



# Clinical practice in youth mental health

## Workforce competencies for youth mental health

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### Introduction

This clinical practice point outlines the key competencies required to work with young people in the field of mental health. It is based on the underlying principle that there will be strong collaboration between various professional disciplines to form a multi-disciplinary team dedicated to improving the mental health of young people. Each professional discipline has their own defined competencies. This clinical practice point focuses on the *shared competencies* that apply to those working in youth mental health, regardless of their professional background and training.

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**Competencies are required to meet the needs of young people and their families across the spectrum of mental health and illness.**

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### Why is this practice point needed?

Defining workforce competencies for youth mental health provides a shared focus or goal. This can assist clinicians in reflecting on their practice, and in collaborating effectively within multi-disciplinary teams. Workforce competencies can assist managers with identifying the training needs of their staff and structuring induction and orientation activities for new team members. They also assist in realigning an existing team with newly defined goals and values to optimise outcomes for young people with mental ill-health. As the youth mental health workforce grows, competencies can be used to guide service commissioners with staff recruitment, performance evaluation, and professional development.

### Who works in youth mental health and needs competencies?

As described in the Orygen Workforce Strategy,<sup>6</sup> the workforce engaged in delivering care and interventions for youth mental health is evolving to include a much broader group of workers than in the past, when this was almost exclusively the domain of clinical and medical professionals. The growing focus on prevention and early intervention, combined with the recognition that traditional service delivery methods do not provide adequate access for young people, has led to the inclusion of many different groups in the identified youth mental health workforce, including (but not limited to):

- teachers
- emergency services
- clergy
- sport coaches

- volunteers
- peer workers
- family workers
- lived-experience workers
- traditional clinical mental health workers.

**TIP** Clinicians can use this clinical practice point to reflect on their practice, managers and service commissioners can use it to consider their organisation's competencies and workforce development needs.

Any group who has regular contact with young people in their work must be considered as part of the youth mental health workforce and must be assisted to gain a minimum level of competence (knowledge, attitudes, and skills) to work effectively in this field. Levels of competence will differ according to different roles and interventions appropriate to each setting.

Finally, youth mental health takes into account the social, emotional, cognitive, behavioural, and vocational functioning of the 12-25 year-old age group. Encompassed within this field is the entire spectrum of interventions from health promotion activities or universal prevention with all young people, through to recovery-focused work for young people with a

diagnosis of severe and persistent mental illness. Competencies are required to meet the needs of young people and their families across the spectrum of mental health and illness. The competencies must be based on the principles of optimism and hope and must also be aimed at destigmatising mental health problems for individuals, groups, and communities.

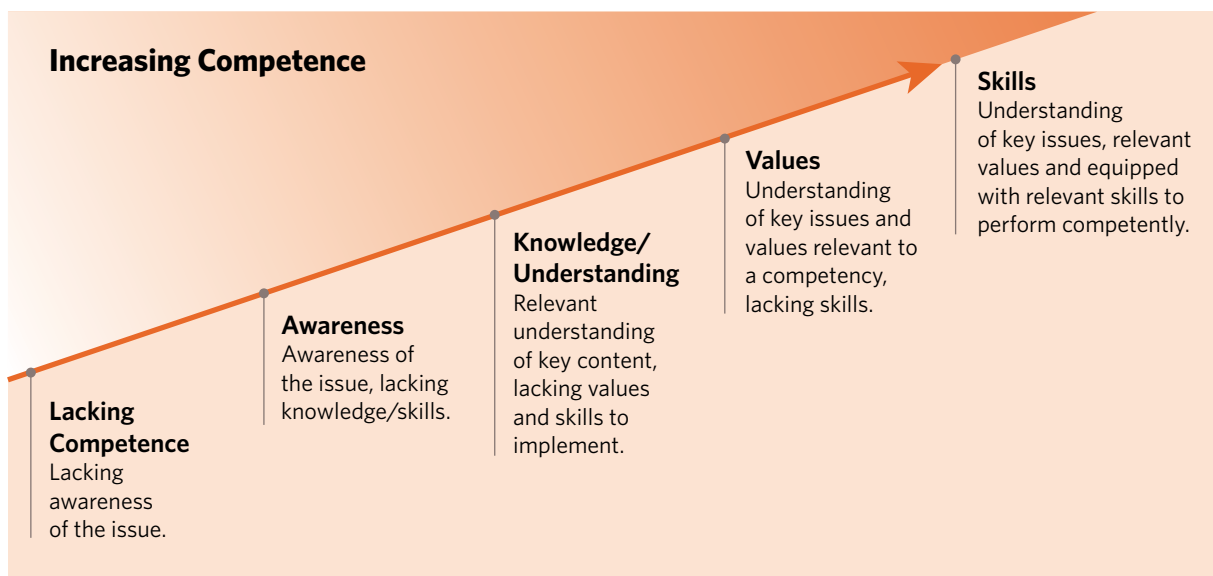
### What does 'competency' mean?

**Competency** is defined as the knowledge, skills, attitudes, and values necessary to perform particular tasks to an identified standard.<sup>1</sup>

Competencies:

- often serve as the basis for skill standards that specify the level of knowledge, skills, and abilities required for success in the workplace - these can be understood as 'critical work functions'.
- can be used as measurement criteria for assessing the attainment of key skills and capabilities.<sup>2</sup>
- involve both observable and unobservable attributes, such as attitudes, values, and judgmental ability.<sup>3,4</sup>
- contribute to enhanced employee performance and ultimately result in organisational success.<sup>5</sup>

Model of different aspects of competence.



This figure demonstrates that competencies are not binary, and that individuals can vary on their level of competence.

## What competencies are needed for those broadly working in mental health?

Considerable efforts have been devoted to describing practice standards and core competencies for the general mental health field in Australia in recent years.<sup>7,8,9</sup> This work is highly relevant to the youth mental health field and will be presented first, before exploring additional issues and emphases required for working effectively with young people.

### National Practice Standards for the Mental Health Workforce

The National Practice Standards for the Mental Health Workforce<sup>8</sup> outlines the values, attitudes, knowledge, and skills required for work in a mental health service. This comprehensive document also describes the key principles that reflect national policy concerning the delivery of mental healthcare and treatment in Australia. The key principles state that those working in mental health will:

- promote best quality of life
- aim to facilitate recovery
- empower those who they work with to make choices and decisions regarding their care and treatment.

Value is placed on lived experience, and the importance, needs, and right of involvement of family and carers are acknowledged, with special attention given to children and young people affected by a family member experiencing mental ill-health. Participation in service planning by young people, families, and carers is encouraged. People receive individually-tailored, evidence-informed treatment with the minimum possible personal restrictions on their rights and choices. Continuous quality improvement activities occur and staff engage in and implement the learnings of their own professional development.

### National Mental Health Core Capabilities

These key principles are reflected in the core capabilities for mental health workers. The following is a summary of the National Mental Health Core Capabilities,<sup>9</sup> which apply when working with people with mental health issues of all ages. The six overarching domains that underpin mental health practice are:

- Values
- Diversity
- Professional / Ethical / Legal
- Collaborative practice
- Provision of care
- Life-long learning.

Mental health workers must display a minimum level of competency in these domains, with greater competency required for higher-level positions.

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Table one – Core competencies for Australian mental health workers

Competency	Demonstrated by actions or examples
Respect	Treating people with respect, dignity, and kindness; behaving non-judgmentally.
Advocacy	Upholding human and legal rights; challenging stigma and discrimination.
Recovery	Enabling recovery and optimism; valuing person and family perspectives and self-determination.
Working in partnership	Working collaboratively with people, families, and carers.
Excellence	Working to the highest standards and aiming for continuous improvement. For example, participating in quality assurance, evaluation, and service improvement activities.
Diversity	Promoting equal access for all peoples, displaying tolerance and acceptance of difference. Behaving in culturally sensitive ways.
Working with Aboriginal and Torres Strait Islander families and communities	Displaying awareness of Aboriginal and Torres Strait Islander health challenges. Supporting culturally specific practices.
Prevention and promotion of wellbeing	Providing preventive interventions and early detection, access, and intervention. Promoting access to general health and wellbeing information, identifying relevant support services.
Whole person focus	Appreciating cultural diversity and social determinants of health, promoting safe and effective care for all. For example, integrating understanding of personal, social, historic, and economic factors that may impact a person's presentation.
Ethical and legal practice	Conforming to ethical guidelines and laws, developing meaningful professional relationships with awareness of boundaries.
Scope of practice and accountability	Operating within scope of practice, taking responsibility for actions, seeking appropriate supervision and guidance.
Communication and documentation	Ensuring clear communication, managing conflict, ensuring information security and confidentiality.
Self-management and care	Recognising stress and seeking support appropriately.
Shared responsibility	Sharing responsibility with service users, families, and carers. Providing time for developing self-efficacy.
Collaborative practice	Building and maintaining effective working relationships, and working in partnership with others.
Communication	Making time for communication. Collaborating with other professionals, teams, services, across time and episodes of care.
Provision of care	Participating in the planning, delivery and management of evidence-based, recovery-focused, treatment, care, and support.
Engagement and evidence-based	Engaging with those seeking treatment through assessment and treatment. Planning and implementing evidence-based interventions within capabilities. Understanding risk issues, including positive risk-taking and safe practice.
Learning and development	Maintaining and extending professional competence. Contributing to the learning and development of others.
Reflective practice	Demonstrating an interest in learning and sharing this. Reflecting on one's own practice. Providing, receiving, and utilising feedback.

Summary of core competencies for Australian mental health workers



## What about competencies specific to youth mental health?

The competencies required by the range of youth mental health workers have been specified in Orygen's National Youth Mental Health Training Framework.<sup>10</sup> These were adapted from a number of policy documents<sup>9,8,11</sup> and expert consultations. Sometimes termed 'universal competencies', these generic skills, attitudes, and values complement those embodied in the training of the individual professions that traditionally comprise the mental health workforce, and have been specifically adapted for youth mental health practice.

These competencies are designed to be inter-professional and collaborative, and to complement the existing knowledge, skills, attitudes, and behaviours possessed by different professionals and groups. Orygen's National Youth Mental Health Training Framework acknowledges the varied levels and depth of skills and experience that different professional groups bring to youth mental health. It suggests that levels of competency be based on depth and breadth of experience and training so that although the underlying competency might be broad, the expectation of how the competency is applied by non-clinical professionals (e.g. teachers, sports coaches) compared with an experienced senior mental health clinician will differ. The framework acknowledges that these competencies must be contextualised by discipline, but also by the environment in which they are practiced.

**These competencies are designed to be inter-professional and collaborative.**

Table two – Core competencies for youth mental health workers

Competency	Demonstrated by actions or examples
Person-centred holistic care	Collaborating with the young person; understanding the whole situation.
Recovery focus	Taking a strengths-based approach and promoting autonomy.
Collaboration with families	Partnering with families and carers. For example, involving parents in treatment planning with the young person's permission.
Collaboration with communities	Promoting youth mental health and social inclusion.
Health promotion and prevention	Understanding risks and issues in youth mental health; supporting access to information.
Advocacy	Upholding legal and human rights; challenging stigma and inequality.
Language, values, and attitudes	Communicating hope and optimism; acting non-judgmentally.
Cultural competence	Skilfully working with diversity. Respecting all peoples; displaying cultural sensitivity. Being aware of current health challenges in Aboriginal and Torres Strait Islander communities.
Integration, service coordination, and partnership	Developing knowledge of local service systems and referral pathways. Collaborating with other services; reducing barriers to service access.
Evidence-based treatments	Having knowledge of safe delivery of evidence-based treatments; contributing to the research base.
Developmental knowledge and treatment approaches	Understanding developmental stages of young people, including emerging adulthood, risks and early signs of mental ill-health, substance use, and common co-existing physical health problems.
Caring across the illness journey	Understanding the trajectory of, and fluctuations in, mental ill-health in young people. Recognising and responding to changes in health and wellbeing across the treatment continuum.
Self-management and care	Using reflective practice, understanding self-care, utilising supervision.
Managing expectations	Understanding that small gains are important, providing time for skill building, instilling appropriate expectations of treatment outcomes.
Understanding and managing challenging behaviour	Understanding and managing risks to self or others. Knowing local service protocols for managing challenging behaviours.

## Summary of core competencies for youth mental health workers



## How do we build competencies?

### A tool for assessing and building competencies

Managers and individual clinicians can use the tool below to assess competencies of individuals, and of teams, and to plan appropriate professional development.

- Select five key competencies that you want to focus on.
- For each competency, rate the level of competency for:
  - > Knowledge
  - > Attitudes
  - > Values
  - > Skills
  - > Global assessment of overall competence.
- For competencies that are lower than acceptable levels, make a specific plan for building competencies in these areas. Note that interventions may differ depending on the component of the competency being targeted. Addressing deficits in knowledge may relate to providing resources or information sessions. By contrast, addressing skill deficits is more likely to require practice-based learning, such as role-playing, live supervision, and deliberative practice.
- Identify a process for reviewing progress towards increased competency. This is vital for ensuring that improving competence is an ongoing process and that focus is maintained on this important issue.

An example of completing this tool is on the next page.

## Assessing and building competencies in youth mental health example

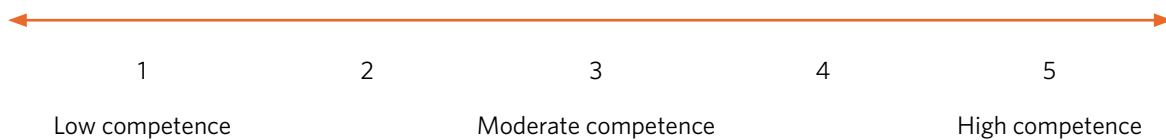
Organisation: *Youth mental health service based in primary care.*

Individual completing this form: *Service manager.*

Individual/group being assessed: *Clinical workers providing psychological interventions.*

### Competency ratings

	Competency	
	<i>Recovery focus</i>	<i>Developmental knowledge</i>
Knowledge	5	5
Attitudes	4	5
Values	4	5
Skills	2	5
Global Competency Assessment	3	5



### Strength areas

*Developmental knowledge*

### Areas for development

*Recovery focus*

### Plan for development

*The team has good knowledge, attitudes and values in the recovery focus domain but there are some skill deficits in terms of taking a strength-based approach that promotes recovery and builds autonomy. Plan to:*

- 1. Provide supervision sessions aimed at practising skills in implementing recovery focus. This will include role-play and practice completing recovery plans collaboratively with young people.*
- 2. Audit completion of recovery plans and aim to ensure that each young person has a plan at intake and that it is reviewed every 3 months.*

### Review process

*Review staff competencies in 6 months through audit of recovery plan completion and staff and manager ratings of skills and global competency assessment.*



## Moving towards a more competent youth mental health workforce

The specific expertise required to work effectively in youth mental health is essentially about workers' knowledge and attitudes, and how these impact on behaviour in practice. Workers require specific knowledge about developmental changes in young people across multiple domains, including physical, neurological, social, sexual, and vocational realms. They also require knowledge of the treatments and approaches that are effective for young people with mental health problems, as well as treatments that have been found to be ineffective with youth. This kind of knowledge may not have been included in standard professional training curricula and needs to be developed and implemented over time to effectively work in youth mental health.

Access to relevant education and training should be provided to those working in the youth mental health field. This training should include consideration of the behaviours of young people in the current era, their help- and information-seeking preferences, as well as the challenging behaviours that can be present when young people are distressed. The importance of relationships and rapport-building in providing the essential basis for effective intervention also needs to be understood.

Finally, working effectively in youth mental health requires communication of optimism and hope for recovery which in turn requires a respectful attitude that values diversity and equality for all, including the right to have individually-tailored, effective mental healthcare. It is the responsibility of all who work in mental health to actively challenge the stigma of mental ill-health, especially as applied to young people.



Use the competency assessment tool to understand areas of strength, and guide approaches to addressing areas that need development.

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