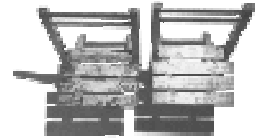


Child and Adolescent Mental Health
**TRAINING & DEVELOPMENT
PROJECT**

WWW.CAMHS.ORG



CAPABILITIES NEEDED FOR EFFECTIVE WORKING WITH CHILDREN AND ADOLESCENTS

**A Stream of the Child and Adolescent Mental Health Training
and Development Project**



Salomons

INTRODUCTION:

The following document attempts to briefly lay out the present context in terms of work being done on competencies and related concepts¹. It will attempt to look at this across the three statutory bodies working with children, young people and their families i.e. education, health and social services. It will then attempt to look at what is core to these three sectors and what would be needed by any worker in these sectors to enable them to work more effectively with children and adolescents. This is not an attempt to spell out profession specific competencies but rather to look at what is shared across all of these professions and practitioners in terms of their need to engage with and provide a service to children and adolescents.

THE PURPOSE OF THIS DOCUMENT:

This document will look at the capabilities needed to work with issues relating to mental health and emotional well-being for children and adolescents. It will differentiate between working with different age groups of young people. This is important because the skills required by someone working with adolescents will be very different from those working with pre-school or primary school children. Although it is acknowledged that it is important for people working with children and adolescents to have an understanding of child and adolescent mental health and skills for dealing with issues around mental health, it is also important to emphasise the different roles and perspectives different professions and groups bring. Thus, in order to avoid a checklist approach to the issue of core capabilities and competencies relating to child and adolescent mental health, a guidance document that people can use to reflect on their own capabilities and competencies in the area will be developed.

This document will also attempt to reflect the fact that certain competencies will be required at different levels, for different professionals. Specific core capabilities/competencies which may be unique to various categories of mental health workers and other professionals will be further delineated in order to facilitate relevant and appropriate training and development in child and adolescent mental health. It is hoped that in this way some of the complexity of the issues will not be lost and that practitioners will be able to engage with the document as a tool for reflection rather than as a checklist.

It is hoped that after various phases of consultation this document will provide guidance for a variety of processes and people in the Kent and Medway regions such as:

- Guidance for those working with children and young people in terms of their own needs for development in this area
- Inform recruitment and selection of staff to positions working with children young people

¹ The distinction between capabilities, competence and related concepts will be elaborated on later.

- Guide managers in terms of the capabilities they are looking for in their staff
- Assist managers in drawing up development plans with staff to develop these capabilities/competencies
- Guide commissioners of services and training in terms of purchasing relevant services and education and training
- Guide Higher Education Institutions in terms of the training they offer
- Guide the development of training programmes for those already in service
- Guide the development of professional specific competencies and be used to refine those that already exist
- Guide a review of the skills of the current workforce making services more responsive to the mental health needs of young people e.g. community paediatricians - not only do they need skills in working with young people but they are seeing more and more mental health issues for which they received no training (Bucknall, 2003)².

THE PRESENT CONTEXT:

A key element of ensuring quality services for children and young people is the education and training of a workforce that possesses the core capabilities and competencies required to meet the demands of the new developments in children's services. The needs of children and adolescents are often different to those of adults in health and social care services. This means that staff will need particular skills and knowledge to meet these needs (Everybody's Business, 2001)³. Those working in the educational sector also need to understand and work more effectively with the young people they engage with on a daily basis (DfES, 2001⁴; ippr, 2001⁵; Weare & Gray, 2003⁶). The workforce in education, health and social services that support and provide services to children is large and made up of individuals from a wide range of professional backgrounds and does include workers who have little or no specific training for the important work they undertake (TOPSS, 2000⁷). Numerous studies have shown that people working with children and adolescents, including individuals graduating from core mental health professional training programmes (e.g. psychiatry, psychology, social work) often do not have the skills, knowledge or attitudes to meet the

² Bucknall, J (2003) Lessons from a stand-alone urban paediatric ambulatory care unit. Paper presented at the **New Models In Children's Services: The Role Of Ambulatory And Community Care** Conference, London.

³ **Everybody's Business: Child and adolescent mental health services strategy document.** (2001) The National Assembly of Wales.

⁴ DfES (2001) **Promoting children's mental health within early years and school settings.**

⁵ ippr (2001) **Learning to Trust And Trusting to Learn: How schools can affect children's mental health.** Institute for Public Policy Research: London.

⁶ Weare, S. & Gray, G. (2003) **What Works in Developing Children's Emotional and Social Competence and Wellbeing?** The Health Education Unit, Research and Graduate School of Education, University of Southampton

⁷ TOPSS England (2000) **Modernising the social care workforce – the first national strategy for England.**

needs of the young people they will be working with (Everybody's Business, 2001). Reviews of current higher education curriculum related to all three sectors, education, health and social services reveal a real deficiency in content, time and relevance to work with young people. The same is true of many of the in-service training programmes on offer to professionals and practitioners working with young people (Everybody's Business, 2001).

The need to improve the experience and outcomes for children and young people has led to the development of various standards against which the quality of care and service can be measured. Several sets of national standards exist or are in the process of being developed. These will be explored in more detail later. However we do need to be clear on the links and differences between national service standards, national occupational standards and competency frameworks (Skill for Health, 2003⁸; TOPSS, 2003⁹).

Service Standards aim to:

- Detail minimum standards below which no provider should operate
- Ensure the protection of service users
- Safeguard and promote the health, well-being and quality of life for users
- Provide standards which are robust, measurable and enforceable.

The National Service Framework for Mental Health is already available and the National Service Framework for Children should be available early 2004.

National Occupational Standards:

- Describe best practice in particular areas of work
- Are statements of competence
- Provide manager with a tool for a wide variety of workforce management, quality control and specification tasks
- Are the basis for training and qualifications.

The National Occupational Standard for Mental Health has recently been published.

Competencies:

Require knowledge, appropriate attitudes and observable mechanical or intellectual skills which, together account for the ability to deliver a specified professional service.

Each of the sectors and the professions within them are developing profession specific sets of competencies (DoH, 2003¹⁰; NHS, 2000¹¹; TOPSS,

⁸ Skills for Health (2003) skillsforhealth.org.uk (various pages from the web-site)

⁹ TOPSS England (2003) **Guide to links between national occupational standards and service standards in foster care.**

¹⁰ DoH (2003) **Guidelines for the appointment of General practitioners with special interest in the delivery of clinical services: Mental Health.**

¹¹ NHS (2000) **A competence-based exit profile for pre-registration mental health nursing.** NHS Executive Northern and Yorkshire.

2003). Some of these also focus on the issue of working with children and adolescents (DoH, 2001¹²; Gloucestershire DAAT, 2002¹³; Royal College of Psychiatrists, 2003¹⁴; Skills for Care, 2004¹⁵).

It is important that we are aware of the many occupational standards and competency frameworks that are being worked on at the moment. There are two initiatives currently being carried out around the development of occupational standards and competencies frameworks that are relevant for those working with children and young people's mental health and emotional well-being. Both initiatives are being carried out by different teams within "Skills for Health". (More information on both projects can be found on the Skills for Health website – www.skillsforhealth.org.uk).

The first is the **Shared Competencies Project**, which is linked to the new National Occupational Standards for Mental Health and will soon be completed. This project aims to establish competencies that can be shared across all professional and non-professionally affiliated staff working in mental health services. This initiative will:

- ensure these relate directly to the national Occupational Standards and cross reference with the Capable Practitioner Framework (which will be discussed in more detail later).
- identify any examples of positive practice in the user shared competencies in current training and education (including Continuing Professional Development)
- produce guidance on the use of shared competencies
- produce examples of core curriculum
- ensure that the products of the project are readily communicated and accessed by practitioners and all stakeholders via the national Network for Capability Development.

The more recent initiative is the **Competency Framework for Children's Services** commissioned by the Child Care Group Workforce Team (CGWT). This project is working closely with the current Review of Occupational Standards and Awards in Care being conducted by TOPSS UK and Skills for Health. This will hopefully ensure that findings from one project can inform the other, avoid duplication and deliver a set of competencies, which builds on and develops existing national occupational standards. The developers of these competencies report that they will be in a form suitable for subsequent approval as National Occupational Standards.

¹² DoH (2001) **The health visitor and school nurse development programme**

¹³ Gloucester DAAT (2002) **Screening, referral and assessment protocols: For children and young people's substance use and misuse.**

¹⁴ Royal College of Psychiatrists (2003) **A competency based curriculum: Specialist competencies: Child and adolescent psychiatry.**

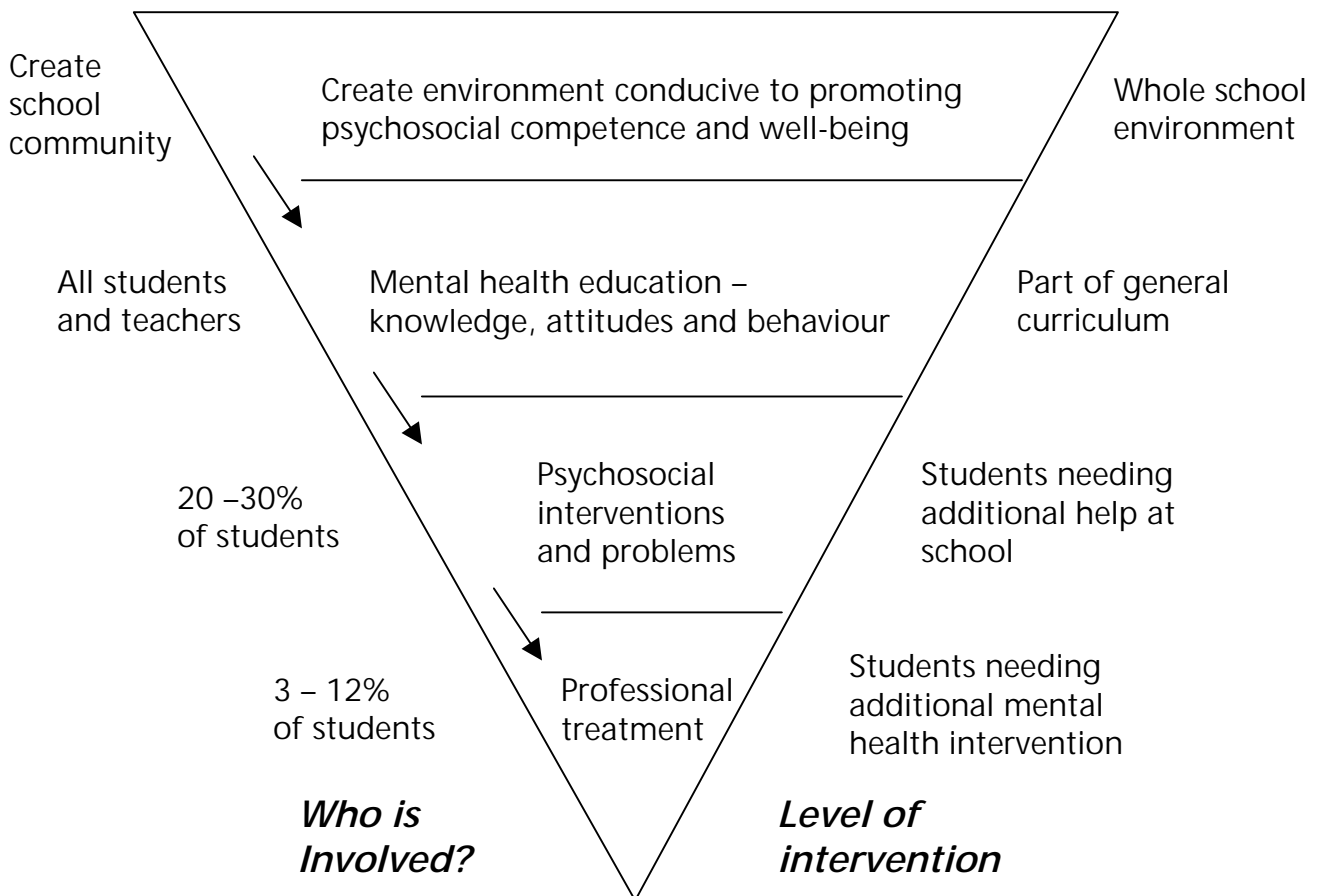
¹⁵ Skills for Care (2004) TOPSS England information centre www.topss.org.uk

A SHARED SENSE OF WHAT IS NEEDED:

Each of the sectors has their own way of describing levels of need by users and levels of service delivery:

Education:

Several whole school approaches to mental health promotion are based on a model of a comprehensive approach to mental health programmes developed by the World Health Organisation. The triangle below describes four levels at work in such a whole school approach (MindMatters, 2002¹⁶).



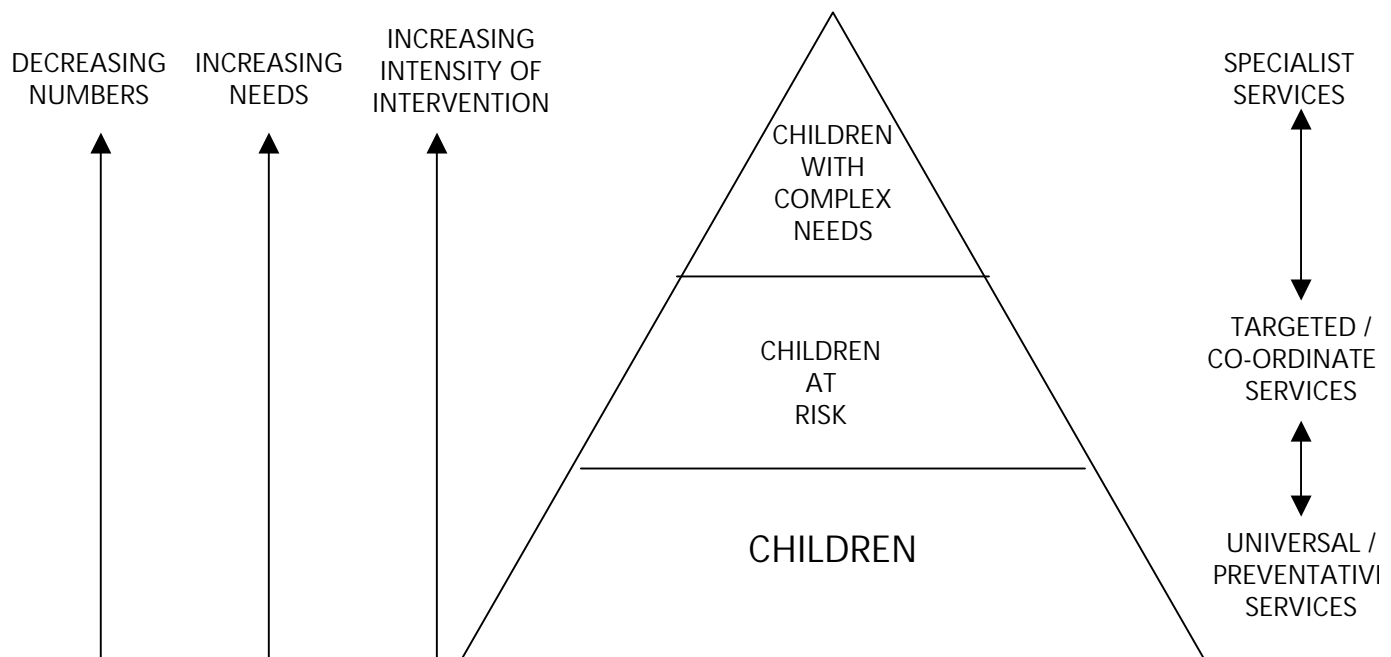
¹⁶ MindMatters (2002) **MindMatters Project Final Report**

Social Services:

The social care sector describes the needs of children and young people according to a levels approach:

- 'A Child in need is a child or young person whose development needs cannot be met by their family or carers solely through the support of basic services'
- Level Four Need – Children with the most complex needs and high levels of vulnerability
- Level Three Need – Vulnerable children who require an immediate, short term response
- Level Two Need – Vulnerable children who require further assessment of their needs
- Level One Need – Potentially vulnerable children, who require access to services to prevent the development of problems
- Base Level – All children

(taken from Sapsford, 2003¹⁷)



Health:

Describe the level of service they provide to children and young people according to a tiered system:

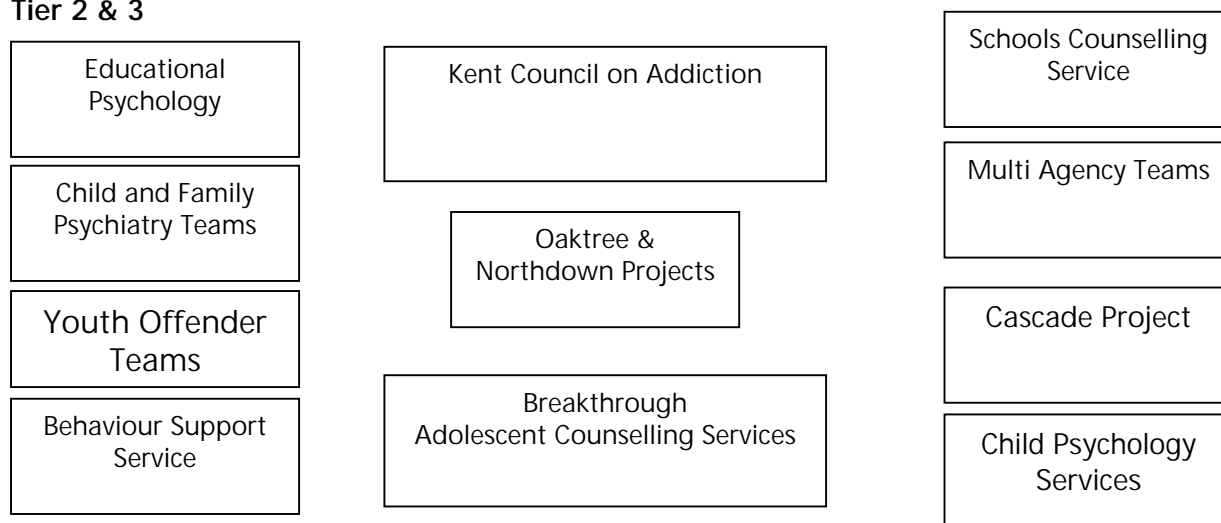
¹⁷ Sapsford, A (2003) **Joining up the way we work**. Regional Conference Hertfordshire.

STRATEGIC OVERVIEW OF CURRENT MULTI AGENCY SERVICE IN PROVISION IN TIERS ONE TO FOUR¹⁸

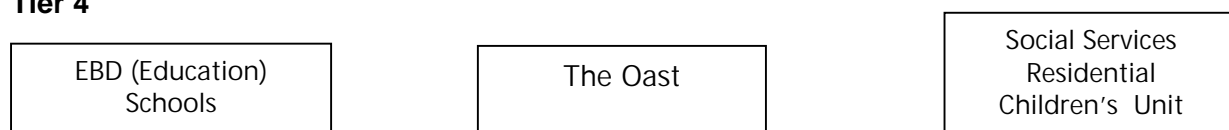
Tier 1

Teachers	Health Visitors	School Nurses	Portage Team
Community Medical Team	General Practitioners	Voluntary Groups	Health Promotion
Youth Workers	Education Welfare Officers	Sure Start Programmes	Sensory Loss Service
Safe Schools Project	Healthy Schools Project Workers	Early Years Co-ordinators	Family Liaison Officers
Fostering S.W. Team	16+ S.W. Team	Child & Family S.W. Teams	Family Support Workers

Tier 2 & 3



Tier 4

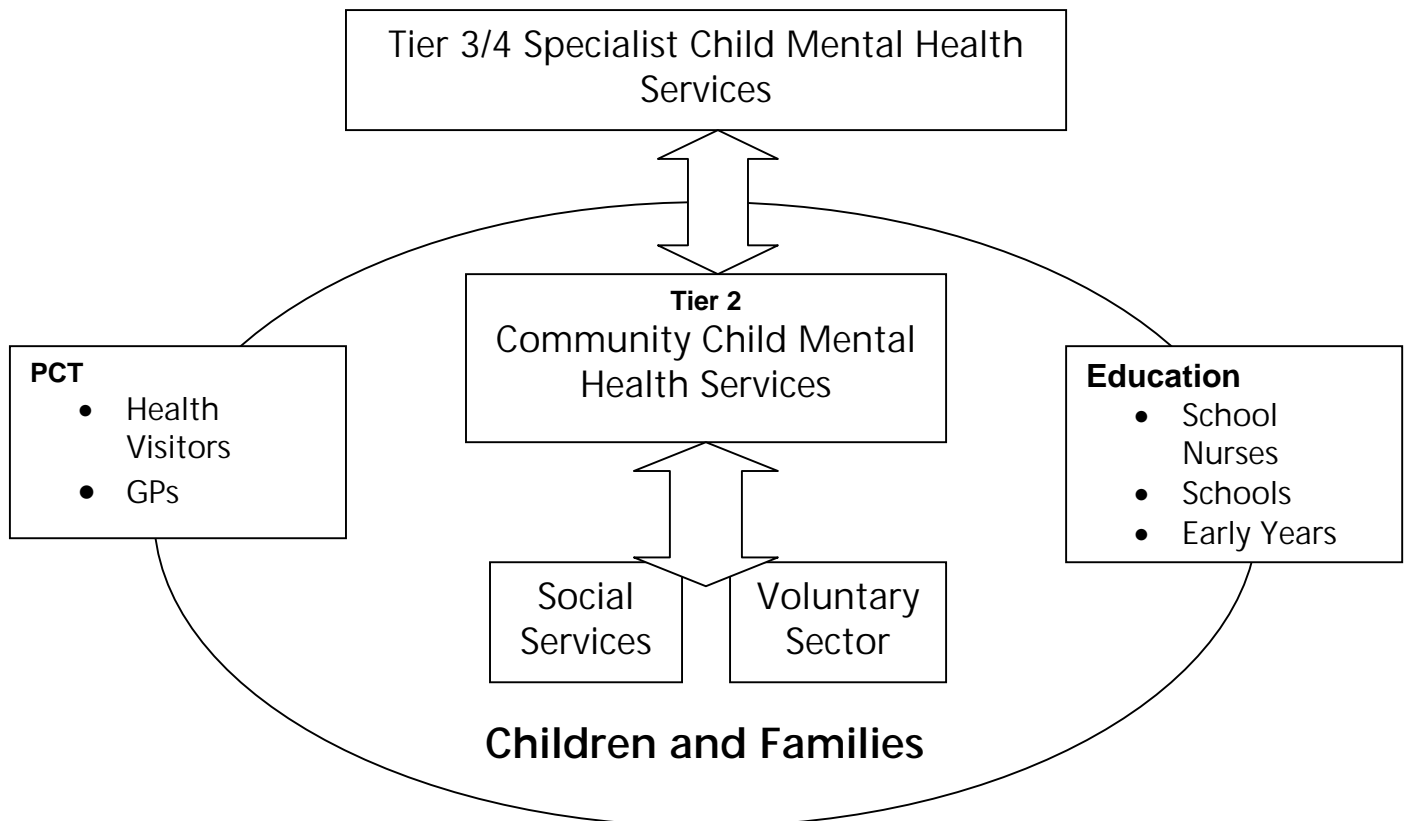


Out of Area Residential Provision :



¹⁸ Using the framework of a Four Tier model of care proposed in 'Together We Stand' Report, HAS 1995 (service examples)

Tiered Child Mental Health Services



(from Day, 2002¹⁹)

A Pulling Together of Perspectives:

All of these views offer a common view that there is a need for a more universal and generic service needed for all children and young people and that the complexity of level of service provided will increase as does the level of need of the child.

The Sainsbury Centre, in their report *The Capable Practitioner*²⁰, has taken this idea of an increasingly specialised level of service and used it to provide a framework and list of practitioner capabilities required to implement The National Service Framework for Mental Health. The Capability Framework, illustrated below, combines the notion of the reflective practitioner with that of the effective practitioner. This framework may prove to be a useful way of looking at the competencies needed by the workforce, across all sectors, responsible for the growth and development of young people. The Framework divides capability for Modern Mental Health Practice into 5 areas:

¹⁹ Day, C. (2002) Implementing needs based community mental health care: The parent adviser approach. CPHVA Annual Professional Conference, Harrowgate, England.

²⁰ The Sainsbury Centre for Mental Health (2001) **The Capable Practitioner: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health**. Sainsbury Centre for Mental Health: London

- **Ethical Practice** makes assumptions about the values and attitudes needed to practice;
- **Knowledge** is the foundation of effective practice;
- **Process of Care** describes the capabilities required to work effectively in partnership with users, carers, families, team members and other agencies;
- **Interventions** are capabilities specific to evidence-based, bio-psycho-social approaches to mental health care;
- These areas are then extended to examine their context specific **Application**: Capabilities as they apply to specific service settings or functions, e.g. assertive outreach, crisis resolution.

Each of these five categories is further subdivided to arrive at specific statements of capability for mental health practice.

Practitioners require more than a prescribed set of competencies. They need to be capable of providing the benefits of both *effective* and *reflective* practice. This requires an underpinning framework of values, attitudes and knowledge in addition to competencies along with an ability to apply these in practice, across a range of clinical contexts from acute inpatient care to community-based crisis resolution and assertive outreach teams.

According to the report by the Sainsbury Centre the exercise of identifying the capabilities is akin to mapping the broad tasks required of practitioners to work within the type of services described in the NSF and NHS Plan (The Sainsbury Centre, 2001²¹). It does not address the levels of expertise required across the various disciplines and care settings. The capability framework draws the contour lines of a territory, which needs further exploration through the development of relevant competency based curricula and the construction of occupational standards. It is hoped that this present work will support and inform future developments by providing a unified framework or map upon which to proceed in looking at the capabilities needed for working with children and young people.

Relationship between capabilities and competencies

According to the Sainsbury Centre (2001) a competency framework would describe the level of expertise expected within a particular domain of capability. This is usually expressed through occupational standards and more clearly outlines the boundaries between the core and specialist skills of various professional and professionally non-affiliated groups. This task is not part of the current project but is an exercise that will need to be undertaken at a later date in collaboration with the various professional and accrediting bodies.

²¹ The Sainsbury Centre for Mental Health (2001) **The capable practitioner: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health**. Sainsbury Centre for Mental Health: London

While some commentators may see that some similarities exist between the statements of capability presented here and other statements of competency, a distinction is made because this capability model does not:

- provide for the measurement of 'output' or performance
- distinguish between the various practitioner groups as to who performs what role
- determine the level of capability at which a role will be performed

Relationship between capabilities and occupational standards

There is confusion in the mental health field as to the relationship between competencies and occupational standards. The Sainsbury Centre (2001) report argues that the concept of Capability can help by providing an organising framework which begins the process of describing the inputs necessary (through curricula development) to become competent whereas occupational standards act as a performance measure of competence within the work environment. 'National Occupational Standards define the level of performance required for the successful achievement of work expectations' (Storey, 1998²²). They are described as benchmarks of workplace performance and can be used to ascertain and to determine fitness for practice.

The Sainsbury Centre (2001) goes on to say that the move towards National Occupational Standards should not be confused or distracted by a capability approach. Neither does the description of capabilities across the entire mental health workforce seek to promote the rise of the generic mental health worker. The capability framework seeks to broadly define what is required to deliver effective mental health care rather than focus on the profession that does it. The diagram over the page lays out the capability framework being proposed (McCulloch & O'Halloran, 2002²³; O'Halloran, 2002²⁴)

If we want to look at the competency framework of a particular capability we would then need to describe the expected level of expertise within that particular capability domain. We need to view the competencies in terms of a continuum and from a variety of perspectives. Firstly, we need to acknowledge that even amongst the set of core competencies set out in this document not all professionals need them at the same level e.g. a social worker needs to be able to identify early issues relating to mental health issues but does not have to know how to work with it, a Connexions PA

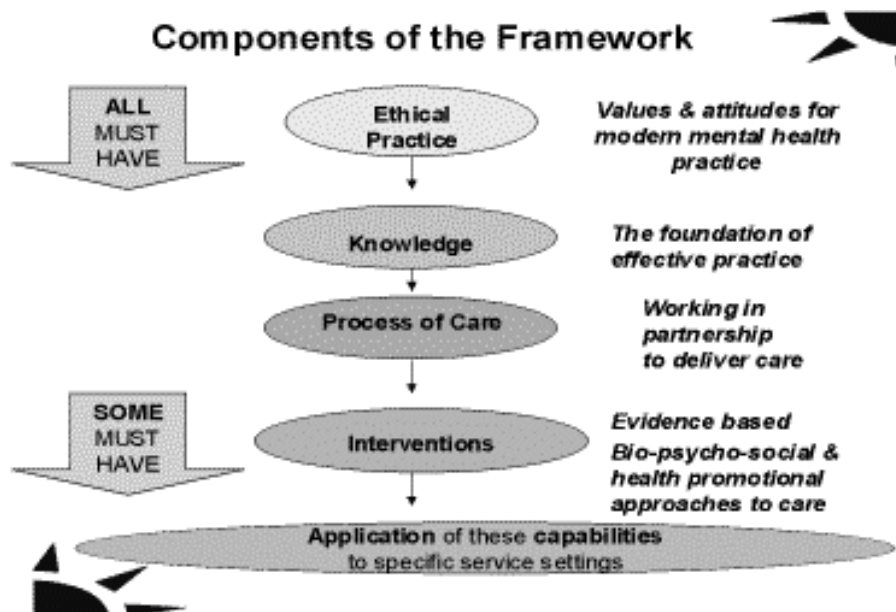
²² Storey, L. (1998) Functional analysis and occupational standards: their role in curriculum development. **Nurse Education Today**, 18, 3-11.

²³ McCulloch, A. & O'Halloran, P. (2002) **In depth focus: Why is interagency training important?** <http://www.lampdirect.org.uk/news/id24.htm>

²⁴ O'Halloran, P. (2002) **Challenges for the future workforce: Developing the capable practitioner.** The Learning Foundation 5 Borough Partnership NHS Trust Launch Event.

needs a basic understanding in mental health and some of the problems and disorders such as self-harm and eating disorders but this is to identify these issues, an in-depth understanding of each of the disorders at the level a psychiatrist or psychologist may need, is not necessary.

Secondly we need to avoid seeing competencies as static and use them in a tick box fashion. We need to acknowledge that within competencies there are certain levels of proficiency.



A variety of continuums for viewing competencies have been proposed. Three of these are the Admiral Nurses' Competency Framework²⁵, Advanced Nurse Competency Development Programme²⁶ and Health Visitors Practice Development Resource Pack²⁷. The Admiral and the Advanced Nursing package propose three levels of competence intermediate or novice, advanced or proficient and expert. The health visitors guide proposes 5 levels from novice, to advanced beginner, competence, proficient and finally expert. As people enter a particular capability they will become more expert within that capability. However we must also acknowledge that different levels of capability are appropriate between the different service providers. Frontline workers knowledge of mental health problems and disorders will grow as their experience does however it would be inappropriate for them to develop it to the level of a practitioners working in a tier 3 specialist mental health service. However it would be appropriate for them to develop expert knowledge in issues of community empowerment and mental health promotion.

²⁵ Traynor, V. & Dewing, J (2002) **Admiral nurses competency project**. Final Report. London: RCN Institute.

²⁶ De Halle, C. & Hunt, J (2001) **Advanced nurse competency development programme**. Royal United Hospital Bath.

²⁷ DoH (2001) **Health visitor practice development resource pack**

CAPABILITIES FOR WORKING WITH CHILDREN AND YOUNG PEOPLE:

In an attempt to begin the process of identifying the core capabilities needed for those working with children and young people I have made use of materials from a variety of sources. However, material from a Swiss based health programme called EUTeach (www.EUTeach.com), from a book called *A Multidisciplinary Handbook Of Child And Adolescent Mental Health For Front-Line Professionals*²⁸ and from the DfES (2001)²⁹ guidance documents *Promoting Children's Mental Health within Early Years and School Setting*, has been drawn on heavily. This paper has gone through several versions. A first draft of this paper was discussed with the NVQ Manager of the East Kent Community Training Alliance, the Training Manager for Children's Services, the Project Leader for the Behaviour and Education Support Team in Medway and a psychology lecturer from the University of Kent at Canterbury. Their comments were integrated into a document that was presented to the Steering Committee of the Project³⁰ at an away day. Amendments were made and these were discussed with a group of health visitors and school nurses. Their comments have been integrated into this version that is now being made available for wider consultation.

This document is not intended, in any way, to be the definitive list of capabilities. It is rather a way of guiding and generating discussion around this rather large and at times messy area. It is hoped that after a process of consultation this guidance document will provide some clarity for those working in the area. I want to stress again that in no way is this document trying to describe the capabilities or competencies needed by specific professions. That is a task for each professional body to tackle and which many are doing. It is also not an attempt to create a generic child and adolescent worker. This document is trying to outline what capabilities would be needed by any service provider, worker, carer, practitioner who engages with children and young people in order to make their work more effective.

²⁸ Dogra, N et al. (2001) **A multidisciplinary handbook of child and adolescent mental health for frontline professionals**. London : Jessica Kingsley Publishers

²⁹ DfES (2001) **Promoting children's mental health within early years and school setting**

³⁰ The Steering Committee is made up of representatives from Education, Health, and Social Services.

CAPABILITIES FOR EFFECTIVE WORKING WITH ADOLESCENTS:

CAPABILITY 1: Knowledge of bio-psycho-socio development during adolescent

1.1. Understand the history, definitions and different meanings of the concept of adolescence and acknowledge that adolescent development occurs within differing contexts

[This could include: exploring existing definitions of adolescence; understand the evolution of the concept of adolescence; acknowledging that adolescence is not merely chronologically defined, but has biological, psychological and socio-cultural aspects; introducing the concepts of tasks and processes of adolescence]

1.2. Understand the biological, psychological and social elements of adolescent development

[This could include: being able to identify the biological, psychological and social events of adolescent development and the consequences of this for the kind of work they do with young people; being able to identify the factors that modify development in adolescence]

1.3. The ability to identify the development stage of a young person, the impact of developmental stage on mental and physical health and behaviours and on the delivery of services

[This could include: being able to identify the maturational stage of an adolescent in biological, psychological and social terms; evaluating the consequences of adolescent development on adolescent mental health, emotional well-being and behaviours and the delivery of services to them.]

1.4. The ability to evaluate the growth status and pubertal development of an adolescent; integrate the findings with the bio-psycho-social development; communicate the observations and their significance to the adolescent and the parents

[This could include: being able to describe the physical and psychological changes occurring in the early, mid and late phases of puberty in boys and girls; being able to look at the impact and interaction of physiological and psychological development; being able to describe the key findings that a boy or girl may complain about as evidence of abnormal growth and/or puberty and identify the sexually dimorphic concerns brought up by adolescents; able to identify the impact of bio-psycho-social context e.g. family school peers on the individual adolescents perceptions of pubertal development;]

1.5. The ability to identify disorders of growth and/or puberty and causal conditions; to initiate specific diagnostic assessments and therapeutic management with the involvement of the adolescent, the family and, when appropriate, other professionals and/or specialists

[This would include: being aware of common growth and/or pubertal problems and their relationship to mental health issues and psychosocial functioning; understanding of the various factors on growth and pubertal development e.g. socio-economic, nutrition, activity, medication etc]

1.6. The ability to reflect on how one's current position impacts of work with adolescents

[This could include: being able to reflect on one's own adolescence and present values relating to this developmental stage and how this impacts on one's work; being able to identify how your gender as a service provider may influence your management of issues facing adolescents]

CAPABILITY 2: Understanding mental health and well-being

2.1. Understanding of the concepts of 'mental health', 'mental disorder' and 'mental illness'

[This could include: understanding the meaning of mental health and emotional well-being in adolescence; understanding the dangers of labelling some adolescent behaviours as mental health problems; understand the limitations of traditional classification of mental illness during adolescence; ability to identify the part contexts (schools, family, peers) play in mental health; understanding of the difficulties of differentiating between normal and abnormal mental health in adolescence.]

2.2. Ability to recognise the protective and risk factors in mental health

[This could include: ability to identify the stresses and problems that adolescents face and how they relate to mental health and illness; identify the protective factors that promote mental health and protect from mental disorders and/or illness]

2.3. Ability to differentiate normal and abnormal behavioural, cognitive, communication and emotional processes at various developmental stages and in various cultural contexts.

[This could include: understanding the behavioural problems which belong to normal adolescent development process, which are transitory in nature and which do not indicate mental illness; understand the influence of cultural context in the assessment of problematic behaviour; understand and ability to use criteria that allow for the identification of a mental health illness and/or which would lead you to refer for further investigation; ability to identify the relationship between cognitive disorders and mental health; understanding and ability to use the criteria for the identification of causes of drop in school performance; ability to identify the patterns of communication and relationship indicators of mental health or which could affect mental health; ability to use criteria that allow for the identification of dysfunctional communication which would lead you to refer for further investigation; ability to identify main signs of mood turmoil and emotional distress and indicate to what extent they represent indicators of mental health disorders and illness; ability to use criteria that allow for the identification of emotional distress]

2.4. Ability to promote mental health and to prevent the occurrence of mental health problems

[relates to Capability 10]

CAPABILITY 3: Knowledge of epidemiology, needs assessment and priorities in terms of adolescent mental health

3.1. Ability to access and analyse available epidemiological data at national and local levels regarding adolescent mental health status and needs

[This could include: the ability to identify national and local sources of epidemiological data in the field of adolescent mental health; ability to apply this knowledge to their area of work; ability to gather data from own practice and other local sources about access to and local use of mental health facilities.]

3.2. Demonstrate proficiency in selecting crucial epidemiological data, choosing priorities for interventions and disseminating it among various target groups

[This could include: ability to analyse these data in a way which allows for practical use e.g. selecting domains and issues which represent present/future mental health issues, identification of key issues in the field of adolescent mental health, identification of gaps and areas for improvement in the mental health care of adolescents, where *effective* action can be taken, identification of specific groups of adolescents who have "special needs" or require special intervention; identification of key people/institutions and key target groups who should receive information about adolescent mental health and recognise the best format for providing the appropriate information; identification of target groups such as politicians, decision makers, public health officers, physicians, nurses, psychologists, social workers, educators, layers, teachers, parents and young people themselves; development of appropriate methods for the dissemination of public health data such as media interviews, leaflets, conferences etc.; helping professionals transfer the data/knowledge into concrete actions.]

CAPABILITY 4: Knowledge of the 'family' as a concept and a system and its influences and dynamics on the adolescent

4.1. Ability to understand and assess how the 'family' dynamics may influence adolescent development and behaviour

[This could include: understanding that the concept of "family" has evolved over time and the different types of family structure and organisation; recognising the diversity of the context (culture, religion, socio economics etc); understanding how mental health care providers can act as facilitators of communication between the different elements of the family system; identifying the main patterns of family functioning; chaotic, flexible, structured and rigid; understand how each of them may influence adolescent development; describing the key elements in the assessment of the adolescent-parents dynamics; describing potential interactions between

the periods of adolescence and of mid life; identify different parenting styles affecting adolescents; specifying how different parenting styles affect adolescent well being and problem behaviours; identifying what in your own practice, as an adolescent and as a parent, may influence how you think about and interact with families; describe, by taking a personal and family history, how to obtain relevant information in order to define the pattern of family organisation and functioning.]

4.2. Ability to develop and evaluate a management plan with the adolescent and with his/her parents and in communicating effectively with all the family members involved

[This could include: being able to evaluate a family according to: cohesion (emotional bonding, family involvement, parent-adolescent relationship, internal and external bodies), change (leadership, discipline, negotiation, roles and rules), communication (listener's skills, speaker's skills, self disclosure, clarity, continuity, respect and regard); evaluating the impact of the dominant patterns of family functioning on the bio-psycho-social development of the adolescent; evaluating the impact of a stressing situation (chronic condition, death, unemployment, etc) on the family functioning and on the bio-psycho-social development of the adolescent; demonstrating proficiency in raising questions in a non judgmental way and creating empathy; demonstrating proficiency in supporting both the parents and the adolescent in clarifying their respective demands; ability and knowledge of how to refer appropriately if evaluation indicates this; be able to achieve a balance of "empathy" and "distance" between the individual adolescent and his/her parents, taking into account family functioning; facilitating communication among the different members of the family; achieving an appropriate balance between adolescent and family issues and concerns]

CAPABILITY 5: Knowledge of the 'the peer group' as a concept and its influences and dynamics on the adolescent, in terms of development and behaviour

[This could include: understanding the concept of "the peer group" and its role in adolescent development; understanding of how the concept has evolved over time; recognising the diversity of the context (culture, religion, socio economics etc); understanding how mental health care providers can make use of the strengths within the peer group to support the adolescent; identify different peer settings and their impact on the adolescent; specifying how different settings and groups affect adolescent emotional well being and problem behaviours; identifying what in your own practice, as an adolescent and as a parent, may influence how you think about and respond to the peer group.]

CAPABILITY 6: Understanding of appropriate settings and communication with regards to adolescents.

[This could include: being aware of the legal aspects of adolescent care (e.g. confidentiality); recognising the importance of an appropriate setting that is

adolescent friendly e.g. opening hours, access, payment, visit's schedule (time allowed), information given (pamphlets for teens and for parents, etc), decoration; judging when it is appropriate for the parents to be present and when not to be present during the course of the interview with the young person; develop strategies for seeing the adolescent alone; discuss with the adolescent how to get his/her family involved and what the content of the encounter should be; have a positive attitude towards adolescents; listen, don't be judgmental, avoid medical jargon, avoid common pitfalls, be attentive, empathic, authentic; get acquainted with existing interviewing tools; deal with special situations; conduct a developmentally appropriate interview; deal with emotional and social issues; identify the patient's goal for consultation; identify who asked for the consultation; find the hidden agenda; use the interview as an opportunity to introduce prevention/health promotion messages; create an atmosphere conducive to effective communication; define the meaning of words; explain purposes of questions; note non verbal cues; interviewing the parents/legal representatives; learn and understand the necessity of a multidisciplinary network and to manage effective communication within the network (e.g. case management).

CAPABILITY 7: Understanding of confidentiality, consent, rights access and personal advocacy.

7.1. Understand how the issues that the UN Convention on the Rights of the Child, the Children's Act, the Health and Safety Act, the Data Protection Act (and others) raise, relate to their own particular practice with adolescents

[This could include: knowledge of the Children's Act, the UN Convention, the Data Protection Act, the Health and Safety Act and how it applies to young people and how these documents apply to their own practice; why young people need "rights"; involving young people; putting involvement of young people "in context"; understanding the implications of the cultural, ethnic, ethical, legal and moral issues as well as how war, poverty, education, exploitation, labour, family demands and expectation and migration, may also impinge on the young person's rights; issues around giving of medication in a variety of care settings.]

7.2. Understand and use the concepts of "confidentiality" and "informed consent" as it applies to their practice when dealing with adolescents

[This could include: understanding that confidentiality means different things to different professions; being clear about your particular profession stance on confidentiality; being aware of the tension this can cause in multi-professional work; being able to discuss how "ethics", "family issues", "legal issues", "cultural issues", "teamworking issues" and "maturity" affect confidentiality and how do you prioritise these different factors; understanding consent in context; what "consent" for young people, in your profession actually entails? Who can give it? at what age/stage of maturity it can be given? the specific legal issue relating to "consent" for young

people? What the issues are around being able to give "consent" at a given age or at a given "maturity".]

7.3. The ability to improve the "access" of adolescents to their services / expertise

[This could include: Understanding what "access to the particular services you offer" means and what possible barriers to "access" there are e.g. payment, confidentiality, geographical location, timing of clinics, need for parental consent, transportation problems, personality and friendliness of staff, language barriers; understanding the issues that relate to "Personal Advocacy"; the relevant issues when providing "personal advocacy" e.g. whose specific interests are you representing?, is your advocacy free from financial concerns?, what is the specific aim of your advocacy?, does your advocacy have legal implications?; Understanding the issues relating to "Advocacy" for a whole group of young people; reflecting on when advocacy for a whole group of adolescents may be appropriate e.g. *all* young people in your practice with disabilities?]

CAPABILITY 8: Understanding the context and impact of socio-economic, cultural, ethnic and gender issues on adolescents

8.1: To understand differences and power inequalities between groups of adolescents deprived from economic opportunities

[This could include: understanding how social inequalities affect mental health and other developmental processes; ability to identify local mental health and behavioural data according to social background; ability to identify differences in resources and opportunities in regarding health, school, spare time activities and adult support according to socio-economic status; ability to transfer what you have learned about social inequalities into concrete actions.]

8.2. Knowledge about and ability to identify the major ethnic communities in your area

[This could include: learning about specific characteristics of these communities in terms of values, beliefs and practices; describing what is meant by the "acculturation" process; specifying the interactions between "acculturation" and the developmental process during adolescence; assessing the influence of "acculturation" process on adolescent mental health; considering the mechanisms leading to poorer mental health outcomes among ethnic minorities; identifying your own feeling and emotional reactions when confronted with an adolescent from a very different ethnic background; being aware of the presence of your own biases towards different types of people and how to identify them; when facing an adolescent from a different culture, investigate those characteristics which might influence the developmental process, mental health and access to mental health care; when facing an immigrant adolescent, assess the degree of his acculturation process and that of his family; when facing a family from a different cultural background, be able to cope with the different "acculturation" stages of family members; when caring for an adolescent

and/or a whole family who do not speak your own language, make proper use of an interpreter/a cultural mediator.]

8.3. Understand differences and inequalities among adolescents resulting from gender.

[This could include: understanding the mechanisms (biological, social) and processes that form gender; understanding the implications of gender differences in the area of well being, lifestyles and mental health; understanding the impact of gender on both the patient and the provider side, on how care is delivered; understanding the importance of gender in the way adolescents seek care; understanding how the unique pubertal period of development may emphasise gender issues in mental health care interactions (e.g. body image, gender identity, sexual feelings etc); exploring your own biases and expectation and attitudes as a female or a male when caring for a female or male adolescent; adapting your attitude and behaviour when facing a female versus male adolescent in order to minimise obstacles to effective communication deriving from gender; develop strategies that ensure equality of access to and sensible care within your health care setting]

8.4. Develop strategies and advocacy skills to influence decision makers so as to minimise the inequalities in access and delivery of care.

[This could include: skills in involving adolescent groups, parents and community leaders in identifying inequalities in mental health care and solutions to address them at the local level; skills in finding ways to influence decision makers so as to consider and implement solutions]

8.5. The ability to reflect on how one's own biases relating to issues of socio-economic, cultural, ethnic and gender issues impact on one's work with adolescents.

CAPABILITY 9: Understanding Exploratory/Risk Behaviours And Resilience

9.1. Understanding the concept of exploratory behaviours, risk behaviours and resilience and protective factors in the context of bio- psychosocial development

[This could include: understanding the concept of "risk"; "risk behaviour", "youth at risk", "risk taking behaviour", "exploratory/experimental behaviours" etc.; exploring perceptions of adolescents on exploratory and risk behaviour and understand that young people might over (and under) estimate the risk behaviour of their peers; understanding how exploratory behaviour might be useful in accomplishing developmental tasks of adolescence; understanding the concept of resilience; protective factors; the ability to identify protective factors in different domains (at individual, family and environmental level)]

9.2. Clarifying your own attitudes towards young people demonstrating exploratory/risk behaviours

[This could include: clarify your own attitude towards people that undertake exploratory/risk behaviours; identify the values that underlie your attitude.]

9.3. Developing skills in recognising risk factors

[This could include: the ability to identify and assess risk behaviours; ability to demonstrate a non judgmental approach toward the adolescent.]

9.4. Developing skills in applying a resilience based framework to your work setting.

[This could include: understanding concepts of primary and secondary prevention of risk behaviours in adolescents; developing a resilience based framework for interventions with the individual within his/her context.

9.5. Ability to apply a resilience framework to preventive interventions at the community level, taking into account the ethical limits to this concept.

[This could include: ability to design a programme for youth in your community with key elements that are grounded in a resilience framework; awareness of the limits and the ethical threats linked with the concept of resilience]

CAPABILITY 10: Understanding of mental health promotion and education

10.1. Understanding how preventive activities should be and can be developed, taking into account adolescent mental health on national/ regional/ local/ individual levels

[This could include: understanding the concepts of primary/ secondary/ tertiary prevention, mental health education, mental health promotion and integrating them with understanding of adolescent development; ability to identify the main settings (family, school, media) which influence adolescent beliefs, attitudes and behaviour; ability to identify the stakeholders who have an interest in the preventive activities, e.g. financial interests, political interests; ability to identify available resources, e.g. technical resources, human resources; understanding of main mental health needs and issues as seen by adolescent; mental health professionals; parents and teachers, the political agenda]

10.2. To recognise the theoretical frameworks of preventive activities and the various settings in which they can be efficiently and effectively conducted

[This could include: knowledge of individual settings, knowledge of the theories of behaviour and the factors that influence it in different settings, understand the principles of counselling as they apply to adolescents, ability to involve parents and family in preventive activities; ability to identify potential interventions to positively adjust the adolescent's environment e.g. house/facilities, work setting (including school); finance (including family's finances); knowledge of the school setting; understanding concepts of mental health promotion; understand the concept of healthy school;

understand peer intervention e.g. ability to identify and review effective peer group intervention; knowledge of community setting, ability to develop collaboration with other health workers or community groups in mental health promotion activities; ability to consider specific strategies to involve young people e.g. peer group intervention, youth councils, participation of young people in the development of interventions

10.3. Development of skills in the elaboration and evaluation of effective strategies and interventions which are developmentally appropriate and demonstrate proficiency in involving young people in the design and implementation of such interventions

[This could include: knowledge in selecting specific objectives and choosing the appropriate preventive methods; choosing objectives which are amenable to intervention and which can be evaluated; ability to define a target group; ability to identify potential difficulties raised by the target group and how they may be addressed, select the most appropriate methods for reaching the objectives, taking into account the settings of the intervention and the target group; understanding of the different ways in which young people may be involved from the very beginning of the process; ability to identifying appropriate partners and funding; ability to implement an interaction e.g. identify training needs of those involved in the program and implement a training program accordingly, monitor the process of the intervention and supporting those involved, elicit feedback from the young people targeted, assess the outcomes from the side of young people as well as those in charge of the programme; disseminate the results and reframe the programme (redefine objectives and methods)]

CAPABILITY 11: Understanding of identification, assessment and referral strategies with regards to adolescents

[This could include: Knowledge and ability to make use of appropriate assessment and identification tools; understanding of different treatment strategies e.g. primary, secondary, specialist; knowledge of the referral system and ability to make appropriate referrals; skills in planning interventions appropriate to one's level of work; management of complex problems appropriate to one's level of work; understanding and using a variety of techniques, e.g. behavioural programmes, anxiety management programmes, cognitive therapy; setting up and running parenting programmes; basic counselling skills etc]

An afterthought:

As one goes through these capabilities you will be aware that many of them do not relate specifically to mental health of young people but rather to an understanding of the adolescent.

What also became clearer as these capabilities were discussed with other professionals was that they could also be applied to organisations. For example they could be applied to a GP's surgery in order to make it more teenager friendly or could be applied to a secondary school in making it a more responsive place to its pupils. In this way the organisation would need

to reflect these capabilities and certain individuals within them would reflect certain aspects of this.

CAPABILITIES FOR WORKING WITH CHILDREN:

Although many of these will be similar to those for adolescents I feel it is important to keep them separate as there are some definite areas of difference in working with children as opposed to adolescents. These involve issues of understanding development, issues of consent and confidentiality, issues of skills relating to working with and forming relationships with children etc. With the younger groups the focus will be more on the system the child is growing up in and thus a focus will need to be on capabilities relating to family relationships and dysfunction, as well as issues relating to parents mental health and learning difficulties, issues of substance abuse and addiction and domestic violence and the impact of this on the children.

It will be important to develop a set of capabilities appropriate for the following age groups:

- 0-3 years of age
- 3-5 years (the early years)
- 6-12 years.

SPECIFIC ISSUES:

Once we have the basic competencies for the different ages groups we can then begin looking at, based on the needs in the different areas, specific mental health and emotional well-being issues.

For example, we can begin looking at issues of eating disorders, self-harm and drug and alcohol use and misuse in adolescence. ADHD, aspergers and the autistic spectrum and conduct disorders in school age children.