



scottishdevelopmentcentre  
for mental health

# **Advanced Practice Development for staff working in children and young people's mental health services**

## **Final Report**

**Margaret Hart**

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## **Scottish Development Centre for Mental Health**

The Scottish Development Centre for Mental Health (SDC) is an independent, not-for-profit organisation that aims to achieve better mental health and wellbeing for people in Scotland. We believe that everyone's mental health is important and that good mental health is everyone's business.

We work all over Scotland for and with all kinds of organisations. We also have good networks outside Scotland. Our clients and partners include voluntary organisations, businesses, health boards, local authorities, national bodies and networks. This breadth and scope means that SDC is ideally placed to bring a vision of the 'bigger picture' of mental health to inform everything we do.

We have an excellent record in seeking people's views about mental health and what affects mental health. We have experience in working with the general public, including children and young people as well as with those who have experience of mental health problems, to help people's voices be heard clearly and promote their participation in decision-making.

### **Project Team**

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## **Introduction**

The Scottish Government has committed to developing education and training at advanced practice level for staff working with Children and Young People's Mental Health Services. In line with this commitment, NES commissioned the Scottish Development Centre for Mental Health to work with key stakeholders in the sector to identify gaps and opportunities in existing educational support in developing advanced practice.

Areas of activity included in the SDC, NES agreement were:

1. mapping current provision of relevant education/training across Scotland
2. facilitating practitioners to conduct a learning needs analysis
3. scoping and establishing how those needs might be met at local, regional and national levels
4. developing action learning sets to meet prescribed outcomes

All areas of the project have now been completed and interim reports submitted. This report contains final comments on the project with recommendations to take the work forward.

## **Project Brief**

The initial brief sought to establish a shared understanding of the term 'advanced CAMHS' and to align the definition to wider frameworks that are being taken forward around advanced practice initiatives in Scotland.

The areas of activity listed above represent the planned process towards achieving this aim agreed with SDC in the initial brief.

SDC was advised to make use of a Learning Needs Analysis based on an existing understanding of Advanced Practice across four key themes:

- Advanced Clinical/Professional Practice
- Facilitating Learning
- Leadership/Management
- Research

## **Database**

The database was completed at an early stage in the project. A comprehensive report on the findings from the database was presented to NES in October 2008. In total there were 79 responses to the survey used to populate the database.

For the database production, it was important to create a user friendly and accessible way of enabling organisations and individuals to provide training and education information. This was done through a web survey. A copy of the survey is in the Appendices.

It became clear in researching existing courses and training available to CAMHS workers that current training and development opportunities are often not linked to a common competency framework. Training may be more effective if it is both post and competency specific in order to support workforce planning.

Participants made particular mention of both the Scottish Institute of Human Relations and Napier University as offering particularly relevant training for the CAMHS workforce.

Participants from Highlands and Islands reported difficulty in accessing training due to the additional time and cost of travelling to larger centres.

### **Learning Needs Analysis**

Undertaking the Learning Needs Analysis (LNA) was arguably the most challenging element of the project. Despite significant effort on the part of the SDC team only 11 LNAs were submitted. The findings from such a small sample are unlikely to be representative of the wider CAMHS workforce.

Resistance to completion of the LNA was explained as follows:

1. The lack of interest in responding to the LNA has been based on a very real perception that it does not fulfil the needs of the CAMHS community in seeking to develop the workforce.
2. The LNA distributed is a lengthy document, which asks participants to self assess levels of confidence around specific themes in practice and then to identify learning and development needs. Filling this in could be particularly difficult without the guidance of supervisors or managers, and individuals may identify training that fits their own personal interest rather than the needs of the team or service. For this reason it was pointed out that it would have been beneficial to involve managers in the discussion from the start of the project.
3. Similarly, when participants identify activities to match with the themes of the LNA there is no specified level of competency against which to measure their practice, and stakeholders felt the lack of a clear competency framework makes it very hard to identify training needs.
4. Additionally concern was expressed about using a tool that was primarily intended for nursing staff when CAMHS teams include a wide range of different practitioners in widely different roles.

The learning from the project is that a different tool would be more useful in such a diverse workforce.

### *Focus Groups*

An invitation was sent to CAMHS practitioners in the Lothian and Ayrshire & Arran areas to participate in a focus group to discuss the Learning Needs Analysis.

Despite follow up through email and telephone calls the take up of invitations to join focus groups was poor. This was not entirely due to lack of interest, clinician time is scheduled months in advance and it became clear that some CAMHS staff have a large case load to facilitate and to take time out to participate in this project was not necessarily a priority. However one group was formed (Ayrshire and Arran) with only individuals expressing interest in other areas.

As the focus groups were planned as a means of gathering information for the LNAs it is unclear to what extent the lack of support for the LNAs influenced potential participants' decisions to attend.

### **Further notes on the Learning Needs Analysis**

Two members of the team from SDC attended a CAMHS conference "Supporting a Development and Educational Infrastructure around Children and Young People's Mental Health Services" on 30<sup>th</sup> October 2008 in response to an invitation to facilitate a workshop on the meaning of Advanced Practice for CAMHS. A large number of delegates attended the conference, indicating a real interest in the topic.

The presentation had to be halted to allow delegates to express their frustration, particularly with the LNA which was described as "meaningless" and "unhelpful" as a tool in such a varied workforce.

Whilst this experience was somewhat challenging for the team it also confirmed the growing sense that the project would benefit from a redesign.

One member of the team was invited to meet with members of the CAMHS team at Raigmore Hospital in Inverness. The meeting gave useful insight into the complexities of the learning needs of such a diverse workforce.

At this stage SDC presented an interim report with recommendations for a change of approach, but as so much was in flux around the CAMHS Advanced Practice agenda it was decided not to further complicate it.

## **Scoping CAMHS learning needs**

The scope and extent of learning needs in the CAMHS workforce could not be gleaned from the information gathered in the LNAs: a different approach is required in order to gather this information.

## **Action Learning Sets**

NHS Ayrshire and Arran expressed sufficient interest to set up an Action Learning Set (ALS).

A group of six CAMHS workers met together three times between December 2008 and March 2009.

The ALS was well received and all participants were fully committed to the process. By the third meeting members of the group had developed initial skills in facilitating learning sets. Feedback from participants was positive and all expressed an interest in using this model to address work specific challenges in a safe and supportive environment.

## **Final training fund**

The project included a sum of £6k to be used for training of CAMHS staff in response to learning needs. Given the exceptional interest and support shown by workers in Ayrshire and Arran it was agreed with NES that the fund should be made available to the Action Learning Set to manage on behalf of their teams. This element of the project is being jointly managed by SDC and Clare Armstrong, Operations Manager.

## **Recommendations**

Having completed all stages of the project to the best of SDC's ability given the many challenges described above we would recommend the following be considered in to any further work in this area:

- Consultation with key managers and team leaders to identify the areas of development and training required to build an effective workforce as outlined in the Workforce Planning document
- Encourage the development of learning and training packages that are consistent with the competency framework around each role within CAMHS
- Support the continued development of a standardised course for training of CAMHS workers recognising that CAMHS is a different discipline to Adult Mental Health Services
- Address the challenges of training and development for CAMHS workers in remote areas

- Consider the use of Action Learning Sets as a means of making best use of existing expertise

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