



Mental health nursing

It is the policy of the Australian Nursing and Midwifery Federation that:

1. All health care has an inherent mental health component. Holistic nursing and midwifery care incorporates the mental, psychosocial, environment, cultural, spiritual and physical health and wellbeing of an individual, group or community. As such the provision of nursing and midwifery care to all individuals, groups and communities will include an assessment, care plan, interventions and evaluation related to mental health.
2. Best mental health nursing practice is collaborative and consultative with the person requiring care, and includes consumer participation in a supported decision-making framework.
3. For some individuals, groups and communities, mental health care will be the primary or key presenting issue or need.
4. Mental health nursing practice includes: promotion of health and well-being; psychoeducation; prevention of ill health and management of risk factors; early intervention; nursing interventions with a recovery focus on as defined by the individual, and rehabilitation and chronic disease management. These aspects of need are specific to and continue throughout an individuals various life stages.
5. Mental health nursing care includes, with the person's consent, collaboration with other health professionals, family, carers and other support persons nominated by the individual receiving care.
6. Mental health nursing practice is an essential component in the delivery of health services and requires skills and expertise in order to provide comprehensive and holistic mental health care to individuals affected by mental ill health.
7. Mental health nursing is practised in a variety of settings that includes, but is not restricted to public and private specialist mental health services, outpatient facilities, acute health services, alcohol and other drug services, rehabilitation and sub-acute care, prisons and the justice system, primary and secondary schools, maternal and child health programs, specialist child and youth services, primary health including general practice clinics, district nursing and community health centres, supported accommodation facilities, hospitals' inclusive of emergency departments with and without Psychiatric Emergency Care Centres and in the individual's own environment.
8. Mental health nursing practice is conducted in a variety of contexts which includes, but are not restricted to, direct 24 hour care, community support and treatment, early diagnosis and intervention, crisis intervention, consultation and liaison services to primary and secondary health services, and independent private practice. Mental health nursing practice may include providing care to individuals with co-morbidities (such as, physical illness, alcohol and other drug issues, or disability in addition to mental ill health or a mental health condition). Whatever the setting, when the primary care need is for mental ill health or a mental health condition, individuals with co-morbidities must always have access to appropriate mental health care in addition to assessment and care of the other conditions.



9. Mental health nursing care is provided in the least restrictive manner by observing the rights of individuals requiring care. It is essential that the provision of care maximises human liberty and freedom while maintaining the nurses' duty of care so that the safety of the individual and others is not compromised.
10. Mental health nursing practice adheres to the principles of trauma-informed and recovery-oriented practice with a commitment to person-centred care and the development of partnerships.
11. The care of people experiencing mental illness or related conditions is underpinned by the philosophy and principles of recovery and de-institutionalisation in the provision of adequate and appropriate community mental health care supported by in-patient specialist mental health services.
12. All individuals requiring mental health care are entitled to receive care at the facility and in the ward/unit that best addresses their needs. Health service catchment areas and funding systems should not impede access to care.
13. Specialised mental health care requires adequate funding commensurate with the requirements of individuals, groups and communities. The funding needs to be underpinned by service planning at local, state/territory and federal government levels. Mental health nurses must be involved in service planning at all levels of government.
14. To ensure a viable current and future mental health nursing workforce, specific mental health nursing courses that include theoretical and clinical components must continue to be offered 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 practice and supportive of their individual professional development needs.
16. Mental health nurses must have access to career paths that include clinical, administrative, managerial, education and research streams, as well as undertaking post graduate qualifications leading to nurse practitioner endorsement and roles in both the public and private sector.
17. Erosion of mental health nursing positions and/or services in any setting by the employment of other staff categories, however titled, is strongly opposed.
18. Mental health nurses are entitled to provide and receive formal paid clinical supervision in the provision of mental health nursing services.
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, should be covered by nursing awards and/or enterprise agreements and they must have access to membership of nursing professional and industrial associations.
21. Mental health nurses have the right to practice in accordance with the relevant work health and safety legislation.



22. With regard to individuals to whom the forensic provisions of mental health legislation apply:
- a) individuals who are not guilty of an offence due to mental illness must be accommodated in an appropriate mental health facility, with access to mental health nurses, with the consideration of safety issues.
 - b) if it is established that an individual is unfit to plead due to mental illness in relation to a criminal charge, that individual should be treated at a suitable mental health 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 individuals to whom the forensic provisions of mental health legislation apply.
 - c) to ensure appropriate care for individuals to whom the forensic provisions of mental health legislation apply, post registration educational opportunities in forensic mental health care should be available.
23. Credentiailling of mental health nurses and nurses in the area of mental health is opposed as:
- a) separate and often expensive processes of private credentialling provided by professional organisations should not be required or used as the validation mechanism for mental health nursing practice nor for postgraduate qualifications in mental health nursing;
 - b) there is no place in Australia for private credentialling by professional organisations for mental health nursing practice that leads to restrictive employment practices in the area of mental health;
 - c) the Australian public should not be deprived of mental health nursing services whereby organisational jurisdictions other than the NMBA, propose employment arrangements which are open only to individual mental health nurses who are privately credentialled by professional organisations; and
 - d) the preferred approach to recognise those registered nurses with postgraduate mental health nursing qualifications is endorsement by the NMBA. This entails accreditation of postgraduate programs by the Australian Nursing and Midwifery Accreditation Council (ANMAC).

*Adopted June 1998
Reviewed February 1999
Reviewed and re-endorsed May 2005
Reviewed and re-endorsed November 2008
Reviewed and re-endorsed May 2012
Reviewed and re-endorsed May 2015
Reviewed and re-endorsed May 2018
Reviewed and re-endorsed May 2021*

This policy should be read in conjunction with the [ANMF Credentialling for nurses and midwives Position Statement](#).