

Mental Health Worker interview questions

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What to expect

Interviews for mental health worker roles focus on your ability to build rapport, manage risk and work within a team. Questions often mix behavioural examples with scenario-based problems you might face on shift.

- **Motivation and fit:** Why you want to work in mental health and what draws you to this organisation.
- **Behavioural:** Past examples of supporting clients, working in a team or handling difficult situations.
- **Scenario and judgement:** Hypothetical situations testing your ability to assess, de-escalate and decide when to escalate.
- **Technical knowledge:** Understanding of recovery-oriented practice, trauma-informed care and relevant frameworks.
- **Safety and boundaries:** How you maintain professional boundaries, manage risk and look after your own wellbeing.
- **Teamwork and communication:** Working with clinicians, families and other services.

The interview is usually a single panel with a team leader and sometimes a peer worker or clinician. It may include a written scenario or case note exercise. Expect a mix of conversation and structured questions, with time for your questions at the end.

1. What interests you about working as a mental health worker, and why do you want to join [Company Name]?

Why they ask

Assess your motivation and whether your values align with the organisation.

How to structure your answer

A good answer connects personal motivation to the realities of the role, then links to the organisation's values.

Example answer

"I have always been drawn to supporting people through difficult times. After volunteering at a community centre, I saw how practical support can make a real difference. I completed a Certificate IV in Mental Health and have since worked with clients in a psychosocial support program. I want to join [Company Name] because of your focus on recovery-oriented practice, which matches my belief that clients lead their own journey."

2. Tell me about a time you supported a client who was reluctant to engage with services.

Why they ask

See how you build trust and persist respectfully when a client is hesitant.

How to structure your answer

Use STAR: situation, task, action, result. Keep the focus on your actions and what changed.

Example answer

"Situation: A client had been referred but missed several appointments. Task: I needed to build trust without pushing too hard. Action: I started by meeting them at a café near their home, just to chat. I listened to their concerns and did not push for appointments. Over a few weeks they began to open up. I then suggested a small step, like attending a community meal with me. Result: They eventually agreed to meet a clinician and now attend a weekly group. I documented each contact and kept the

team informed.”

3. A client becomes agitated during a group session and starts shouting at another participant. What do you do?

Why they ask

Tests your ability to stay calm, de-escalate and follow safety procedures under pressure.

How to structure your answer

Give a calm, step-by-step response: ensure safety, de-escalate, follow policy, report.

Example answer

“First, I would calmly ask the client to step outside with me, away from the group, to reduce the audience. I would speak in a low, steady voice, giving them space and not arguing. If they continued to escalate, I would call for a colleague as per our de-escalation policy. Once calm, I would check on the other participants and then document the incident and report to my team leader. I would also follow up with the client privately to understand what triggered it and review their support plan if needed.”

4. What does recovery-oriented practice mean to you, and how have you applied it?

Why they ask

Checks your understanding of a core framework and whether you can put it into practice.

How to structure your answer

Define the principle, give a brief example from your experience, and link to the role.

Example answer

“Recovery-oriented practice means supporting clients to live a meaningful life on their own terms, even if symptoms continue. It is about hope, choice and collaboration. In my current role, I work with a client who wants to return to study. Rather than focusing on their diagnosis, we break down steps like enrolling in a short course and organising transport. I document their progress and celebrate small wins. This approach has helped them stay engaged and build confidence.”

5. How do you maintain professional boundaries with clients, and what do you do if you feel your own wellbeing is affected?

Why they ask

Assesses your understanding of boundaries and self-care, which are critical in this work.

How to structure your answer

Separate the two parts: boundaries first, then self-care. Use a principle, then a concrete strategy.

Example answer

“I maintain boundaries by being clear about my role, not sharing personal contact details, and keeping interactions within service guidelines. For example, I do not accept gifts or social invitations. If a client shares something that affects me, I use supervision and debriefing with my team leader. I also practice self-care outside work, like regular exercise and taking leave when needed, so I can stay present for clients.”

6. How do you work with clinicians, families and other services to coordinate care?

Why they ask

Looks at your communication and teamwork skills in a multi-disciplinary setting.

How to structure your answer

Describe your approach to communication: clear, timely, respectful, and documented. Give an example.

Example answer

"I see coordination as a team effort. I keep case notes up to date in CIMS so everyone has the same information. When a client's needs change, I speak with the clinician promptly and follow up in writing. I also check in with family members where appropriate, always with the client's consent. In one case, I noticed a client was not taking medication as prescribed. I reported this to the nurse and the GP, and we adjusted the support plan together, which helped the client avoid a hospital admission."