Interim Report on the Training Needs of Child and Adolescent Mental Health Workers (Primary Mental Health Workers) in CAMHS
National CAMHS Support Service

1 Introduction

1.1 The following report offers a comprehensive overview of the current need to develop appropriate training to support the further development of the CAMHS Primary Mental Health Worker (PMHW) workforce, in England. It offers guidance on the need to develop the PMHW role to operate at a consistent, standard and high quality level in order to achieve the delivery of a comprehensive CAMHS by 2006. The current PMHW workforce stands at an estimated 250 - 300 professionals from a range of professional backgrounds employed at a senior level, in around one third of CAMHS. Recent policy and guidance (described in this report) indicates the need to ensure that all local CAMHS have a minimum of 4 PMHWs by 2004. It is estimated that the workforce would need to rise to around 800-900 PMHWs to achieve this. Such an increase in workforce, amidst the drive to develop the CAMHS workforce overall, to achieve a comprehensive CAMHS by 2006, suggests a huge concern regarding the existence of adequate numbers of competent and appropriate professionals to fulfil such an increase. There also necessity to ensure that professionals who are not currently competent to deliver the role are developed and trained to a consistent level of competency to undertake the PMHW role.

2 Background to development of Primary Mental Health Worker Concept

2.1 The Primary Mental Health Worker role (PMHW) was first suggested by the Health Advisory Service report 'Together we Stand' (HAS 1995). The report suggests a four tier model of CAMHS service provision. Each tier represents a level of service which extends from universal first contact services to highly specialised interventions. The model of service provision outlined places the PMHW role at the interface between tier 1 (universal first contact services) and specialist CAMHS.

2.2 Professionals and workers (including unqualified staff) working within universal services frequently encounter early manifestations of mental health difficulties, problems and disorders. The prevalence of children experiencing mental health problems in primary care has been found between 20-25% (Kramer & Garralda, 2000). Whilst some of these problems are complex and require referral to specialist CAMHS, others can be successfully managed within primary care.

2.3 The main emphasis of the introduction of the PMHW role is to enable professionals and workers within universal services to effectively recognise children's mental health strengths and difficulties; to improve inter-agency collaboration in the provision of CAMHS, between universal services and specialist CAMHS and to ensure the provision of accessible, responsive interventions for children and families within a non-stigmatising environment.

2.4 These recommendations were also affirmed by reports from the House of Commons Health Committee (DoH, 1997), The Mental Health Foundation (1999), the

Audit Commission (2000) and within the Emerging Finding's report for the Children's National Service framework (DoH, 2003). More recently the Health Service Circular (HSC 2003/003: LAC (2003)2) 'Child and Adolescent Mental Health Service (CAMHS) Grant Guidance 2003/04' sets out the expectation that all local CAMHS should have a minimum of 4 posts available to support services for children and young people seen within primary care, education , youth justice and social services settings. It is recommended within the guidance that such posts should be able to provide direct mental health care, as well as high quality advice and support to children and young people who have mental health problems.

3 Need for and Aims of Primary Mental Health Workers

3.1 From emerging policy and guidance on the development of CAMHS provision across the tiers, it has become increasingly evident that dedicated, quality support of universal services is required if the child's journey through CAMHS, in relation to their mental health needs, is to be seamless and comprehensive. The Children's NSF Emerging Findings (DoH, 2003) document and the Health Service Circular (HSC 2003/003: LAC (2003)2) (see section above) both contain a definition of a comprehensive CAMHS. This definition emphasises the need for a balance and range of services that should be available to children and their families, in order that all levels of mental health need are met. This includes ensuring that professionals and workers at tier 1, in daily contact with children, have sufficient knowledge of children's mental health need in order to:

- identify those who need help
- offer support and advice to those with mild or minor problems
- and to have sufficient knowledge of services to be able to refer on when appropriate

3.2 To ensure that tier 1 professionals and workers are enabled to develop their knowledge and skills base, it is vital that they have access to high quality support, consultation, training and the provision of direct intervention in partnership with other agencies. The PMHW models emerging since the HAS report in 1995 (Gale and Vostanis, 2003; National PMHW Committee/National CAMHS Support Service, 2003; Gale, 2003), have developed to provide a dedicated role which supports tier 1 in this way.

3.3 The aims of the PMHW in CAMHS meet the criteria within the Emerging findings and the CAMHS Grant Guidance in the following ways:

(a) Supporting and strengthening Tier 1 CAMHS provision through building capacity and capability within Community and Primary care staff (Health, Social Care, Education, Youth Justice and Non-statutory sectors), in relation to early identification and intervention with children's mental health need.
(b) Promoting the emotional health of children, young people and families in the community.
(c) Enhancing accessibility and equity for children and families, especially those who would not ordinarily have opportunity to seek help from statutory and non-statutory agencies i.e. asylum seekers or refugees; homeless families
(d) Identifying mental health problems in children and young people early in their development

(e) Working across boundaries to develop a co-ordinated response children's mental health between agencies.
(f) Facilitating appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need.
(g) Providing a direct service to children and young people and their families, in an accessible and less stigmatising environment

4 Role/Function of PMHWs

4.1 In order to achieve the identified aims and the criteria for a comprehensive CAMHS, the PMHW role should incorporate the following principles:

a) The consolidation and elaboration/development of the existing skills of tier 1 professionals and workers
b) The improvement of links between tier 1 and specialist services
c) Formalisation of supportive partnerships and networks with tier 1
d) Integration within specialist CAMHS, ensuring responsive provision according to levels of mental health need
e) Assessment and treatment of child mental health problems where the level of need would not require specialist input, in partnership with tier 1 professionals and workers

4.2 These principles are achieved thorough a combination of integral approaches including:

a) Liaison
The facilitation of collaboration between all agencies working with children, to enable the definition of the best approach to meet the mental health needs of the child. The liaison role includes networking; being a catalyst for effective multi-agency partnership working and an increase in accessibility to services who work with children's mental health needs.

b) Consultation
The aim of the consultative role is to identify the child's mental health needs and to consider appropriate ways of meeting them in partnership with professionals already working with them. Consultation is offered through a range of initiatives, including telephone and face-to-face advice and ongoing support for tier 1 professionals at a more advanced level. Advanced level consultation would include joint assessments and supporting interventions with tier 1 professionals

c) Training
Regular multi-agency training programmes should be offered to the range of professionals working with children, in order to increase and build on the understanding of mental health issues and to consolidate existing knowledge through experiential learning, enabling them to recognise and manage child mental health problems at an early stage.

d) Supervision
Primarily educative, supervision should aim to improve the ability of tier 1 professionals to manage child mental health needs more effectively by improving their skill and knowledge base, thus enabling more effective practice. Supervision can take the form of individual or group support and can also act as a means of

consolidating multi-agency training offered by PMHWs. NB. This component of the role should neither replace nor conflict with the professionals' own clinical supervision.

e) ***Intervention***
Intervention can be provided on two levels:-

1) Through joint work with tier 1 professionals with the aim of undertaking joint assessment of the level of mental health needs or to support the practitioner in work that they are already undertaking and to provide education and support about specific management techniques. Joint work may also enable the PMHW to provide advice regarding appropriate referral to CAMHS or other agencies

2) Direct intervention with children and families, where mental health needs have not been responsive to methods and interventions undertaken by tier 1 professionals and the level of need is not appropriate for intervention within specialist CAMHS. Direct interventions should be brief and tailored to the child and families identified needs. Direct work should be evidence based and drawn from a range of interventions, for example, Cognitive Behavioural Therapy or Solution Focused Brief Therapy. It may also include the provision of target group work programmes.

f) ***Strategic planning***
The PMHW role is pro-active in informing and influencing child mental health strategy and includes the development and agreement of joint agency protocols for pathways of intervention, treatment or care. It also offers a contribution to the development of interagency structures to ensure joint planning and collaborative working relationship, placing an emphasis on shared ownership and responsibility for children's mental health.

g) ***Research and Development***
The PMHW will have a role in identifying service needs and gaps across agencies with regard to children's mental health. Also, they will be key in obtaining users views and involving users in the design and delivery of accessible CAMH provision in the community.

5 Current position regarding PMHWs in CAMHS

5.1 Since 1995, the role has become established throughout many CAMHS in the UK. A research study undertaken by the University of Manchester, on behalf of the Department of Health, (National Primary Care Research and Development Centre, 2002) identified that at least one third of CAMHS had developed the PMHW role. It is estimated that presently in England there are approximately 250-300 dedicated PMHWs or other professionals carrying out the PMHW role. A data base is being developed by the National (UK) PMHW Committee, which supports the development of the PMHW role throughout the United Kingdom and a network of regional PMHW groups which feed into it. The National Committee was inaugurated 2 years ago and is a voluntary committee, formed from interested PMHWs around the Country. They

are aiming to develop their status to that of an association in the next few years. The National PMHW Committee has been pro-active in developing a standardised definition of role and associated standards and competencies for its effective delivery.

5.2 The CAMHS Grant Guidance (HSC 2003/003: LAC (2003)2) states that each CAMHS should have a minimum of 4 PMHWs by the 2004, indicating that there could be a rise in the PMHW workforce to between 800 –900 professionals. The findings from the study by the National Primary Care Research and Development Centre (2002) also indicate that the current PMHW workforce is comprised of experienced and senior CAMHS professionals from a range of backgrounds, including Psychiatric Nurses, Social Workers and Psychologists. A similar survey has also been carried out by the National (UK) PMHW Committee, which precipitated the development of standards and competencies necessary for the delivery of the role and the satisfaction of Clinical Governance guidance on clinical practice.

5.3 Roles of a similar title have been developed in Adult Mental Health (Primary Care Mental Health Workers). However the role in adult services differs, in that they have been developed from new graduate psychologists and do not have the same level of experience and expertise in mental health as the CAMHS PMHWs. This has caused some concern around the CAMHS role and is function, therefore, is vital to ensure there is a standard approach to delivery of the role across CAMHS and in recruitment and selection of professionals able to undertake the role.

6 Recruitment Issues: Core Qualities, Skills, Experience, and Qualifications.

6.1 Concern is raised regarding the number of currently available professionals, who are a presently operating at a level consistent with the PMHW role definition, core skills and knowledge base (/ National (UK) PMHW Committee/National CAMHS Support Service, 2003). It is necessary for the professionals occupying the PMHW role to be at a senior level and to be an autonomous practitioner, with a level of CAMHS expertise that enables them to offer consultation to other professionals and to make competent assessments of the level of mental health need of children and young people, across the continuum of child mental health (HAS, 1995; Gale, 2002; HSC 2003/003: LAC (2003)2). An increase of the workforce to the estimated level of 800-900 PMHWs will have a number of implications:

- depletion of existing CAMHS workforce, within both specialist CAMHS and other agencies
- recruitment of professionals who have some of the skills, but are not at a level to be able to undertake all aspects of the PMHW role
- an inability to fulfil the recruitment of the necessary numbers of PMHWs, resulting in a continued gap in CAMHS provision.

6.2 Recent work by the National (UK) PMHW Committee, the National CAMHS Support service (DoH), Higher Education Institutions (HEIs) and in consultation with a range of lead professionals and agencies throughout England, has determined the core qualities, skills, experience and qualifications necessary to effectively provide such a pivotal role in CAMHS. They are as follows:

Clinical

- Professional qualification, with evidence of continuing professional development in a field relevant to child and adolescent mental health
- Significant level of experience of working with children and families including work with child mental health needs
- Significant level of experience working within a CAMHS or a CAMHS related field (3 years plus)
- Understanding of the PMHW role and function and its relationship to specialist CAMHS and other agencies
- Broad range of skills and experience in a wide range of clinical and behavioural presentations
- Experience of mental health assessment and implementation of a range of evidence based therapeutic interventions
- Working knowledge of health, social services, education and the voluntary sector, together with the relevant legislation regarding both children and mental health
- Experience of working in partnership with other agencies and interdisciplinary working
- Ability to work in partnership with children, families and other professionals
- Qualities essential to clinical practice, including, for example, respect, genuineness, empathy, personal integrity.
- Communication skills to enable the helping relationship and process
- Ability to negotiate and to speak from a position of authority on primary mental health work and CAMH issues
- Knowledge and skills related to family and multi-agency dynamics
- Ability to develop and deliver training packages in child and adolescent mental health
- Ability to provide Consultation
- Ability to provide Supervision including clinical supervision where appropriate
- Ability to manage a caseload
- Ability to work flexibly and creatively as an autonomous practitioner, in order to meet the needs of children, families and professionals
- Experience of working alongside professionals and to contain anxieties/concerns in relation to working with children and families, where there is mental health need.
- Clinical leadership

Managerial

- Experience of team management including clinical teams where appropriate
- Leadership skills
- Experience of strategic development, and in particular development of interagency projects
- Ability to identify gaps and opportunities for service development, improvement and expansion
- Budgetary and resource management skills

- Performance management skills
- Time management skills
- Working knowledge of relevant national policies and guidance in relation to children's services
- Understanding of the role of users and carers in service development

Research and Development

- Experience of service evaluation and audit
- Ability to plan, commission and implement research projects

7 Training Needs of PMHWs.

7.1 The section 6 (above) sets out the range of skills and knowledge base required to deliver the PMHW role to a high standard. PMHWs may come from a range of relevant professional backgrounds and it is important to acknowledge that it is unlikely that any one individual will have all the skills and experiences for the task described. It has, therefore, it is vital to establish a career pathway structure, with associate training programmes, at an 'award bearing level' in order to develop competent and effective practitioners. In order to meet the criteria set out in CAMHS Grant Guidance (HSC 2003/003: LAC (2003)2) it would be necessary to commence training programmes by September 2004. To fulfil the development of such a career framework, it is necessary to work with the Higher Education Institutions (HEIs) to develop a range of appropriate, post qualification/graduation courses and also short courses for clinical supervisors. It may also be necessary to create a network of PMHW development centres (Surrey CAMHS have created an experimental PMHW development centre, with Surrey University and colleagues from around the country, including the National CAMHS Support Service) to enable the effective identification of the training needs of professionals coming into the role. The following provides a framework for this development and will ensure that individual practitioners only deliver those aspects of the role within their level of experience and competence.

Development Primary Mental Health Worker post

7.2 The Practitioner will have some of the core skills and knowledge base to deliver the clinical aspect of the role as defined above, but will require a development programme to achieve identifiable competencies, which enables practice at the next level (i.e. the provision of consultation to other professionals). It is likely that they will require enhanced supervision and support to deliver a significant part of the role from Senior PMHW colleagues and specialist CAMHS professionals.

Primary Mental Health Worker

7.3 The practitioner will have the full range of core skills and knowledge base to deliver the clinical aspect of the role as defined above and will be competent to carry out this work as an autonomous practitioner. To enable them to effectively deliver the role at this level, they will require regular supervision and support from the Senior PMHW and specialist CAMHS professionals.

Senior Primary Mental Health Worker

7.4 The practitioner will operate at an advanced level and will be competent in offering support and supervision (including clinical supervision) to other levels of primary mental health worker. They will also have responsibilities for delivering the managerial and research and development aspects of the role. To enable them to effectively deliver the role at this level they will have to develop a network of support from senior professionals, with a range of complementary relevant skills.

8 Training Provision: Current position

8.1 There are a small number of existing Child Mental Health training centres through HEIs, offering training at Post graduate Certificate/Diploma and Masters level, around the Country. Work is underway to map the full range of present provision for the range of CAMHS professionals, and also to consider a network of training centres that would make CAMHS training accessible throughout England. It has been determined that training should link in with Child Mental Health Training for other CAMHS professionals and have a common core covering the following areas:

i. Normal child development, including theories of the family and cultural variations.

ii. The promotion of mental health, risks, and factors promoting resilience against adversity.

iii. Mental health problems among children, including assessment, treatments, and therapies.

iv. Children in special circumstances, including child protection and the looked-after system, refugees etc.

v. Ethics, rights and the law, and the principles of inter-professional practice.

vi. The capacity to reflect on and respond effectively to the emotional experience of working with children and families with mental health problems, histories of abuse etc.

vii. Systematic clinical enquiry, analytic thinking, and evidence-based practice**.**

8.2 There should also be an additional emphasis, in relation to the specific components of the PMHW role, which would include:

i. Skills in consultation and liaison with a wide range of professionals and agencies. This requires knowledge of their separate policies and statutory roles.

ii. Skills in effective development and delivery of child mental health training, across a range of agencies and professionals

iii. Skills in the leadership and management of inter-professional teams.

iv. Skills in the triage role, specifically knowledge of a wide range of disorders and clinically-effective therapies in order to refer appropriately.

v. Skills in health promotion. This also requires knowledge of the normal emotional development of the child and family.

9 Developing training programmes: the role of HEIs

9.1 HEIs are risk-averse, and prefer designated development funds and guaranteed student numbers. New programmes may require a prolonged process for approval. To begin a new programme in September 2004 would therefore require an almost immediate start to the approval process. A major constraint in the development of new programmes, however, is the limited pool of expertise in HEIs in education and research in child and adolescent mental health. Collaboration between HEIs would alleviate this problem to some degree, but joint degrees between institutions are usually difficult to set up.

9.2 Training in HEIs is funded in two ways:

- 'Self-funding'. In this case, a programme or short course must generate a surplus from its fee income (typically direct costs + 40%). In some cases, NHS employers have block-purchased or even commissioned programmes and met the full cost.

- 'HEFCE-supported'. In this case, the programme is subsidised by the Higher Education Funding Council for England (HEFCE) based on the assumption that half of the cost of the programme will be recovered from fees. Thus a master's degree would receive £2870/year from HEFCE + an assumed £2870/year from fees. This only applies to award-bearing programmes. Note that HEFCE does not fund individual programmes, but instead agrees a block contract which each HEI for its total student numbers. Some universities may have used up their allocation, and may therefore be reluctant to accept new HEFCE-funded programmes.

10 Conclusions and Recommendations.

10.1 It is evident that there is a deficit in adequately trained, available professionals ready to undertake the PMHW role. In order to achieve the estimated expansion of a competent workforce of PMHWs and elsewhere in CAMHS, it is necessary to develop a comprehensive network of training programmes for CAMHS professionals, at Masters level, around the Country. Such training should also offer the additional component required to develop the PMHW role as mentioned in 8.2.

10.2 PMHWs need training with academic and professional accreditation to gain credence and also, to deliver the role at a consistently high standard, in line with the definition and standards outlined in this report

10.3 PMHWs have diverse training needs, but the limited capacity in HEIs makes it essential that training involves includes modules shared (where appropriate) with

other CAMHS workers, and that the same modules may be used for conversion training and CPD. Separate foundation degrees will be required for initial professional training.

10.4 Development funding is needed as soon as possible, to enable HEIs to recruit staff to develop new programmes. The most appropriate model is for employers to block-purchase places in advance. It is, therefore, necessary for employers developing PMHW posts to include the cost of training recruits, in their CAMHS spending plans. It is also necessary for guidance in relation to spending of CAMHS grants to consider the necessity of identifying funding to develop the PMHW and CAMHS workforce

10.5 Consideration needs to be made in relation to the development of clinical supervision, including supervisor characteristics, timing, methods and linkages into the Regional PMHW Networks and National (UK) PMHW Committee.

10.6 Consideration of the creation of a network of PMHW development centres should be made to enable employers to identify the training needs of their existing and future PMHW workforce.

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Report prepared by:
Fiona Gale
CAMHS Regional Development Worker
Lead for Primary Mental Health Work in CAMHS
National CAMHS Support Service

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