoing care, review and discharge planning. The case load may include service-users experiencing acute mental disorder as well as those requiring continuing care and includes facilitating:

- Coordination and access to care and ensuring smooth transitions along the care pathway for service-users and their families
- resolution of distress and effective management of mental health issues
- re-integration with family and primary care networks

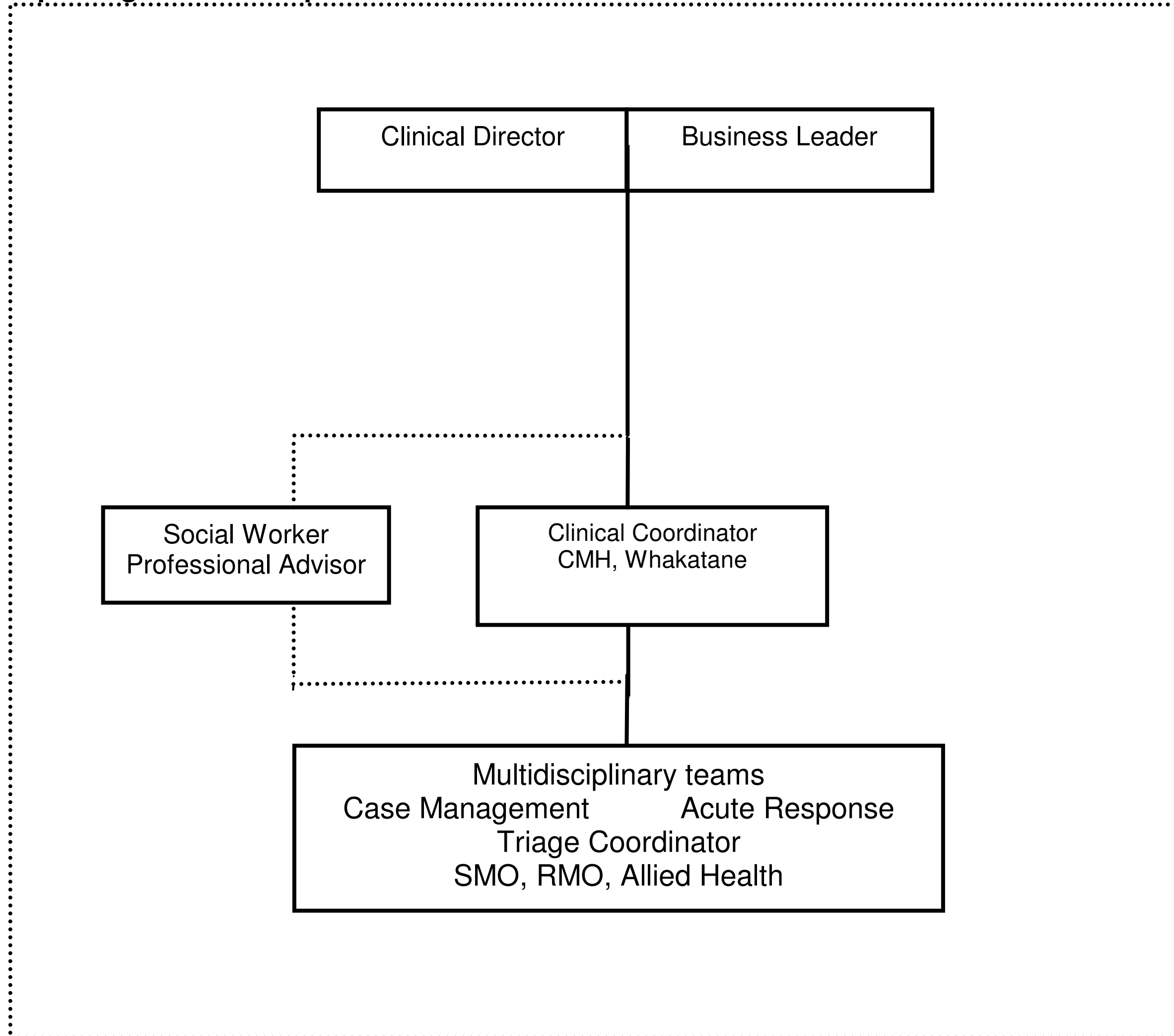
Health Professionals are guided by national strategic service directives such as the New Zealand Health Strategy. National Mental Health Sector Standards, Recovery and Strengths models, as well as local strategic directions outlined within policy, and protocol. The mental health care environment is evolving to meet expectations, priorities and needs of the community and the Health Professional is expected to creatively contribute to, and adapt to service development and quality improvements.

PRIMARY FOCUS

A central focus of this position will be the delivery of high quality mental health services to clients, family/whanau and service providers.

The Social Worker as part of a multidisciplinary team, based in Community Mental Health Service, is responsible for care coordination for those clients on their case load and to provide specialist social worker input to the multidisciplinary team. The latter includes needs assessments and service co-ordination in collaboration with other case managers.

Reporting Relationships



KEY TASKS AND RESPONSIBILITIES:

Key Task 1: Cultural Safety

Care is individually focused and planned in regard to ethnic, cultural, religious and other needs

Key Performance Measures

- Demonstrates a commitment to and active understanding of the Treaty of Waitangi and its application within Mental Health to improve Maori health status
- Demonstrates awareness of the impact of own cultural background, attitudes and values

- » Demonstrates that cultural and spiritual needs of service-users are met with sensitivity, including those of family/Whanau and significant others.

- » Demonstrates that consultation occurs with Maori Health Services in relation to care for Maori service-users as appropriate.

- » Attends relevant Treaty of Waitangi/Bicultural training as arranged via BOPDHB.

Key Task 2: Ethical, Legal and Professional responsibility

Accepts responsibility for ensuring that practice and conduct meet the standards of professional, ethical and relevant legislative requirements.

Key Performance Measures

Adheres to professional standards of practice and Code of Ethics of the Aoteaora new Zealand Association of Social Workers [ANZASW]

- » Is aware of legislation that impacts on mental health and addiction service delivery. This includes but is not limited to the Health Practitioner Competency Assurance Act [2003]; Mental Health (Compulsory Assessment and Treatment) Act [1992]; The Privacy Act [1993]; Health Information Privacy Code [1994); Protection of Personal and Property Rights Act 1988; Health and Disability (Safety) Act [2001]; Health and Safety in Employment Act [1992] and Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003; the Health and Disability Commissioner Act (1994);

- » Considers ethical issues in treatment planning and contributes an ethical perspective to decision-making

- » Demonstrates knowledge of, and accesses policies and procedural guidelines that have implications for clinical care

- » Has a clear understanding of the principles of delegation and accountability and seeks and provides advice and support appropriately

- » Actively engages in and effectively utilises clinical supervision and offers/provides this to clinical staff as appropriate and as per the Mental Health Service Clinical Supervision Policy.

- » Maintains an up-to-date knowledge of care/treatment/research in the area of mental health and ensures that practice is evidence-based.

- » Participates in the in-service programme and commits to own professional development.

- » Maintains BOPDHB and Mental Health Service mandatory certifications and additional clinical skills relevant to area.

Key Task 3: Clinical practice

Demonstrates clinical competency in comprehensive mental health status, psycho social and and risk assessments, interventions and care coordination for all service users on their case load and

needs assessments and service coordination of care through liaison with other services in collaboration with the multidisciplinary team.

Key Performance Measures:

» Demonstrates the ability to manage the environment by assessing risk factors, identifying and implementing strategies to maintain own safety and the safety of service-users and others and to promote client safety, quality of life and independence. Demonstrates a flexible approach and ability to cope with changing situations.

» Demonstrates competence in application of needs assessments and timely reviews for residential care and adherence to national and organisational expectations of notification and documentation

» Facilitates, liaises and works in close collaboration with other case managers, the residential providers and other Non Government Organisations [NGO's], social services, employment services, legal support services and Work and Income Services to enhance maximum positive outcomes for service users.

» Undertakes a timely comprehensive and accurate mental health status and psycho social assessment using suitable assessment tools to inform a provisional mental health and addiction formulation.

» Engages in robust ongoing assessment, management of risk and treatment plan reviews.

» Develops individual treatment plans in collaboration with service-users and their families/whanau/carers that reflect the mental health and disability issues identified at assessment:.

» Incorporates discharge planning as part of the overall care strategy, including relapse planning and/or advance directives, and/or appropriate referrals to internal/external agencies.

» Facilitates and administration of pharmacological interventions and monitoring of adherence, efficacy, and side-effects of same for cases on their case load.

» Maintains contact with service users or case load when they are in the inpatient unit, and attends any relevant treatment planning and discharge planning meetings.

» Ensures that service-users and their carers/ families receive appropriate information and education about their mental health issues and rights and responsibilities in a sensitive manner.

» Demonstrates competence in implementing therapeutic strategies: e.g. knowledge of motivational interviewing, solution focussed therapy, cognitive behaviour therapy, etc.

» Adheres to organisational policy re documentation, clinical records, reporting and statistical data entry.

Key Task 4: Interpersonal relationships, case management and crisis/acute interventions

As the designated case manager for allocated service users, takes responsibility for building of rapport, assessment, treatment planning, interventions, care coordination and facilitation of smooth transitions to access services. The case manager is also the first point of contact for crisis/acute presentations during business hours.

Key Performance Measures:

» Adheres to organisational expectations re case reporting such as HoNos, KPP, and relapse prevention plans.

» Follows the treatment pathway according to organisational policies, which includes assessment, treatment planning interventions, reviews and transfer/discharges. Treatment plans are to offer a range of options to meet services users' needs.

» Establishes and maintains the authentic therapeutic use of self and interpersonal skills as the basis of treatment.

» Refers appropriately to other services or health professionals and follows up on outcomes.

» The Crisis Resolution Model when dealing with acute/crisis demand applies, which includes:

- Giving highest priority to assessment and management of clinical risk.
- Promoting service users strengths in managing mental disorder
- Using person specific risk management and relapse planning.
- Ensuring continuity of service to the point of crisis resolution.
- Seeking clinical consultations as required.

» Attends and actively contributes to monthly social work professional meetings.

Key Task 5: Inter-professional communication, team work and quality improvement

Collaborates with the multi-disciplinary team, and the wider community, to facilitate care delivery and demonstrates a commitment to the principle of continuous improvement at a service and personal level

Key Performance Measures:

Works as an active, positive and supportive member of a multidisciplinary team and engages in a collaborative service delivery approach with colleagues from the team and other Mental Health and Addiction Services across the DHB by using clear lines of communication.

» Demonstrates ability to manage conflict constructively.

- Demonstrates ability to present referrals, crisis/acute and ongoing cases for discussion at multidisciplinary meetings concisely, with attention to all relevant information, and participates in decision-making.
- Acknowledges, respects and utilises skills and knowledge of colleagues within the team and makes own skills and knowledge available to assist colleagues.
- Establishes and maintains networking relationships with Support Net, providers of Disability services, and other relevant government and community agencies.
- Actively contributes to service development and continuous quality improvement initiatives and projects.
- Offers social work perspective to team functioning by looking beyond the illness and treatment issues and considering the broader human, social and political issues in mental health.
- Provides guidance, direction, support and monitoring to students, new graduates, new employees and other health workers.

PERSON SPECIFICATION

Essential

- Membership with ANZASW and a current Practicing Certificate.
- Social Worker degree or level B Social Worker qualification with Mental health experience
- Minimum three years post graduate clinical experience in Mental Health
- Competence in comprehensive assessment, risk assessment, the use of the mental status examination, problem formulation and ability to present within a multidisciplinary team
- Excellent interpersonal skills
- Strong client focus
- Cultural awareness and safe practice
- Current clean motor vehicle drivers licence.

Desirable Criteria

- Post-graduate qualification with a mental health focus
- Previous experience within community based mental health.
- Advanced oral and written communication and interpersonal skills.

- Eligibility for registration with NZ Social Work registration Board
- Computer literacy