

CAMHS SPECIALIST UNITS - TRAINING AND DEVELOPMENT

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'Here is Edward Bear, coming downstairs now bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it. And then he feels that perhaps there isn't'

A. A. Milne, Winnie the Pooh.

PREAMBLE:

My vision for the CAMHS Specialist Units is that they will be learning organisations that have clear links with other tiers and HEIs and FEIs. This draft document will form part of my discussions with the CAMHS Specialist Unit teams to discuss the way forward in terms of training and development for the teams

CAMHS SPECIALIST UNITS AS LEARNING ORGANISATIONS:

None of the ideas I am going to present today are new. Most of this type of work is going on to some, and a varying, degree in most CAMHS Specialist Units. However it is often on an ad hoc basis, driven by people and personalities rather than as a planned part of the organisation's culture and structures. One of the crucial issues in terms of training and development, as I see it, is the issue of access to training. Here I am not referring to the availability of training courses or the money to attend them but rather the organisation's capacity and culture that will allow people the spaces to grow and develop. This is about changing the organisations culture, the way we view and value training and development.

It is for this reason that I think the model of CAMHS Specialist Units as learning organisations is useful in conceptualising a framework for the training and development within these organisations. This model focuses on both values and processes when looking at organisations structures and cultures. It also focuses on blocks and restraints on learning in organisations as well as the leadership skills required to develop adaptive services. Introducing a new way of looking at training and development is about changing the organisation, it is not about just adding on a t&d component. This will fail as the training and development not only has to meet the requested needs of the professionals and the service but must also needs to be seen as part of professionalism and service provision.

A learning organisation works with its members to identify and remove blocks to learning, and build structural and cultural support for continuous learning, adaptation and improvement, to meet organisational objectives and the needs and aspirations of those involved (Birelson, 1997). It highlights the importance of enabling communication and removing restraints to learning, aligning structure and culture for group learning, creating synergy between interests of the organisation and its members, nurturing creativity and reflection, functioning in a coherent and integrated manner and maintaining a focus on service improvement.

Kofman & Senge (1993) argue that such an entity has 3 foundations:

1. a culture based on shared human values of curiosity, humility and compassion

2. the capacity to see work within the flow of life as a system
3. a set of practices for generative learning across the whole organisation.

Learning Climate and methods of training and development:

Progressive CAMHS Specialist Units will need to create an atmosphere where learning and working are synonymous, promoting both collective and self-direction in order to meet the continuing process of care transformation. Training and development should be seen as cyclical, a continuous process of reviewing and developing care in the light of evaluation. Peaks and troughs in training and development are a reaction to change, while continual training and development is instrumental to change.

There are a variety of different forms of training:

- I do, you do training
- Coaching
- Course, seminars, workshops, conferences
- Project work
- Academic study
- Time out / reading
- Job rotation / exchange.

All of these have worth depending on the needs of those being developed. It is important to remember that not all training or learning has to be formal. Many CAMHS Specialist unit members can benefit greatly from a period of approved time out whereby time is allocated both to reflect upon and to investigate contemporary clinical practice. A commitment to team training and open learning can assist all and help prevent the stockpiling of information and books in service members offices.

In-house Training and Development:

All disciplines within a CAMHS Specialist Unit will have undertaken professional training. Ideally post-qualification specialist training is usually undertaken, specific to working with young persons and their families, to develop skills and interests. However the reality is that due to issues around recruitment and the lack of CAMHS specific training courses many people working in this area are not specifically trained in terms of children and young people's mental health. The project is in the process of developing a set of core competencies that all workers should have in this area. This could guide training programmes, recruitment and development of new staff.

Successful CAMHS Specialist Units will contain a strong element of interdisciplinary working. The strength of this working lies in its access to a wide range of skills. This process of peer learning not only will allow a cross over of skills and knowledge but a better understanding of other professions making up the team.

Yearly review/development plans and a service training needs analysis should reflect the needs for joint training and be budgeted accordingly. There is often an inequity of training opportunities and training budgets within the CAMHS Specialist Units. A way of managing this is to agree a principle of service training needs and prioritise them from the training budget. The pooling of training budgets can be a challenge for individual disciplines but is a positive step towards shared learning. Teams may need to be creative in their funding

for training and may consider sponsorship or the creation of a 'slush' fund from the proceeds of team-facilitated study days or from teaching commitments to other organisations (e.g. the counselling service will allow people to cash in their days for a days facilitation, some universities will provide training as a pilot etc).

Training cannot be seen as a one off thing it needs to be linked to ongoing supervision and support and to organisational structures that support this. Supervision and support are vital due to the type of work people are doing and the issues they are being faced with on a daily basis. Mental health work involves systemic stressors. Stress affects people physically and emotionally, narrowing perceptions and channelling cognitive processes into defensive behaviour. It is not surprising that this can lead to rigid and restrictive work practices or burnout, both of which lower anxiety at the cost of effectiveness. Services which do not recognise and deal with stressful situations, and the predicaments which produce stress, abandon their staff to practice defensively as best they can. All health services must struggle with strategic dilemmas, such as how to improve both quality and quantity, how to specialise and localise services and how they can focus contradictory demands etc. With an open and supportive culture, using processes such as dialogue and utilising perceptions of internal states in addition to external perceptions, staff members can notice and understand stress and learn from such dilemmas. By holding onto the anxiety and tensions aroused and exploring dilemmas, a group can generate new understandings and new solutions may emerge.

Interagency Team Training (both access and provision)

Several documents over the years have set the scene for the joint working of health and social care, and more recently education (Working Together, DoH, 1988; Our Healthier Nation, DoH, 1998; Children in Mind, Audit Commission, 1999). In response to this many local CAMHS Specialist Units, in conjunction with other statutory bodies, produced multi-agency strategies and subsequent action plans for children's services. However these joint strategy and planning forums are still new and as of yet do not seem to be producing much activity in terms of joint services.

However it appears logical that joint services should require joint training for the professionals involved. In some areas this has resulted in multi-agency CAMHS training strategies being established, with the intention of integrating training opportunities for staff across organisations. It is one of the aims of this project to ensure that this element of joint working is integrated into the planning of new joint up services.

Integrating training opportunities for staff across organisations could lead to the following outcomes:

- The establishment of joint training on issues of common interest
- The development of a local register of training capacity and opportunities within each agency and open access to training across agencies.
- Liaison with neighbouring CAMHS training groups for regional training and audit
- Liaison with careers' groups and voluntary agencies to extend training opportunities
- The establishment of joint training and courses with local educational institutions/universities.

Another important aspect of interagency training and development is establishing links between the different CAMHS Specialist Units in a particular area/region. A more coordinated approach to training and development across the county and within the trusts could lead to a more effective training and development programme. Not only would this lead to more effective training but there would also be better sharing of information and new developments. This will be a real challenge, as there does seem to be a stronger sense of competition rather than cooperation between some of the teams. This interagency approach would also enable better provision to the other tiers that will be explored more below e.g. sharing of training and development already developed by a team.

CAMHS as providers of training, support, liaison, supervision, consultation etc.

CAMHS Specialist units have a role to play in providing training, development and support for Tier 1 workers. The training may be in a formal setting such as a workshop or seminar but is just as likely to occur informally through surgeries, consultations or direct clinical supervision. There is a tendency for Tier 1 workers to seek referral of children to specialist agencies when they develop a concern regarding mental health problems. The tendency arises because they undervalue both their relationship with the families and their abilities to manage the difficulties being presented. The problem of Tier 1 professionals feeling deskilled and or disempowered is one which CAMHS Specialist professionals need to take some degree of responsibility.

Support for Tier 1 professionals should arise from their development of a relationship with a locally based CAMHS Specialist Unit or person whom they can use for advice, consultation and as a source of information. Such locality multi-agency working should ensure that Tier 1 professionals are given confidence and supported in their coping. Such activities combined with support in mental health promotion can reduce referrals to CAMHS Specialist Units. Tier 1 specialisation recognises that certain staff, such as health visitors and school nurses already perform a considerable amount of mental health work and with appropriate supplementary training and supervision could take on work that might otherwise be referred to CAMHS Specialist Units. As part of this interagency/multi-professional working a common understanding of mental health problems and their integration with the language of other disciplines will begin to emerge which will ensure that children are more likely to get an appropriate service.

In these circumstances the trainers or supervisors need to feel adequately prepared and skilled for the training or development they are offering. The training and development needs of these trainers and supervisors should not be overlooked and opportunity should be given to practice (learn on the job) and to be given structured feedback on their performance. This could be achieved by a system of mentoring by the more experienced staff and if appropriate by calling upon the expertise of the local university or higher education departments for advice and support (e.g. Kent University has supervisor training programmes).

The new role of Primary Mental Health Care Worker could play an important role and link here.

Links with further-education establishments

Clinical governance, the NSFs, NICE, health improvement and NHS research and development programmes are all making great demands upon clinicians. If these initiatives are to succeed within CAMHS Specialist Units then partnerships will be demanded by the complexity and sheer volume of work set before the service. One key partnership is the relationship between CAMHS Specialist Units and the local university or further education institutions. Local departments of health studies can play a vital role in providing training for all members of the CAMHS Unit. For example team teaching and the development of the nurse/therapist/practitioner role can enhance the quality of child and adolescent training courses and other training. In addition social policy departments can provide vital links in the dissemination of information regarding national policy and trends. HEIs and FEIs can also, and have already begun accrediting training done by the CAMHS Specialist Units and this training becomes part of accredited programmes being offered.

CAMHS professionals should actively foster good working relationship with these departments in order to underpin their practice and to support them in the pursuit of lifelong learning. HEIs need to begin providing workplace training that is based on the needs of those they are working with. A process has begun with the University of Kent at Canterbury, Greenwich University and Canterbury Christchurch University College to look at new ways of providing education and training to CAMHS professionals.

Some Final Thoughts:

My sense is that many people in the CAMHS Specialist Units would like to play a development and training role (and several are already). I realise that this is often felt not to be possible due to the pressures of targets and getting waiting lists down and the need to focus on the core business. I know one of the big issues being faced by the CAMHS Specialist Units is the lack of resources and the chasing of the waiting list. However if we keep doing what we've always done we won't change things, if we just keep doing more of the same we are in danger of just staying stuck. Many of the CAMHS Specialist Units will need to rethink how it tackles some of these issues. A long-term view is needed - if we can develop Tier 1 and 2 then it will impact on waiting lists etc. But it will mean taking a risk in terms of doing it, as it won't have short term or immediate results. In fact in the short-term it may increase referrals as it will create awareness but the skills needed will take more time to develop.

However I do think it will have long-term impact, not only on solving issues such as waiting lists but also leading to improved job satisfaction and motivation. I think it will also make the teams more attractive to recruits. At present recruitment and staff retention are big issues in some areas of Kent. If the CAMHS Specialist Units can be seen as places of excellence where people are developed and are seen to be developing those around, I think it may make them a more attractive place to work.

The challenge:

It may seem like a huge task that feels daunting and overwhelming. I think often change initiatives focus on too many things at once and therefore immobilise people. My suggestion is that as a Unit you decide on a few focused projects, look at how the organisation will need to change to accommodate those in terms of structures and culture. One such project would be working in collaboration with the Health Visitors, School Nurses from the Maidstone/Weald PCT and the Family Liaison Officers from Maidstone.