Continuing Professional Development for Accredited Mental Health Social Workers: An Evaluative Study

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ABSTRACT

This article considers how the Australian Association of Social Workers (AASW) has responded to the recommendations made by accredited mental health social workers in the first national study on continuing professional development needs in 2010. The aim of the study was to ascertain the responsiveness of the AASW to the recommendations made so that members knew if their concerns had been listened to. A five-year timeframe was considered timely for such a review. An evaluative approach was used in August 2015 sourcing data from both public and private domains from 2010 to 2015 to identify, and not appraise or critique, how the AASW had responded to the recommendations in the 2010 review. This is in acknowledgment that there may be other reasons influencing changes made and that these may not be a direct response to the 2010 survey recommendations. The study found that all recommendations made in the 2010 review were responded to by the AASW.

Keywords: *Continuing professional development; Accredited Mental Health Social Worker; Policy and practice*

INTRODUCTION

Given the nature and complexity of social work practice in mental health, social workers require opportunities for high quality professional supervision and access to relevant training programs and post-qualifying courses (Adamson, 2012; Link & Phelan, 2010). Choices of Continuing Professional Development (CPD) are influenced by interests in lifelong learning, professional replenishment, career progression and career change (Nissen, Pendall, Jivanjee, & Goodluck, 2014). However, the focus of CPD is also guided by the expectations of employers, professional bodies and government regulators. Ultimately, CPD decisions remain with the individual social worker who will initiate and maintain CPD learning including record keeping (Blewett, 2011; Cooper, 2011). The aim of this paper is to evaluate the response of the AASW to the CPD recommendations made in the first national survey of accredited mental health social workers (AMHSWs) in 2010. A five-year period seemed timely for review. The review was deemed necessary due to the level of concern members had in 2010 and for members to know if these had been taken seriously. The evaluation identified and described the AASW response rather than appraising or critiquing it, noting that considerable activity has occurred since 2015.

First, policy and practice considerations are discussed followed by a description of the evaluative approach that was used to answer the question: How has the AASW responded to the recommendations made in the review of CPD needs of AMHSWs in 2010? The findings present demographic information on AMHSWs as well as identifying CPD changes that have occurred between 2010 and 2015 in accordance with the 2010 study recommendations.

REGULATION

The regulation of the social work profession in Australia is conducted by the AASW. One of the functions of the AASW is to determine what the mental health educational content in accredited social work programs should be, with this stipulated in the *Australian Social Work Education and Accreditation Standards* (ASWEAS), as well as oversight of CPD requirements for social workers (AASW, 2015). At the time of the evaluation the ASWEAS 2012 version, with 2015 amendments (AASW, 2012a), was in operation with revisions still under way for a further release of the ASWEAS in 2018. Social work is not a registered profession and there are no formal registration requirements. However, a form of national recognition came about in 2004 when the federal government delegated to the AASW the authority to assess social workers who were wanting to deliver services through various federally recognised mental health schemes and, in particular, to provide focused psychological strategies (FPS) under the Medicare Better Access program. Social workers assessed as meeting the requirements to deliver FPS are known as accredited mental health social workers (AMHSWs).

Medicare-approved FPS 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
        - Problem solving skills and training
        - Anger management
        - Social skills training
        - Communication training
        - Stress management
        - Parent management training
5. Interpersonal Therapy
6. Narrative therapy (only for clients of Aboriginal and Torres Strait Islander descent) (AASW, 2014a).

Continuing professional development policy

Since 2004, when the CPD policy for AMHSWs was first introduced, the continuing education requirements for achieving and maintaining AMHSW status have evolved significantly. Several of these CPD changes have resulted from the profession needing to align with the expectations of the federal government in accordance with the National Registration and Accreditation Scheme (NRAS) for the health workforce (Australian Health Ministers' Advisory Council, 2010). Another important rationale for change has been in response to member feedback. The 2010 national survey was the first comprehensive survey of the CPD needs of AMHSWs, providing valuable member feedback, with the results of this survey published previously (Martin, 2014).

At the time of the 2010 national AMHSW survey, continuing professional education (CPE) was calculated on a points-based system with AMHSWs required to engage in 75 points of CPD annually. There were four categories that CPE activity needed to comply with (1) accountability; (2) skill development; (3) gaining new knowledge and information;

and (4) contributing to the development of professional social work knowledge and practice (AASW, 2009). The policy was updated in July 2011 and July 2012 with the latest CPD (previously CPE) policy published in 2015. The current AASW CPD policy groups similar educational activities together into the three categories: (1) supervision; (2) skills and knowledge; and (3) professional identity. This hours-based system includes 10 hours of CPD in FPS (AASW, 2015). To meet the AMHSW CPD requirements, 50 hours of CPD must be completed each financial year (AASW, 2015). This model allows for a wide range of CPD providers that may or may not be endorsed by the AASW. The AASW do not stipulate educational requirements of CPD providers who are not AASW-endorsed. Enterprise training is the main type of CPD both provided and endorsed by the AASW. Enterprise training is focused on the development of units of competency for skill development, critical thinking, problem-solving and inter-professional collaboration specifically tailored to workforce needs (Aveling, 2016).

Pedagogical and practice considerations

The CPD policy has considerable practice implications for AMHSWs. There are considerable time and financial costs involved in undertaking 50 hours of CPD (reduced from 75 points in the 2009 CPE policy) each financial year as well as pedagogical considerations. Time spent on CPD is time away from practice and lost income opportunities while overheads for rental, infrastructure and support services continue to accrue. This is in addition to CPD registration, travel and, sometimes accommodation, costs that can be quite a burden especially for AMHSWs living in rural and remote locations (Martin, 2014).

Concerns have been raised, locally and internationally, about the narrowing of roles and tasks performed by social workers in individual funding models that prioritise psychological services such as those provided under the Medicare Better Access program (Link & Phelan, 2010; Mechanic, 2006; Pilgrim, 2011; Scheid, 2010). The requirement for AMHSWs to complete 10 hours of CPD in FPS each year raises questions of relevance to broader issues of social justice and human rights. It has been argued that all CPD on FPS for social workers needs to be located within a framework that challenges and informs dominant social paradigms (Entwhistle & Peterson, 2004; Martin, 2016; Sobiechowska, 2007).

Gal (2016) argues that it is a false distinction to separate direct practice from advocacy and policy work as both are inextricably intertwined. In her critique of the development of professional knowledge in social work, Hudson (1997) highlights the interplay between different types of knowledge, namely: theoretical, empirical, procedural, personal, and practice wisdom. In mental health the emphasis is on the uniqueness of individual experience of mental illness, meaning-making, relationships and different perspectives (Bland, Renouf, & Tullgren, 2015). A central aspect of social work CPD is reflective practice that focuses on re-appraisal and learning. This reflexivity extends beyond the development of new knowledge and skills to inform a professional non-stigmatising humane approach to social work practice and ultimately the development of practice wisdom (Banks, 2006; Cooper, 2011; Fook, 2007; Link & Phelan, 2010).

Context of continuing professional development

Australian social work has witnessed significant changes in the human services workforce over the past two decades under neoliberal paradigms. These workforce changes are characterised by increased specialisation and greater numbers of private practitioners, para-professionals, non-professionals and volunteers. Care management and individual service planning have increased with professional boundaries becoming more fluid. Further regulation of social work education, qualifying and CPD, has occurred alongside these workforce changes strongly influenced by government and organisational requirements. This increased regulation has seen a decline in professional autonomy and the ability of social workers to use professional discretion in their work and choice of CPD (Blewitt, 2011). In the field of mental health, concerns have been raised about the narrowing of roles and tasks performed by social workers in systems of managed care and individual funding models (Link & Phelan, 2010; Martin, 2016; Mechanic, 2006; Pilgrim, 2011; Scheid, 2010).

Biesta (2016) cautions against neoliberal education systems driven by economic considerations arguing that education extends beyond knowledge and skill development and reflexivity. She contends that the focus of education should be on "sense making" different ways of "being" and ultimately the "becoming of the individual" (p. 8). A focus is on subjectivity and the inclusion of "others" in the person's life. The application of this approach to CPD has the potential to reduce stigma in mental healthcare providers (Mental Health Council of Australia, 2011; Patten, Knaak & Ungar, 2015). More recent, consumer-led initiatives in co-design and peer-support in mental health curriculum support this approach to reducing stigma in mental health service provision (Golightley & Goemans, 2017).

Opportunities for reflective practice are often provided in professional supervision with this contributing to worker resilience (Adamson, 2012; Noble, 2016). Regular and effective professional supervision can increase retention rates, with Chiller and Crisp (2012) arguing that it is "false economy not to allocate sufficient resources for effective supervision" (p. 1). Unfortunately, the focus of internal supervision is often on performance management rather than development and supportive functions (Munro, 2004). This increase in surveillance activities and compliance functions within human service organisations has led to an increased number of social workers seeking external professional supervision (Beddoe, 2012; Hughes & Wearing, 2017). Given the nature and complexity of social work practice in mental health, social workers require opportunities for high quality professional supervision and access to relevant training programs and post-qualifying courses. Doel (2008) argues that financial support from employers to attend CPD and mentoring is important.

A study by Simmons (2014) found that level of education was a stronger predictor of cognitive complexity than age or level of experience. This has implications for assessing the suitable level of offering of CPD activities so that they are targeted at the right audience. Increasingly social work education and CPD is being provided online. While digital technologies increase accessibility, particularly for social workers in regional and remote locations, ethical considerations arise including quality and integrity, academic honesty, privacy and surveillance (Reamer, 2013). Commenting on contemporary and future university education, Peeters and Jandric (2018, p. 12) stress the importance of online technologies and what they refer to as "the creative university as digital public university." According to this model,

universities can create and disseminate new knowledge using multiple online applications, including peer production, and at the same time foster social justice.

METHOD

In mid-2015, six data sources were used to evaluate whether the recommendations made by AMHSWs in the 2010 CPD survey had been responded to by the AASW. These data sources included: (1) the secure private AASW membership data base; and (2) minutes of meetings of the AASW Board. Data sources in the public domain included: (3) AASW CPD policy documents for AMHSWs from 2009 and 2015; (4) member surveys conducted by the AASW in 2013 and 2014; (5) an audit of CPD offerings provided and endorsed by the AASW from 2011to 2015; and (6) resources for AMHSWs on the AASW website including Social Work Online Training (SWOT). These data sources were chosen following consultation with key staff from the AASW responsible for CPD for AMHSWs using a key indicators approach to identify where this information might be found and if it was accessible in AASW records. Only data in relation to accredited mental health social workers were collected. All information collected was directly relevant to the demographic profile of AMHSWs and the recommendations made in the 2010 AMHSW CPD survey. No other information was included.

An invitation for AASW staff collaboration, and for provision of access to relevant de-identified data, was extended by the Head of Social Work at the university where this study was conducted to the Chief Executive Officer of the AASW, who accepted. Confidentiality and privacy were maintained as all of the data retrieved from the AASW membership data base were collected and jointly reviewed by three members of staff from the AASW who had authorised access (including the second and third named authors of this article) for reliability and consistency. These data were accessed in accordance with the provisions in the AASW membership privacy policy and did not include any personal identifying information. The research was deemed exempt from human research ethics approval as it did not include human participants. Only information from members that was published from the 2010 study was included in the study.

Demographic data on the number of AMHSWs according to type of location were categorised using the Australian Standard Geographical Classification (ASGC) system and the postcode remoteness classification system, developed by the Australian Bureau of Statistics (ABS), with this considered to be the most precise method for determining remoteness (Australian Institute of Health & Welfare, 2004). This AMHSW location data were then compared with ABS general population data.

Analysis of data relevant to the 2010 study recommendations was conducted by examining all relevant documents identified that corresponded with each recommendation across the three areas of (1) provision of CPD; (2) information and resources; and (3) marketing and development (Martin, 2010, pp. 7–8).

Documentation was included only if reference was made to both CPD and AMHSWs. This also included reference to keywords in each recommendation in the data source.

It was acknowledged that the changes in CPD policy and practice since the 2010 survey may or may not have been in direct response to the survey recommendations given the regulatory requirements of government and other influencing factors. Study limitations include a records-based study without participation from AMHSWs; information on location is limited to place of residence and not location of practice and postgraduate qualifications do not specify the type of masters degree completed.

FINDINGS

Demographic Information

According to the AASW membership database, in August 2015 there were 1,694 Mental Health Social Workers in Australia accredited with the AASW out of a total membership of 9,187. See Table 1 for demographic information on gender and age and Table 2 for the post-graduate qualifications of these AMHSWs.

Table 1. Gender and Age of AMHSWs in August 2015

Gender	Number and percentage of respondents
Female	1394 (82%)
Male	300 (18%)
Age:	
70 and over	42 (2%)
60-69	392 (23%)
50-59	569 (34%)
40-49	417 (25%)
30-39	191 (11%)
20-29	19 (1%)
Not disclosed	64 (4%)
Total	**1694**

As seen in Table 2, most of the AMHSWs had a masters degree. The database did not record whether this was a qualifying, coursework or research masters. At a minimum, these AMHSWs had a Bachelor of Social Work degree to meet the eligibility criteria for membership and AMHSW status.

Table 2. Postgraduate Qualifications of AMHSWs in August 2015

Postgraduate Qualification	Number and Percentage
Doctor of Philosophy	66 (4%)
Masters	543 (32%)
Graduate Diploma	295 (17%)
Graduate certificate	193 (11%)
Not specified	597 (35%)
Total	**1694**

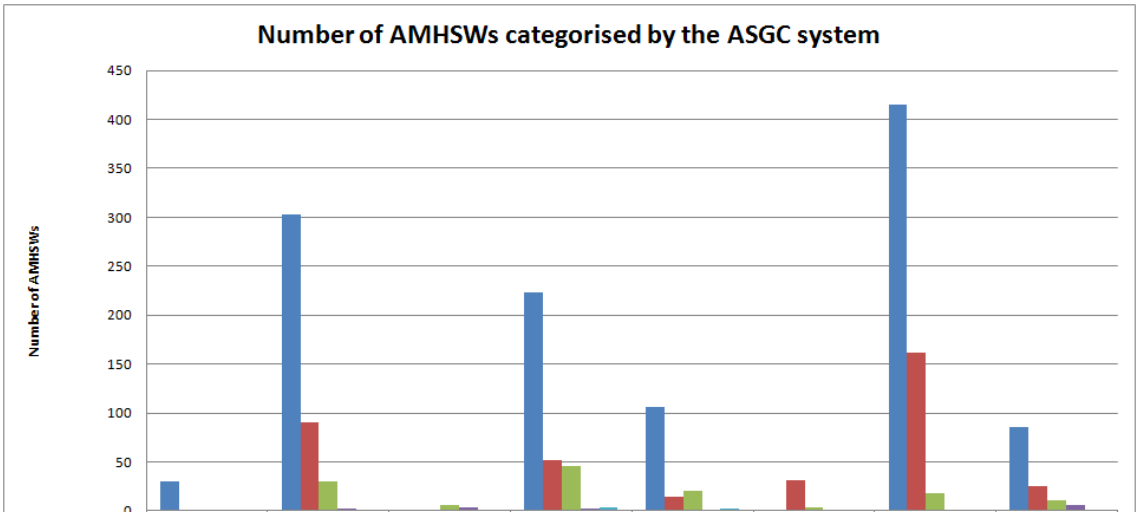
Table 3 reveals that most AMHSWs lived in the state of Victoria, followed by New South Wales, Queensland, South Australia, Western Australia, Tasmania, Canberra, Tasmania and the Northern Territory with one AMHSW residing overseas.

Table 3. Location of Residence of AMHSWs in August 2015

Location of Residence	Number and Percentage
Victoria	595 (35%)
New South Wales	425 (25%)
Queensland	327 (19%)
South Australia	144 (9%)
Western Australia	128 (8%)
Tasmania	34 (2%)
Australian Capital Territory	30 (2%)
Northern Territory	10 (1%)
Outside Australia	1 (0%)
Total:	**1694**

Table 4 takes a closer look at the location of residence of AMHSWs. These data show that, in each state and territory of Australia, the majority of the AMHSWs were resident in major cities or inner regional areas of Australia. Interestingly however, when compared to the general population distribution using the ABS postcode remoteness classification system, the location of AMHSWs is slightly higher in regional and remote areas than the general population (ABS, 2011).

Table 4. Location of Residence of AMHSWs (Metropolitan, Regional and Remote in August 2015



	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
major city	30	303	0	223	106	0	415	86
inner regional	0	90	0	52	15	31	162	25
outer regional	0	30	6	46	21	3	18	11
remote	0	2	4	2	0	0	0	6
very remote	0	0	0	4	2	0	0	0

The recommendations made by AMHSWs in the 2010 national survey according to the three areas of (1) provision of CPD; (2) information and resources; and (3) marketing and development are listed below followed by the AASW response:

1. Provision of CPD

1.1. Provide social work specific CPD in FPS

1.2. Vary the timing of CPD to include both daytime and evening sessions and where possible, consider providing metropolitan CPD training at the beginning or end of the week to increase accessibility for those travelling from regional, rural and remote areas

1.3. Increase social work focused CPD in FPS with specific population groups

1.4. Increase CPD that integrates FPS into strategies underpinned by social work evidence and principles of social justice

1.5. Level of training in FPS in CPD be clearly identified as basic, intermediate or advanced. (Martin, 2010, pp. 7–8)

The AASW Board of Directors has committed to the development of a national curriculum in CPD for AMHSWs and to provide assistance and advice to members on the target audience and level of offering with a commitment to affordability. The Board has also stipulated that the learning objectives for CPD must be clear to any prospective participants, including whether FPS will be taught and requirements of participants (AASW, 2012b). This includes a range of CPD offerings by providers who undergo a quality assessment for endorsement by the AASW that considers target audience, level of experience required by participants, learning objectives and how these will be met, and relevance to social work and FPS (AASW, 2014a).

AMHSWs can also attend other relevant CPD by providers that meet the required categories of CPD criteria of supervision, skill and knowledge development and professional identity (inclusive of 20 hours relevant to mental health and 10 hours of FPS) (AASW, 2015). It is the CPD that is assessed rather than who the provider is. Each state and territory in Australia has an AASW office that arranges CPD seminars on relevant local topics. The audit of CPD offerings shows that, in the state of South Australia, following media reports suggesting social work malpractice in a number of cases involving children, the local AASW branch office ran a CPD event on assessing risk to children.

Results from the 2013 AASW member survey indicated that there was growing AMHSW interest in accessing CPD on human rights and social justice (AASW, 2013). The audit of CPD provision between 2010 and 2015 revealed that, similarly to CPD in rural and remote areas, the provision of face-to-face training in human rights and social justice has not been a cost-effective exercise for the AASW. Typically training scheduled in the past five years has been poorly attended or cancelled due to a lack of, or no, registrations. In response to this training on human rights and social justice has been developed for online delivery on the AASW Social Work Online Training (SWOT) platform launched in 2013. Social justice was a theme of the AASW biennial conference entitled "Social Workers as Leaders and Change Agents" in 2015.

2. Information and resources

2.1. Provide clear definitions and information on CPD and FPS requirements of members

2.2. Publish information on CPD in FPS in the AASW newsletter and professional journal

2.3. Develop the website to provide resources and CPD in FPS listings for AMHSWs

2.4. Increase CPD in FPS available online

2.5. Provide information to AMHSWs on reviews of CPD in FPS. (Martin, 2010, pp. 7–8)

Clear definitions on what constitutes CPD and FPS requirements of AMHSW are provided in the AASW CPD policy (AASW, 2015). Information on CPD is published online in AASW national, branch and AMHSW newsletters with resources for AMHSWs and listings of CPD in FPS available on the AASW website. The AASW advertises AASW and endorsed events on the AASW web events calendar. Articles on CPD for AMHSWs are published in the professional journal, *Australian Social Work* (Martin, 2013, 2014).

Digital recordings of CPD delivered on SWOT are available to AMHSWs without facilities to stream or download content. The first online course on "Mental Health, Depression, Suicide and Substance Use" was developed by the AASW in conjunction with a private organisation, MOAT Mental Health Services, following consultation with AMHSWs (AASW, 2013, 2014b). Information is provided to members on reviews of CPD in FPS in the AASW newsletters as well as journal articles (Martin, 2013, 2014). The AASW Board of Directors has determined that consultation with members on CPD preferences will generally occur on a bi-annual or annual basis (AASW, 2012b).

3. Marketing and development

3.1 Take a pro-active role in accessing relevant CPD

3.2 Broaden the AASW approval of courses in FPS

3.3 Work in partnership with AMHSWs in local communities (especially regional, rural and remote), when planning and providing CPD

3.4 Recognise practice-based CPD and professional supervision as legitimate and important

3.5 Recognise reading and preparing papers as legitimate and important CPD in FPS for assessment and treatment skill development with specific populations

3.6 Develop professional marketing and advertising campaigns so that medical practitioners, mental health practitioners, the general public and the government are well informed of the clinical skills of AMHSWs

3.7 Support Mental Health Professional Networks for multi-disciplinary networking and provision of CPD in FPS. (Martin, 2010, pp. 7–8)

The AASW has pro-actively established a partnership with an online CPD provider who offers AMHSWs discounted access to mental health specific continuing education via SWOT, including courses on FPS. The AASW CPD policy allows for AMHSWs to choose from CPD provided by the AASW, endorsed by the AASW or provided by another supplier so long as it meets the CPD requirements in supervision, skill and knowledge development and professional identity (AASW, 2015).

Professional supervision, including mentoring, coaching and consultation, is recognised as an important CPD activity with 10 hours of supervision required by AMHSWs each financial year (AASW, 2015). The AASW provides a register of supervisors for AMHSWs seeking external supervision. Practice group discussions, reading and presentations are included under “Skills and Knowledge" and "Professional Identity” and also includes conference presentations as well as contributing to public dialogue and advocacy and professional networking (AASW, 2015). Professional marketing and advertising materials have been developed for use by AMHSWs, including a brochure entitled “Information for Clients.” These resources are tailored to multi-disciplinary networking with the role of AMHSWs clearly explained (on the AASW website). The AMHSW newsletter provides information about local “Primary Health Networks” and events.

DISCUSSION

The AASW has met all the recommendations made by AMHSWs in the 2010 national survey to varying degrees. This suggests that member feedback has been taken seriously with changes made where practicable. It is also acknowledged that some changes have been influenced by other factors such as requirements of government regulators. The demographic data reveal that AMHSWs comprise a mature workforce, predominantly females (82%) aged 40 years and over (84%). AMHSWs are well qualified, with 64%

possessing postgraduate qualifications. The AASW CPD policy (2015) and level of CPD offering is in accordance with level of education. This practice is consistent with the findings of Simmonds (2014) that level of education is a better indicator of CPD levels required than amount of experience.

The location of AMHSWs will necessarily impact on service delivery. The higher representation of AMHSWs in rural and remote locations than in the general population potentially has a positive impact on service delivery in geographic locations that are often under-resourced. However, the membership data used in the study were on place of residence only with the location of service delivery not available on the membership database. This is potentially information that could be obtained from Medicare Australia and may be something that the AASW might consider collecting from AMHSWs in the future to gain a better idea of the practice locations of the AMHSW workforce.

The 2015 CPD policy provides much greater clarity around the CPD requirements of AMHSWs than the 2009 CPE policy, with an increased recognition of supervision as a legitimate and important CPD activity (Adamson, 2012; Link & Phelan, 2010). The application process for CPD providers includes a statement of level of offering, objectives, FPS content and social work focus. Given the changing practices that have occurred in the tertiary education sector in recent years due to government regulatory processes under the Australian Qualifications Framework, the AASW may also want to consider asking CPD providers to stipulate capability development (Australian Government, 2017).

An ongoing challenge is how to successfully integrate content on social justice and FPS in CPD for AMHSWs. Given the centrality of social justice to social work education it may be worthwhile for the AASW to consider requiring CPD providers seeking endorsement from the AASW to provide further details on how the CPD activity relates specifically to issues of social justice (Entwhistle & Peterson 2004; Martin, 2016; Sobiechowska, 2007).

The introduction of SWOT, and the increase in AASW-provided and endorsed CPD events, has resulted in a much wider range of accessible CPD for AMHSWs in 2015 compared with 2010. Consideration has also been given to access to CPD by AMHSWs in rural and remote areas with increased online offerings as well as the provision of digital recordings for those who do not have computer or internet access. Marketing is an area that has seen the development of promotional resources specifically for use by AMHSWs following the 2010 survey. The questions remain, however, as to how much the AASW markets AMHSW services and how much this is left to individual members.

LIMITATIONS

A major limitation of this article is that the review of the AASW response to the 2010 survey recommendations has been based entirely on AASW records. It has not included consultation with the AMHSWs to gauge their experience of the changes made and the extent to which the issues raised are resolved or remain a problem. Likewise, current CPD needs of AMHSWs have not been specifically identified beyond the general member CPD surveys. As the study was limited to an evaluation of the AASW response to the 2010 study

recommendations it was deemed appropriate to review AASW records for response details with further consultation with AMHSWs to follow. Information on location is restricted to geographic residence rather than practice location. It would be useful to have further data on where services are being provided including a further breakdown of suburbs in major cities.

CONCLUSION

The intent of the authors was to identify and describe the AASW response rather than critique or appraise it. This review of CPD for AMHSWs in Australia reveals that the AASW appears to have been responsive to the CPD needs identified in the 2010 national survey with all the areas of concern raised addressed to varying degrees, according to AASW records. The AASW has been able to support AMHSWs to engage with a wide range of CPD options for knowledge and skill development, career aspirations and lifelong learning. This is within the context of ensuring compliance with the requirements of government regulatory bodies (including Medicare Australia) as well as voluntary compliance with the national regulatory accreditation scheme (NRAS). Some of the areas identified in the 2010 survey in need of improvement comprise part of a longer-term project including the provision of quality CPD to AMHSWs in rural and remote areas as well as addressing broader structural issues in CPD. The importance of maintaining a focus on issues of social justice and human rights is also highlighted in the literature and recognised as a priority area for the AASW. The ongoing challenge is how to successfully integrate this into CPD offerings on FPS available to AMHSWs. Further research is required on CPD needs from the perspective of AMHSWs, with these findings accessible to members. This is in addition to consultations with consumers and carers so that they can advise on what knowledge and skills they think AMHSWs need to develop in continuing professional education for appropriate service provision.

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References

Adamson, C. (2012). Supervision is not politically innocent. *Australian Social Work, 65*, 185196. doi:10.1080/0312407X.2011.618544

Aveling. (2016). *TAESS00007 Enterprise trainer: Presenting skillset.* Retrieved from http://aveling.com.au/leadership-courses/2016---enterprise-trainer-skill-set.htm

Australian Association of Social Workers. (2009). *Continuing Professional Education Policy* 2009. Bartin, ACT: Author.

Australian Association of Social Workers. (2012a). *Australian social work education and accreditation standards (ASWEAS).* V. 1.4 revised January 2015, Canberra, ACT: Author.

Australian Association of Social Workers. (2012b). Minutes of November Board Meeting, Item 7. Unpublished document. Melbourne, VIC: Author.

Australian Association of Social Workers. (2013). *Accredited mental health social worker survey December 2013.* Melbourne, VIC: Author.

Australian Association of Social Workers. (2014a). *CPD endorsement process and application.* Updated January 2015, Canberra, ACT: Author.

Australian Association of Social Workers. (2014b). *RCHE Final report rural and remote mental health social work CPD project.* Unpublished document, Melbourne, VIC. Author.

Australian Association of Social Workers. (2015). *Continuing professional development policy for members*. Canberra, ACT: AASW.

Australian Bureau of Statistics. (2011). *Australian statistical geography standard correspondences, Postcodes 2012 to Remoteness Area 2011* Canberra, ACT: Author.

Australian Government. (2017). *Australian qualifications framework*. Retrieved from http://www.aqf.edu.au/aqf/in-detail/aqf-levels/

Australian Health Ministers' Advisory Council. (2010). *National registration and accreditation scheme.* Canberra, ACT: National Health Workforce Taskforce.

Australian Institute of Health & Welfare. (2004). *Rural regional and remote health: A guide to remoteness classifications*. AIHW cat. no. PHE 53. Canberra, ACT: Author.

Banks, S. (2008). Critical Commentary: Social Work Ethics. *British Journal of Social Work*, *38*, 1238-49. doi:10.1093/bjsw/bcn099

Beddoe, L. (2012). External supervision in social work: Power, space, risk and the search for safety. *Australian Social Work*, *65*, 197-213. doi:10.1080/0312407X.2011.591187

Biesta, G. (2016). Who's afraid of teaching? Heidegger and the question of education ('Bildung'/'Erziehung'). *Educational Philosophy and Theory*, *48*, 832-845, doi:10.1080/00131857.2016.1165017.

Bland, R., Renouf, N. & Tullgren, A. (2015). *Social Work Practice in Mental Health*, New South Wales: Allen & Unwin.

Blewett, J. (2011). Continuing professional development: Enhancing high-quality practice. In J. Seden, S. Matthews, M. McCormick & A. Morgan (Eds.), *Professional Development in Social Work: Complex Issues in Practice* (pp. 185-191). London: Routledge.

Chiller, P. & Crisp, B. (2012). Professional supervision: A workforce retention strategy for social work? *Australian Social Work*, *65*, 232-242. doi:10.1080/0312407X.2011.625036

Cooper, B. (2011). Careering through social work: Metaphors of Continuing Professional Development. In J. Seden, S. Matthews, M. McCormick & A. Morgan (Eds.), *Professional Development in Social Work: Complex Issues in Practice* (pp.178-184). London: Routledge.

Doel, M., Nelson, P. & Flynn, E. (2008). Experiences of post-qualifying study in social work. *Social Work Education, 27*, 549-71. doi:10.1080/02615470701708768

Entwhistle, N., & Peterson, E. (2004). Conceptions of learning and knowledge in higher education: Relationships with study behaviour and influences of learning environments. *International Journal of Educational Research*, *41*, 407-428. doi:10.1016/j.ijer.2005.08.009

Fook, J. (2007). Reflective practice and critical reflection, in J. Lishman (Ed.), *Handbook for Practice Learning in Social Work and Social Care*. (pp. 363-375). London: Jessica Kingsley.

Golightley, M., & Goemans, R. (2017). Working with vulnerable people: Adults who are long-term service users. In M. Golightley & R. Goemans, (Eds.), *Social work and mental health,* (pp. 205–230). London, UK: Palgrave MacMillan Education.

Hughes, M., & Wearing, M. (2017). Leadership and supervision. In *Organisations and management in social work,* (Eds.), (pp. 123–140). Singapore: SAGE Publications.

Hudson, J. (1997). A model of professional knowledge for social work practice. *Australian Social Work*, 50(3), 35-44.

Link, B., & Phelan, J. (2010). Labelling and stigma. In T. Scheid & T. Brown (Eds.), *A handbook for the study of mental health* (pp. 571–588). New York, NY: Cambridge University Press.

Martin, J. (2010). *Mental health social work continuing professional development report.* Unpublished report prepared for the Australian Association of Social Workers. Melbourne, VIC: RMIT University.

Martin, J. (2013). Accredited mental health social work in Australia: A reality check. *Australian Social Work, 66*(2), 279–296. doi:10.1080/0312407X.2012.675344

Martin, J. (2014). The duality of continuing professional development in mental health social work: Voluntary and involuntary status. *Australian Social Work, 67*(2), 227–239. doi:10.1080/0312407X.2013.829113

Martin, J. (2016). Interdisciplinary professional development for mental health workers: A human rights approach. In T. Norton (Ed.), *Professional development: Recent advances and Future Directions* (pp. 207-224). New York, NY: Nova Publishers.

Mechanic, D. (2006). *The truth about health care: Why reform is not working in America*. New Brunswick, NJ: Rutgers University Press.

Mental Health Council of Australia. (2011). *Consumer and carer experiences of stigma from mental health and other professionals.* Melbourne: Mental Health Council of Australia.

Munro, E. (2004). The impact of audit on social work practice. *British Journal of Social Work*, *34*, 1075-95. doi:10.1093/bjsw/bch130

Nissen, L., Pendall, K., Jivanjee, P. & Goodluck, C. (2014). Lifelong Learning in Social

Work Education: A Review of the Literature and Implications for the Future. *Journal of Teaching in Social Work*, *34*(4), 384-400. doi: 10.1080/08841233.2014.936577

Noble, C. (2016). Towards critical social work supervision. In B. Pease, S. Goldingay, N. Hosken, & S. Nippress (Eds.), *Doing critical social work: Theories in practice* (pp. 39–51). Sydney, NSW: Allen and Unwin.

Patten, S., Knaak, S. & Ungar, T. (2015). Mental illness stigma as a quality-of-care problem. *The Lancet, 2*(10), 863-864. doi: 10.1016/S2215-0366(15)00382-X

Peeters, M., & Jandric, P. (2018). Peer production and collective intelligence as the basis for the public digital university. *Educational Philosophy and Theory.* doi: 10.1080/00131857.2017.1421940

Pilgrim. D. (2011). The hegemony of cognitive-behaviour therapy in modern mental health care. *Health Sociology Review*, *20*(2), 120-133. doi:10.5172/hesr.2011.20.2.120

Reamer, F. (2013). Distance and Online Social Work Education: Novel Ethical Challenges. *Journal of Teaching in Social Work, 33*(4-5), 369-84. doi: 10.1080/08841233.2013.828669

Sobiechowska, P. (2007). Adopting a strategic approach to post-qualifying learning. In W. Tovey (Ed.), *The post qualifying handbook for social workers* (pp. 224–236). London, UK: Jessica Kingsley.

Scheid, T. (2010). Consequences of managed care for mental health providers. In T. Scheid & T. Brown, (Eds.), *A handbook for the study of mental health* (pp. 529–547). New York, NY: Cambridge University Press.

Simmonds, C. (2014). Graduate social work education and cognitive complexity: Does prior experience really matter? *Journal of Teaching in Social Work*, *34*(3), 235–247. doi:10.1080/08841233.2014.936577