



The National Centre of Excellence  
in Youth Mental Health

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National Youth Mental Health  
**Training Framework** (2016 - 2020)

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## Foreword

Mental disorders affect one in four young people, and the early signs of serious mental illnesses often appear during the important developmental phases of adolescence and transition to adulthood. Early attention to the warning signs of more serious illness can often prevent its progression and functional recovery can get a young person back on track and able to fulfill their full life potential.

Anyone who has a duty of care to young people can potentially be a part of the youth mental health workforce. People working in fields like education, welfare, housing and employment services, police or the judicial system will come into contact with young people who are at risk or who may be experiencing mental health difficulty. This workforce is crucial in working collaboratively with youth mental health specialists to promote mental health and well-being, prevent the onset of mental ill health, detect early signs, help young people access care and support them in their journey back to wellness.

The Framework is applicable to that broad youth mental health workforce, ranging from those whose principal role is another field of expertise, to those who have specialist training in the treatment of mental ill health in young people.

It is intended as a practical guide for employers and trainers, or for individuals, whose organisations contribute to the health, wellbeing and social inclusion of young people, their families and friends.

The Framework draws on the best available evidence about what works best in supporting the mental health of young people; about what works in workforce training and development in general; about the innovations that might be necessary in the way we conceptualise this workforce; and about how we educate, train and support these diverse multidisciplinary teams. It is a competency-based framework that builds on recent important work on the competencies and capabilities of the mental health workforce at the national level.

The Framework should be read in conjunction with the National Youth Mental Health Workforce Strategy which has also been produced by Orygen. Together they will be of use to all those who plan health and human service workforces, who employ people who come into contact with young people and to those who research in the area of workforce development.

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## About this Framework

### Values underpinning the Framework

Orygen's vision is for all young people to enjoy optimal mental health as they grow into adulthood. We have a commitment to evidence based training and education to ensure that there is continuous improvement in the treatments and care of young people experiencing mental ill health. Through our research, and that of others like the Young and Well CRC,<sup>1</sup> we work to promote a new, more positive approach to the prevention and treatment of mental disorders in young people; improve access to youth-specific mental health services; and shift the focus towards early intervention, getting well and staying well, using innovative models of care that include partnership with young people, their families and friends.

### Purpose of the Framework

The National Youth Mental Health Workforce Training Framework has been developed to provide guidance for employers and trainers of staff who may work in the prevention, early intervention or treatment of mental ill health in young people (aged 12-25) and who may provide ongoing support for young people to achieve the health and wellbeing that will assist them to reach their full potential in adult life.

There is a broad workforce that comes into contact with young people at risk of, experiencing or recovering from mental ill health. This workforce comes from diverse backgrounds and

works in a range of roles and professions across different systems (health, welfare, education, judicial); across different settings (home, school, TAFE and University, community services, acute settings, rehabilitation and support); and using a range of interventions and methods of delivery (online tools, resources and support; general health and wellbeing support; specialist treatment services; individual, family and group support programs etc).

The point of contact, level of expertise and nature of the relationship of a staff member with an at-risk young person will vary depending on their role and their work context, just as the young person's experience of mental ill health can vary along a continuum.

Therefore, in this Framework, the workforce includes the traditional mental health clinical workforce, youth and family peer support workforces and various professionals who work with young people in wider community settings (for example, General Practitioners, School Nurses and Counsellors, Youth Workers, Alcohol and Other Drug Counsellors, or those working in Child Protection, Juvenile Justice, Law enforcement, Welfare and Employment services). The Framework is also useful for those who employ people who are working with young people with mental health issues or those who come into contact with young people in any setting.

This National Youth Mental Health Training Framework seeks to:

- identify the competencies required of any staff member who works with young people at risk of, experiencing, or recovering from mental ill health
- assist employers and trainers to identify the training needs of staff and the appropriate levels of expertise in youth mental health for different roles in their organisations
- provide guidance to employers and trainers seeking to effectively and sustainably build the capacity and skills of staff to work to improve youth mental health support and service delivery
- encompass prevention and early intervention as well as care for young people with existing mental disorders, including co-existing physical ill health or substance use
- provide a flexible, overarching training framework that guides the entirety of the Australian youth mental health workforce, and that complements discipline-specific training programs and professional requirements
- be compatible with the Australian Qualifications Framework
- be relevant and of maximum utility to all staff who work to improve and maintain youth mental health, regardless of context, role and level of expertise
- guide investment in youth mental health training that is: current and evidence-based; relevant to client need and organisational need; sustainable and maximising local strengths and resources.

This Framework was developed from a detailed analysis of peer-reviewed and grey literature, and expert sector stakeholders' views and advice. It builds on relevant recent work in mental health competency/capability, both in Australia and overseas, with added emphasis on the needs of young people, their families and friends. It is intended to support a learning-centric, competent, sustainable and multidisciplinary youth mental health (YMH) workforce.

## Key issues in youth mental health

### Prevalence and costs

Mental disorders are the leading cause of disability and death among young Australians aged 15-24 years.<sup>2</sup> One in four young people (26%) aged 16-24 are suffering from a mental disorder<sup>3,4</sup> and mental ill health accounts for almost 50% of the burden of disease in this age group.<sup>5</sup> The most recent national survey found that 15% of young people had anxiety disorders, 13% had substance use disorders and 6% had affective disorders (such as mania or depression).<sup>6</sup> An estimated 75% of people with a mental disorder experience their first symptoms before they turn 25<sup>7</sup> and these symptoms can precede a diagnosable mental, emotional or behavioural disorder by two to four years.<sup>8</sup>

Young people with a mental disorder are more likely to have lower educational attainment, experience joblessness and have poor physical health<sup>9</sup> and there has been consistent evidence that the social and economic costs of youth mental illness to the individual, the family and the community are significant due to lost opportunity during crucial years of development and education.

### Young people at risk

The reasons why some young people develop mental disorders are complex, but a range of possible contributors are in play, including individual attributes, family and social factors, school context, life events and situations, and community and cultural factors. Experiencing adverse situations, especially during youth, may contribute to the development of a mental disorder. Further, physical developmental factors can play an important role, especially in adolescence.

Many factors can increase levels of distress or the risk of mental ill health in young people. These include: poverty; poor quality housing; exposure to multiple stressors e.g. illness, disability, a bad accident, pregnancy, divorce or separation, death of a family member or close friend, witness to violence; racism and abuse or violent crime; losing a job or unemployment; the compounding effect

of alcohol and drug use; discrimination; lack of social networks; inability to communicate; social and/or geographical isolation; school exams; body image; bullying and harassment; career choices and plans for the future. Incarceration also has serious mental health impacts and in turn, mental ill health can lead to incarceration.

Many of these factors impact more significantly on particular groups of young people in Australia, especially young people who are Aboriginal and Torres Strait Islander. For Indigenous young people, their families and friends, additional life stressors such as unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism, discrimination and social disadvantage can increase the risk of mental ill health.<sup>10</sup>

Also at increased risk of mental ill health are young people who are gay, lesbian, bisexual, transsexual, intersex; from culturally and linguistically diverse backgrounds; experiencing homelessness or institutional care; in detention or incarcerated.

To compound the high risk and high prevalence of mental ill health in this age group, young people also have low rates of help seeking behaviour, largely attributed to the ongoing stigmatisation of mental ill health in our society.

### Treatment approaches

Government funding for youth mental health in Australia supports youth-specific activity across a spectrum ranging from prevention (targeting whole of population and at-risk groups), through early intervention (high risk groups, illness identification, early treatment) and continuing care and recovery (ongoing treatment,

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**“Training in treatments for specific disorders needs to be evidence based, focused on skills development and be followed by supervision and monitoring for fidelity to the model of treatment.”**

Youth Mental Health Practitioner



self-management, functional recovery and rehabilitation). It endorses the aim of achieving a 'stepped approach' to care and recovery that seeks to respond early to a young person in difficulty, then work with the young person to treat initial and milder symptoms where possible (with less harm and to greater effect), only 'stepping up' to intensive/specialist services as clinically required, for example if the illness progresses and symptoms are more severe or chronic, and 'stepping down' to less intensive treatment and a focus on functional recovery and support as symptoms subside. An example of such an approach is EPPIC's Clinical Staging Model for the treatment of early psychosis.<sup>11</sup>

These approaches call for a longer term relationship with a young person, their family and friends across an 'illness journey', involving service providers, systems, carers and communities working collaboratively to support young people, sometimes through periods of symptom fluctuation and relapse, through to recovery.

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**"Health responses are changing. The young people ... their world has been all through the Internet ... a whole online world that might be weird for Generation X but it's changing how people relate to each other ... The traditional model [was] about sending a young person to see a counsellor in a room once a week. We are talking about broadening health service provision."**

Rural Mental Health Practitioner

## What is 'different' about working in youth mental health?

Much of the excellent recent work in mental health workforce competency and recovery-oriented principles has important relevance for youth-specific mental health approaches. But in youth mental health (YMH) there are areas of emphasis and impact that are crucial for effectiveness in supporting and treating young people experiencing mental health difficulties. These include (but are not limited to):

- a specific knowledge base - treatment is intricately linked to physical, neurological, sexual and emotional development and maturation and to complex social factors<sup>12, 13</sup>
- some established treatment approaches and adult pharmacotherapies can be ineffective or even harmful<sup>14</sup>
- traditional training curricula have not included many of the desired approaches for youth mental health<sup>15</sup>
- the help-seeking and information-seeking behaviour of young people can be quite different from other population groups and calls for new approaches and settings<sup>16, 17, 18</sup>
- the behaviour of young people who are experiencing difficulty can be challenging<sup>19</sup>
- building trusting relationships can take time and may involve a different 'mix' of people in the therapeutic team<sup>20, 21</sup>
- young people and their families and friends can be key participants in and contributors to treatment and recovery<sup>22</sup>
- the illness journey can be long and requires longer relationships with members of the treatment team<sup>23</sup>
- expectations of the outcomes of treatment steps need to be understood and carefully managed (that is, expectations of the young person, their family and friends, the service providers and any others providing support)<sup>24</sup>
- home-based interventions may be required<sup>25</sup>
- effective treatment and support can be highly dependent on the attitudes, language and values of the treatment team.<sup>26</sup>

## Competencies in youth mental health

### Competencies of interest

'Competencies of interest'<sup>27</sup> are common skills, knowledge, attitudes and behaviours that are required for effectively working in *any role* related to youth mental health and in *any setting*. These competencies are largely inter-professional and collaborative, and are intended to complement the specific competencies or accountabilities of the different professional groups who may be involved in YMH. They are sometimes referred to as 'universal competencies' relevant to all types of roles, as distinct from 'clinical competencies' required of those providing direct care and treatment.

"The hardest part is to manage getting the person motivated to recover. This would be the toughest part. You can address theoretically, there is no substitute for practice."

Eating Disorders Expert

"Train workers how to work with client groups to assess and potentially change their environment to enhance long term change."

YMH Counsellor

The universal competencies required to work effectively and sustainably in youth mental health, regardless of profession or role, are:

- **Person-centred holistic care**
- **Recovery focus**
- **Collaboration with families**
- **Collaboration with communities**
- **Health promotion and prevention**
- **Advocacy (de-stigmatisation)**
- **Language, values and attitudes (hope, optimism, non-judgmental)**
- **Cultural competence/ working with diversity**
- **Integration, service coordination and partnership**
- **Evidence based treatments**
- **Developmental knowledge and treatment approaches**
- **Caring across the illness journey and treatment continuum**
- **Self-management and care**
- **Managing expectations of treatment outcomes**
- **Understanding and managing challenging behaviour**

## The competencies of a youth mental health worker

Anyone can be a youth mental health worker: teachers working in a community under stress; a youth worker assisting a young person to find housing or a job; a netball coach who notices changes in the behaviour of a player. Knowing how to promote the mental health of young people, what signs could indicate difficulty or trauma, how to broach the subject and where to get help can be crucial for preventing mental ill health or guiding a young person towards timely assistance from the right people. The competencies listed above can be relevant and useful to *anyone* who has a duty of care to young people.

Those who provide direct care to young people at risk or experiencing mental health difficulty (general health and specialist mental health professionals) need to draw on the same YMH worker competencies at a higher or expert level, together with their discipline-specific and/or cultural knowledge and skills.

Table 1 outlines the competencies required of an effective youth mental health worker at particular levels of expertise.

“We require new approaches to how we both define the ‘mental health workforce’ and shift the focus ... to a broader one that includes social and personal support workers, including peer workers.

Other mental health support people will need to have mental health literacy competence to support individuals with a mental health issue adopt a recovery-based pathway.”

Senior Mental Health Advisor to Government

**Table 1: The Competencies of a Youth Mental Health Worker**

[Adapted from the National Mental Health Core Capabilities (NMHCC 2014),<sup>28</sup> the National Practice Standards for the Mental Health Workforce (NPS 2013),<sup>29</sup> the *National Framework for Recovery Oriented Mental Health Services* (NFR 2013),<sup>30</sup> and further informed by research by *Orygen, The National Centre for Excellence in Youth Mental Health (Orygen)*]<sup>31, 32, 33, 34</sup> and input from expert stakeholder groups, such as the *RANZCP*.<sup>35</sup>

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<b>Competence</b>	Required of all YMH workforce members, including the broader workforce who have a duty of care to young people.	Required of YMH practitioners who work in direct service provision.	Required of YMH practitioners with managerial, team leader or advanced responsibilities. (Level 2 is also required).	Required of those with expert practitioner and/or organisational or system responsibilities.
<b>Person-centred holistic care</b> Putting the young person first and at the centre of their practice, care, support or service delivery (NFR)	Respect, consult and collaborate with the young person; value their knowledge and perspectives; treat them with courtesy and kindness; act to uphold the young person's privacy, dignity and confidentiality; work to maintain their safety and support their self-determination.(NMHCC) View a young person's life situation holistically - consider the physical, social, cultural and environmental factors that are playing a role in the young person's health and wellbeing. (NMHCC) Act to uphold the right of young people to take informed risks, recognising restriction of this right must only occur within relevant legal frameworks. (NMHCC) Recognise potential ethical issues/ dilemmas in the workplace, and discuss with an appropriate person. (NMHCC)	Recognise the power differential between the young person using services and the practitioner, and support the person to make decisions about their health care. (NMHCC) (NFR) Support young people to make informed decisions about their mental health care by providing information, resources and other assistance. (NMHCC) Demonstrate ethical decision-making in working with young people and their families. (NMHCC) Identify, document and address any potential ethical issues if and as they arise. (NMHCC) (NPS)	Role model working in partnership with the young person, respect for human rights, and upholding dignity and privacy. (NMHCC) Support staff to work effectively with young people and their families and carers regarding positive risk taking as an important part of promoting people's choice and self-determination. (NMHCC) Model collaboratively working alongside young people in identifying, assessing and reducing risks. (NMHCC) Actively promote the value of lived experience in designing and delivering person-centred care. (NMHCC)	High level knowledge of the legal and ethical issues involved in YMH. (Orygen) Act to ensure that the processes, protocols, documentation and record keeping support person-centred holistic practice and meet legal and ethical requirements. (Orygen) Promote and support active shared decision-making processes and documentation of same. (NMHCC) Encourage, and contribute to building, a health system that values a whole of person approach to service planning and delivery. (NMHCC)

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<p><b>Recovery focus</b> Personally defined and led recovery is at the heart of practice rather than an additional task (NFR)</p>	<p>Promote autonomy and self-determination. (NFR) Focus on strengths and personal responsibility. (NFR) Participate in collaborative relationships and reflective practice. (NFR)</p>	<p>Act to ensure recovery, care, or treatment planning involves routine conversations about people's aspirations and hopes. (NMHCC) Work from a strengths based perspective. (NMHCC) Collaboratively work with the young person to jointly identify any risks to their personal recovery goals and plans. (NMHCC) Support the young person's participation in meaningful roles, activities and full citizenship. (NMHCC)</p>	<p>Model recovery-oriented behaviours and language. (NMHCC) Model the use of strengths-based practice and encourage and support others to do so. (NMHCC) Work towards creating environments that facilitate recovery. (NMHCC)</p>	<p>Lead and promote activity that includes the person using services as part of the care team (NMHCC) Act to ensure policies including risk and recovery have been developed with input from young people with lived experience, and reflect recovery-oriented practice. (NMHCC) Make it easy to provide feedback and make complaints; and act to ensure that feedback is considered in the continuous improvement cycle. (NMHCC)</p>
<p><b>Collaboration with families</b></p>	<p>Understand the influences of family and community on young people's development. (RANZCP) Work with young people and their families and carers as partners. (NPS) Listen actively to achieve an understanding of the person's point of view. (NMHCC)</p>	<p>Establish meaningful engagement and relationships with young people, their families and carers. (NMHCC) Know the techniques of and engage in family-focussed practice reflecting that the young person is not viewed in isolation, but is situated within a context of family, significant people, community and culture. (NPS)</p>	<p>Support staff to prioritise the time and space necessary for effective collaboration with people and their families and carers. (NMHCC) Establish and sustain effective, collaborative working particularly with people who have had past adverse experiences with services or may wish not to engage with mental health services. (NMHCC) Act to reduce likelihood of intergenerational transfer of risk, particularly in relation to families with multiple and complex issues. (NMHCC)</p>	<p>Embed a lived experience (person and family) focus into policy, planning and practice. (NMHCC) Act to ensure that people using services, families and carers are involved in training, education and evaluation. (NMHCC) Support the families and friends of young people through community education and development (RANZCP)</p>

NMHCC level of expertise	Essential – level 1	Practitioner – level 2	Experienced practitioner/team leader – level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility – level 4
<b>Collaboration with communities</b>	<p>Understand community strengths-based approaches to addressing local health issues. (Orygen)</p> <p>Work respectfully and sensitively with the local community to collaboratively promote youth mental health, early intervention, functional recovery and social inclusion of young people. (Orygen)</p>	<p>Understand the theory and principles of strengths-based community development approaches. (Orygen)</p> <p>Apply strengths-based approaches to work collaboratively with communities and existing service providers in addressing local youth mental health issues and service needs. (Orygen)</p>	<p>In consultation with young people using services, families and carers, and key individuals and community leaders generate strategies/innovations that improve delivery of youth mental healthcare. (NMHCC)</p>	<p>Systematically establish relationships with community organisations and networks to build the capacity of organisations to work with people accessing mental health services. (NMHCC)</p> <p>Systematically establish relationships with consumer leaders and their networks to build the capacity to work toward recovery and learn from lived experience. (NMHCC)</p>
<b>Health promotion and prevention</b>	<p>Know the key influences on the mental health of young people. (Orygen)</p> <p>Know the complex factors that can impact adversely on youth mental health. (Orygen)</p> <p>Support young people, their families and the community to access information relevant to young people’s health behaviours or improving their health (including mental health). (NMHCC)</p> <p>Facilitate access to individual and service responses to help manage crises and minimise risks when needed. (NMHCC)</p> <p>Be confident and comfortable discussing suicide (NMHCC) or self harm with young people. (Orygen)</p>	<p>Identify, recommend, and facilitate access to resources and services to support young people and their families and carers in the development and maintenance of healthy lifestyles and mental illness prevention. (NMHCC)</p> <p>Advise young people and their families on the reduction of risk factors and recommendations for screening and illness prevention. (NMHCC)</p> <p>Create opportunities for improvement in mental and physical health, exercise, recreation, nutrition, expression of spirituality, creative outlets and stress management. (NPS)</p> <p>Work with people, their families and carers to understand what might trigger periods of illness, and what helps to prevent or resolve these periods. (NPS)</p>	<p>Capitalise on opportunities presented by technology to disseminate mental health information, improve access and improve services. (NMHCC) (Orygen)</p> <p>Actively contribute to the development of strategies that promote, protect, restore and improve health, wellbeing and quality of life. (NMHCC)</p> <p>Promote and deliver early intervention strategies that support young people’s health and wellbeing. (NMHCC)</p> <p>Promote and deliver early intervention strategies that support health and wellbeing. (NMHCC)</p> <p>Build service awareness of the physical health needs of people with mental illness, and the programs and services available to support prevention and wellness strategies. (NMHCC)</p>	<p>Act to ensure the organisation supports young people to:</p> <ul style="list-style-type: none"> <li>access appropriate services; (NMHCC)</li> <li>and obtain information about mental health and wellbeing at the right time and place, in a format accessible to young people. (Orygen)</li> </ul> <p>Direct the development, implementation, evaluation and dissemination of effective programs for chronic disease prevention, risk reduction, and physical and mental health promotion for young people (NMHCC).</p> <p>Establish, monitor and work to improve systems for early referral, timely response and early intervention. (NMHCC)</p>

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<b>Advocacy (de-stigmatisation)</b>	<p>Know the legal rights of young people experiencing mental ill health. (Orygen)</p> <p>Act to uphold the legal and human rights of young people using a service, and families and carers. (NFR)</p> <p>Actively challenge stigma, discrimination and inequality encountered by young people with mental health issues. (NFR)</p>	<p>Recognise and maintain the rights of people experiencing mental illness to privacy, dignity, safety, effective treatment and care. (NMHCC)</p> <p>Support people to exercise their rights and make decisions about their mental health, well-being and lives. (NMHCC)</p> <p>Facilitate and create pathways for young people, their families and carers to contact peer advocates and consultants. (NPS)</p>	<p>Engage with external advocacy bodies to ensure that the rights and interests of people using the service are protected. (NMHCC)</p>	<p>Engage in high level advocacy across systems and communities to reduce stigmatisation of youth mental health and to engage those systems and communities in supporting functional recovery and social inclusion. (Orygen)</p>
<b>Language, values and attitudes (hope, optimism, non judgmental)</b>	<p>Language and behaviour communicates positive expectations, promotes hope and optimism so that the young person feels valued, important, welcome and safe. (NFR)</p> <p>Respond to young people from particularly vulnerable groups, such as those with co-existing alcohol and drug use, in a non-judgemental, compassionate manner. (Orygen)</p>	<p>Support and promote a culture of hope and optimism that actively enables young people's recovery efforts. (NMHCC)</p> <p>Model appropriate language of hope and optimism and non-judgemental values. (Orygen) (NMHCC)</p>		

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<b>Cultural competence/ working with diversity</b>	<p>Demonstrate respect for the diversity of people, families, carers and communities, in areas including age, gender, class, culture, religion, spirituality, disability, power, status, gender identity, sexuality, sexual identity and socio-economic background. (NPS)</p> <p>Demonstrate awareness of Aboriginal and Torres Strait Islander history (NPS), current health challenges and outcomes relevant to service and role. (NMHCC)</p> <p>Use culturally sensitive language and preferred terminology. (NPS)</p> <p>Communicate in a culturally sensitive and respectful way. (NPS)</p>	<p>Actively and respectfully respond to cultural differences, incorporating those differences into practice and treatment approaches. (NPS)</p> <p>Know the additional influences and risk factors, guidelines and policies relating to the culturally diverse groups of young people who may be experiencing difficulty. (Orygen)</p>	<p>Support culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks with regard to working with Aboriginal and Torres Strait Islander peoples. (NMHCC)</p> <p>Enable delivery of comprehensive, lived experience education and training programs (NMHCC) including those delivered by people with lived experience and those from diverse and at risk groups. (Orygen)</p>	<p>Create a culture of mutual respect which encourages staff to understand individual and group differences and embrace diversity. (NMHCC)</p> <p>Implement mechanisms to respond to identified disrespectful and discriminatory behaviour in the workplace. (NMHCC)</p> <p>Actively support strategies to recruit and develop the Aboriginal and Torres Strait Islander mental health workforce. (NMHCC)</p> <p>Actively seek input from the Aboriginal and Torres Strait Islander community in the design and delivery of appropriate services; and ensure that service processes and practices meet cultural requirements. (NMHCC)</p> <p>Ensure strategies are in place to support people to access Aboriginal and Torres Strait Islander responsive services or programs. (NMHCC)</p> <p>Monitor and correct if required, access to the service by all relevant parts of the community, including across geographical, cultural and age groups. (NMHCC)</p>



NMHCC level of expertise	Essential – level 1	Practitioner – level 2	Experienced practitioner/team leader – level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility – level 4
<p><b>Integration, service coordination and partnership</b></p>	<p>Know the relevant YMH service providers, key contacts and other agencies in the local area, and their respective roles and availability. (Orygen)</p> <p>Know the referral processes, including issues of protocol, consent and confidentiality. (Orygen)</p> <p>Know the scope of practice of different service providers and demonstrate self-awareness of the limits of one's own capacity. (Orygen)</p> <p>Know when to refer. (Orygen)</p> <p>Instigate and maintain collaborative relationships with other service providers. (Orygen)</p> <p>Respectfully reduce barriers to access. (NPS)</p>	<p>Collaborate with other health practitioners and support services to establish goals that are clear and measurable, and demonstrate shared ownership of these goals. (NMHCC)</p> <p>Actively seek opportunities to streamline care through the involvement of other healthcare practitioners and other support agencies, where appropriate, both within and external to the organisation. (NMHCC)</p> <p>Where appropriate, coordinate the participation of local alcohol or drug service, or other specialised services for a young person. (NMHCC)</p> <p>Provide detailed, timely, and accurate information to the general medical practitioner and other support professionals/agencies that will provide the next phase(s) of recovery care or support. (NMHCC)</p>	<p>Actively promote, develop and participate in local interagency networks. (NMHCC)</p> <p>Exhibit a high level of emotional intelligence, self-control and flexibility in complex, changing, or ambiguous situations and when confronted with obstacles. (NMHCC)</p> <p>Work positively with any tensions created by conflicts that may arise between partners in service delivery. (NMHCC)</p> <p>Facilitate inter-professional goal setting for young people using the service(s) to establish common goals; and achieve goal agreement through a common commitment to young people's needs. (NMHCC)</p> <p>Facilitate inter-agency recovery planning, and act to ensure there is a lead agency with responsibility for coordinating or case managing the person's overall care. (NMHCC)</p> <p>Facilitate staff access to learning outside of own practice area through the development of cross-discipline relationships/networks and engagement with lived experience. (NMHCC)</p>	<p>Incorporate and uphold a focus on collaborative practice in service policies and procedures. (NMHCC)</p> <p>Collaborate with others to develop a broader understanding of the population health needs influencing the health service/organisation, and respond to these factors through needs-based planning. (NMHCC)</p> <p>Act to ensure that clear policies are in place to guide the way inter-professional teams work; and ensure there are detailed and transparent rules and processes for establishing and/or allocating decision-making authority in the workplace. (NMHCC)</p> <p>Develop and implement agreements with other agencies that articulate the activities, responsibilities and processes for the coordination of care. (NMHCC)</p> <p>Investigate and promote opportunities to use technology to improve the delivery of healthcare and communication of information across multiple agencies. (NMHCC)</p>

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<b>Evidence based treatments</b>	<p>Able to describe the common elements of evidence-based approaches to the treatment of mental ill health in young people. (Orygen)</p> <p>Assist with research activities, as required by own role. (NMHCC)</p> <p>Adhere to policies and protocols that support safe service delivery. (NMHCC)</p>	<p>Critically evaluate evidence from literature and research to determine appropriate actions for practice. (NMHCC) (RANZCP)</p> <p>Contribute to the use of a range of psychosocial interventions with the goal of reducing risk in the longer term. (NMHCC)</p>	<p>Support and be a role model for interdisciplinary supervision of and by team members in the use of evidence based treatments. (Orygen)</p> <p>Conduct and collaborate in healthcare research. (NMHCC)</p> <p>Disseminate findings using a range of methods. (NMHCC)</p> <p>Oversee and monitor the implementation of new evidence based treatment approaches by the team. (Orygen)</p> <p>Supervise others in the completion of research tasks as required. (NMHCC)</p> <p>Ensure staff complete mandated training and are able to access training related to individual professional development plan. (NMHCC)</p>	<p>Investigate the use of new evidence-based service delivery models, and champion their adoption to address contemporary YMH issues, where appropriate. (NMHCC)</p> <p>Contribute to the generation of new knowledge through research. (NMHCC)</p> <p>Promote a public health approach and the use of epidemiological evidence in YMH workforce training programs and supervision. (RANZCP)</p> <p>Create opportunities for stakeholders in the design, conduct and evaluation of research. (NMHCC)</p> <p>Facilitate the application of new knowledge and skills into practice. (NMHCC)</p> <p>Support other supervisors, from a range of disciplines (Orygen), in becoming educationally prepared for their role. (NMHCC)</p>

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<p><b>Developmental knowledge and treatment approaches</b></p>	<p>Understand the developmental stages in young people, both normal and abnormal; including 'emerging adulthood' as a developmental stage distinct from adolescence. (RANZCP)</p> <p>Know and understand the common mental health problems in young people, including causal factors and impacts. (Orygen)</p> <p>Know common co-existing physical health and substance misuse issues, including causal factors and impacts. (Orygen)</p> <p>Be confident and comfortable in discussing alcohol and drug use with young people. (NMHCC)</p> <p>Able to identify the early signs/ symptoms of mental ill health in a young person. (Orygen)</p> <p>Able to identify factors risk that may put a young person at risk of mental ill health. (Orygen)</p>	<p>Recognise the complex, multi-factorial nature of the causes of ill-health, and focus on improving the person's physical, psychological, and mind-body wellbeing. (NMHCC)</p> <p>Distinguish and relate the physical, functional, and psychosocial causes and consequences of illness and dysfunction to develop individualised plans and interventions. (NMHCC)</p> <p>Utilise a broad ranging assessment of the person's ongoing support and recovery needs, including broader services such as housing and employment. (NMHCC)</p> <p>Implement assessment and intervention strategies for health-compromising behaviours (NPS), including alcohol and other drug use. (NMHCC)</p> <p>Monitor people for evidence of appropriate response to interventions including medication, and for possible side-effects, and then communicate results to the team or medical practitioner as appropriate. (NMHCC)</p>	<p>Detailed and advanced knowledge of the developmental aspects of mental ill health in young people and their potential impacts. (Orygen)</p> <p>Advanced knowledge of and ability to implement psychosocial and pharmacotherapies for young people. (Orygen)</p>	

NMHCC level of expertise	Essential – level 1	Practitioner – level 2	Experienced practitioner/team leader – level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility – level 4
<p><b>Caring across the illness journey and treatment continuum.</b></p>	<p>Understand the trajectory of mental ill health in young people. (Orygen)</p> <p>Know the respective referral and support roles of different professions, agencies and local systems, including initial referral, ongoing support and rehabilitation. (Orygen)</p> <p>Understand fluctuations in symptoms, and factors influencing a young person’s disengagement and re-engagement with services during the course of an illness, and appropriate action(s) for their role. (Orygen)</p> <p>Assist others to plan or prepare for healthcare activities as required. (NMHCC)</p> <p>Recognise and promptly report changes in the health and wellbeing of the young person to the supervising practitioner. (NMHCC)</p> <p>Promptly advise a more senior colleague if the young person is at risk. (NMHCC)</p> <p>Contribute to, and participate in, handover and transfer processes as appropriate to role. (NMHCC)</p> <p>Ensure the young person’s needs and wishes are communicated in the handover or transfer of care as appropriate to role. (NMHCC)</p>	<p>Conduct a developmentally relevant risk assessment, taking into account mental state, suicidality, self-harm, violence, and risk of harm to others, and other age-associated risks. (NPS)</p> <p>Identify the likelihood and consequence of actual and potential risks, and determine which risks need to be managed and treated as a priority. (NMHCC)</p> <p>Conduct or facilitate a relevant and timely physical assessment and examination. (NPS)</p> <p>Conduct and document a comprehensive mental health assessment appropriate to the person’s developmental age and culture, including a mental state examination. (NMHCC)</p> <p>Recognise the effects of intoxication and withdrawal from alcohol and other drugs, and facilitate or conduct appropriate screening or assessment. (NPS)</p> <p>Where appropriate, independently or with assistance, develop and articulate a comprehensive case formulation (NPS) or plan. (NMHCC)</p> <p>Actively support the young person using services to participate in goal setting and individual planning. (NMHCC)</p> <p>Review individual plans on a regular basis, and initiate a higher level of care when required. (NMHCC)</p> <p>(continued next page)</p>	<p>Establish a clear process regarding assessment of YMH service users’ needs. (NMHCC)</p> <p>Establish processes to ensure access to specialised assessment where required. (NMHCC)</p> <p>Develop, implement and document an effective and tailored person-centred plan or intervention for complex situations. (NMHCC)</p> <p>Identify when a person is unable to make a health care decision, and act in the person’s best interests until a proxy can be found, and with due regard for the law. (NMHCC)</p> <p>Act to ensure effective and safe transfer of care, as permitted within own sphere of influence. (NMHCC)</p>	<p>Ensure that systems are in place to support the ongoing involvement of/contact with key staff throughout the young person’s illness journey. (NMHCC)</p> <p>Act to ensure that formal processes exist for evaluating whether service delivery has met needs and been provided as agreed with the person and any other care contributors. (NMHCC)</p> <p>Act to ensure safety of young people using a service by expertly managing risk, and intervene if necessary to achieve optimal outcomes for the person and service teams. (NMHCC)</p> <p>Develop and disseminate policies and guidelines to inform clinical decisions on changes in intervention, such as home based treatment or assertive response to disengagement from care. (Orygen)</p>

NMHCC level of expertise	Essential – level 1	Practitioner – level 2	Experienced practitioner/team leader – level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility – level 4
<p><b>Caring across the illness journey and treatment continuum.</b> (cont)</p>		<p>(continued from previous page)</p> <p>Deliver services and interventions using a recovery, strengths based and family-focussed approach. (NMHCC) (RANZCP)</p> <p>Recognise when input is required from more senior colleagues or other disciplines, and act to obtain their involvement. (NMHCC)</p> <p>Conduct a thorough handover to ensure safe care is maintained. (NMHCC)</p> <p>Establish mechanisms to include people and carers in clinical or other handover processes related to their care. (NMHCC)</p> <p>Assess the need for follow-up, and make arrangements if necessary. (NMHCC)</p>		
<p><b>Self-management and care</b></p>	<p>Understand and use reflective practice. (Orygen)</p> <p>Understand and use basic techniques of self-care. (Orygen)</p> <p>Understand the benefits of and actively seek supervision, advice, support and feedback. (Orygen)</p>	<p>Seek the views of young people who use the service, their families and carers regarding own practice and service delivery. (NMHCC)</p> <p>Actively participate in reflective practice, supervision and communities of practice or other support groups. (Orygen)</p> <p>Demonstrate a focus on positive results/ outcomes. (NMHCC)</p> <p>Establish and implement a personal health strategy including self-care for mental health and wellbeing. (NMHCC)</p>	<p>Provide constructive feedback to staff and show appreciation for their efforts. (NMHCC)</p> <p>Model good practice in self-management and self-care, including reflective practice, interdisciplinary supervision and support and lifelong learning. (Orygen) (NMHCC)</p> <p>Support colleagues who raise concerns about safety (both their own and that of their client) in relation to young people using services. (NMHCC) (Orygen)</p> <p>Encourage staff to constructively identify their stressors, and support them to manage these effectively. (NMHCC)</p>	<p>Foster a culture of self-management and self-care within the organisation in which managers are accessible and approachable for staff experiencing stress or difficulty. (Orygen) (NMHCC)</p> <p>Structure work, budgets and systems to allow for reflection and supervision, respite, support and self care training. (Orygen)</p> <p>Put systems in place to support staff who may be exposed to and affected by vicarious and actual trauma. (NMHCC)</p> <p>Recognise and address own need for support as a leader during times of adversity. (NMHCC)</p>

NMHCC level of expertise	Essential - level 1	Practitioner - level 2	Experienced practitioner/team leader - level 3 <sup>36</sup>	Expert Practitioner/ Leader/ Systems responsibility - level 4
<b>Managing expectations of treatment outcomes</b>	<p>Understand and communicate effectively to others that small gains can make a big difference in youth mental health. (Orygen)</p> <p>Provide time, space and encouragement for the young person using services to practice new skills and build self-efficacy. (NMHCC)</p>	<p>Promote self-management and support young people in developing skills and knowledge required for self-management and self-empowerment. (NMHCC)</p> <p>Positively reinforce success and achievements and support the young person to reflect on their progress, and achievement of their goals. (NMHCC)</p> <p>Document achievements and evaluate outcomes. (NMHCC)</p> <p>Vary plans to meet the person's changing needs or circumstances (NMHCC)</p> <p>Enable, positive risk taking to build confidence and achieve goals. (NMHCC)</p> <p>Act to re-engage people who have significant disengagement from supports and services. (NMHCC)</p>	<p>Ensure the training and support staff in setting expectations and measuring treatment outcomes. (Orygen)</p>	<p>Foster a culture that maximises collaborative solutions to problems with engagement and minimises coercion. (NMHCC)</p> <p>Support the use of appropriate systems of data collection to effectively measure treatment outcomes. (Orygen)</p>
<b>Understanding and managing challenging behaviour</b>	<p>Understand the risk of harm to self or others through violence, self-neglect, self-harm, suicide, or other common age-related harms. (NMHCC)</p> <p>Know basic techniques for safely minimising physical harm to a young person, yourself or others. (Orygen)</p> <p>Know basic techniques for de-escalating potentially violent interactions. (Orygen)</p> <p>Know the protocols within your service for managing challenging behaviour and seeking expert help. (Orygen)</p>	<p>Identify gaps in workplace safety for the YMH workforce. (Orygen)</p> <p>Ensure mandatory training that is specifically relevant to managing the challenging behaviour of young people. (Orygen)</p> <p>Develop processes and protocols to ensure safety of YMH workers and young people, both in the workplace and during off-site service provision/ intervention. (Orygen)</p> <p>Respond appropriately to the outcome of reporting systems and data collection of incidents. (Orygen)</p>		

## Levels of expertise

Levels of expertise in YMH will vary widely across the broader YMH workforce. For some, especially those who work in other systems (e.g. teachers, police, welfare workers, corrections staff), knowledge and skills in YMH will be an important *adjunct* to their professional work; but their 'scope of practice' will be limited (e.g. to basic knowledge, understanding YMH issues, identifying risk or early signs, knowing where and how to refer for specialist help, how to play a collaborative role in supporting young people through the journey to recovery, contributing to mental health promotion and illness prevention).

For others, especially those working in youth mental health direct care, levels of expertise will necessarily be different, and will depend on how the service is organised, an individual's training and experience to date, the discipline-specific requirements of their profession, the 'scopes of practice' and the industrial arrangements within their health system's jurisdiction.

The opportunity for progression to higher levels of expertise is important for staff retention and workforce sustainability. Table 2 provides a guide for employers, trainers and the YMH workforce to assist in planning the *phases* of learning and professional development that may be relevant to staff or to individual career goals in YMH. The Tables outline how training and professional development activities can align with opportunities for recognised qualifications under the *Australian Qualifications Framework (AQF 2013)*;<sup>37</sup> and how the levels of expertise conceptualised in the *National Mental Health Core Capabilities (NMHCC 2014)* can sit within the AQF.

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A key issue for the YMH workforce, employers and trainers is to be aware of the limits of one's own expertise and to work ethically within those boundaries, knowing when to refer and collaborate with other professionals and agencies.

## Phases of learning and alignment with the Australian Qualifications Framework

If individuals are seeking recognised qualifications in Youth Mental Health, their learning can be aligned to the (ten) levels in the *Australian Qualifications Framework* (AQF 2013). The AQF describes learning outcomes in terms of *knowledge and skills* expected of an employee after a certain level of training.

The *National Mental Health Core Capabilities* (NMHCC 2014) describes levels of capability in terms of *behaviours*. There are four levels of expertise, which do not equate to particular roles in the workforce. The NMHCC levels reflect what standard of behavioural skill is required in order to achieve the desired care goals or outcomes in a given situation or environment.

The following tables (2.1 to 2.4) describe the national mental health core capabilities that learners would be expected to develop for each AQF level.



## Table 2: The Phases of YMH workforce learning & development

Table 2.1: Phase 1 of YMH workforce learning & development

	AQF	Level 1 (Cert I)	Level 2 (Cert II)	Level 3 (Cert III)	
<b>Starting to work in YMH or Already working with young people, their families and friends (in a different field), but want to develop essential knowledge &amp; skills in YMH</b>		<p>The employee will have knowledge and skills for initial work, community involvement and/or further learning</p> <p>Volume of learning: 0.5-1 year</p>	<p>The employee will have knowledge and skills for work in a defined context and/or further learning</p> <p>Volume of learning: 0.5-1 year</p>	<p>The employee will have theoretical and practical knowledge and skills for work and/or further learning</p> <p>Volume of learning: typically 1-2 years.</p>	<p style="text-align: center;"><b>Awareness, understanding, communication, health promotion, prevention, referral for early intervention</b></p>
	<b>NMHCC level</b>	<b>Essential or level 1 behaviours</b> – required of all workers involved in youth mental health care.			
	<b>In the workplace</b>	<p>All staff (including reception and administration) will be expected to demonstrate these behaviours either when they first start in a youth mental health role, or after an agreed period of orientation and development.</p> <p>This is also the starting point for trainees in youth mental health (e.g. peer support workers; family peer support workers).</p> <p>Useful knowledge and skills for professionals in other fields (e.g. police, education, welfare) who work with young people, their families and friends.</p>			
	<b>Examples of competence in YMH at this level</b> <i>(adapted from Brown &amp; Wissow 2011)</i>	<p>Basic communication and Interpersonal skills</p> <p>Identify mental health problems</p> <p>Respond to mental health problems with empathy and set the agenda</p> <p>Assess willingness for treatment</p> <p>Overcome barriers to treatment (including managing challenging behaviour)</p> <p>Understand recovery-oriented principles and approaches</p>			

<sup>1</sup> The volume of learning is a dimension of the complexity of the qualification type. It identifies the notional duration of all activities required for the achievement of the learning outcomes specified for a particular AQF qualification type. It is expressed in equivalent full-time years. Refer to the AQF for more detail: [www.aqf.edu.au/](http://www.aqf.edu.au/)

Table 2.2: Phase 2 of YMH workforce learning & development

AQF	Level 4 (Cert IV)	Level 5 (Diploma)	
<p><b>Starting to work in the direct care of young people, their families and friends</b></p> <p>or</p> <p><b>Adding to existing skills or qualifications from another field to enable more direct involvement in YMH service delivery</b></p>		<p>The employee will have theoretical and practical knowledge and skills for specialised and/or skilled work and/or further learning</p> <p>Volume of learning: typically 0.5 - 2 years</p>	<p>The employee will have knowledge and skills for work in a defined context and/or further learning</p> <p>Volume of learning: typically 1 - 2 years</p>
	<b>NMHCC level</b>	<b>Practitioner or level 2 behaviours</b> - required of mental health practitioners who work in direct service provision with young people, their families and friends.	
	<b>In the workplace</b>	Normally the entry-level qualification for a career in youth mental health, e.g. Cert IV in Mental Health or the Cert IV in Mental Health Peer Work.	
	<p><b>Examples of competence in YMH at this level</b></p> <p><i>(adapted from Brown &amp; Wissow 2011)</i></p>	<p>Identify when evidence-based treatments are needed</p> <p>Apply a core set of treatment skills derived from the common elements of evidence-based treatments</p> <p>Apply recovery oriented principles and approaches</p> <p>Monitor and coordinate care</p> <p>Self-management and care</p>	
			<p><b>Under supervision, able to provide mental health services directly to young people, their families and friends</b></p>

Table 2.3: Phase 3 of YMH workforce learning & development

AQF	Level 6 (Adv Diploma)	Level 7 (Bachelor)	Level 8 (B Hons), (Grad Cert/Dip)	
<p><b>Working in the direct care of young people, their families and friends; or</b></p> <p><b>Adding YMH competency to existing professional qualifications from another field; or</b></p> <p><b>Moving into professional specialisation in YMH from a related field</b></p>		<p>The employee will have broad knowledge and skills for paraprofessional/highly skilled work and/or further learning</p> <p>Volume of learning: typically 1.5 – 2 years</p>	<p>The employee will have broad and coherent knowledge and skills for professional work and/or further learning</p> <p>Volume of learning: typically 3 – 4 years</p>	<p>The employee will have advanced knowledge and skills for professional/highly skilled work and/or further learning</p> <p>Volume of learning following a Bachelor degree:</p> <ul style="list-style-type: none"> <li>▪ B Hons typically 1 year</li> <li>▪ Grad Cert 0.5 – 1 year</li> <li>▪ Grad Dip 1 – 2 years</li> </ul>
	<b>NMHCC level</b>	<p><b>Practitioner or level 2 behaviours</b> - required of mental health practitioners who work in direct service provision with young people, families and carers in any setting</p>		
		<p><b>Team leader/experienced practitioner or level 3 behaviours</b> – required of mental health practitioners with managerial, team leader or advanced responsibilities. Level 2 behaviours are also required of this group.</p> <p><b>Expert Practitioner/Leader/Systems responsibility or level 4 behaviours</b> – concern organisations or systems, and are required of those with organisational or system responsibility for a youth mental health service or services.</p>		
<p><b>Interdisciplinary teams in different settings will vary in structure</b></p>	<b>In the workplace</b>	<p>The minimum qualification level for professional practice in youth mental health varies between disciplines. The qualifications and disciplines of team leaders and service leaders will vary between workplaces and contexts.</p>		
	<p><b>Examples of competence in YMH at this level</b></p> <p><i>(adapted from Generic Workforce Development Guide, EPPIC National Support Program)</i></p>	<p>Assessment, which includes areas such as mental state, risk, and a comprehensive biopsychosocial approach</p> <p>Knowledge base of the developmental stages for young people and the impact a mental disorder has on these</p> <p>Knowledge base of the impact of other factors, such as drug and alcohol use, forensic history</p> <p>Recovery intervention and treatment skills within a comprehensive interdisciplinary approach</p>	<p><b>Progressing to &gt;</b></p>	<p>Advanced developmental knowledge</p> <p>Advanced treatment skills</p> <p>Leadership skills</p> <p>Supervision skills (interdisciplinary)</p> <p>Manage complex and acute cases and co-existing conditions (e.g. substance misuse)</p> <p>Build collaborations with other service providers and community groups</p> <p>Skills in conducting research, assessing the research of others and implementing new practice</p>

Table 2.4: Phase 4 of YMH workforce learning & development

AQF	Level 9 (Masters)	Level 10 (Doctoral)
<p><b>Leadership and excellence in providing evidence based treatment;</b></p> <p><b>and/or</b></p> <p><b>Leadership in developing, delivering and sustaining quality YMH services</b></p>	<p>The employee will have specialised knowledge and skills for research, and/or professional practice and/or further learning</p> <p>Volume of learning: typically 1 - 2 years can vary depending on your original discipline</p>	<p>The employee will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice</p> <p>Volume of learning: typically 3 - 4 years</p>
	<p><b>NMHCC level</b></p> <p><b>Team leader/experienced practitioner or level 3 behaviours</b> -required of mental health practitioners with managerial, team leader or advanced responsibilities.</p> <p><b>Expert Practitioner/Leader/Systems responsibility or level 4 behaviours</b> concern organisations or systems, and are required of those with organisational or system responsibility for a youth mental health service or services.</p>	
	<p><b>In the workplace</b></p> <p>Experienced professionals in youth mental health can develop as advanced specialist practitioners, or as leaders of systems, or a combination of both.</p>	
	<p><b>Examples of competence in YMH at this level</b></p> <p><i>(adapted from Generic Workforce Development Guide. EPPIC National Support Program)</i></p> <p>Develop, implement and review evidence-based clinical guidelines for the treatment of common disorders in young people</p> <p>Provide leadership to develop partnerships across primary care, government departments and community based service systems</p> <p>Develop and implement research projects which contribute to the youth mental health field and disseminate findings</p> <p>Foster high quality education and training programs within the service's clinical program to ensure that staff are knowledgeable and work from current evidence based practice</p>	
	<p><i>(adapted from National Mental Health Core Capabilities)</i></p> <p>Lead and promote activity that includes the young person using services, their family and friends as part of the care team</p> <p>Act to ensure policies including risk and recovery have been developed with input from young people with lived experience, and reflect recovery-oriented practice</p> <p>Systematically establish relationships with community organisations and networks to build the capacity of organisations to work with people accessing mental health services</p> <p>Establish, monitor and work to improve systems for early referral, timely response and early intervention</p>	

**Advanced practice, leadership and advocacy in developing and delivering services for young people, their families and friends.**

## Elements of best practice in workforce teaching and learning

For a sustainable, broad, learning-centric YMH workforce, there needs to be the opportunity to enhance expertise, to update skills and knowledge and to share learning and research. There is no single model of teaching and learning that suits every learner or every context. A blended approach using diverse evidence-based teaching methods is recommended.

The literature provides useful evidence on what works best for busy professionals in the broad youth mental health workforce, or what to look for when investing in a training program:

- training needs of the organisation and of the individual are identified as a starting point
- pre-training intervention is used to increase the motivation and engagement of staff who will be trained
- education and training is competency-based (identifying the knowledge, attitudes and skills of a YMH professional and designing or identifying programs to teach the essential information and build the essential skills)
- there is congruence between the training content and YMH professional's experience; training program content should not be too far outside the YMH professional's knowledge base, but at the same time it needs to provide skills that are different enough from existing practices to justify the training effort
- staff members are taught a "process" of lifelong learning that emphasises the ever-changing nature of what we know about youth mental illnesses
- practice guidelines and related publications that identify "best practices" should be used as teaching tools
- use manualised therapy approaches where YMH professionals develop competency with at least some of the common treatments, depending on their role and level of expertise

"Apply the resource tools as part of practice. Be more interactive as part of that process. As follow up, you could do something through the telehealth system. And email every now and again to provide support [to workers in remote areas]. The employer needs to understand what they're enabling their employee to do and support them."

Indigenous Health Expert

- provide interdisciplinary supervision to all team members, ensuring that staff are not placed in situations for which they are not adequately prepared and supported
- provide continued consultation/ support following training; coaching and supervision should be intensified immediately after new knowledge and skills training
- ensure that staff have the opportunity to practice new skills and apply new knowledge
- training sites are diverse and interdisciplinary, and enable students to follow consumers throughout the continuum of care and the course of recovery
- consumers and family members are engaged as teachers of the workforce
- teachers and supervisors are from a range of disciplines, experienced in providing treatment and currently involved in the delivery of healthcare, using a diversity of approaches

Adapted from: Hoge et al (2004). *Best Practices in Behavioral Health Workforce Education and Training*<sup>38</sup>; and Lyon et al (2010). *Developing the Mental Health Workforce: Review and Application of Training Approaches from Multiple Disciplines*<sup>39</sup>

"Access to supervision, peer-support and ongoing training is critical for health of the health worker, and quality of health service required as well as for retention of the workforce (that is, they feel supported)."

Rural Mental Health Expert

## Assessment of learning

A full discussion of teaching and learning pedagogy is beyond the scope of this report but it is important to consider the role of assessment in training delivery.

Almost all forms of teaching and learning involve assessment. At its most basic level, successful learning is evidenced by a capacity to recall information. At an advanced level, learning is generally not considered to be effective unless it results in appropriate behaviour and practice changes in the learner.

Benjamin Bloom<sup>40</sup> is credited with the development of a taxonomy of learning that defines three domains of learning; cognitive, affective and psychomotor.

The cognitive domain encompasses knowledge, comprehension and critical thinking and is more amenable to assessment than the affective and psychomotor domains.

Within the cognitive domain, there is a recognised hierarchy of learning levels ranging from ability to remember information through to synthesis and evaluation of knowledge.

Learning at the lower levels is readily assessed through simple tests that assess the extent to which a learner is able to recollect or organise information. A multiple-choice test is a good example of assessment at this level.

Where the learning outcome for youth mental health training is primarily knowledge acquisition a simple assessment approach is possible.

Typically, however, youth mental health training involves both knowledge and skills acquisition (practice changes) and a more comprehensive assessment approaches are needed. Role plays, supervision, case exploration and peer evaluation are commonly used in these situations.

How and whether to assess the learning outcomes of training is an important early consideration for YMH workers, employers and trainers. Again, much will depend on the local context and resources. For professionals working principally in other fields, where a level of YMH competence is useful for their daily work, undertaking assessment may not be a priority. For early career stage YMH workers involved in providing direct care, it will be important for safety

and quality, for the attainment of recognised qualifications, for confidence, self-awareness, feedback and reflective practice. Many YMH workers will be formally enrolled in education or training programs (e.g. TAFE or University) that include assessment. For accredited professionals (e.g. General Practitioners, mental health nurses, occupational therapists, psychologists, psychiatrists, social workers) the training may form part of their discipline's Continuing Professional Development where assessment requirements will be discipline-specific.

**A key issue for employers and trainers is to provide access to assessment of their staff members' progress in developing YMH competence. This may be optional for those whose work is not principally in YMH, but assessment should be available to provide feedback and guidance for further learning, or to increase the utility of training that can become Recognised Prior Learning and be counted towards formal qualifications in YMH.**

Recognition of prior learning (RPL), is the formal acknowledgement of a person's current skills and knowledge no matter how, when or where the learning occurred.<sup>41</sup> Relevant and current formal or informal learning may be used for entry requirements or credit towards an AQF qualification. The recognition gained may considerably reduce the study time needed to get a qualification.<sup>42</sup>

RPL is a process that should take place at the commencement of a person's training, apprenticeship or traineeship and it can take place throughout the training program. The RPL assessment may include workplace observation, interviews and professional conversations, work samples and documented evidence.<sup>43</sup> RPL procedures can vary between States and between accrediting organisations (e.g. Universities and TAFEs).<sup>44</sup>

## Implementing effective training in the workplace

The following short guide, based on research into best practice in mental health workforce training, is intended to assist employers and trainers with setting up effective YMH training within their own workplace.

<b>PHASE 1: Plan and set up for effective training</b>	
Plan and allocate initial resources needed to do the following:	
Assign responsibility to a training advocate <sup>45</sup>	The training advocate or 'champion' will be the person in the workplace who actively promotes the purpose and utility of YMH training, engages staff prior to training and incorporates their views and needs into the identification of useful training that the staff will see as relevant to them.
Train the trainers <sup>46, 47</sup>	Selected staff who will be equipped to deliver in-house training (if appropriate) and ensure that staff have the opportunity to practice new skills after the completion of training.
Train the supervisors <sup>48, 49</sup>	A core group of staff from different disciplines who can support, supervise and assess the YMH competencies of staff. <i>(note: these staff may also provide discipline specific supervision to staff to meet professional requirements, but supervision of universal YMH competencies would be interdisciplinary)</i>
Identify your organisation's YMH training needs <sup>50</sup>	Each organisation will have specific local training needs.
Identify the YMH training needs of individual workforce members /roles <sup>51</sup>	Each individual will have specific personal training needs, depending on their background, training to date and career plans.
Audit the facilities available at your workplace <sup>52, 53</sup>	For example, spaces for training; confidential supervision; adequate online access; access to functioning computers that will not interrupt essential service provision. This audit could be a responsibility of the designated training advocate.
Identify potential local partners <sup>54, 55, 56</sup>	Other local services or agencies could participate in training, share resources, exchange knowledge and skills. This has also been effective as a means of encouraging collaboration in YMH service delivery.
Identify or seek advice on existing YMH training programs available	Refer to Orygen's and/or local agency's training calendar to identify relevant training programs available. Check the programs available through local training providers, your State/Territory jurisdiction, NGOs or online. Contact providers for tailored programs if appropriate (see 'Content' above).
Ensure evaluation systems are in place <sup>57, 58</sup>	Either set up or gain access to data collection that will assess the outcomes and effectiveness of training. The system should have a longer-term capacity of assessing improvements in outcomes for clients that may be linked to training.
Provide certification of completed assessment	Ensure that, where it is appropriate for an individual staff member, assessment of their competence after completion of a training program is available (either provided in-house or externally).
Develop your training plan for a specified period <sup>59</sup>	The content and duration of a plan will depend on the local context and resources.

### PHASE 2: Implement your training plan

Plan and allocate the resources needed to do the following:

Adjust internal arrangements to accommodate training <sup>60</sup>	For example, staffing of essential services, avoiding service interruption, ensuring access to technology.
Implement your training program <sup>61</sup>	Overseen by the training advocate.
Collect and respond to trainee feedback <sup>62</sup>	Programs may need to be adjusted, based on participant feedback.
Keep records of training completed <sup>63</sup>	This is important at both the organisational level and for the individual participant (e.g. for RPL, or for professional CPD).
Assess the effectiveness of training <sup>64</sup>	Using a range of measures developed from the evaluation systems already set up in Phase 1.

### PHASE 3: Review and update the training plan

Continually update and improve the training process <sup>65</sup>	There will be new YMH research, new models of care, more data and information to be disseminated to the workforce and translated into practice on an ongoing basis.
Build a Community of Practice <sup>66, 67</sup>	<p>'Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.'<sup>68</sup></p> <p>Participate in a national effort to maintain the currency of people's skills and support trainers in their roles to disseminate the right evidence about Youth Mental Health.</p>

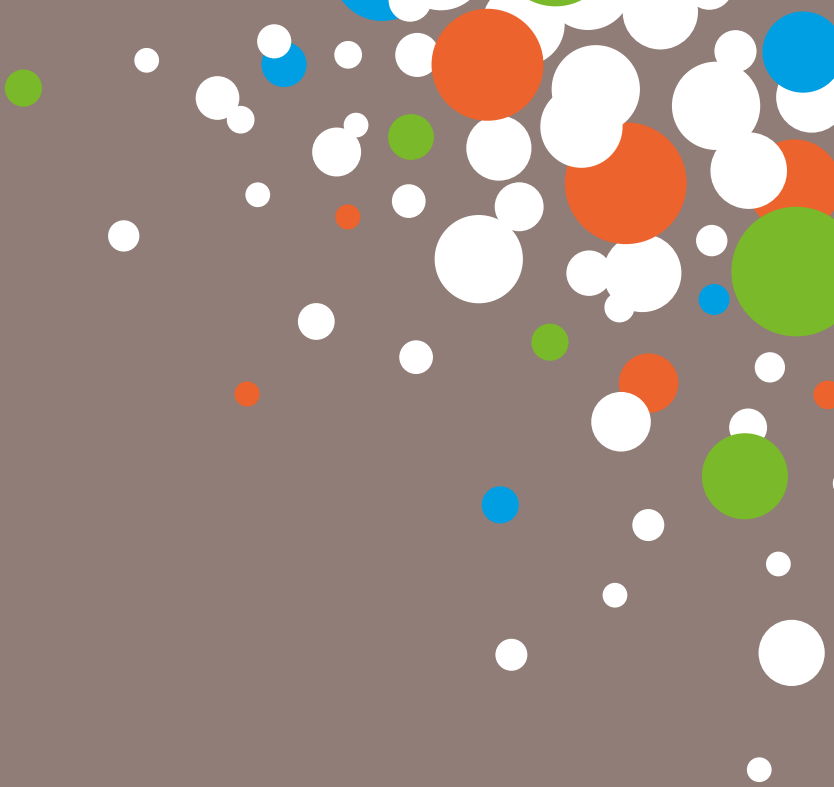


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