

# **Enhancing the skills of registered nurses caring for Children and Young People with Mental Health presentations**

End of project report

## Contents

Executive Summary .....	3
Key Findings .....	3
Areas for consideration .....	4
Definition of terms .....	5
Introduction .....	5
Background .....	5
Objectives .....	6
Project scope .....	6
Project process .....	6
Survey findings .....	7
Method .....	7
Pre-registration training – Clinical placements .....	7
Nurse survey .....	7
Senior nurse survey .....	7
Pre-registration training - Course .....	8
Nurse survey .....	8
Workplace training .....	9
Senior nurse survey .....	9
Nurse survey .....	9
EAG engagement .....	11
Skills gap .....	11
Areas for consideration .....	16
National Competency Framework .....	17
National accredited post-registration training .....	18
Clinical placements in pre-registration training .....	19
Simulated practice training .....	19
Access to reflective supervision .....	22
Annex 1 – Expert Advisory Group stakeholder list.....	23
Appendix 1 .....	26
Demographic Characteristics .....	26
Nurse survey .....	26
Senior nurse survey .....	27
Bibliography .....	28

## Executive Summary

Children and Young People’s mental health services (CYP MHS) are a key target area in the Long Term Plan<sup>1</sup> and nursing in CYP MHS accounts for fifty percent of the overall mental health nursing workforce requirements from 2021 to 2024.<sup>2</sup> This project is focused on the current workforce; identifying and exploring ways to address any skills gaps of nurses working in CYP MHS and nurses caring for CYP with mental health presentations.

Through enhancing the skills of the current workforce, the burden on services is reduced and services are better enabled to meet CYP MHS Long Term Plan commitments.

To do this, over the six-month project duration, the National Workforce Skills Development Unit (the Unit), carried out a series of exercises; firstly, a survey was distributed to the CYP MH nursing workforce to directly gain their views in the area.

Secondly, an expert advisory group (EAG) was convened to discuss the survey results and provide input and advice. The EAG consisted of senior nurses in CYP MHS, senior child nurses and mental health and child nursing academics. Additional workshops were held with EAG members to shape the identified skills gaps, ensure they were comprehensive and make suggestions.

Key findings and suggestions based on the survey findings and EAG engagements are listed below.

### Key Findings

#### Skills gap

In many services, there is a skills gap in nurses working in CYP MHS and nurses working with CYP with MH presentations. The gap in skills identified in the survey and EAG engagements were collated in this report across four domains as shown in [Figure 6, page 13](#):

1. Core competencies
2. Assessment, formulation, planning, implementation and evaluation of care in CYP MH
3. Ways of working
4. Training & development

#### Pre-registration Training

The Nursing and Midwifery curriculum (NMC) for undergraduate degrees across the four nursing specialisms (adult, mental health, child and learning disability) does not explicitly cover the area of CYP MH and HEIs are not required to cover this area in detail. This was confirmed by academic members of the EAG; training in the area is varied.

Therefore, in some cases, pre-registration training does not enable nurses to have the required skills and knowledge to work with CYP MH or distinctly identify their knowledge and skills applicable to working with these presentations.






#### Post-registration training

There are considerable inconsistencies across Trusts regarding workplace training in CYP MH and there are many barriers to accessing training. Access to robust reflective supervision was highlighted as a key area for improvement.

<sup>1</sup> (NHS, 2019)

<sup>2</sup> (NHS, 2019)

## Areas for consideration

	Immediate	Leading to	Long Term	Owner	Long Term Plan enabler
<b>Pre-registration training</b>	Undertake detailed scoping into the supply and demand of CYP MHS <b>clinical placements</b>		Possible expansion of CYP MHS placements	Health Education England & HEIs	Reducing attrition from training, growth and retention of CYP MH nursing workforce
	Undertake detailed scoping into the use of <b>simulated education</b> to determine best practice		Develop and trial a high-fidelity simulation package at a HEI focused on CYP MHS across all nursing specialisms		
<b>Post-registration training</b>	National <b>Competency Framework</b>		National accredited post-registration training	Health Education England	Growth and retention of CYP MH nursing Workforce
	Undertake detailed scoping into the use of <b>simulated education</b> to determine best practice		At least 1 CYP MH nursing specialist in simulation networks across all HEE regions <ul style="list-style-type: none"> <li>• Network represent Trusts in the region and collaborate with CYP MH, paediatric, and learning disability services in order to meet local CYP MH needs and cover the gaps in knowledge and skills of nurses via simulation training</li> </ul>		
	<b>Scope</b> what contributes to a <b>positive supervision culture</b> for nurses working with CYP MH		Facilitate robust supervision culture <ul style="list-style-type: none"> <li>• Training for supervisors</li> <li>• Infrastructure e.g. live supervision register in regions</li> </ul>		

## Definition of terms

<i>Children and Young People's Mental Health Services (CYP MHS)</i>	Community and inpatient mental health services provided for children and young people by the NHS in England
<i>Pre-registration training</i>	Training for registration as a nurse with the Nursing and Midwifery Council (NMC)
<i>Post-registration training</i>	Training for registered nurses
<i>Skills gap</i>	Difference in the knowledge and skills required for nurses in CYP MHS and nurses caring for CYP with MH presentations and the actual knowledge and skills of the workforce

## Introduction

### Background

Mental health problems develop early, with half of all mental health problems established by 14 years, and three quarters established by 24 years.<sup>3</sup> Therefore, the NHS is prioritising CYP MHS in the [Long Term Plan](#) as a high-profile service area, to ensure that children and young people have quick access to appropriate support. The NHS has committed to grow funding for CYP MHS faster than overall NHS funding and total mental health spending. The Long Term Plan goal by 2028 is to ensure that 100% of children and young people who need specialist care can get it.<sup>4</sup>

As outlined in the [Interim NHS People Plan](#), urgent, accelerated action must be taken to tackle nursing vacancies, especially in mental health settings.<sup>5</sup> The [Mental Health Implementation Plan](#) calls for over 2,000 additional nurses working in CYP MHS by 2024, which is approximately 5% of the overall nursing growth figure of 40,000.

To meet rising demand and deliver a high-quality service of healthcare to CYP MH

service users in line with the Long Term Plan ambitions, the Unit is identifying any skills gaps in nurses working in the area and exploring ways to address the gap.

The nursing profession makes up the highest proportion of the CYP MHS workforce, 29% or 3,187 WTE. They also make up the highest proportion of vacancies across the staff groups, 41% in 2018 or 450 WTE. Three quarters of nurses work in community settings and a quarter in inpatient settings.<sup>6</sup>

Where gaps in knowledge and skills in the area have been identified, there is currently not a standardised training approach to address this. The pre-registration curriculum for all four nursing specialisms (adult, learning disability, mental health and child) does not explicitly cover the area of CYP MH, and therefore there is varied coverage of the area amongst HEIs. Anecdotal evidence and the survey results found that many nurses new to CYP MH often feel that they do not have the necessary skills and knowledge to work effectively, and therefore it is often left to the services to provide training in the area.

This project seeks to identify any skills gaps in nurses caring for CYP with mental

<sup>3</sup> (Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K., & Walters, E., 2005)

<sup>4</sup> (NHS, 2019)

<sup>5</sup> (NHS Improvement, 2019)

<sup>6</sup> (Health Education England, 2019)

health presentations and explore possible ways to address the gap. It meets the Long Term Plan CYP MH commitments, through ensuring that nurses are supported and have the necessary evidence-based skills and knowledge to deliver effective care.

## Objectives

- Identifying skills gaps in nurses working in CYP MHS and with CYP with mental health presentations
- Making suggestions to help to address the skills gaps identified

## Project scope

The project looks at the current nursing workforce, identifying any skills gaps and seeking ways to address identified skills gaps of both nurses in CYP MHS and nurses caring for CYP with MH presentations in other settings in England. The term CYP MHS covers services provided by NHS Trusts in both community and inpatient settings.

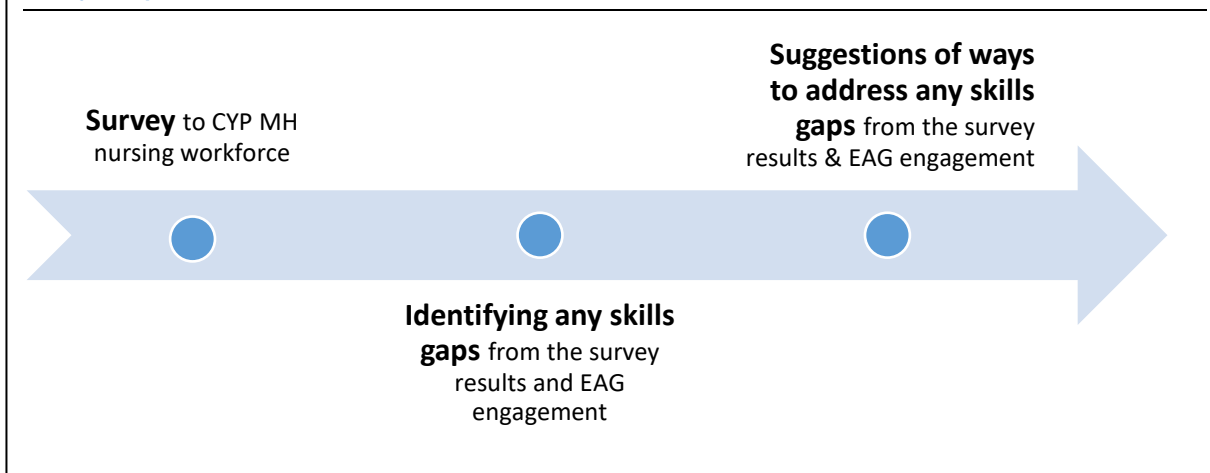
The focus of this report is on enhancing the skills of the current workforce and is not explicitly targeting the growth of the workforce. However, suggestions from this

report will seek to enhance the retention of the nursing workforce and may enable the growth of the workforce.

During the project, the scope was widened from focusing on nurses in CYP MHS to all nurses caring for CYP with MH presentations. This is because both the survey results and the EAG identified that there is a skills gap in a large area of CYP MH where nurses that do not work in CYP MHS but are caring for children and young people with mental health presentations require specific skills and knowledge. Bramanis identifies the need for children's nurses to have the education and training in mental health as a lack of inpatient beds in CYP MHS leads to patients being admitted to children's wards in general hospitals.<sup>7</sup>

The [NMC standards](#)<sup>8</sup> set out the requirements for approved education institutions (AEIs) with practice learning partners for pre-registration nursing programmes. The standards were reviewed in relation to the area of CYP MH. Although the standards require all nursing students to understand mental health issues across the lifespan, there is no explicit reference to cover mental health in children and young people.

## Project process



<sup>7</sup> (Bramanis C., 2019)

<sup>8</sup> (Nursing and Midwifery Council, 2018)

## Survey findings

### Method

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Two online surveys were administered to a small sample of the nursing CYP MHS workforce in England, one survey was for nurses and one survey was for managers in the service. To reach the demographic, the surveys were administered via the Health Education England CYP Leads to disseminate to nurses and managers in the service.

The questions in the nurse survey were designed to capture information on demographic profiles, self-assessment of skills and knowledge in CYP MH obtained during pre-registration training and on the job training, skills gaps in pre-registration

training and work-based training, and suggestions of ways to address any skills gaps.

The survey was administered for a month from October to November 2019, through an online survey platform (Microsoft Forms). It was designed so that it could be accessed 24 hours a day, through any device with a connection to the Internet. There was a total of 160 respondents, 109 for the nurse survey and 51 for the senior nurse survey. This represents approximately 5% of the total nursing workforce in CYP MHS, as of 2018. Demographics of respondents is in [Appendix 1](#).

### Pre-registration training – Clinical placements

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#### Nurse survey

**A key finding is that there is an issue around clinical placement capacity in CYP MHS in pre-registration courses**

Almost half of respondents, 48% (n=57/109) had not undertaken a placement in CYP MHS. 75% of those that had undertaken a placement answered that they did not have the option to undertake a placement in CYP MHS and 17% answered that the university did not have enough placements in the area.

#### Senior nurse survey

Services were asked questions regarding placement offer and the quality of the

**48% had not undertaken a placement in CYP MH in pre-registration training**



placement offer. 94% (n=48/51) answered that their service supported student nurses through placement opportunities.

However, it was not determined how many students were supported and the length of the placements. This information would need to be obtained from HEIs in order to determine an evidence base on the area of placement capacity in CYP MHS.

Senior nurses were asked if they felt that their service has the placement capacity to offer students a high quality and effective learning experience. Almost three quarters of respondents (n=38/51) answered in the affirmative. 20% (n=10/51) answered no. The main reasons listed included:

- Lack of resources
- Shortage of qualified nurses, especially in inpatient setting

## Pre-registration training - Course

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### Nurse survey

**A key finding is that pre-registration courses do not sufficiently cover the area of CYP MH to enable nurses to work effectively in the area.**

86% (n=94/109) of respondents answered that their course did not adequately cover the area of CYP MH.

Of the 14% (n=15/109) who answered that their course adequately covered the area of CYP MH the main reasons were due to respondents taking clinical placements or post-registration qualifications in CYP MH.

- Clinical placement:
  - Main learning during placement in CYP MHS, limited lectures & only one respondent reported an entire module on CAMHS

- Shortage of nurse mentors and supervisors
- Physical space
- Time
- Resistance from non-nurse practitioners to mentor students

- Post-registration qualification:
  - ENB 603/997/998 post-registration qualification covered CAMH
  - Postgraduate Diploma and Masters in CAMH related studies

In order to address any skills and knowledge gaps in the pre-registration course, respondents selected that the best means to address it would be primarily:

1. CYP MH modules
2. CYP MH placements

In addition to the above, some respondents noted that the specific areas listed below should be covered in the pre-registration course:

- Time in schools and social care
- Systemic and therapeutic technique and training
- Visits from CYP MH practitioners
- Attachment issues and styles
- Neurodevelopmental conditions e.g. ASD, ADHD



## Workplace training

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### Senior nurse survey

**A key finding is that senior nurses do not feel that nurses new to working in CYP MHS have enough knowledge to work effectively in the service.**

An average of 5 was reported when senior nurses were asked to rank if they felt nurses new to their service had enough knowledge to work effectively in the service. (Scale: 0-10 where 0=insufficient knowledge, 10=enough knowledge)

80% (n=41/51) of the respondents answered that their Trust provided training to nurses starting in CYP MHS. Of the 20% that answered no, the main barrier to providing training was lack of funding. The training that services provide to nurses in CYP MHS is inconsistent across Trusts, as

reflected in the nurse survey. The training listed included the following:

- Specialist CAMHS training programme
- 6-month preceptorship with peer group supervision
- New to CAMHS in-house training
- CYP-IAPT
- Trauma and ACE training
- Therapeutic interventions (e.g. DBT, solution focused therapy, motivational interviewing)
- Period of supernumerary learning and shadowing

### Nurse survey

**A key finding is that workplace training in the area of CYP MH is inconsistent across different Trusts, and there are many barriers to accessing training.**

68% (n=74/109) of respondents answered that they were not provided training specific to CYP MH when they first started working in the area. Of the 32% (n=35/109) of respondents who were provided training specific to CYP MH, most worked in a community setting. The training listed included:

- CAMHS preceptorship training
- CAMHS Induction
- ACE and PACE training
- New to CAMHS training
- Therapies

**68%** were not provided training specific to CYP MH when they first started working in the area



- Safeguarding
- Attachment training

On a scale of 1 to 10, respondents were asked to rate how content they were with the training currently available at their Trust. The average score was 5. The primary reasons for the score being:

- Lack of funding on Trust-provided training (particularly national based training opportunities)

- Locality and frequency of training sessions
- Training is therapy specific (CYP-IAPT) and should look at holistic skills and care for children and families
- Limited external/accredited training for CAMHS specific qualifications available
- Lack of backfill to cover staff going on training

Respondents were asked whether they felt supported in their role when they first started working in CYP MHS. 77% (n=84/109) answered yes, and 23% (25/109) answered no.

Respondents provided the following areas of support when they first started working in CYP MHS:

Regular clinical and managerial supervision	Mentorship	Peer support
Culture of reflection and learning	Supportive multi-disciplinary team	Ability to shadow other professionals

Respondents were asked how they could have been better supported when they first started working in the role. The common themes identified were ways of working (e.g. supervision, induction, preceptorship) and specific training (e.g. Autism Spectrum

Disorder and Attention Deficit Hyperactivity Disorder, trauma informed care).

These themes are illustrated by the examples of open responses provided by respondents below:

“Specific preceptor support”

“training had covered more on the adverse childhood experiences...more trauma informed care especially in terms of developmental trauma”

“CAMHS is very specific and... clinicians should have at least 6 weeks induction shadowing and working with different pathways before fully taking on the

“Clear development plan and progression route”

“Protected time for thorough induction”

“Training in relation to adapting mental health knowledge to the needs of children as well as family issues”

“Training on child development and attachment”

## EAG engagement

An Expert Advisory Group (EAG) was convened to discuss the survey results and provide input and advice on identifying any skills gaps and ways to address identified skills gaps, building upon the survey results. The survey results largely corresponded to EAG members' knowledge and experiences of the area.

The main differences identified by the EAG were:

- **Pre-registration training**  
Where the survey results reported significant gaps in knowledge and skills in pre-registration training, an academic member of the EAG noted that training in CYP MH varies amongst HEIs and often, lectures on CYP MH are delivered to nursing students. In their experience, nurses often do have the necessary skills, however upon registration they lack the confidence to apply their skills in the area.
- **Increase of scope to cover nurses from all specialisms caring for CYP with MH presentations**  
The survey reported the views of nurses (paediatric and mental health) working in CYP MHS. The EAG identified that there is a need to address any gaps in knowledge and skills in CYP MH across all settings.

For example, where nurses working in child settings knowledge is often strong in the area of physical CYP development and communication with CYP families and carers, mental health nurses' often do not have confidence in applying their skills in this area.

However, their knowledge is strong in the area of understanding mental health presentations in CYP and communication with CYP, often the areas in which child nurses lack confidence.

Therefore, there is an opportunity in pre-registration training for cross-teaching and learning across all four nursing specialisms to integrate mental and physical health.

### Skills gap

Through the survey results and engagement with the EAG, gaps in knowledge and skills were identified for nurses from all four specialisms (adult, child, mental health and learning disability) caring for CYP with MH presentations. These are structured into four domains, as depicted in Figure 6 on page 13.

1. Core competencies
2. Assessment, formulation, planning, implementation and evaluation of care in CYP MH
3. Ways of working
4. Training & Development/  
Leadership & Management

This has not been produced for use as a competency framework, but rather as a supporting document to guide planning and progress of some of the suggestions made. This is because the document does not meet the criteria which forms the basis of a competency framework, for example incorporating service user perspectives and peer review.

It should be noted that the knowledge and skills identified should be applied over different levels, ranging from what all nurses working with CYP MH may need to know, to what nurses working in specialist CYP MH services require.

Figure 1 Competencies for nurses working with CYP MH

Domain 1: Core Competencies	Domain 2: Assessment, formulation, planning, implementation and evaluation of care in CYP MH	Domain 3: Ways of working (they enable the clinician to effectively perform the other competencies)	Domain 4: Training & development/Leadership & management
<b>Knowledge/skill</b>			
<p>Knowledge of mental health presentations, with particular regards to how these might be expressed or observed in CYP, their families/carers and an ability to apply this knowledge in engagement skills with CYP and their families/carers</p>	<p>Knowledge and skills for direct therapeutic work with CYP across the age range (and with their parents/carers) reflecting the unique contribution of nurses for compassionate direct therapeutic care.</p>	<p>Knowledge of the importance of self-management and the therapeutic use of self when working with CYP MH in order to ensure that throughout the unique '24/7' role of nursing, interactions remain therapeutic (i.e. not restrictive)</p>	<p>An ability to work collaboratively within and across professional boundaries to build networks and communities of practice; develop staff and opportunities for new ways of working; and to share learning with the wider team.</p>
<p>Knowledge of the varied stages of human development, associated presentations and behaviours, including: childhood development and the normal range of variation; the function of adolescence; and atypical development (i.e. knowledge of neurodiversity)</p>	<p>Knowledge of a biopsychosocial and ecological approach and an ability to assess need in these areas, and develop a nursing formulation to then inform the planning and implementation care</p>	<p>Knowledge and understanding of the importance of CYP and parent/carer co-production and participation in their own care, service delivery, design and evaluation. This is inclusive of routine outcomes and experience monitoring and the use of this in session-by-session feedback and service development.</p>	<p>An ability to contribute to and support the development of themselves, others, and the wider system, including those delivering and receiving supervision</p>

Domain 1: Core Competencies	Domain 2: Assessment, formulation, planning, implementation and evaluation of care in CYP MH	Domain 3: Ways of working (they enable the clinician to effectively perform the other competencies)
<p>Knowledge of the impact of trauma and Adverse Childhood Experiences (ACEs) on development, behaviour and lifelong health, resilience and strength-based recovery</p>	<p>Knowledge of, and an ability to develop a shared or co-produced formulation with CYP and their parents/carers which contributes to enabling/equipping CYP and their families/carers to build capacity for ongoing care</p>	<p>Knowledge of a compassion, partnership working and systemic grounded therapeutic approach, which promotes collaborative working with CYP, their support networks, and professionals within and across professional boundaries.</p>
<p>Knowledge of the interdependence of mental health and physical health, and an ability to recognise how and when one may be impacting the other (e.g. the associated implications of an eating disorder on physical health, or a living with a Long Term Condition (LTC), and the impact this may have on mental health)</p>	<p>Knowledge of NICE approved, evidence-based interventions for mental health difficulties as well as why and when they are used in packages of care; and an ability, working within the nursing skillset, to deliver these where necessary/required.</p>	<p>Knowledge of the importance of supervision and fidelity to the different functions of supervision (i.e. the distinction between clinical and management supervision for example), and an ability to use effectively to promote reflective practice, managing stress/building upon resilience, maintaining accountability, and navigating the personal-professional interface of working with CYP MH</p>
<p>Knowledge of substance misuse, the behaviours commonly associated with this in CYP (e.g. experimentation), and how this impacts overall mental health, with an ability to screen, assess and manage associated risks (i.e. risks, effects, harm minimisation)</p>	<p>Knowledge and use of a range of relevant and specific screening tools / outcome measures (e.g. SDQ) that can be used to develop an understanding of the CYP's experience and support the delivery of care</p>	

Domain 1: Core Competencies	Domain 2: Assessment, formulation, planning, implementation and evaluation of care in CYP MH
<p>Knowledge of: legal frameworks utilised by the multiple sectors involved when working with CYP MH, including (but not limited to) Human Rights Act, Children Act(s), MHA, MCA and safeguarding procedures; their application, and an ability to identify issues that arise in relation to these, raise/escalate concerns and apply this to issues of confidentiality, capacity and consent</p>	<p>In-depth knowledge of the role of risk assessment and the ability to apply this to risk management and effective formulation in working with CYP MH, including aspects such as situational awareness, positive risk taking, harm minimisation and managing risk across networks.</p>
<p>Knowledge of equality and diversity, and an ability to apply this to promote equality of opportunity and access, with particular appreciation for the prevalence of issues around sexuality and gender identity in CYP</p>	
<p>Knowledge of how multiple agencies/sectors contribute to CYP MH, and where necessary, an ability to work in collaboration across these agencies and sectors. This inclusive of: Children's social care and wider children's services, including the VCF sector; education settings, (including FE) their contribution to CYPMH and the role of Mental Health Support Teams.</p>	

## Domain 1: Core Competencies

Knowledge and understanding of a systemic approach to working with CYP MH, the CYP in the context of the family, the role played by the wider 'system' in supporting CYP MH. Inclusive is the awareness of and ability to support family/care giver MH and empower CYP, and their networks of support to build capacity for ongoing care.

An ability to communicate with CYP and their wider network/system (including families and carers)

## Areas for consideration

The areas for consideration outlined in this section will enable nurses' contribution to CYP MH and wellbeing across all branches of nursing and a nursing career path into CYP MH services. CYP MH knowledge and skills training for nurses is an enabler for the Long Term Plan commitment of a strong start in life for children and young people. Additionally, they help to meet the following Long Term Plan CYP MHS commitments; the retention of the existing nursing workforce, reduce attrition from training and grow the nursing workforce in CYP MHS.<sup>9</sup>

As set out in the Interim People Plan<sup>10</sup>, a key focus is to improve the supply of nurses, not only through recruiting additional nurses, but crucially through reducing attrition from training and improving retention, with the aim to grow the nursing workforce by over 40,000 by 2024.

additional CYP MH nurses required is over 2,000 by 2024, which is roughly 5% of the overall nursing growth figure of 40,000, as shown in Figure 8. CYP MH nursing represents 50% of the total mental health nursing growth from 2021-2024

**Figure 8: Mental Health Implementation Plan growth figures**

<b>Additional staff (cumulative)</b>	<b>Year 1 2019/20</b>	<b>Year 2 2020/21</b>	<b>Year 3 2021/22</b>	<b>Year 4 2022/23</b>	<b>Year 5 2023/24</b>
Nursing – CYP MH – Including CYP Crisis	60	250	860	1,480	2,110
Year on year growth		317%	244%	72%	43%
Total CYP MH – all staff groups	310	1,220	3,440	5,750	8,050
CYP MH Nursing/Total CYP MH – all staff groups	19%	20%	25%	26%	26%
Total MH Nursing – All areas	190	690	1,690	3,010	4,220
CYP MH Nursing/MH Nursing – All staff groups	32%	36%	51%	49%	50%

As outlined in the Mental Health Implementation Plan<sup>11</sup>, the number of

<sup>9</sup> (NHS, 2019)

<sup>10</sup> (NHS Improvement, 2019)

<sup>11</sup> (NHS, 2019)



## National Competency Framework

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### The first area for consideration is to create a national competency framework for nurses working with CYP with MH presentations

Through the EAG, it was identified that there is a need for nurses from all disciplines (adult, child, learning disability and mental health) to have the skills and knowledge to be able to care effectively with CYP with MH presentations. Currently, there is no nationally accredited competency framework for nurses working with CYP with MH presentations and this area is not covered explicitly in the pre-registration NMC curriculum standards.

The identified competencies would provide an evidence-base to inform structured accredited training schemes to enable nurses to gain the knowledge, skills and confidence to work effectively with CYP with MH presentations across all levels of service.

This would help facilitate the expansion and retention of nurses working in CYP MH through the following areas:

- *Career progression:* To enable nurses to understand what competencies they will need to demonstrate at each level through working with CYP with MH presentations
- *Recruitment:* To support strategic workforce planning as part of the process of modelling for service expansion as set out in the NHS Long Term plan
- *Service improvement/training and development:* To support team managers and service leads to

create workforce plans to support service design, delivery and team development.

This would be delivered by:

- Collaboration with children and young people as well as their families/carers, HEIs and services across the three nursing disciplines (mental health, child and learning disability)
- Referring to existing competency frameworks which relate to the area and could possibly inform the CYP MH nursing framework or be integrated with them:
  - HEE Mental Health nursing career and competency framework (work in progress)
  - Effective, Safe, Compassionate and Sustainable Staffing (ESCaSS) for Mental Health Care<sup>12</sup>
  - [UCL and NHS Education for Scotland Competency Framework for Child and Adolescent Mental Health Services](#)<sup>13</sup>
  - [HEE Perinatal Mental Health Competency Framework](#)<sup>14</sup>- explore the possibility of creating a similar interactive online version, which can be accessed by all nurses via the e-learning for health portal
  - [We Can Talk CYP MH competency framework for all hospital staff](#)<sup>15</sup>
  - Referring to existing training in related areas such as the “We Can Talk” co-produced CYP MH

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<sup>12</sup> (NHS England, 2020)

<sup>13</sup> (Roth, A., Calder, F., Pilling, S., 2011)

<sup>14</sup> (Health Education England, 2018)

<sup>15</sup> (Child Outcomes Research Consortium, Healthy Teen Minds, Common Room)

training for hospital staff and piloted at Barts Health NHS Trust<sup>16</sup>

- Mapping skills on to the [Thrive framework](#)<sup>17</sup>, which has been endorsed in the Long Term Plan and supports workforce development responsive to CYP need and service using a model of joint delivery of care

### National accredited post-registration training

**The second area for consideration is to use a potential competency framework as an evidence-base to inform a nationally accredited post-registration course of study.**

It would be relevant to find out the proportion of nurses both in training and in the workforce that are interested in CYP MH but feel they lack the requisite skills as outlined by the EAG and survey results in Figure 1. A post-registration qualification would address this skills gap and facilitate the growth of the supply pipeline of the nursing workforce in CYP MHS, as it provides an entry route for nurses wishing to work in CYP MH from adult, learning disability and child nursing backgrounds.

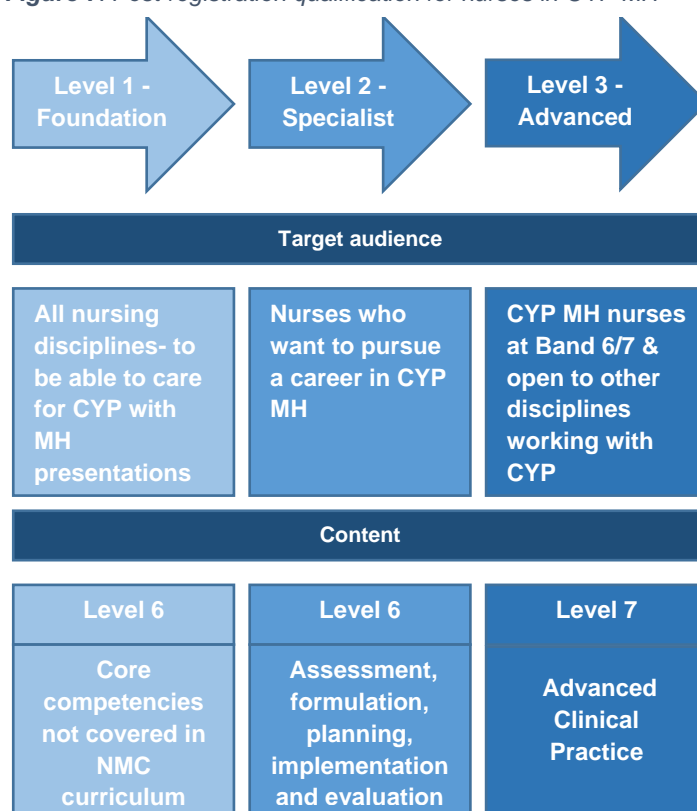
It would help to further career development opportunities for experienced nurses in CYP MHS and therefore enable retention.

A post-registration qualification ensures that the incoming nursing workforce has the appropriate skills and training to work effectively with CYP MH and therefore meet Long Term Plan commitments of a strong start in life for children and young

people. The qualification would reduce the burden on existing services to train up nurses, and therefore contribute to a more improved and efficient work culture.

The suggested programme of study would be split into three levels; foundation, specialist and advanced level practice, as set out below:

Figure 7: Post-registration qualification for nurses in CYP MH



<sup>16</sup> (WeCanTalk, 2017)

<sup>17</sup> (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S., 2019)

## Clinical placements in pre-registration training

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**The third area for consideration is to undertake detailed scoping into the supply and demand of CYP MHS clinical placements in pre-registration nursing courses across the four specialisms, to create a national picture of gaps and assess the feasibility of CYP MHS placement expansion.**

The survey results and EAG both identified placements in CYP MH in pre-registration training as key to address some of the knowledge and skill gaps, around ways of working and the synthesis of theory and practice. However, it was recognised that there are limited CYP MH placements available due to several factors including service pressures, availability of appropriate supervision etc.

## Simulated practice training

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**The fourth area for consideration is to undertake detailed scoping into the use of simulated education in pre and post-registration training to determine best practice and develop high-fidelity simulation packages.**

To build upon HEE's national strategy for simulated training and education, it is suggested that the scoping process would identify best practice in order to develop packages of high-fidelity simulation. This would be for both pre-registration and post-registration training and co-produced with service users and families, focusing on providing experiential learning covering a range of clinical presentations and settings at the interface of mental and physical health.

In 2014, HEE co-funded a National Simulation Development Project which was conducted by the Association for Simulated Practice in Healthcare.<sup>18</sup> HEE are currently in the process of developing a national strategy, including shaping standards, to ensure equity of access to simulated education and training that provides value for money and delivers patient-centred and high-quality educational outcomes. Some of the main advantages of simulated learning are:

- Guarantee learning through set learning objectives in a safe and supportive environment without risk to self or patient
- Facilitates the collaboration, learning, and 'cross pollination' of nurses across specialisms

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<sup>18</sup> (Health Education England, 2014)

- Creates a space for reflective practice both 'on action' and 'in action'

### *Pre-registration simulation training*

The 2018 Nursing and Midwifery Council (NMC) standards sets out the requirements for approved education institutions (AEIs) with practice learning partners for pre-registration programmes.

Simulated-based learning is stated as one of the possible methods for AEIs to meet the 2300 clinical hours requirement for students, so that they are "enabled to learn and are assessed using a range of methods, including technology enhanced and simulation-based learning appropriate for their programme as necessary for safe and effective practice."<sup>19</sup>

The 2018 NMC standards removed the cap on the number of hours that student nurses can complete in simulated practice, which enables AEIs to use simulated learning and assessment for CYP MH where there are limited placements and to facilitate learning and 'cross-pollination' across nursing disciplines.

The simulation scenarios should cover CYP mental health, physical health and learning disability and will enable nursing students in any setting to be able to care effectively for CYP with MH presentations and achieve the NHS' ambition of parity of esteem between mental and physical health for children and young people.<sup>20</sup>

After scoping of AEIs using simulated practice across England is carried out, examples of good practice should be used

to pilot a simulation package of CYP MH clinical presentations in different settings at an AEI. This can compensate for practice placements, where capacity for CYP MHS to host placements has been an issue.

This would provide safe, standardised and supportive exposure for nurses in training to the area of CYP MH where otherwise they would not have been, i.e. due to lack of placement in the area. Through this exposure, the supply pipeline of nurses in CYP MH may increase, as nurse trainees from adult, mental health, child and learning disability disciplines may be more likely to work in CYP MHS, after experiencing experiential learning in the area.

If not, having undertaken this experience nurses from these three disciplines could develop a grounding in working with CYP MH that could be applied to their practice such as family centred care and working in partnership; transition to adult services; and working with MH issues where the CYP has a learning disability, developmental delay, autism, or a physical disability that affects ability to communicate.

As part of the evaluation process, HEIs that pilot the simulation package could analyse data on newly registered nurses entering the CYP MH workforce and determine if there has been a marked increase after trialling the simulation package by comparing it to historical data on nurses working in CYP MH. This could also help to reduce attrition from training, as simulated learning would facilitate the collaboration, learning and 'cross pollination' of nurses across specialities, and create a space for reflective practice, which may not be readily accessible.

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<sup>19</sup> (Nursing and Midwifery Council, 2018)

<sup>20</sup> (Independent Mental Health Taskforce, 2016)

It is recommended that the potential for pre-registration programmes where students can specialise in CYP MH through a bespoke placement circuit is explored. This would replace the 'Level 1 – Foundation' of the post-registration qualification and facilitates the increase of the supply pipeline through enabling nurses to be ready to work in CYP MH upon registration. It would encourage retention through enabling registered nurses to have a career pathway, as they would be able to progress more quickly into Level 7 roles and higher through bypassing the foundation level of the post-registration qualification.

- The number of bespoke pathways on offer in each Integrated Care System (ICS) would be related to strategic workforce planning to match service delivery requirements and could be provided for all nursing specialisms.
- Student nurses can register at 'Level 1 - Foundation' integrated into pre-registration training
- Upon registration, registered nurses would have the necessary skills to work in CYP MH immediately and can progress to 'Level 2 – Specialist' post-registration qualification
- Potential for a fast track pre-registration nursing training which is open to CYP MH non-nursing specialists (e.g. teachers, police officers, youth works) and through a bespoke placement circuit can enter CYP MH upon registration and progress to Level 7 roles within 2 years through 'Level 2 – Specialist' post-reg qualification

### *Post-registration simulation training*

As part of HEE's national strategy for simulated training and education, simulation networks in certain regions have been developed to identify and support best practice and training, which will assist organisations in delivering high quality care and ensuring patient safety.

It is suggested that simulation networks are formed in the remaining regions, which include a group of CYP MH specialists with at least one nursing specialist in CYP MH. The group would represent Trusts in the region and collaborate with CYP MH, paediatric, and learning disability services in order to meet local CYP MH needs and cover the gaps in knowledge and skills of nurses.

It was identified in the survey results and the EAG that a key barrier to accessing training is limited time and unsuitable locations, therefore it is suggested that a flexible approach is taken to developing the training (i.e. location, duration, format) to match to service need and locality, for example, blended offers.

## Access to reflective supervision

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**The fifth area for consideration is to further explore what contributes to a positive supervision culture for nurses working with CYP MH and facilitate a robust clinical supervision structure.**

The survey results and EAG highlighted that in order to address and embed the practices identified in the skills gap, there is a need to address ways of working, that enable nurses to effectively demonstrate the other competencies. Specifically, this referred to access to reflective supervision for nurses.

There was noted inconsistency across disciplines, services and Trusts, regarding adequate provision of supervision, trained supervisors, and support for supervisors.

A positive supervision culture encourages early retention by ensuring newly qualified staff are well supported and can help to further career development opportunities.

Reflective supervision was determined as an essential component to enable nurses to be able to recognise, focus on, articulate and practise their skills and knowledge in order to understand their competence, be confident in their practice, recognise and fill their gaps and share their knowledge through working with other nurses. This enables the development of continued confident and resilient practice in a supportive organisational context.

This would involve research to provide an evidence base of the efficacy of reflective supervision and involve detailed scoping of the current best practice of different uses of supervision for nurses working in CYP MH and with CYP with MH presentations. This research would analyse the various methods of supervision (clinical,

management, restorative etc), the delivery (i.e. coaching, mentoring, case-discussion/conference etc) and their appropriacy depending on level of experience and band, as well as challenges and possible solutions to access.

One such solution could be the development of a live supervision network that could be piloted within or across Trusts regionally. The supervisors on the register would require recognised and accredited supervision training, and this must be supported by the correct infrastructure in the service.

The training methods of supervisors and how supervisory skills are developed must be considered, which could be incorporated into the competency framework as another domain and how this process could be used to upskill clinicians in growing areas. Careful consideration would have to be given regarding clinical accountability and raising concerns.



## Annex 1 – Expert Advisory Group stakeholder list

First name	Surname	Job Title	Organisation
Simon	Arday	Clinical Advisor - RMN at King's College Hospital	The Tavistock and Portman NHS Foundation Trust
Laurence	Baldwin	Assistant Professor (Mental Health Nursing)	Coventry University
Tracy	Barker	Senior Matron for Hospital based Children's Services	Chesterfield Royal Hospital
Gill	Baughan	Sister - Adolescent Unit	University College London Hospital (UCLH)
Dr Sarah	Bekaert	Senior Lecturer Child Health	Oxford Brookes University
Carrie-Ann	Black	CAMHS Research and QI Nurse Lead	South London and Maudsley NHS Foundation Trust
Rachel	Boardman	Deputy Divisional Nurse	Nottingham Children's Hospital
Mandy	Burton	Nurse Consultant	Sussex CAMHS
Chris	Caldwell	Director of Nursing	The Tavistock and Portman NHS Foundation Trust
Karen	Chandler	Associate Professor & Director of Practice Learning	Kingston University and St Georges University of London
Ann	Cox	Consultant Nurse & Clinical Lead - CAMHS	North Staffordshire Combined Healthcare NHS Trust
Darren	Darby	Director of Nursing - Corporate	Great Ormond Street Hospital NHS Foundation Trust
Viki	Elliot	Lead Matron CAMHS Community	Leicestershire Partnership NHS Trust
Kath	Evans	Director of Children's Nursing	Barts Health
Catherine	Gallop	Associate Professor / Consultant Clinical Psychologist	University of Exeter
Alex	Goforth	National workforce mental health lead	NHS England & NHS Improvement
Mark	Goninon	Assistant Chief Nurse University Hospitals Bristol	Bristol Royal Hospital for Children
Marjorie	Goold	Consultant Nurse	Ancora House, Countess of Chester Health Park

Anna	Guildford	Lead Nurse	Sussex CAMHS
Rebecca	Hall	Senior Lecturer - MH Nursing	University of Chester
Simon	Hardcastle	Divisional Head of Nursing Paediatrics and Neonates	Kettering General Hospital NHS Foundation Trust
Emma	Houlby	Interim Healthy Minds Service Manager	Lincolnshire Partnership NHS Foundation Trust
Vikki	Hughes	Head of Nurse Education and Support Worker Development	Alder Hey Children's NHS Foundation Trust
Steve	Jones	National Advisor CYP MH	NHS England
Heather	Kapeluch	Head of Operations, CAMHS and Specialist Children's Services	Avon and Wiltshire MH Partnership NHS Trust
Mary	Lacy	Senior Lecturer in Mental Health Nursing, Subject Co-ordinator for Mental Health Nursing (BSc, MSc, PGcert) and MSci Dual Registration Nursing.	Oxford Brookes University
Omar	Mansaray	Senior Lecturer (Mental Health)	Kingston University and St Georges University of London
Naomi	May	Nurse Consultant	Sussex CAMHS
Salli	Midgley	Lead Nurse - Mental Health	NHS England & NHS Improvement
Becks	Mortimer	Assistant Chief Nurse	University College London Hospital (UCLH)
Sonya	Newby	Head of Learning Services	North East London Foundation Trust (NELFT)
Clare	Nichols	Family Therapist/ Team Lead CAMHS	Chesterfield Royal Hospital
Terri-Anne	Nolan	Consultant Nurse	Ancora House, Countess of Chester Health Park
Aneesah	Roast	Clinical Advisor	The Tavistock and Portman NHS Foundation Trust
Jane	Robb	Clinical Manager (Mental Health Pathway) Specialist	Northumberland, Tyne & Wear NHS Foundation Trust
Alison	Robertson	Chief Nurse	Great Ormond Street Hospital NHS Foundation Trust
Kim	Robinson	CYP General Matron	University College London Hospital (UCLH)
Nicola	Ryan	Senior Lecturer	Kingston University and St Georges University of London
Gary	Souter	Programme Lead for Msci Nursing with Leadership and Dual Registration	University of Leicester



Laura	Spike	Professional lead for Nursing	Alder Hey Children's NHS Foundation Trust
Susan	Tatsinkou	Head of Nursing	Southern Health NHS Foundation Trust
Scott	Topping	Development Nurse (Lead for Student Experience and Mentorship)	St George's Mental Health Trust
Ruth	Turnbull	Lead Nurse CYPS	Acorn House, Gloucestershire Health and Care NHS Foundation Trust
Carly	Vassar	Head of Nursing and Patient Experience	Great Ormond Street Hospital NHS Foundation Trust
Paul	Warwick	Clinical Lead CAMHS Inpatient Service	Humber Teaching NHS Foundation Trust
Caroline	Whyte	Divisional Director of Nursing	Walsall Healthcare NHS Trust
Raquel	Williams	CAMHS Senior Project Manager	NHS Tower Hamlets CCG

# Appendix 1

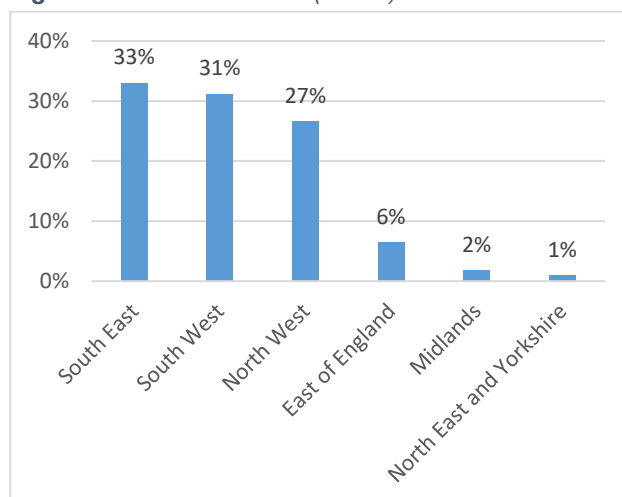
## Demographic Characteristics

### Nurse survey

#### Location

A total of 64% (n=70/109) of respondents were from the South West and South East of England, with a smaller representation from the North West of 27% (n=29/109) and marginal representation from the Midlands, East of England, and the North East and Yorkshire.

**Figure 2** Location of nurses (n=109)

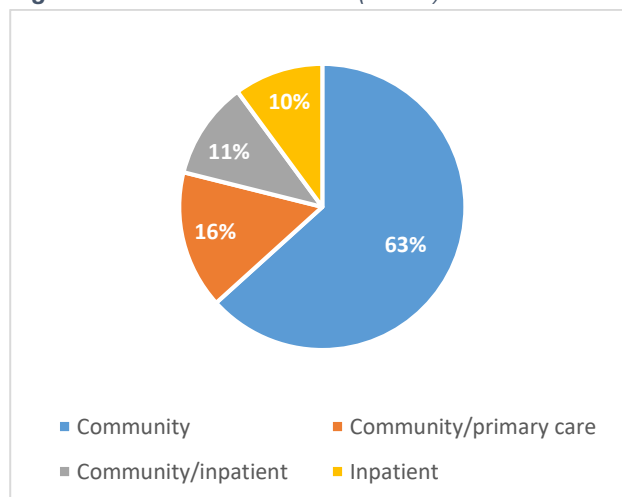


#### Area of work

Most respondents, 79% (n=86/109) were from a community setting, and 10% (n=11/109) from an inpatient setting. 11% (n=12/109) reported working across inpatient and community settings.

Almost half of all respondents, 47% (n=51/109) were Band 6. There were 28% (31/109) Band 7 respondents and 13%

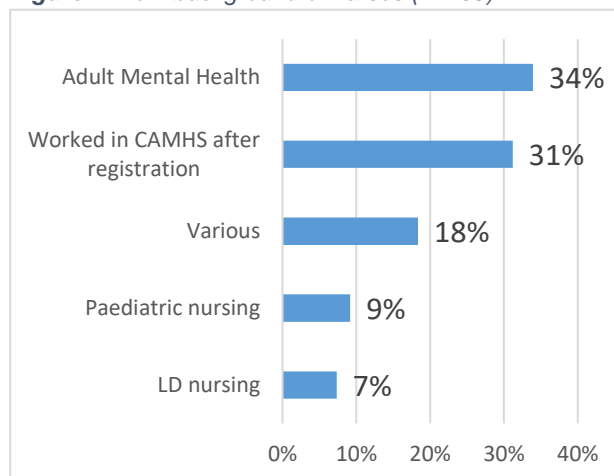
**Figure 3** Area of work of nurses (n=109)



## Work background

Before working in CYP MHS, 34% (n=37/109) of respondents had previously worked in Adult Mental Health, and 31% (n=34/109) of respondents worked in CYP MHS straight after registration. 19% (n=20/109) of respondents had previously worked across different specialities, 9% (n=10/109) in Paediatrics Nursing (n=10/109) and 7% in Learning Disability nursing.

**Figure 4** Work background of nurses (n=109)

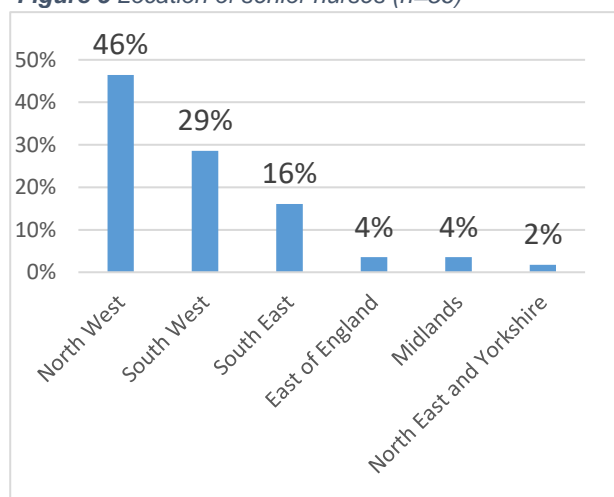


## Senior nurse survey

### Location

Nearly half of respondents, 46% (n=26/56) were from the North West and 45% (n=25/56) from the South West and South East. There was marginal representation, less than 5%, from the East of England, Midlands and the North East and Yorkshire.

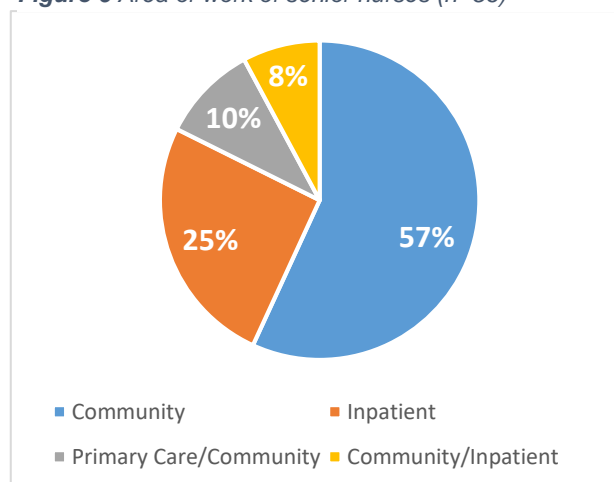
**Figure 5** Location of senior nurses (n=56)



### Area of work

Most respondents, 67% (n=34/51) were from a community setting, while 25% (n=13/51) were from an inpatient setting. 8% (n=4/51) worked across community and inpatient.

**Figure 6** Area of work of senior nurses (n=56)



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