

The Competency and Capability Framework
For
Primary Mental Health Workers
In
Child and Adolescent Mental Health Services (CAMHS)

Recommended by the National Committee for Primary Mental Health Work (CAMHS) in the United Kingdom (Scotland, Wales, Northern Ireland and England) (21st April 2005)

Primary Mental Health Worker Network

Child and Adolescent Mental Health
National (UK) Committee

Supported by the National Higher Education Institutions (HEIs) Network, participating in the development and provision of post-graduate education for Primary Mental Health Workers in CAMHS (12 Universities/Colleges in England)

In Consultation with the National CAMHS Support Service in England



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Abbreviations

CAMHS- Child and Adolescent Mental Health Services

HAS- Health Advisory Service

HEI- Higher Education Institution

NCSS – National CAMHS Support Service

NIMHE- National Institute of Mental Health in England

NSF - National Service Framework for Children Young People and Maternity Services

PMHW- Primary Mental Health Worker

Working Definition

A Competency Framework for the Primary Mental Health Worker role within Comprehensive CAMHS

A competence framework broadly describes a range of work activities, which need to be carried out in order to achieve the objectives of part or all of an occupational sector or organisation. They usually cover the work activities which need to be carried out to achieve a particular purpose and the quality standards to which the activities should be performed.

This final document on competencies for the delivery of the PMHW role in CAMHS was approved by the National Committee for Primary Mental Health Work (CAMHS) in the United Kingdom on 21st April 2005.

Within this document, a competence is defined as the knowledge, skills and attitudes required to undertake the PMHW role successfully and satisfactorily. It does not relate to outstanding achievements and performances but stipulates the basic requirements to deliver the core role/ service components for PMHW in CAMHS outlined below.

Competence Framework Implications for Practice (PMHW CAMHS)

In preparing this document, we have consulted widely with relevant partners and key stakeholders from across the United Kingdom. The document is intended to contribute to effective deployment and development of the workforce of PMHW (CAMHS) in a number of ways, which are likely to include;

- Developing job descriptions
- Supporting recruitment and selection
- Workforce planning and deployment
- Defining performance targets
- Identifying training and professional development needs
- Developing training and education programmes
- Supporting education commissioning
- Evaluating individual and team performance
- Quality assurance of the PMHW service provision within CAMHS

The document is therefore intended for PMHW service providers to improve service delivery, HEIs to develop outcome measures in relation to education provided for this staff group, for employers to assist the recruitment, strategic planning, development and retention of the workforce, and for commissioners of training for CAMHS education. We have involved these partners in this process of consultation, as well as relevant national bodies such as the National (United Kingdom) Committee for PMHW CAMHS, National CAMHS Support Service, TOPSS England, Skills for Health, the Sainsbury Centre, Workforce Development Confederations, NIMHE, Young Minds and the twelve Higher Education Institutions (HEIs) involved in the provision of CAMHS training and some CAMHS providers.

Background to PMHW Service Development within CAMHS

Development of Primary Mental Health Worker Concept

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.

Tier1 practitioners (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 to be 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.

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.

The HAS Report recommendations were affirmed by reports from the House of Commons Health Committee (DoH, 1997), the Mental Health Foundation (1999), the Audit Commission (2000), within the Emerging Finding's report for the Children's National Service Framework (DoH, 2003) and the NSF for Children Young People and Maternity Services (2004). 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. The guidance recommends 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.

Rationale

Need for and Aims of the Primary Mental Health Worker Role

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 NSF for Children, Young People and Maternity Services (DH, 2004) 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

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.

Definition of the role

The role of the CAMH Specialist PMHW is to act as an interface between universal first contact services for children and families (tier1) and Specialist CAMHS with the aims of:

- a) Supporting and strengthening Tier 1 CAMHS provision through the building of capacity and capability within Community and Primary Care staff (Health, Social Care, Education, Youth Justice and Non-statutory sectors), in relation to early identification of and intervention with children's mental health needs.
- b) Promoting the mental and emotional health of children, young people and families in the community, in line with policy guidance from the National Service Framework for Children, Young People and Maternity Services (NSF 2004) from pregnancy into adulthood.
- 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. BME communities, asylum seekers or refugees and homeless families
- d) Early identification of the development of mental health problems in children and young people.
- e) Working across boundaries to develop a co-ordinated response to children's mental health needs with other 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.

Components of the role

The role needs to incorporate the following principles:

- a) The consolidation and elaboration/development of the existing skills of tier 1 professionals
- b) The improvement of links between tier 1 and specialist services
- c) Formalisation of supportive partnerships and networks with tier 1 professionals
- d) Integration within specialist CAMHS and ensuring responsive provision according to levels of mental health need

- e) Any provision is child centred, relevant to developmental needs and the cultural context of the child
- f) Assessment and treatment of child mental health problems where the level of need would not require specialist input, in partnership with tier 1 professionals

The above principles can be achieved through the provision of:

(N.B. the following components are not in order of importance. All are seen to be intrinsic to the role)

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 increasing access to other services which 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, face-to-face advice and ongoing support for tier 1 practitioners at a more advanced level. The advanced level consultation includes joint assessments and supporting interventions with tier 1 practitioners.

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. Training should aim to consolidate existing knowledge through experiential learning, enabling tier 1 practitioners to recognise and manage child mental health problems at an early stage. Training should be appropriate to the developmental level and cultural context of the child population

d) Supervision

Primarily educative, supervision should aim to improve the ability of tier 1 practitioners to manage child mental health needs more effectively by improving their skills, knowledge base and their reflection on attitudes towards mental health, thus enabling more effective practice. Supervision can take the form of individual or group support and can also act as a means of consolidating the multi-agency training offered by PMHWs. NB. This component of the role should neither replace nor conflict with the professionals'/practitioners' 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 which 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 interventions undertaken by tier 1 practitioners, but the level of need is not appropriate for intervention within specialist CAMHS. Direct interventions should be brief and tailored to the child's and family's 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 targeted group work programmes.

f) Strategic planning

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

g) Research and Development

The PMHW have a role in identifying service needs and gaps across agencies with regard to children's mental health. They also are key to obtaining users' views and involving service users in the design, delivery and evaluation of accessible CAMHS provision in the community.

Guidance for supervision of PMHW (CAMHS)

The following points outline sections within Policy and Guidance, which underpin the need for robust Clinical and Professional Supervision frameworks to support PMHW in CAMHS.

(a) The Health Advisory Service Report (HAS 1995 page 136), stipulates that professionals undertaking the duties of the Primary Mental Health Worker need to be integrated with a specialist community Child and Adolescent Mental Health Service (tiers 2& 3), and receive regular and effective clinical supervision

(b) Clinical Governance (DH 1997, 1998a, 1998b)

(c) The NSF for children- Emerging findings (2003) Comprehensive CAMHS suggests there should be clear supervisory arrangements in place to ensure an accountable and safe delivery of services

(d) The NSF for Children, Young People and Maternity Services (2004) Standard 9, page 12, 4.4

(e) Every Child Matters: Change for Children (DfES, December 2004) page 17, 3.21

Issues to be addressed

- Direct clinical work
- Consultation / supervision of tier 1 practitioners and other CAMHS Professionals
- Development and delivery of training
- Liaison
- Learning through a consultation model (Caplan's model)

- The relationship with other agencies and professional identity
- The maintenance of creativity within PMHW role but avoiding isolation
- Recording requirements
- Regular critical analysis and review of the role and where components of work 'fit' within the role;
- Autonomy and accountability
- Ensuring integration of new policy and guidance into the development of the role
- Evaluation of PMHW service and role.

The aim of the competency framework and guidance for relevant competencies/ capabilities to deliver the role is intended to support the further development of the CAMHS Primary Mental Health Worker workforce, in the United Kingdom. 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; and the 10year NSF plan. The guidance should inform quality assurance in terms of accountability and credibility of PMHW practitioners and provide framework for developing clinical supervision and continued professional development for PMHW. The current PMHW workforce stands at an estimated 400-500 practitioners from a range of professional backgrounds employed at a senior level, in around one third of CAMHS. Recent policy guidance (described in this document) 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 the demands of increasing the workforce. It is also necessary 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.

The expectation is that staff with the appropriate qualities and capabilities to fulfil the role are deployed. The following competencies should be developed through a process of training and education, clinical supervision, personal development and continuing professional development. They will then link into the development and provision of accredited training courses for PMHWs as well as the development review process under Agenda for Change.

A CAPABILITY AND COMPETENCY FRAMEWORK FOR PRIMARY MENTAL HEALTH WORK in CAMHS:

SECTION 1	CAPABILITIES AND COMPETENCES SPECIFIC TO THE PRIMARY MENTAL HEALTH WORKER ROLE
CORE CAPABILITIES	SPECIFIC COMPETENCIES
<p>1. Understanding of mental health and emotional well-being</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge of bio-psycho-socio development of children and young people b. Demonstrate knowledge of factors and processes that promote positive mental health and well-being and attitudes that foster mental health promotion from pregnancy to transition into adulthood c. Demonstrate knowledge of risk and resilience factors, in relation to children and their families d. Demonstrate knowledge, skills and attitude to assess risk and resilience e. Demonstrate knowledge of the “family” as a concept and a system, its influences and dynamics on the children’s and young people’s development and functioning f. Demonstrate ability to safeguard and promote the welfare of children and young people (Children Act 2004, Section 11)
<p>2. Promotion, Prevention and Early Intervention</p> <p>Knowledge, skills and attitudes relevant to mental health promotion and preventative strategies for child and adolescent mental health (highlighted in NSF 2004</p>	<ul style="list-style-type: none"> a. Demonstrate skills to identify opportunities for mental health promotion at all levels of intervention (individual, family group and community, within the relevant cultural/ ethnic context. b. Demonstrate knowledge, skills and attitudes that enable tier 1 practitioners, children, young people, families and the communities to promote mental/emotional health c. Demonstrate knowledge and skills to develop strategies and programmes

<p>Standards 1 and 2)</p> <p>(Promotion, prevention continued)</p>	<p>which raise awareness of issues affecting children's mental health and promote child mental health and resilience, from pregnancy to adulthood</p> <ul style="list-style-type: none"> d. Demonstrate skills to liaise with health promotion practitioners and offer consultation to tier 1 practitioners to enable them to develop community based mental health promotion programmes (for example; self-esteem, social skills training and parenting programmes) e. Demonstrate skills to identify universal and targeted interventions which will promote children's mental health and support practitioners in tier 1 to deliver them, through the consultation process and liaison f. Demonstrate knowledge and skills to Identify gaps in the provision of services for children and young people at risk of mental health difficulties and their families g. Demonstrate skills to identify and appropriately apply knowledge about vulnerability and risk of the development of child mental health problems to the development of targeted programmes (prevention, early intervention)
<p>3. Communication</p> <p>With children, adolescents and their families, other community members and professionals, relevant to CAMHS provision (NSF 2004, Standards 3 and 4)</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge skills and attitudes for effective communication with children, adolescents and their families b. Demonstrate skills to engage children, young people, their families in order to facilitate access to appropriate services, to meet their mental health needs (for example; two-way communication, motivational work to keep them engaged) c. Demonstrate knowledge and skills to identify relevant tier 1 practitioners and offer consultation aimed at enhancing their communication skills in relation to CAMHS d. Demonstrate knowledge, skills and attitudes to collaborate effectively with other CAMHS tiers and to contribute/lead the mapping of clear pathways for CAMHS service users, and the design and development of information for service users required to enable them to make informed choices about their mental health needs

<p>4. Understanding mental ill health</p> <p>As it applies to children, adolescents and their families and assessment of mental health needs</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge, skills and attitudes for early identification of mental health problems in children and young people b. Demonstrate knowledge of factors and processes that can lead to mental ill health. c. Demonstrate knowledge, skills and attitudes to critically reflect on the issues related to diagnosis of mental illness and stigma, especially as it relates to children and young people d. Demonstrate knowledge and skills to critically reflect on the various models of understanding mental health and illness (for example; medical perspective, social perspective) e. Demonstrate an awareness of individual practice models and skills to reflect and justify models adopted, to appropriately meet the mental health needs of service users and ability to meet the needs of children and young people in partnership with relevant practitioners f. Demonstrate knowledge of child and adolescent psychiatric disorders and skills to assess needs and identify appropriate ways to meet these needs g. Demonstrate knowledge of transition issues for children and young people with mental health needs (e.g. from CAMHS to adult mental health, access at different tiers, outpatient to inpatient) and skills to liaise with and co-ordinate services to facilitate smooth transitions between episodes of care h. Demonstrate knowledge and triage skills, to assess and screen referrals i. Demonstrate knowledge and skills to deliver direct individual work with children, families and context/ systems, according to the identified mental health needs j. Demonstrate knowledge and skills to intervene with children, young people and their families in a variety of ways e.g. brief psychotherapy, solution focused approaches, cognitive behaviour therapy, motivational interviewing, systemic work ;and justify choice of intervention k. Demonstrate knowledge and skills in a range of interventions including
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	<p>therapeutic interventions in comprehensive CAMHS and the evidence of their effectiveness</p> <ul style="list-style-type: none"> l. Demonstrate knowledge and skills to ensure that children and young people can access the level of service provision and therapeutic intervention relevant to their mental health need m. Demonstrate knowledge, skills and attitudes to identify opportunities for providing a direct service to children and young people and their families, in an accessible and less stigmatising environment n. Demonstrate knowledge and skills for critical analysis and case conceptualisation to determine whether or not to intervene and then provide justification for the action taken o. Demonstrate knowledge, skills and attitudes to disengage from relationships once interventions are completed p. Demonstrate some knowledge and awareness of adult mental health problems and skills and knowledge to identify and refer to the appropriate services
<p>5. Knowledge of relevant legislation and the national policy framework for CAMHS</p> <p>How it applies to profession/service development / practice</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge of current developments in terms of legislation, policy and strategy relevant to CAMHS provision (e.g. NSF 2004; The Children Act 2004; Mental Health Act, Every Child Matters :Change for Children, 2004) in England; and relevant guidance in Wales, Scotland and Northern Ireland b. Demonstrate knowledge skills and attitudes to translate and implement them in the delivery of a comprehensive CAMHS c. Demonstrate awareness and knowledge of relevant policy developments in health, education, social services which have an impact on CAMHS provision for example for; disability, race relations, equality, youth offending, fostering, adoption and domestic violence. d. Demonstrate skills in the dissemination of relevant policy developments to practitioners in tier 1 CAMHS and other specialist CAMHS tiers (two-way), in

	order to build capacity and knowledge in relation to child mental health for comprehensive CAMHS
<p>6. Knowledge of services provided to children</p> <p>By the NHS, Social Services, Education and the Voluntary Sector</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge of local comprehensive CAMHS, what is available to whom and how this can be accessed b. Demonstrate knowledge and skills in mapping out the local comprehensive CAMHS provisions using mediums that are transparent and easily accessible to service users c. Demonstrate knowledge and skills in assessing the level of mental health need and identifying and justifying the appropriate services and level required to meet needs d. Demonstrate knowledge and skills to identify when it is appropriate to work across boundaries to develop a co-ordinated response to children and young people's mental health needs between agencies, within professional and clinical governance boundaries e. Demonstrate knowledge skills and attitudes to facilitate appropriate access to Specialist CAMHS and other relevant provision, according to level and nature of need
<p>7. Understanding the context and impact of socio-economic, cultural, ethnic and gender issues</p> <p>On the mental health of children, adolescents and their families</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge, skills and attitudes to engage children, young people and families from Black and Minority Ethnic groups b. Demonstrate skills to engage children and young people from vulnerable groups, ensuring the promotion of social inclusion (Youth Offenders, Looked After children, Homeless, Learning disability) c. Demonstrate skills in developing strategies to enable other tier 1 staff to consider engaging with these groups, through consultation, training, supervision and joint work. d. Demonstrate knowledge, skills and attitudes for enhancing accessibility to and equity for children and families who need comprehensive CAMHS,

	<p>especially those who would not ordinarily have opportunities to seek help from statutory and non-statutory agencies for example; Black and Minority Communities and homeless families</p> <p>e. Demonstrate skills, knowledge and attitudes to advocate and develop strategies for enabling specialist CAMHS to address the needs of the socially excluded from accessing the service, dependent on the local needs</p>
<p>8. Building capacity across tiers for comprehensive CAMHS provision</p> <p>For children, young people, their families / carers and communities</p>	<p>a. Demonstrate liaison, consultation, training and joint work skills for capacity building across tiers of service provision</p> <p>b. Demonstrate leadership skills and knowledge of strategies to strengthen Tier 1 CAMHS provision and 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 needs.</p> <p>c. Demonstrate knowledge of consultation and liaison models</p> <p>d. Demonstrate knowledge and ability to assess the training needs of professionals in relation to children's mental health</p> <p>e. Demonstrate knowledge of training development and delivery skills</p> <p>f. Demonstrate knowledge and skills for joint working, consultation, liaison, multi-agency-working and justification for the method chosen as a CAMHS intervention</p> <p>g. Demonstrate knowledge and skills to work with the systems and different contexts through consultation, liaison and training to address mental health issues for children, young people and their families</p> <p>h. Demonstrate knowledge and skills for joint working with tier 1 professionals which aims to share and impart knowledge on assessment of mental health needs and skills to offer consultation and education to practitioners already undertaking a piece of work, on management techniques, relevant to CAMH</p> <p>i. Demonstrate knowledge of systems and theory, and the skills to apply these to the various levels of work to meet children and young people's mental</p>

	<p>health needs and contribute to a community wide CAMHS perspective to facilitate systemic change in addressing CAMH issues</p> <p>j. Demonstrate skills relevant to motivate and empower/ increase the confidence of tier 1 practitioners to enable them to work with mental health needs within their remit (may include promotion and intervention)</p>
<p>9. Multi-agency working and working in partnership.</p> <p>Developing and maintaining constructive working relationships with young people (service users), carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspirations which may arise between the partners in care.</p>	<p>a. Demonstrate knowledge and skills for identifying children and young people's mental health needs and strengths of working in partnership with appropriate agencies (educational, health, social care and non-statutory/ voluntary sectors) to achieve this</p> <p>b. Demonstrate knowledge skills and attitudes for collaborative and team working when appropriate</p> <p>c. Demonstrate knowledge and skills to evaluate effectiveness and efficiency of collaborative working and justify it in terms of meeting CAMH needs.</p> <p>d. Demonstrate awareness and knowledge of the different role applications of PMHW to a number of contexts, and skills to maintain boundaries, accountability and responsibilities within role remit, to meet CAMH needs</p> <p>e. Demonstrate knowledge and skills to function and effectively manage multi-agency working dynamics</p> <p>f. Demonstrate knowledge skills and attitudes to undertake multi-agency working and balance this with issues of clinical governance</p> <p>g. Demonstrate skills to work across boundaries to develop a co-ordinated response to children's mental health between agencies</p> <p>h. Demonstrate knowledge, skills and attitudes to facilitate accessing users' and carers' perspectives and to enable them to participate in CAMHS planning, development and evaluation</p>

10. Strategic problem-solving and planning.	<ul style="list-style-type: none"> a. Demonstrate knowledge and skills to anticipate and identify challenges to delivery of CAMHS, and develop strategies for problem-solving in creative ways. b. Demonstrate knowledge and skills to plan and critically evaluate the implementation of the PMHW role to meet the mental health needs of children and young people c. Demonstrate skills and attitudes for time management and execution of tasks promptly to meet targets for CAMHS
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SECTION 2	SHARED CAPABILITIES AND COMPETENCIES ACROSS ALL CAMHS WORKERS, specifically applied to the PMHW role (Adapted from Sainsbury Centre's Capable Practitioner Framework - Shared capabilities for all Mental Health Workers)
11. Working with Diversity Providing Choice and delivery of Client Centred Services	<ul style="list-style-type: none"> a. Demonstrate knowledge and skills to establish and maintain dialogue with regard to difference and diversity in terms of, but not exclusively of; age, race, culture, disability, gender, spirituality and sexuality. b. Demonstrate knowledge, skills and attitudes for working in partnership with young people (service users), carers, families and colleagues to provide care and interventions which respect and value diversity in terms of age, race, culture, disability, gender, spirituality and sexuality. c. Demonstrate knowledge and skills for practicing professionally in dealing with other staff groups and service users (respect of rights, duties and responsibilities, empathy and integrity)
12. Practising ethically within the boundaries prescribed by national (professional), legal and local codes of	<ul style="list-style-type: none"> a. Demonstrate knowledge of the rights, choices and responsibilities of children and young people (service users) and their families, and skill to reflect on power differentials and minimising them, as is appropriate to meeting the

<p>ethical practice.</p>	<p>CAMH needs</p> <ul style="list-style-type: none"> b. Demonstrate knowledge, skills and attitudes for provision of treatment and care which is evidence based and accountable to service users and carers c. Demonstrate awareness and knowledge of confidentiality, consent, rights and responsibilities and access, as they relate to working with children, young people and their families in meeting their mental health needs on a continuum d. Demonstrate knowledge of the concepts of "confidentiality" and "informed consent" and skills in implementing them in practice when dealing with children, young people and their families e. Demonstrate knowledge of the National Service Framework for Children, Young People and Maternity Services, Children Act 1989, the Children Act 2004, the UN Convention of the Rights of the Child, Human Rights Act, the Data Protection Act, the Mental Health Act, Community Care Act. Race Relations (Amendment) Act 2000, Education Reform Act, Disability Act and awareness of other legislation/policy, relevant to provision of comprehensive CAMHS (relevant legislation/ policy in; Wales, Scotland and Northern Ireland) f. Demonstrate skills in interpreting the legal frameworks and implementing them in practice in relation to the provision of comprehensive CAMHS g. Demonstrate knowledge, skills and attitudes to reporting and recording of activity which reflects accountability in line with the clinical governance framework and enables young people and their families to access services without having to repeat themselves to a number of staff, which can be oppressive to them as service users
<p>13. Challenging Inequality.</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge of causes and consequences of stigma, discrimination, social inequality and exclusion, for children, young people, their families and carers in relation to mental health (the context and impact of socio-economic, cultural, ethnic and gender issues on children, adolescents and their families)


	<ul style="list-style-type: none"> b. Demonstrate knowledge of differences and power inequalities between communities and groups, for those who are socially excluded c. Demonstrate knowledge of the influence of social inequalities and other developmental processes on the mental health for children, young people and their carers d. Demonstrate knowledge and skills to create, develop, implement and evaluate strategies for maintaining valued social roles for children, young people, their families and carers with regard to their mental health needs (promotion, early intervention, prevention, and prompt access), within relevant contexts for example; schools and youth clubs. e. Demonstrate knowledge and skills for mapping needs and services for black and minority ethnic groups in the locality f. Demonstrate knowledge, skills and attitudes to engage in active dialogue with communities to assess need and facilitate access to appropriate CAMHS g. Demonstrate knowledge of differences and inequalities resulting from gender in relation to accessing CAMHS. h. Demonstrate knowledge skills and a reflective attitude to personal/ professional / agency biases in relation to socio-economic, cultural, ethnic and gender issues, their likely impact on the role implementation and skills to develop strategies to address this in the delivery of the role
<p>14. Promoting Recovery and Rehabilitation.</p> <p>Working in partnership to address mental health needs appropriately and enhance social functioning and quality of life for Child and Adolescent Mental Health service users and carers</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge skills and attitudes for managing service users in relation to transitions and accessing services across the tiers b. Demonstrate knowledge and skills in identifying support systems for mental health needs in the community and facilitating access for young people and families c. Demonstrate knowledge and skills to develop and deliver psycho- education for children, young people and families who have been receiving CAMHS care and when appropriate, involve other tier 1 practitioners in implementing programmes, to ensure continuity and sustainability of support

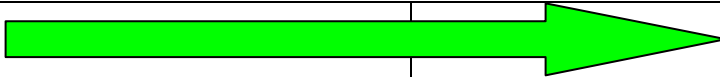




<p>15. Providing Children, Young People and Family Centred Services</p> <p>For mental health within Comprehensive CAMHS</p>	<ul style="list-style-type: none"> a. Demonstrate skills for negotiating achievable goals, with children, young people and their families when appropriate b. Demonstrate knowledge and skills for clarifying the responsibilities of partners in meeting identified CAMH needs and for systematically evaluating outcomes with service users c. Demonstrate, knowledge, attitudes and skills for engaging service users in service planning, development, review and evaluation d. Demonstrate knowledge and skills to enhance the role of other tier 1 staff to deliver comprehensive CAMHS within their remits. e. Demonstrate knowledge skills and the attitude to facilitate participation of tier 1 practitioners in identifying their needs with regard to their involvement in comprehensive CAMHS provision, how the needs should be met and in the evaluation of the PMHW role
<p>16. Facilitating access and appropriate responsive CAMHS services</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge, skills and attitudes to develop strategies that promote equality of access to mental health care in the most appropriate setting b. Demonstrate knowledge and skills in advocacy to influence planning , in order to minimise inequalities in access to and delivery of CAMH care c. Demonstrate knowledge and skills for involving young people, parents and community leaders in identifying inequalities in mental health care and developing strategies to address them at the local level d. Demonstrate knowledge of possible barriers to "access" to CAMHS and skills to develop strategies to address this appropriately


<p>17. Promoting safety and positive risk taking.</p>	<ul style="list-style-type: none"> a. Demonstrate knowledge and skills to safeguard and protect children and young people's welfare in line with the Children Act 2004 requirements b. Demonstrate skills to assess risk using already established assessment tools c. Demonstrate knowledge and skills for systemic assessment of risk factors in the environment and skills to develop a range of strategies to address identified risk d. Demonstrate knowledge and skills for development of protocols with families and other staff / practitioners to manage risk e. Demonstrate knowledge, skills and attitude to promote safety for themselves and others
<p>18. Continued professional and personal development and learning.</p> <p>Keeping up-to-date with changes in practice and participate in life-long learning, personal and professional development for oneself and colleagues through supervision, appraisal, developmental reviews and reflective practice.</p>	<ul style="list-style-type: none"> a. Demonstrate awareness, knowledge and skills to reflect on own practice and to identify own skills and knowledge b. Demonstrate knowledge, skills and attitude to identify gaps in one's own skills and knowledge, in relation to the needs of CAMHS provision and the organisation c. Demonstrate knowledge and skills to evaluate personal and professional developmental needs in line with CAMHS objectives d. Demonstrate knowledge, skills and attitudes to reflect on personal models, attitudes and prejudices about mental health work and develop strategies to address this in relation to the delivery of CAMH services

Appendix 1: Career Development Framework for Primary Mental Health Work in CAMHS

The following career structure provides a framework for the development of the PMHW workforce and suggests a practitioner training post, and progression from PMHW to a senior role, which encompasses PMHW professional, service and strategy development, moving toward an ‘advanced’ practitioner model.

Developmental Primary Mental Health Worker	Primary Mental Health Worker	Senior/ Consultant Primary Mental Health Worker
<p><i>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. 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.</i></p>	<p><i>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.</i></p>	<p><i>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 work. They will also have responsibilities for delivering the managerial, 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 and specific clinical supervision.</i></p>
<p>Ability to support and strengthen 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. This will be done at a variety of levels:</p> <ul style="list-style-type: none"> • Individual, direct and joint work • Work with other professionals for example, consultation, liaison 		

<ul style="list-style-type: none"> With the system advocacy getting community to demand facilities for youth in the area (Standard 1 NSF 2004) 		
Ability to assess and screen referrals		
Ability to intervene with children, young people and their families using a variety of therapeutic models		
Ability to provide a direct service to children and young people and their families, in an accessible and less stigmatising environment		
Ability to undertake 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		
Ability to work across boundaries to develop a co-ordinated response to children and young people's mental health needs across and between agencies		
Ability to facilitate appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need		
	Ability to provide consultation and liaison to other professionals	
	Ability to empower other professionals to take on new role of working with mental health (from	

	promotion to intervention)	
	Ability to effect community wide interventions which bring about systemic change	
	Ability to develop and deliver training to other professionals	
		The senior PMHW consultant will be a competent primary mental health worker within CAMHS
		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 work service provision
		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 and specific clinical supervision

		Demonstrate knowledge, skills and attitudes to maintain clinical expertise as an advanced practitioner
		Demonstrate knowledge and skills to develop the PMHW provision in response to national policy guidance and the changing needs of the CAMHS population
		Demonstrate knowledge and skills to continually critically evaluate the service and contribute to an evidence base for the practice of PMHW
		Demonstrate knowledge and skills to evaluate training to other professionals
		Demonstrate knowledge and skills to evaluate new comprehensive CAMHS service developments and provisions
		Demonstrate knowledge and skills to provide and evaluate supervision to PMHW and develop the supervision process in response to identified needs
		Demonstrate knowledge, skills and attitudes to develop and manage projects in relation to CAMHS provision and the PMHW Service

		Demonstrate knowledge and skills for fostering strategic and operational integration of PMHW services within the specialist CAMHS frame work across tiers 2 to 4
		Demonstrate knowledge and skills to develop a strategic plan and provide a vision and leadership for new service developments, co-ordination and streamlining of existing PMHW service
		Demonstrate knowledge skills and attitudes to manage the strategic and operational interface with partners in relation to PMHW service provision across the tiers

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