

# An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Services in the Republic of Ireland

April 2015





## Foreword

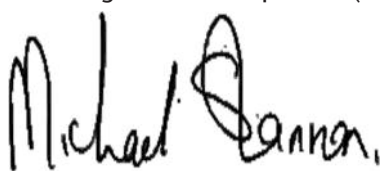
We are pleased to present the findings of this national review of the education and training needs of nurses working with children and adolescents with mental health problems accessing mental health care services nationally. This review, which is the first undertaken within the Child and Adolescent Mental Health Service (CAMHS), will provide the Health Service Executive (HSE) with evidence to inform the commissioning, design and delivery of education programmes. To enable the HSE provide a responsive and evidence based service to young people accessing CAMHS, it is critical that the nursing workforce have the appropriate knowledge, skills and competencies.

The CAMHS is provided for individuals up to the age of 18 years and is delivered as part of a comprehensive mental health service, as set out in the Vision for Change policy document (2006). The Mental Health Directorate in the HSE has increased the provision of services in CAMHS for individuals from the age of 16 up to the age of 18 years following the publication of a Vision for Change (2006). This development has created an increase in demand for these services with a corresponding increase in referrals. To support this capacity development, the Office of the Nursing Services Director (ONMSD) has carried out a review to identify the specific education and training required to support additional skill and competency development for nurses working in this area to further enable them to deliver high quality care and evidence based therapeutic interventions to children, adolescents and their families and carers.

As children represent our future and the importance of their emotional, psychological and wellbeing is being increasingly recognised, the professional development of nurses with the appropriate clinical skills and competencies needed to work with children, adolescents and young adults with complex and diverse mental health problems is a priority. This review presents the findings of the education and training requirements of the nurses that responded to this review and outlines recommendations to achieve this goal.

The ONMSD supports the strategic investment in developing the nursing resource; which constitutes the majority of professionals working in CAMHS. In the past there has been a variance in the exposure and opportunity for Registered Psychiatric Nurses (RPN's) working in mental health services to experience working in CAMHS services. As children and adolescents require very different care and understanding, it is now timely to develop a structured approach to the development and commissioning of pre registration and post registration mental health education and training to ensure that staff have the appropriate knowledge, clinical skills and competencies to meet current and future needs of young people accessing this specialist service.

This review is the first part of an overall strategic approach to preparing a nursing workforce for CAMHS; it is the beginning of this dialogue. We would like to thank the nurses who completed the survey questionnaires to inform this report and the Area Directors of Nursing in Mental Health Services and Ms. Mary Frances O Reilly, Director Nursing and Midwifery Planning and Development (NMPD) HSE West/Mid-West for their support for this initiative.



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## List of Abbreviations

|       |   |
|-------|---|
| ADHD  | Attention Deficit Hyperactivity Disorder                |
| ADoN  | Assistant Director of Nursing                           |
| A/DoN | Area Director of Nursing                                |
| CAMHS | Child and Adolescent Mental Health Service              |
| CBT   | Cognitive Behaviour Therapy                             |
| CMHN  | Community Mental Health Nurse                           |
| CMHT  | Community Mental Health Team                            |
| CNM   | Clinical Nurse Manager                                  |
| CNS   | Clinical Nurse Specialist                               |
| CPD   | Continuous Professional Development                     |
| DNE   | Dublin North East                                       |
| DoN   | Director of Nursing                                     |
| FI    | Family Interventions                                    |
| HSE   | Health Service Executive                                |
| MDT   | Multi Disciplinary Team                                 |
| NHS   | National Health Service                                 |
| NMBI  | Nursing and Midwifery Board of Ireland                  |
| NMPD  | Nursing and Midwifery Planning and Development          |
| ONMSD | Office of the Nursing and Midwifery Service Directorate |
| PHN   | Public Health Nurse                                     |
| QQI   | Quality and Qualifications Ireland                      |
| RCCNE | Regional Centre of Children's Nurse and Education       |
| RCNME | Regional Centre for Nurse and Midwifery Education       |
| RCN   | Registered Children's Nurse                             |
| RGN   | Registered General Nurse                                |
| RM    | Registered Midwife                                      |
| RNID  | Registered Nurse in Intellectual Disability             |
| RPN   | Registered Psychiatric Nurse                            |
| SD    | Standard Deviation                                      |
| SN    | Staff Nurse   |
| SPSS  | Statistical Package for Social Sciences                 |
| UK    | United Kingdom  |
| WHO   | World Health Organisation                               |



# 1. Introduction

## 1.1 Introduction

Mental health has been defined as a state of well being in which the individual recognises their own abilities and is able to cope with normal daily stresses in life (Work Health Organisation, 2005). Positive mental health is a prerequisite for normal growth and development, for optimal psychological development, the development and maintenance of productive social relationships, effective learning, an ability to care for oneself, good physical health, and effective economic participation as adults. While most children and adolescents have good mental health, the number one health issue for young people is their mental health. Studies have shown that 70% of health problems and most mortality among the young arise as a result of mental health difficulties and substance use disorders (McGorry, 2005), while 1 in 10 children and adolescents suffer from mental health difficulties severe enough to cause impairment (HSE, 2013). Mental health difficulties in young people can damage self-esteem and relationships with their peers, undermine school performance and reduce quality of life, not only for the child or young person, but also for their parents, carers or family members. The majority of illness burden in childhood and more so in adolescence is caused by mental health difficulties with almost 75% of all serious mental health difficulties first emerging between the ages of 15 and 25 (Hickie, 2004, Kessler et al, 2005, Kim-Cohen et al, 2003) and the majority of adult mental health difficulties have their onset in adolescence. Mental health difficulties in childhood are the most powerful predictor of mental health difficulties in adulthood. It is essential that children and adolescents have access to timely assessment and evidence based treatments, provided by staff who are equipped with the relevant current evidence based knowledge and skills.

Adolescence refers to the period of life during which an individual makes the transition from childhood to adulthood, the CAMHS provision is for children and adolescents up to the age of 18 years. This specialist service includes dedicated inpatient facilities, paediatric liaison services, community mental health teams, specialist services for children who have experienced sexual abuse and for autism and autistic spectrum disorders and day hospital facilities. The provision of services can be at different levels ranging from early intervention and health promotion programmes to primary and community care services and specialist mental health services for the care and treatment of complex presentations. The development of mental health services for children and adolescents within the Irish healthcare services has taken place at a slower pace than that for adults. A Vision for Change (2006) recommended that CAMHS take over responsibility in providing mental health service for young people up to the age of 18 years. CAMHS had been organised until then for young people up to the age of 16 years. For this reason some nurses, trained in the undergraduate mental health programme, may not have had an opportunity to provide nursing care to children or adolescents or have had a clinical placement in a CAMHS service. CAMHS services are now integrated into local health networks and structures, demanding a requirement for nurses working within mental health services to care for and provide therapeutic interventions to children and adolescents as appropriate, at local level.

To support this capacity development it is timely to review what knowledge, education and training nurses working within these services need to ensure that they are equipped with relevant skills and competencies to deliver high quality care and evidence based therapeutic interventions to these referrals and to support their families and carers. In recognition of this development, the ONMSD commissioned this review to investigate the education and training required to meet the existing and future needs of this sector in nursing in Irish mental health services. It is expected that the results of this review will provide nursing and the HSE with the evidence base it needs to support the development of a national education and training strategy for this sector.

## 1.2 Aims

The **aim** of this review was:

To identify the education and training needs of nurses working in CAMHS in the Republic of Ireland and provide recommendations to inform the commissioning, design and delivery of evidence based education and training.

## 1.3 Objectives

The **objectives** of this review were to:

- Elicit the demographic details of nurses working in CAMHS
- Establish baseline qualifications and professional development levels of nurses working in CAMHS
- Identify what post registration education and training needs nurses working in CAMHS require to further equip them to work with children, adolescents and their families who access mental health services
- To make recommendations to inform the commissioning, design and delivery of evidence based education and training.

## 2. Methodology

### 2.1 Introduction

This section provides an overview of the methodology and methods employed during the education and training needs review of nurses working in CAMHS. A mixed method approach was used to identify the education and training needs of nurses working in CAMHS. A questionnaire was used to collect quantitative data, respondents were also offered the opportunity to make additional comments to a number of questions in the questionnaire. This descriptive qualitative data is used to support the findings from the quantitative data.

### 2.2 Questionnaire design

This review was conducted between September 2014 and December 2014. The survey questionnaire (see Appendix 1) was adapted with permission from the Royal College of Nursing Report (2004) *“The post registration education and training needs of nurses working with young people with mental health problems in the UK”*. The questionnaire was also informed by the HSE CAMHS Annual Report (2013) which identified the most common primary clinical presentations of children and adolescents accessing mental health services in Ireland. Following a pilot, the survey instrument was refined. Questionnaires were sent to all nursing staff who worked in CAMHS nationally (n=172), using the web based survey system Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). Two follow up emails (two and four weeks after sending out the initial questionnaire) were sent to increase the response rate.

### 2.3 Survey sample

There is currently no comprehensive database of nurses working in CAMHS in Ireland. The relevant Area Director’s of Nursing (A/DoN) and Assistant Directors of Nursing (ADoN) responsible for CAMHS in every service nationally were contacted and provided with information regarding this review. The names and contact details of all nurses working in CAMHS were requested from the A/DoN and ADoN’s within their respective regions. A database consisting of 172 names was compiled from the lists provided by ADoN’s. Details of the review were emailed to them along with an electronic link to the questionnaire. All nurses on the database were invited to participate in the review. The nurses who responded, worked in a variety of health care settings including community mental health teams (CMHT), specialised inpatient units, paediatric hospitals, day hospitals, schools and child and adolescent community mental health services nationally.

### 2.4 Data analysis

Data analysis of the quantitative data consisted of descriptive frequencies and sub-group analysis using the Statistical Package for Social Sciences (SPSS) version 22. Statistical tests were carried out where appropriate. Most of the findings have been presented in tabular form or graph format. In the tabular data, percentages have been rounded to the nearest whole number. Chi-square and independent T-Tests were the statistical tests used to check for differences.

Qualitative data were analysed by performing a detailed content analysis on the data. Content analysis involves generating categories of concern through line-by-line analysis of transcripts to enable the occurrence of themes to be quantified, (Greene, J., & Thorogood, N. 2013). The data was coded into themes, and the themes have been used to support the quantitative findings in this review.

## 3. Results

### 3.1 Introduction

The principle aim of the review was to gain an understanding of the education and training needs of nurses working in CAMHS in Ireland. This chapter presents the findings from the training needs review (both the quantitative and qualitative data) which was undertaken with nurses working in CAMHS. The results are presented under the following sections:

|                       |                                     |
|-----------------------|-------------------------------------|
| <b>Section One:</b>   | Demographic and Employment Details  |
| <b>Section Two:</b>   | Service User Demographics           |
| <b>Section Three:</b> | Professional Training & Development |
| <b>Section Four:</b>  | Identification of Training Needs.   |

### 3.2 Response rate

Of the 172 questionnaires that were sent out, a total of 99 questionnaires were returned. A further 11 questionnaires were eliminated because the respondents either did not complete the questionnaire, or they were not nurses working in CAMHS. The overall response was 51%.

## Section One: Demographic and Employment Details

### 3.3 Demographic details

Table 3.1 shows the demographic details of the nurses who were surveyed for this review. The majority of the nurses were female (84%), and 16% were male. The most common age of respondents was the 30-39 age category, 36% were in this category. Eighteen percent of the respondents were under 30 years. Almost two thirds of the nurses (64%) had more than 5 years' experience working in CAMHS.

**Table 3.1 Demographic characteristics of nurses participating in the review**

|                               | Number | %  |
|-------------------------------|--------|----|
| <b>Gender</b>                 |        |    |
| Female                        | 74     | 84 |
| Male                          | 14     | 16 |
| <b>Age</b>                    |        |    |
| 18-29                         | 13     | 18 |
| 30-39                         | 30     | 36 |
| 40-49                         | 21     | 26 |
| 50-59                         | 18     | 22 |
| <b>Years Working in CAMHS</b> |        |    |
| <1                            | 6      | 7  |
| 1-2                           | 6      | 7  |
| 3-5                           | 20     | 23 |
| 6-10                          | 20     | 23 |
| >10                           | 36     | 41 |

### 3.4 Qualifications of nurses

The majority of nurses (85%) reported that they were registered psychiatric nurses (RPN's) (table 3.2). The remaining 15% were; registered general nurses (RGN's), registered nurses in intellectual disability (RNID's), registered children's nurses (RCN's), or had a combination of these qualifications.

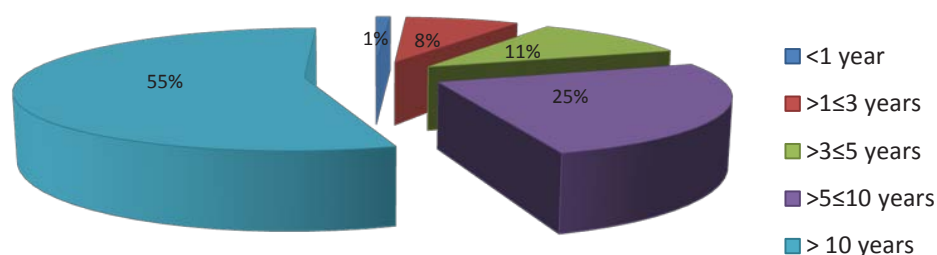
**Table 3.2 Qualifications of nurses who participated in the review**

|                                    | Number    | %          |
|------------------------------------|-----------|------------|
| <b>Qualifications RPN's</b>        |           |            |
| RPN only                           | 54        | 75         |
| RPN & RGN                          | 12        | 17         |
| RPN & RCN                          | 2         | 3          |
| RPN& RNID                          | 2         | 3          |
| RPN& RM                            | 1         | 1          |
| RPN, PHN & RCN                     | 1         | 1          |
| <b>Total</b>                       | <b>72</b> | <b>100</b> |
| <b>Qualification for NON RPN's</b> |           |            |
| RGN only                           | 3         | 25         |
| RNID only                          | 2         | 17         |
| RGN& RCN                           | 5         | 42         |
| RGN & RM                           | 1         | 8          |
| RCN & RNID                         | 1         | 8          |
| <b>Total</b>                       | <b>12</b> | <b>100</b> |

### 3.5 Previous work experience for RPN's

Registered psychiatric nurses were asked to indicate how long they had been qualified. Eighty percent of RPN's had been qualified for longer than five years. The details are outlined in Figure 3.1.

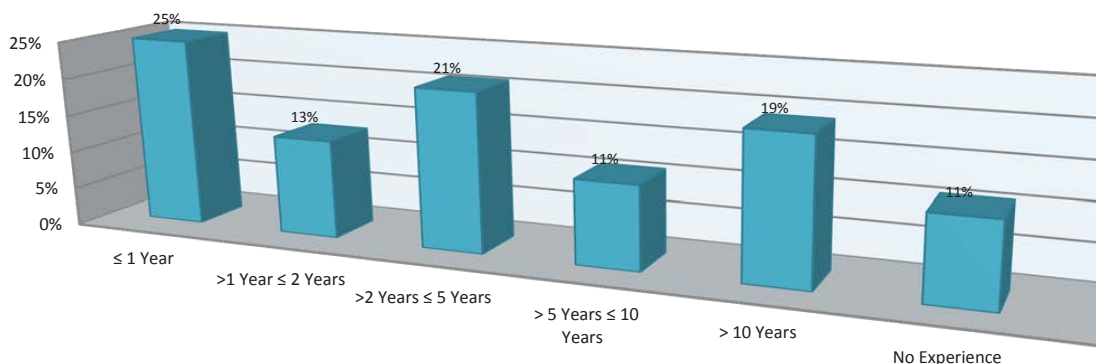
**Figure 3.1 Length of time qualified for nurses with RPN qualification**



### 3.6 Previous work experience for RPN's in adult mental health services

RPN's were also asked to indicate how long they had spent working in adult mental health services prior to working in CAMHS. There was a wide variation in the responses. Eleven percent had no previous experience and 25% had worked in adult mental health services for one year or less. Nineteen percent of RPN's had worked for longer than 10 years in adult mental health services. The responses are outlined in figure 3.2.

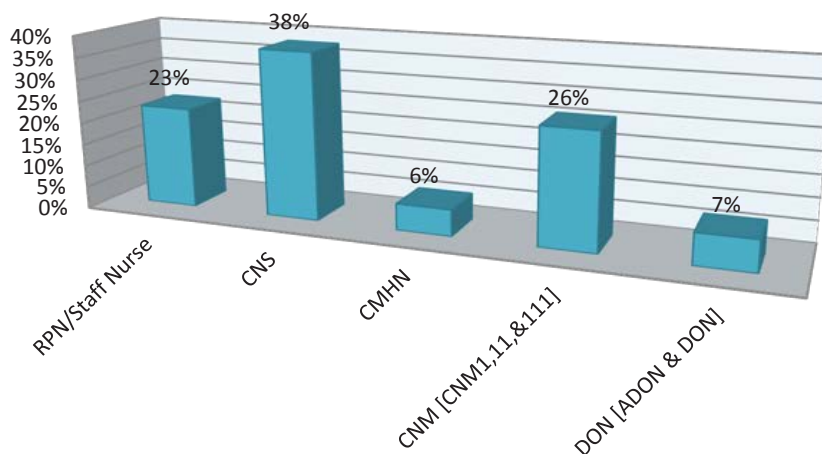
Figure 3.2 Length of time working in adult mental health services prior to working in CAMHS



### 3.7 Whether undergraduate training enabled RPN's to work in CAMHS

Sixty percent of RPN's reported that their undergraduate training did not enable them to work with children, adolescents and their families who were referred to CAMHS. Those nurses who specified that their professional undergraduate training did not enable them to nurse children and adolescents, commented that there was very little or no focus on child and adolescent health in the theoretical content of their programme. They also remarked that they did not have a clinical placement in child and adolescent services during their training. All were resolute that there should be a definite focus on child and adolescent mental health in the undergraduate mental health nursing curriculum with relevant clinical placements. The following comments exemplify the concerns of these nurses: *I had no experience/specific lectures in CAMHS during training..... no theoretical input.....education has been more focused towards adult mental health and care of the elderly.* Some of the respondents highlighted that they had no clinical placement in CAMHS on the undergraduate mental health programme..... *no clinical placement in CAMHS..... training had no CAMHS focus..... everyone should have the opportunity to do a placement in CAHMS.....*

Figure 3.3 Breakdown of nursing grades

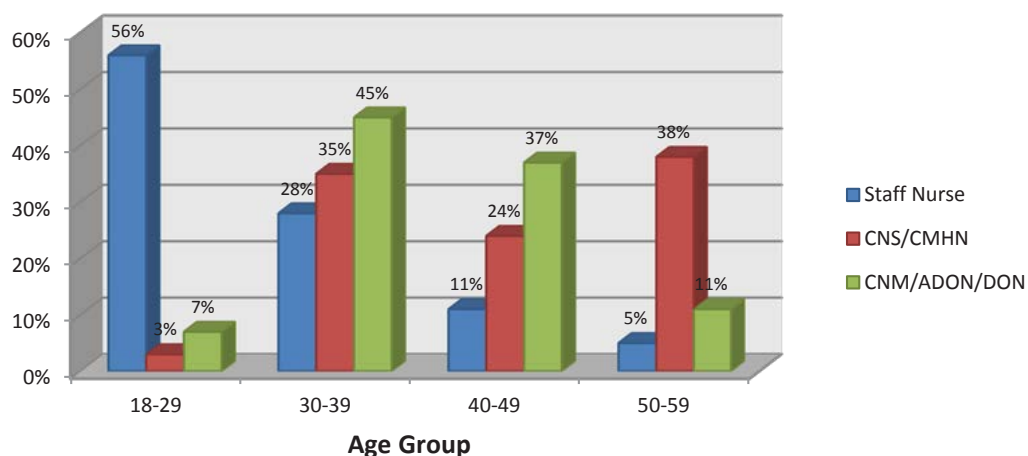


### 3.8 Nursing grades

All nurses were asked to indicate their current nursing grade. The responses are outlined in figure 3.3. The most common grade was clinical nurse specialist (CNS); 38% reported that they worked as a CNS. Twenty six percent worked as a clinical nurse manager (CNM), either a; CNM 1, CNM 11 or CNM 111, and 23% worked as a staff nurse.

When the nursing grades were compared with different age groups (figure 3.4); the results revealed that a higher percentage of staff nurses were in the 18 to 29 age category (56%) compared to 3% of CNS's and 7% of CNM's and DON's. Staff nurses were significantly more likely to be under 30 years of age than other grades of staff working in CAMHS services. Fishers exact test  $P < .001$ .

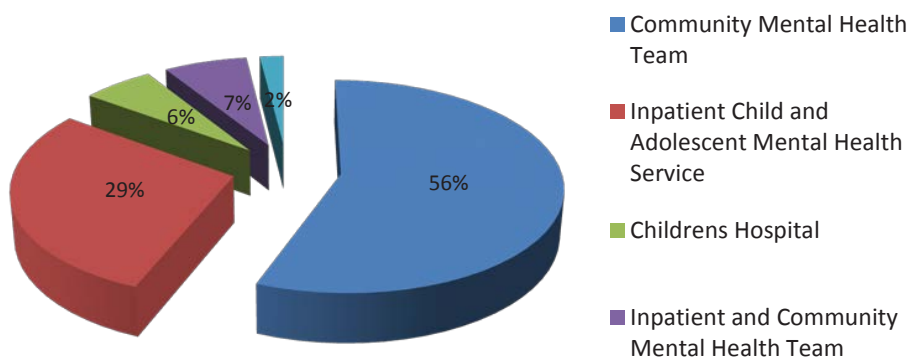
Figure 3.4 Age groups compared for different staff grades



### 3.9 Clinical work setting

Figure 3.5 shows the clinical work setting of the respondents. Community mental health teams were identified as the most common work setting (56%), followed by inpatient services (29%). A minority of the respondents reported that they worked in more than one clinical setting.

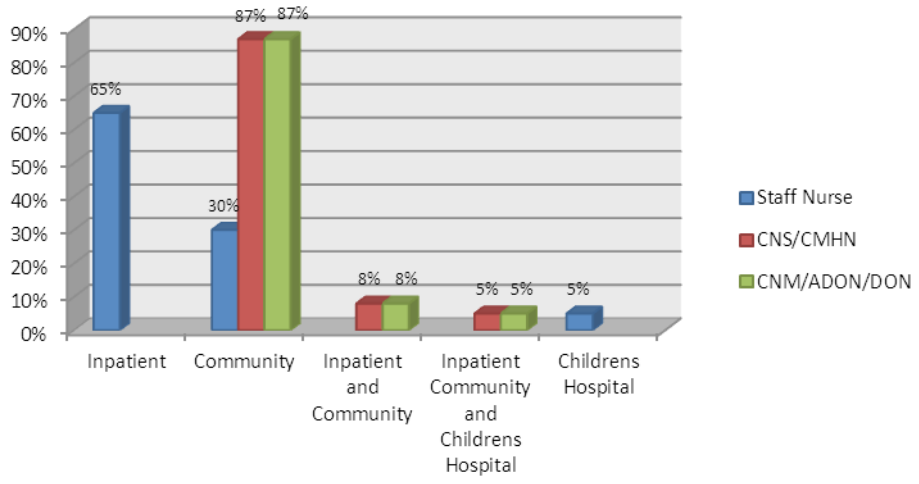
Figure 3.5 Where nurses worked





Seventy percent of staff nurses worked in an inpatient setting, including children’s hospitals. The vast majority of CNS’s and CNM’s/DON’s (87%) worked in community mental health teams.

**Figure 3.6 Work location for different nursing grades**



## Section Two: Service User Demographics

### 3.10 Age profile of service users

The nurses were asked to indicate the age groups of the children and adolescents they had contact with in their clinical role. All of the respondents worked with adolescents, and 71% also worked with children (5-12). A smaller percentage (28%) worked with all three groups i.e. pre-school, children (5-12), and adolescents. Working across different age groups posed challenges for some of the nurses as exemplified by the following comment:

*"I recently transitioned to working with 16/17 year olds from working solely with under 16's. This is a new service development in the ..... area and I have needed to and will require to continuously up skill myself specifically to work with this age group and their families."*

### 3.11 Most common presentations to CAMHS reported in this review

Nurses were asked to rank the most common presentations that children and adolescents presented with to CAMHS within their respective region. Many of the qualitative responses highlighted working with children and adolescents was complex identifying co-morbidities as a common feature of this age group. The following quotes from some nurses explain the complexity of working with children and adolescents and their families:

*".....more often than not the children we see present with co-morbidity. Also, a young person may present with a number of difficulties, for example a child may have a depressive or anxiety disorder in the context of family relationship difficulties/ loss/ secondary to an undiagnosed autistic spectrum disorder. While the disorder or query may be depression, the resultant behavioural concern may be self-injury."*

*"It is very hard to separate all of the above items as they all very much overlap with each other...attachment difficulties are common across many of the cases we see and it is difficult to give it a rating on its own."*

Table 3.3 shows the most common presentations to CAMHS services as identified by the Nurses (that responded to this review). Depressive disorders/low mood was rated as the most common presentation at services; it received a mean rating of 2.6 (Standard Deviation (SD) 2.01) on a fifteen point scale. Deliberate self-harm including lacerations, drug/medication and alcohol abuse/overdose were rated as the second most common presentation at CAMHS, it received a mean rating of 3.25 (SD=2.28). Gender /role identity received the lowest rating (13.17).

**Table 3.3 Most common presentations at CAMHS**

| Rank | Presentations at Services  | Mean Rating  | Standard Deviation |
|------|--|--------------|--------------------|
| 1    | Depressive disorders/low mood  | <b>2.60</b>  | <b>2.01</b>        |
| 2    | Deliberate self-harm including lacerations, drug/medication and alcohol abuse/overdose   | <b>3.25</b>  | <b>2.28</b>        |
| 3    | Anxiety disorders/problems including phobias, somatic complaints, obsessional compulsive disorder & post-traumatic stress disorder             | <b>4.01</b>  | <b>2.14</b>        |
| 4    | Hyperkinetic disorders/problems including ADHD and other attentional disorders   | <b>5.85</b>  | <b>4.68</b>        |
| 5    | Eating disorders/problems  | <b>5.89</b>  | <b>2.85</b>        |
| 6    | Conduct disorders/ behavioural problems including oppositional defiant behaviour, aggression, anti-social behaviour, stealing and fire setting | <b>7.50</b>  | <b>3.23</b>        |
| 7    | Family relationship difficulties/problems  | <b>7.96</b>  | <b>3.47</b>        |
| 8    | Psychotic disorders/problems including schizophrenia, manic depressive disorder or drug induced psychosis                                      | <b>8.06</b>  | <b>3.56</b>        |
| 9    | Autistic spectrum disorders/problems   | <b>8.82</b>  | <b>3.09</b>        |
| 10   | Attachment difficulties/problems   | <b>9.23</b>  |                    |
| 11   | Developmental disorders/problems referred to delay in acquiring certain skills such as speech and social abilities                             | <b>10.72</b> | <b>2.81</b>        |
| 12   | Bereavement/loss family breakup  | <b>10.87</b> | <b>3.21</b>        |
| 13   | Substance abuse referred to drug and alcohol misuse  | <b>10.93</b> | <b>3.21</b>        |
| 14   | Habit disorders/problems including tics, sleeping problems and soiling   | <b>11.07</b> | <b>2.96</b>        |
| 15   | Gender role/identity disorder/problems   | <b>13.17</b> | <b>2.09</b>        |

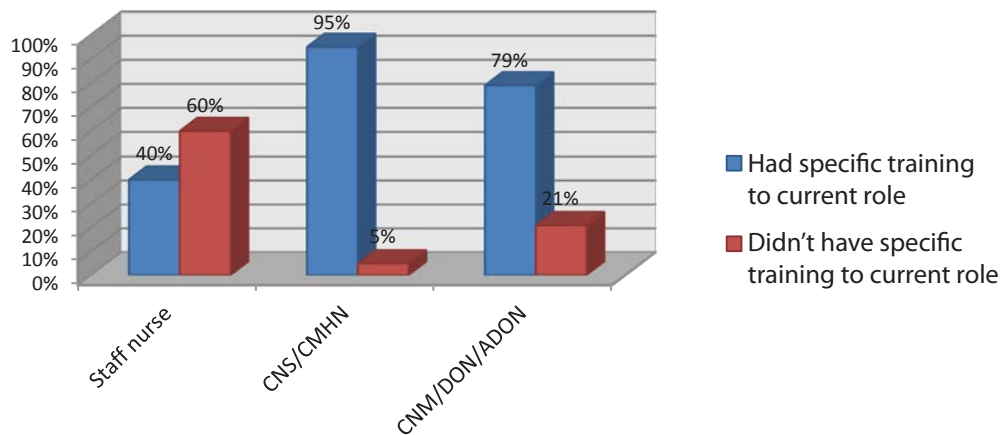
\*Mean Ratings are used to score the rating that each condition received; the nearer the rating is to 1 the higher the rating

## Section Three: Professional Training and Development

### 3.12 Post graduate training

The majority of nurses (76%) reported that they had received specific post-graduate training and education to equip them in their work. Figure 3.7 shows that a lower percentage of staff nurses had completed training compared with other grades of staff. Ninety five percent of the CNS's and CMHN's had completed further training whereas 40% of staff nurses had completed further training. A Pearsons Chi squared test was carried out to test for significance, the relationship between the variables was significant ( $\chi^2$  19.334,  $df = 1$ ,  $p < .001$ ). Staff nurses were significantly more likely to report that they had not completed specific post-graduate training and education to equip them in their work.

Figure 3.7 Specific training for current role compared for different staff grades



One possible reason for the low uptake of further training among staff nurses maybe the age range for staff nurses; 77% of all staff nurses were in the 18-29 year age category. The details of the different types of further professional development undertaken by nurses are outlined in table 3.4. Further details are also included in Appendix 2. Many of the nurses had completed more than one post graduate education programme and short courses were undertaken by many of the nurses in this review.

Table 3.4 Types of post graduate training undertaken by nurses

| Type of Course   | Number | %* |
|--|--------|----|
| Post graduate diploma in child and adolescent mental health or similar course  | 21     | 32 |
| MSC Child and adolescent mental health, CBT or Psychotherapy   | 15     | 23 |
| Training in CBT  | 9      | 14 |
| Family therapy   | 6      | 9  |
| Post graduate diploma in other areas for example; psychology, child protection and welfare, acute enduring mental health, play therapy | 5      | 8  |
| Higher diploma in psychotherapy  | 4      | 6  |
| Degree   | 2      | 3  |
| Currently undertaking a PhD  | 1      | 1  |
| Short courses such as: STORM, Mindfulness, Crisis management, Play therapy, Marie Mao therapy, ENB 603, Parent Plus Training, etc.     | 33     | 50 |

\*Multiple responses, therefore percentages may not add up to 100%

### 3.13 Reasons for not undertaking further training specific to work in CAMHS

Nurses who had not undertaken further education specific to their work in CAMHS were asked to rate in order of priority (from 1-6) their reasons for not undertaking training (table 3.5). 'No relevant courses locally' (mean=2.37, SD=1.17) was identified as the most common reason for not undertaking training, followed by 'no funding available' (mean =2.92, SD=1.54).

**Table 3.5** Reasons for not undertaking further training specific for work

| Rank | Reasons for not undertaking further training | Mean Rating | Standard Deviation |
|------|--|-------------|--------------------|
| 1    | No relevant courses locally                  | 2.37        | 1.17               |
| 2    | No funding available                         | 2.92        | 1.54               |
| 3    | Not aware of relevant courses                | 3.32        | 1.43               |
| 4    | No staffing cover                            | 3.54        | 1.64               |
| 5    | Not supported/given opportunity              | 4.08        | 1.72               |
| 6    | Don't want to do further training            | 4.72        | 1.68               |

Respondents were given the opportunity to outline why they had not received any training or education since qualification. The lack of availability of courses coupled with courses being cancelled and a lack of funding were themes that emerged from the qualitative data.... *training was not available in this unit for the past 4 years, and training that I had booked into was cancelled due to staffing shortages.....*many of the respondents highlighted funding as a barrier to receiving further education and training.....*I have had to fund each of my training courses which has cost me considerable, it would really be great if funding was more available.....*Some nurses also felt that continuing education should be an integral part of nursing and should be compulsory for staff: as exemplified by the following comment.....*I feel on-going learning and training is an essential component of professional life and I would like to see it become a more integrated part of nursing.....*Respondents also highlighted the importance of learning with other professionals as integral to their learning.....*learning in a multi-disciplinary context essential for CAMHS.*

## Section Four: Identification of Training Needs

### 3.14 Training needs identified

Fifty two percent of the nurses indicated that their training needs were assessed formally by their organisation. Clinical supervision was the most common method used to identify training needs by CAMHS organisations. There was no significant difference noted between different staff grades A Pearsons Chi squared test was carried out to test for significance, the relationship between the variables was not significant ( $\chi^2 .895$ ,  $df =2$ ,  $p=.639$ ). Table 3.6 shows the most common ways that training needs were identified or assessed by the nurses' organisation.

**Table 3.6 Methods of identifying training needs in CAMHS organisations**

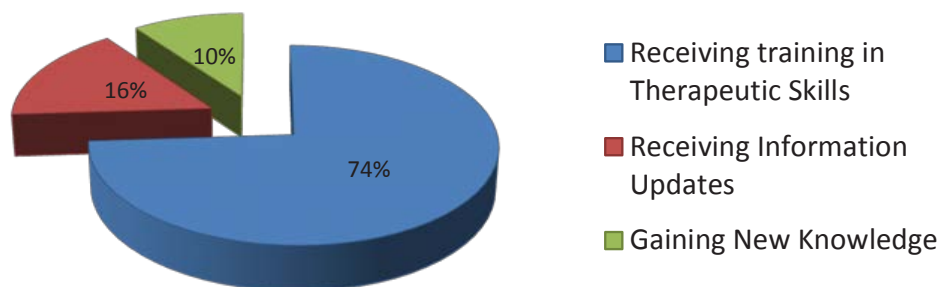
| Training Need Identified                               | %* |
|--|----|
| Clinical Supervision                                   | 39 |
| Mentorship   | 19 |
| Personal Development Plan                              | 12 |
| Peer Supervision                                       | 12 |
| Local Policies   | 11 |
| Other (including management supervision, MDT meetings) | 12 |

\*Multiple responses, therefore percentages may not add up to 100%

### 3.15 Identified Training Needs

Eighty seven percent of the nurses indicated that they would like to receive further education in relation to children and young people presenting to CAMHS. The nurses were asked to consider three options and to indicate which one they thought was the most important training area for them at present. Almost three quarters of the nurses (74%) reported that training in therapeutic skills was the most important training area, followed by receiving information updates (16%), and gaining new knowledge (10%).

**Figure 3.8 Most important training areas for nurses**



Nurses were also asked to rank the most important areas that they considered they needed training in from a list of 15 options (table 3.7). Many of the nurses wanted the opportunity to engage in education and training to equip them with the relevant knowledge, skills and competencies to work with children and adolescents and their families in CAMHS. The need for training which involved direct work with service users received higher rankings than training on policies, leadership etc. Training in therapeutic skills received the highest rating (mean=3.75, SD=3.43) followed by training in the assessment process including knowledge of disorders (mean=4.81, SD=3.37), and understanding and working with families (mean=4.95, SD 2.96). Training in Leadership and management theories and practice (mean=12.04, SD=3.85), and the historical and social context of children and childhood (mean=12.68, SD=2.15) received the lowest ratings.

**Table 3.7 Nurses ranking of different training needs**

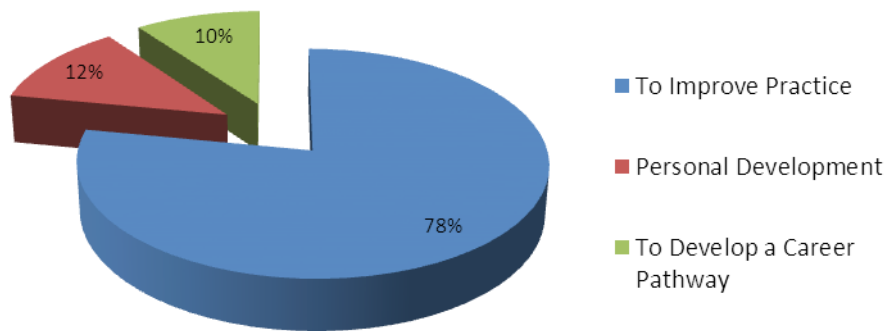
| Rank | Training Need  | Mean Rating | Standard Deviation |
|------|--|-------------|--------------------|
| 1    | Therapeutic skills (e.g. CBT, family therapy, psychotherapy)   | 3.75        | 3.43               |
| 2    | Assessment Process (e.g. how to conduct assessments of children and adolescents, knowledge of psychiatric in children and adolescents) disorders   | 4.81        | 3.37               |
| 3    | Understanding and working with families (e.g. family theories, understanding family systems/dynamics, working with people with parenting difficulties)   | 4.95        | 2.96               |
| 4    | Risk assessment and safety management (e.g. conducting risk assessments of children and adolescents in terms of self-harm/ suicide, risks in families e.g. child abuse, etc.)  | 4.98        | 3.23               |
| 5    | Developmental theories (development of children and adolescents)   | 6.1         | 3.74               |
| 6    | Understanding and communicating with children and adolescents (e.g. the use of play with children, developing trusting relationships with children and adolescents)  | 6.59        | 2.95               |
| 7    | Intervention skills (e.g. psycho-education with families and children)   | 6.74        | 2.72               |
| 8    | Understanding and working with children and adolescents with particular disorders (e.g. autism, learning difficulties, ADHD, Asperger's syndrome, eating disorders) 3.69   | 7.75        | 3.48               |
| 9    | Inter-professional working (e.g. working with other disciplines and agencies such as social services, schools and educational services. Knowing who to make referrals to and how, understanding each other's' roles and contribution, etc.) 2.15 | 8.68        | 2.98               |
| 10   | Knowledge and understanding of policy and legislation regarding mental health and children (e.g. national and local policies, children's rights)   | 9.26        | 3.44               |
| 11   | Promoting mental health and well-being (mental health promotion and preventative work)   | 9.75        | 3.98               |
| 12   | Mandatory training (e.g. management of aggression and violence)  | 10.53       | 3.69               |
| 13   | Working within cultural, ethnic and religious contexts (e.g. working with ethnic minority families, refugees and asylum seekers, etc.)   | 11.48       | 3.44               |
| 14   | Leadership & Management theories and practice  | 12.04       | 3.85               |
| 15   | Historical and social context of children and childhood (e.g. role of children in society, concept of the child, etc.)   | 12.68       | 2.15               |

\*Mean Ratings are used to score the rating that each condition received; the nearer the rating is to 1 the higher the rating

### 3.16 Reasons for Undertaking Further Education

The main reasons identified by the nurses for undertaking further training are outlined in figure 3.9.

Figure 3.9 Reasons for Undertaking Further Education



The nurses reported that working in CAMHS is a specialised area of mental health delivery, and thus requires them to have the relevant specialised knowledge. In fact, some nurses felt that it should have its own undergraduate programme in order to develop CAMHS nurses to the same level of proficiency as other members of the multidisciplinary team (MDT). Furthermore, it was considered that training should be focused on specific areas for example; nurses who work in acute settings should have specific training needs in the area of engaging with children and adolescents in various differing levels of mental health distress. ....*I believe the importance of training depends very much on the area you work in and in what capacity.....nurses are working in many different roles and in a wide variety of settings.....In in-patient care the emphasis should be on effective interventions, knowledge of medication protocols, risk management and effective communication. ....In my opinion, there is a major deficit in my practice area in establishing clearly established management plans to deal with behaviours of young people.*

Additionally, it was noted that there appears to be some ambiguity as to the nurses' role in CAMHS. It was considered that education and training could move towards lessening this ambiguity and bring some clarity to the role of the nurse. ....*It would be great if we as nurses could identify the nurses' role in CAMHS and have clearer boundaries and consistency around our role.*

A number of respondents also identified training on the impact of social media as a requirement for education and training.....*Training on how technology can influence the mental health of children and adolescents needs to be taught to nurse working in CAMHS.*

Nurses in this review also believed that there is potential to engage with past users of CAMHS to learn from them about their experiences of being in the service. This would entail service users been involved in the development and delivery of education and training. This sentiment is in keeping with mental health services aspiring to be recovery oriented.

The nurses considered that *practical skills based training* will improve their practice and will enhance their competence to work in this specialist area and as one nurse stated; *ultimately it is these practical skills that will have more of a positive benefit in client care.*



It was also acknowledged that having a greater understanding about particular disorders was an area for further development and training (for example; ADHD, eating disorders and learning difficulties). It appears that nurse's gain knowledge and understanding in some of these areas through their practice; however the nurses in this review were clear that they require more specific education and development in these specific areas of their clinical practice. As highlighted by the following respondent..... *I would like to have advanced training in the management of ADHD available in Ireland rather than having to look at travelling to the UK to achieve specialism in this area.*

The nurses identified training in other specific areas for example; attachment and social theories, mental state examinations, and medications prescribed for children and adolescents.

### 3.17 Preferred training options

Table 3.8 shows the preferred training options of the nurses working in CAMHS. Short courses were ranked the highest (mean =3.3, SD=1.66) followed by practical teaching sessions (mean = 3.41, SD=2.01) and teaching seminars (m=3.84, SD=1.90). Blended learning online and face to face training was also rated highly. Table 3.8 presents the results of the preferred training option of nurses working in CAMHS.

**Table 3.8 Preferred training options**

| Rank | Preferred Training Options                          | Mean Rating | Standard Deviation |
|------|---|-------------|--------------------|
| 1    | Short Courses                                       | 3.3         | 1.66               |
| 2    | Practical Teaching Sessions                         | 3.41        | 2.03               |
| 3    | Teaching Seminars                                   | 3.84        | 1.90               |
| 4    | Blended Learning Online and Face to Face            | 4.52        | 2.64               |
| 5    | Longer academic/professional course (H-Dip Masters) | 5.10        | 2.94               |
| 6    | A single Module Course                              | 5.26        | 1.93               |
| 7    | Work based Learning                                 | 5.5         | 2.73               |
| 8    | One-to One Support                                  | 6.97        | 1.96               |
| 9    | Distance Learning                                   | 7.06        | 1.99               |

## 4. Discussion

### 4.1 Introduction

Currently in Ireland, CAMHS are undergoing changes with a view to developing them into a comprehensive service for young people up to the age of 18 years. A significant element of this change involves extending the age range of services from 16 years to 18 years as set out in *A Vision for Change* (2006). This extension of the age range has created an increase in demand for these services with a corresponding increase in referrals. For those experiencing mental health problems, good outcomes are most likely if the child or adolescent and their family or carer have access to timely, well coordinated advice, assessment and evidence-based treatment (HSE, 2013). CAMHS work directly with young people to provide treatment and care for those with a variety of mental health issues including those with complex mental health needs. They (CAMHS) also work with other services engaged with children and young people experiencing mental health problems. These services for children and adolescents need to be culturally sensitive, based on the best available evidence, and provided by staff equipped with the relevant up to date knowledge and skills (HSE, 2013). Furthermore Higgins et al (2010) consider that education should focus beyond the development of knowledge to the development of clinical competency in a number of key areas including psychotherapeutic interventions, recovery and social inclusion. Specifically they (Higgins, et al 2010) argue that contemporary mental health practitioners require specific knowledge and expertise in therapeutic approaches that are less dependent on the traditional model of care and more focused on recovery orientated practices. Similarly, *A Vision for Psychiatric/Mental Health Nursing* (2012) recommends that in future psychiatric/mental health nurses will provide a more expanded scope of practice to increase clinical capacity and will continue to develop additional skills and competencies to provide a greater range of evidenced based interventions and professional services for individuals and their families.

The identification of educational needs is the primary step of a cyclical process contributing to an education of an organisation (Pedder, 1998). A training and education needs review explores the knowledge and competencies of employees for their required tasks, it highlights knowledge and skills deficits and it provides a framework for the strategic provision of suitable educational interventions (Knowles, 1980 & O' Shea & Spike, 2005). Therefore, a training and education review is a vital component to healthcare organisations to ensure that the content of educational programs provided are appropriate and the content of the educational programs match the clinical areas in which nursing care and interventions are delivered (Brennan, 2006). It is opportune that this review of the training needs of these nurses is happening at a time when CAMHS is evolving into a modern fit for purpose mental health service.

### 4.2 Education and Training on Mental Health Issues

The results of this review highlights not only the medical diagnosis and biological factors of the young people accessing the service, it also highlights the psychological, social, interpersonal and contextual factors that interact and impacts on the young person's clinical presentation and admission to CAMHS. This finding highlights the requirement for nurses to respond to this complex interaction of factors in a responsive and meaningful way through a bio psychosocial approach to care; treating symptoms to enable clinical recovery while also supporting children, adolescents and families in personal recovery and promoting well being.

The findings indicate that the nurses included in this review had a range of learning needs, but of key importance to them was receiving this training and education in fundamental areas of their everyday work. This was illustrated by their need for more knowledge of child and adolescent disorders in order for them to provide the appropriate nursing therapeutic interventions to meet the needs of these children/adolescents and their families and carers. The nurses in this review identified the most common mental health issues which they experienced in their practice. The three leading presentations were identified as depressive disorders, deliberate self harm and anxiety disorders. Hyperkinetic disorders (including ADHD and other attentional disorders) and eating disorders also rated highly. It is well established that working with children and adolescents with mental health problems is complex. Children and young people do not present or process mental distress in the same way adults do. They often present with a mix of symptoms, with difficulties in functioning usually significant in areas such as family or school life. For nurses to complete skilled assessments and consequently decide on the most appropriate nursing intervention for the young person requires them to have a level of knowledge and understanding of the varying and complex presentations in CAMHS. Not surprisingly training in understanding and working with children and adolescents with particular disorders, such as autism, ADHD, Aspergers Syndrome, intellectual disabilities and eating disorders were identified in this review by the nurses as an area warranting further training for them. A recent survey carried out by the Regional Centre of Children's Nurse Education (RCCNE) (unpublished 2014) identified the need for mental health education and training for Registered Children Nurses (RCNs) working in the national paediatric hospital group, who provide care for children presenting with mental health difficulties to this environment. This review concurs and highlights the requirement for these nurses to receive appropriate mental health education and training relevant to their role to enable these nurses to enhance their skills and competencies to work with children and adolescents and their families effectively.

### 4.3 Identified Training Needs

#### 4.3.1 Therapeutic skills

The nurses who participated in this review ranked the different areas that they wanted training in. Training in therapeutic skills (e.g. Cognitive Behavioural Therapy, family therapy, psychotherapy, psychosocial interventions) is the most highly rated training need. Significantly almost three quarters of the nurses identified training in therapeutic skills as the most important training area for them. A significant body of research supports the therapeutic effectiveness of using these skills in the management of mental health issues (Pharoah et al. 2003, Lewis et al. 2005, Fisher 2014). Efforts to improve mental health services have identified the need for mental health nurses to include therapeutic approaches (incorporating psychological techniques) in their practice. In particular Higgins et al. (2010) argue that nurses require specific knowledge and expertise in therapeutic approaches that are less dependent on the traditional model of care and more focused on recovery oriented practices.

International mental health policy literature including the Republic of Ireland suggests that there is a strong interest in the incorporation of recovery concepts into the organisation and delivery of mental health services (Department of Health UK 2001, Mental Health Commission New Zealand 2001, Victorian Government Department of Health 2011, Department of Health and Children 2006). Kartalova-O'Doherty and Tedstone Doherty (2010) describe the recovery

process as an open-ended, gradual and individual process that involved the reconnection with self, other and time. The UK Department of Health (2011) specifically state that the principles of the recovery approach, which emphasises the equal importance of good relationships, education, employment and purpose alongside reduction in clinical symptoms apply equally to children and young people. Nurses in CAMHS delivering therapeutic skills could promote a service for young people that is recovery oriented. Education and training in therapeutic skills (such as cognitive behaviour techniques, family interventions, solution focused techniques, dialectical behaviour therapy) is essential for all nurses working in CAMHS. However it is important to acknowledge that any therapeutic skills integrated by nurses working in CAMHS must be age appropriate and developmentally suitable (IAPT, 2011). This is an important consideration for the commissioning of any education and training for nurses working in CAMHS.

#### **4.3.2. Specialist Needs**

Nurses in this review identified that they are working with children and adolescents who present with more specialist needs (e.g. eating disorder, attention disorders, intellectual disabilities etc). This finding suggests their education and training needs are related to the particular type of presentations that they deal with in their clinical practice. While it is acknowledged in this review that all nurses working in CAMHS must possess the appropriate skills and competencies to provide therapeutic interventions to young people, some nurses require more specialist training if they work with a particular group of young people. Additionally, some nurse may need to develop a specialist and /or an advanced level of knowledge to enable them to work with specific groups beyond generic child and adolescent education and training. This will require them to complete higher level programmes in the specialist area (e.g. eating disorders, autism, psychotherapy etc). Education programmes at post graduate diploma or MSc level (to include advanced clinical skills modules) should be available to support the professional developments of nurses in these specialist areas of practice. It is recommended that these programmes should have a strong focus on clinical nursing skills.

#### **4.3.3 Assessment Process including Risk Assessment**

The second training area identified is the assessment process with risk assessment and safety planning in fourth place. Assessment is central to mental health nursing practice and provides the foundation for nursing interventions (Coombs et al 2013). It is critical to the care of service users and contributes to important clinical tasks including the evaluation of risk (Godin 2004), evaluation of violence and aggression (Murphy 2004, Mackay et al. 2005), mental state examination (O'Brien et al. 1999), and assessment of different symptoms such as depression (Fisher & Shumaker, 2004). Crucially, Mac Neela et al (2010) consider that assessment is the application of nursing knowledge to the judgement and decision-making in support of particular functions. Training in mental health assessment will support these CAMHS nurses to make skilled and focused judgments and decisions which will in turn support them to utilise the relevant therapeutic intervention as discussed above.

Additionally, Higgins et al (2015) contend that risk assessment and safety planning education and training should be developed and delivered to mental health practitioners to enable them to develop skills to work with and respond to service users presenting with risk issues in a competent, creative and compassionate manner including the knowledge, skills, and attitudes to discuss protective factors and positive risk taking opportunities.

#### 4.3.4 Family Interventions

It is clear from the findings that nurses working in CAMHS require further training in working with families; they rated it third when identifying their training needs. There is established evidence demonstrating the effectiveness of family interventions (FI) for those with mental health issues showing reduced relapse rates and hospital admissions (Pfammatter et al. 2006, Pharoah et al. 2010, Fadden and Heelis 2011). The family context is central to any understanding of a young person's world and any difficulties they may be experiencing. There is huge potential for a family to influence a young person's mental health. Therefore being comfortable and skilled at working with families is central to CAMHS nurses effectiveness (Dogra and Leighton, 2009 and Inoue et al 2012). Being skilled in using family interventions can assist nurses to educate families to understand the mental health issue and to relate to the associated behaviors. These interventions also focus on problem solving so families can learn to negotiate with each other and explore more productive ways to manage their problems (Allison and Bergin, 2013).

#### 4.3.5 Developmental Stages

It is clear from the that nurses working in CAMHS are working with children and adolescents of all ages and they want to be equipped with skills and knowledge to work effectively with children and adolescents of different developmental stages in order to identify and provide the most appropriate therapeutic interventions that are appropriate with a variety of age groups. Roth et al (2010) suggests that the efficiency of targeted interventions for children and young people is often related to the age and the developmental stage of the child; interventions that are effective for younger children may not be effective with older children. Nurses therefore require knowledge regarding the developmental stages of children and adolescents in order to provide appropriate therapeutic nursing interventions.

### 4.4 Pre and Post Registration Education and Training

#### 4.4.1 Undergraduate

Sixty percent of registered psychiatric nurses in this review considered that their undergraduate training did not prepare them effectively to work with children and adolescents and their families. Traditionally in the Republic of Ireland mental health nurse training had varying levels of emphasis on child and adolescent mental health as the CAMHS were not as prevalent or as developed as they currently are. It is suggested that there is a need to have a greater focus on child and adolescent mental health in the undergraduate mental health nursing curricula with dedicated modules devoted to this developing and expanding area of mental health care. In addition, all students should have clinical placements in CAMHS. These findings are timely in view of the current review of the Nursing Degree programme (BSc Nursing) being undertaken by the Nursing and Midwifery Board of Ireland (NMBI).

This survey indicates that 15% of nurses who responded do not have a background in mental health nursing (i.e. RGN's, RCN's, RNID, RM etc). They are working in clinical roles that are different to the training they received to register as nurses and midwives. Clearly these nurses and midwives need relevant education and training to support them to work with young people with mental difficulties. These nurses who do not have a RPN qualification should be provided with the opportunity to undertake appropriate mental health education and training through short singular modules to equip them with the knowledge, skills and competencies to work effectively with young people and their families and carers.

#### 4.4.2 Postgraduate

Almost half of the nurses reported that their training and education needs were assessed using a formal method of assessment with clinical supervision being identified as the most common method. The ONMSD Clinical Supervision Framework for Nurses Working in Mental Health Services (2015) document provides a formal framework for the development and implementation of clinical supervision for all nurses in mental health services nationally, underpinned by evidence and to support nurses in further developing competence in clinical practice within their scope of practice as outlined by NMBI. All nurses working in CAMHS should be provided with the opportunity to engage in clinical supervision as working in child and adolescent services can be professionally and personally challenging. Clinical supervision supports nurses to develop their clinical skills and professional practice in response to service user needs. It also values and enables the development of professional and practice knowledge to meet these needs (ONMSD, 2015).

The majority of nurses in this review reported that they had received specific post-graduate education and training i.e. Level 8 and 9 postgraduate programmes (see Appendix 2). This can be understood as 44% of respondents were in CNS's roles and a post registration qualification at Level 8 or higher is a pre-requisite for this grade. These nurses are committed to their continuous professional development (CPD); however, a high percentage of staff nurses (60%) did not have specific training for their current role. The findings from this review identified that staff nurses were more likely not to have undertaken post-graduate training and education. CPD is of particular relevance for this group in order to provide them with the required knowledge and skills to respond to the health care needs of young people accessing CAMHS.

For nurses CPD aims to sustain competence and introduce new skills as required for contemporary practice (Ross et al. 2013). It also offers the opportunity for them to maintain, improve and broaden their knowledge (ANMC 2009). CPD of nurses is increasingly necessary to keep abreast of the rapid changes that are taking place in service delivery. This is of particular relevance to nurses working in an evolving child and adolescent service. In addition, Part 11 of the Nurses and Midwives Act 2011 places responsibilities on nurses, employers and NMBI in relation to the maintenance of professional competence. While NMBI have yet to implement this phase of the legislation and to define how this will be monitored; it is clear that evidence of CPD will enable nurses to maintain their competence and meet these responsibilities with regard to their professional registration.

### 4.5 Types of Education and Training

#### 4.5.1 Short Courses

In identifying the type of accreditation/qualification that they wanted from education and training the nurses ranked short courses, practical teaching sessions and teaching seminars most highly. This type of education and training will be of interest for all nurses in CAMHS whether they have or have not completed specific training for their role. It will enable them to continually consolidate and broaden their knowledge and skills and development of competence in practice. These types of programmes are ideally suited to delivering information and knowledge on health system policy changes and best practice updates including focusing on complex patient profiles. The content of these programmes should be focused on the

training needs as identified by the nurses in these review i.e. therapeutic skills, assessment process including risk assessment and safety planning, knowledge of psychiatric disorders, developmental theories, child and adolescent mental health issues, family interventions etc. The knowledge and skills gained from these programmes were identified as being required to respond effectively to the health needs of the young people accessing CAMHS. This training can be of short duration (one/two days), NMBI approved and ideally delivered close to the clinical service location. Practical teaching sessions will suit the delivery of therapeutic skills and target the enhancement of communication skills that are developmentally suited to the age of the children and adolescents presenting to CAMHS.

These shorter programmes can also be designed and developed as Special Purpose awards enabling the nurse to gain academic credits. These programmes could be designed to include single modules or more if applicable aimed at purpose specific achievement e.g. achieving an award in therapeutic skills. The programmes can be accredited with Quality and Qualifications Ireland (QQI) and could be delivered locally by a QQI approved provider e.g. an approved Regional Centre of Nurse and Midwifery Education (RCNME). Again such programmes will have relevance for all nurses in CAMHS but they could be developed to deliver specific training and education for nurses who do not have a background in mental health nursing working in both mental health and paediatric settings.

Programmes leading to an academic/professional qualification were ranked fifth as a type of training by the respondents. These programmes at Masters/Postgraduate Diploma level in Mental Health (Level 9) have child and adolescent strands along with clinical skills modules and are delivered in the Higher Education Institutes. They offer nurses in CAMHS the opportunity to broaden their knowledge and skills and develop expertise in the area of child and adolescent mental health nursing. These programmes should be designed and delivered by mental health professionals (ideally mental health nurses) who are experienced child and adolescent mental health practitioners. The commissioning, design and delivery of these programmes should also have input from service users and their families.

There is the potential that some nurses will need to develop a specialist level of knowledge to enable them to work with specific groups and this will require them to complete higher level programmes in the specialist area beyond child and adolescent nursing (e.g. psychotherapy, eating disorders and autism).

#### **4.6 Limitations of the Review**

The authors would like to acknowledge the limitations of this review. Firstly, the authors had difficulty accessing nurses working in CAMHS as some nurse had limited access to a work email address. This was more apparent in the inpatient child and adolescent mental health units. Secondly, further qualitative research (focus groups) should be carried out to elicit more detailed information regarding the education and training needs of nurses working in CAMHS.

## 5. Recommendations

### 5.1 Introduction

The following chapter includes the recommendations that have been identified as a result of undertaking the education and training review of nurses working in CAMHS.

It is recommended that:

1. National clinical guidelines are required to inform clinical practice and the development of education and training programmes for nurses working in CAMHS;
2. A recovery ethos with should underpin all education and training delivered with service user and family input in the commissioning, design and delivery of all education programmes;
3. Training programmes should be culturally sensitive, age appropriate and reflecting modern advances in digital communication;
4. The BSc (Mental Health) nursing programme curriculum should include core modules on child and adolescent mental health to include theoretical input and clinical placements;
5. Short NMBI accredited courses should be developed and delivered locally (e.g. best practice updates, therapeutic skills, risk assessment and safety planning, family interventions etc);
6. QQI accredited level 8 modules (special purpose awards) should be developed on particular aspects of child and adolescent mental health; these will be of particular relevance for non RPN's;
7. Programmes at Masters/Post Graduate Level 9 in child and adolescent mental health should be available through the HEI's to include specialist and advanced clinical skills modules;
8. Education programmes should be co-designed and co-delivered by experienced child and adolescent mental health clinicians;
9. Education programmes should be designed and delivered using innovative delivery methods e.g. E learning and blended learning method;
10. All nurses working in CAMHS should have access to Clinical Supervision to develop their skills and competencies;
11. Nurse managers should effectively utilise the education and training skill that nurses working in CAMHS have undertaken and apply this knowledge to practice in a structured and co-ordinated manner;
12. Further qualitative research should be carried out to elicit more detailed information regarding the education and training needs of nurses working in CAMHS;
13. Further research is warranted to elicit the contribution of service users, families and the MDT.



## 6. Conclusion

This report presents the findings of an education and training review of nurses working in CAMHS services nationally. It identifies the education and training needs of nursing staff who work with children and adolescents in a variety of healthcare settings. The nurses who responded to this survey were at different levels of clinical nursing and management experience. The majority of the nurses identified that their undergraduate nurse education programme did not prepare them adequately to work with children and adolescents and their families or carers. The main categories identified from the results relate to the requirement for continuous professional development and post registration education and training to develop nurse's skills and competencies to work with young people with mental health difficulties and their families. The majority of nurses in this review identified the need for training in therapeutic skills, assessment skills and knowledge in psychiatric disorders as areas that warranted further education and training to equip them with the knowledge and skills to work effectively with children and adolescents presenting to CAMHS. The nurses in this review identified short courses and practical teaching sessions as the most important method of delivery.

## 7. References

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## 8. Appendices

### APPENDIX ONE: The Questionnaire

#### The Questionnaire

##### Section 1: Your Role

**Q1** In your current role, do you have contact with children and adolescents/young people who have mental health problems?

Please tick as appropriate:

Yes

No

*If you have ticked 'yes' please continue with this questionnaire*

If you have ticked 'no' and you do not currently have contact in your job with children and adolescents/young people who have (or may have) mental health problems, please return this questionnaire in the envelope provided. Thank you.

**Q2** Please indicate the age groups you have contact with in your job.  
Please tick one or more boxes as appropriate:

Pre-school age group (0-5 yrs)

Children (5-12)

Adolescents/young people (13+)

**Q3** How long have you had contact through your job with children and adolescents/young people with mental health problems?

.....years.....months

**Q4** Please indicate the type of setting you work in:  
Please tick as many boxes as appropriate:

An inpatient child and adolescent mental health service

A community mental health team (outpatient CAMHS)

A children's hospital

Other

Any additional comments on your place of work:

- Q5** *Please examine the list of mental health problems in the table below; please list the most common presentation that children and adolescents present with to your service (rating 1 as the most common and 15 as the least common)*

|  |  |
|--|--|
| Hyperkinetic disorders/problems including ADHD and other attentional disorders   |  |
| Depressive disorders/ low mood   |  |
| Anxiety disorders/problems including phobias, somatic complaints, obsessional compulsive disorder & post traumatic stress disorder             |  |
| Conduct disorders/ behavioural problems including oppositional defiant behaviour, aggression, anti-social behaviour, stealing and fire setting |  |
| Eating disorders/problems  |  |
| Psychotic disorders/problems including schizophrenia, manic depressive disorder or drug induced psychosis                                      |  |
| Deliberate self harm including lacerations, drug/medication and alcohol abuse/overdose   |  |
| Substance abuse referred to drug and alcohol misuse  |  |
| Habit disorders/problems including tics, sleeping problems and soiling   |  |
| Autistic spectrum disorders/problems   |  |
| Developmental disorders/problems referred to delay in acquiring certain skills such as speech and social abilities                             |  |
| Gender role/identity disorder/problems   |  |
| Family relationship difficulties/problems  |  |
| Bereavement/loss/family break up   |  |
| Attachment difficulties/problems   |  |

Please provide additional comments as appropriate:

- Q6** Do you have a RPN qualification?

Yes

No

*If you answered yes, go to Question 7. If you answered no, go to Question 8.*

- Q7** If you answered 'yes' to Question 6, and you are a RPN, please tell us how long you have been a qualified RPN.

..... years ..... months

*Now go to Question 10.*

**Q8** If you answered 'no' to Question 6, and you are not an RPN, please indicate your professional qualification(s).

..... (please write here)

**Q9** How would you describe your current nursing role?  
Please tick one box only, but make additional comments if appropriate in the box below:

- Psychiatric/mental health nurse
- Children's/Paediatric nurse
- Clinical Nurse Specialist
- Other (please specify)

..... (please write here)

**Q10** What is your nursing grade?

- S/N
- CNM 1
- CNM 2
- CNS
- CMNH

Other ..... (please write here)

**Section 2: Your Previous Training and Local Opportunities**

This section asks you about any previous post registration training you may have undertaken to help you in your work with children and adolescents/young people who have (or may have) mental health problems?

**Q11** Have you had any specific training (postregistration) to help you in your work with children and adolescents/young people who have (or may have) mental health problems?

Yes  No

*If you answered yes, go to Question 12 and then Question 14. If you answered no, go to Question 13.*

**Q12** If yes, please complete below and tell us about the training you have received:

| Title/Type of training | Date(s) of training (year) | Duration of course (over time)<br>(Please tick appropriate box) |           |            |           |
|------------------------|----------------------------|---|-----------|------------|-----------|
|                        |                            | 1-7 days  | 1-4 weeks | 1-6 months | 6+ months |
|                        |                            |   |           |            |           |
|                        |                            |   |           |            |           |
|                        |                            |   |           |            |           |

\* If the course was day release and ran over 6 months, then tick box 1-6 months

**Q13** If no, please tell us the main reason why you think you have not undertaken specialist training?

- No relevant courses locally to attend
  - No funding available
  - No staffing cover
  - Not supported/given opportunity
  - Don't want to do specific training
  - Waiting list to attend course
  - Not aware of relevant courses
  - Done more general nurse training
- Other (please specify) .....

**Q14** Are your training needs currently identified/assessed in any formal way by your organisation?

- Yes       No       Don't know

*If you answered yes, go to Question 15. If you answered no or don't know, go to Question 16.*

**Q15** If yes, how are your training needs identified/assessed?

- From clinical supervision
  - From mentorship
  - From a personal development plan
  - From annual appraisal/ review
  - From peer supervision
  - From local policies (top-down)
- Other (please specify).....

### Section 3 What type of postregistration training do you need?

This section focuses on the type of training you think you need to support your practice.

**Q16** Would you like the opportunity to undertake postregistration training that focuses specifically on working with children and adolescents/young people?

- Yes       No

**Q17** Thinking about your own training needs, which of the three following options is the most important training area for you at the present time?  
*Please tick one box only:*

- Gaining new knowledge (for example, about different theoretical approaches and nursing theories, and their application to working with children and adolescents)
- Receiving information updates (for example, about the efficacy of a particular type of treatment from new research)
- Receiving training in therapeutic skills (for example, putting theory into practice, such as how to work effectively with people with parenting difficulties)



**Q18** Below is a list of different training needs that nurses from focus groups identified as being important. Thinking about your training needs, please select the six most important areas that you would like to receive training in.

*Please tick six boxes:*

- a) Developmental theories (development of children and adolescents)
- b) Assessment and diagnosis (e.g. how to conduct assessments of children and adolescents, knowledge of psychiatric disorders in children and adolescents)
- c) Understanding and working with families (e.g. family theories, understanding family systems/dynamics, working with people with parenting difficulties)
- d) Therapeutic skills (e.g.CBT, family therapy, psychotherapy)
- e) Understanding and communicating with children and adolescents (e.g. the use of play with children, developing trusting relationships with children and adolescents)
- f) Risk management (e.g. conducting risk assessments of children and adolescents in terms of self-harm/suicide, risks in families e.g. child abuse, etc.)
- g) Inter-professional working (e.g. working with other disciplines and agencies such as social services, schools and educational services. Knowing who to make referrals to and how, understanding each others' roles and contribution, etc.)
- h) Intervention skills (e.g. management of aggression and violence, psycho-education with families and children)
- i) Understanding and working with children and adolescents with particular disorders (e.g. autism, learning difficulties, ADHD, Aspberger's syndrome, eating disorders)
- j) Knowledge and understanding of policy and legislation regarding mental health and children (e.g. national and local policies, children's rights)
- k) Historical and social context of children and childhood (e.g. role of children in society, concept of the child, etc.)
- l) Working within cultural, ethnic and religious contexts (e.g. working with ethnic minority families, refugees and asylum seekers, etc.)
- m) Promoting mental well-being (mental health promotion and preventative work)

**Q19** Are there other areas that you think are important and not listed in Question 19? Or any other comments you wish to make regarding the issues addressed in Section 3?

*Please write below:*

#### Section 4 How the training is delivered

There are many different ways that training can be delivered. Please consider the following delivery methods and think about whether the following options, in principle, would suit your training needs.

For the following questions, Question 20 to Question 27, please circle either the yes or no responses as appropriate:

- Q20** Teaching seminars (lasting 1–2 hours) which focus on new knowledge or information updates. For example: an outside speaker coming in to the workplace to talk about new research on a particular type of treatment.

Would this method of training suit you? Yes  No

- Q21** Practical teaching sessions (lasting 1–2 hours) which focus on particular nursing skills. For example: the management of aggression.

Would this method of training suit you? Yes  No

- Q22** Short courses (1–2 days) on a specialist area. For example: risk assessment.

Would this method of training suit you? Yes  No

- Q23** A single-module course generally taking 2-3 months (1 QQI Level 8 module) to complete, involving day-release from work for face-to-face teaching at a higher education institution, and personal study. The course can stand alone, or may be used to build upon for an advanced diploma, post-graduate certificate or Masters.

Would this method of training suit you? Yes  No

- Q24** An academic/professional course such as a diploma, certificate, degree or Masters, which may take 1–4 years and will entail day-release from work for face-to-face teaching at a higher education institution and personal study.

Would this method of training suit you? Yes  No

- Q25** Distance learning which could be for a professional or academic qualification, which would involve working at your own pace through a written teaching programme, with occasional tutorial support and summer schools (like Open University).

Would this method of training suit you? Yes  No

- Q26** One-to-one support from a nurse specialist/link tutor-type member of staff, who has a primary role to support and supervise nurses in their practice, providing practice-based training in the workplace and follow-up support.

Would this method of training suit you? Yes  No

- Q27** Work-based learning providing practice-based training in the workplace and follow-up support, for example: practice development work.

Would this method of training suit you? Yes  No

Thinking about these different ways of receiving training, we would now like to ask you which of these methods of training you would prefer, in order to learn different types of knowledge and skills.

For Questions 28–30, please think again about the following three different types of learning and the best way to receive training in your opinion.

*Please tick one box only for each question:*

**Q28** Which method of training would you prefer to learn about new knowledge, for example about development theories?

- Teaching seminars
- Short courses
- A single-module course
- Distance learning
- Work-based learning
- Practical teaching sessions
- Longer intense courses
- An academic/professional course
- One-to-one support
- Other.....

**Q29** Which method of training would you prefer to receive information updates, for example about the efficacy of a particular type of treatment from new research?

- Teaching seminars
- Practical teaching sessions
- Short courses
- Longer intense courses
- A single-module course
- An academic/professional course
- Distance learning
- One-to-one support
- Work-based learning
- Other.....

**Q30** Which method of training would you prefer to receive training in therapeutic skills, for example, putting theory into practice, such as how to work effectively with people with parenting difficulties?

- Teaching seminars
- Practical teaching sessions
- Short courses
- Longer intense courses
- A single-module course
- An academic/professional course
- Distance learning
- One-to-one support
- Work-based learning
- Other.....

### Section 5 What type of qualification and/or accreditation?

**Q31** How important to you is it to gain a qualification and/or accreditation for the training that you undertake, that is recognised by your employers and other organisations?

*Please tick one box only:*

- Very important  
 Quite important  
 Makes no difference  
 Not at all important

**Q32** If you undertook a training course that receives accreditation or a qualification, what would be the most important type of accreditation to you?

*Please tick one box only:*

- An academic qualification (e.g. from a University)  
 A professional qualification (e.g. from NMBI)  
 No preference

Other.....

**Q33** What type of training course structure would you prefer to undertake?

*Please tick one box only:*

- A discrete, stand-alone course, lasting up to year.  
 A longer academic/professional course, such as a diploma, degree or Masters, which may take 1-4 years.  
 A single-module course, e.g. lasting 3 months (1 semester), and with each module representing a 'building block' that can be built up towards a particular qualification such as a diploma or degree.  
 No preference

Other.....

**Q34** What would be the most important reason for you to undertake additional post registration training?

*Please tick one box only:*

- To improve your practice  
 For your personal development  
 To give you greater confidence in your practice  
 To improve your CV  
 To develop a career pathway  
 To get promoted and gain a salary increase

Other.....

## Section 6 Demographic Information

The information you provide in this section will give us the demographic profile of our sample. This information will remain completely confidential and anonymous.

*For Questions 34-39 please tick the relevant boxes as appropriate:*

**Q35** What is your gender?

Male

Female

**Q36** What is your age group?

18-29

30-39

40-49

50-59

60+

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.**

**If you would like to receive information regarding the findings of this survey, please complete your contact details below. If you wish to separate this section from the questionnaire and return separately, please return to:**

**Eithne Cusack  
Director of the Nursing & Midwifery Planning & Development  
Swords Business Campus  
Balheary Road,  
Swords, Co. Dublin**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

## APPENDIX TWO

### Professional Development Programmes Completed by Participants

#### Academic Programmes

MSc in Child and Adolescent Nursing  
 MSc in Cognitive Behaviour Therapy for Children and Adolescents  
 MSc in Mental Health - Children, Adolescent and Family Mental Health  
 MSc in Child and Adolescent Psychoanalytic Psychotherapy  
 MA Humanistic & Integrative Psychotherapy and Play Therapy  
 MSc Systemic Family Therapy  
 Postgraduate Diploma in Child and Adolescent Mental Health  
 Postgraduate Diploma in Nursing (Child & Adolescent Mental Health)  
 Postgraduate Diploma in Mental Health (Children, Adolescent and Family Mental Health)  
 Postgraduate Diploma in Mental Health (Acute & Enduring Mental Health)  
 Diploma in Cognitive Behaviour Therapy  
 Higher Diploma in Nursing Studies (Mental Health)  
 Higher Diploma in Children's Nursing  
 Higher Diploma in Psychotherapy  
 Diploma in Child and Adolescent Mental Health Nursing (ENB 603)  
 Extra Mural Certificate in Child and Family Work  
 Diploma in First Line Management  
 Degree in Health Studies  
 Diploma in Child Developmental Psychology  
*Masters in Mental Health specialist training certificate in C & A Psychiatry*  
*Psychotherapy Training*  
**SOCIAL CARE**  
*MSc and currently undertaking PhD*  
*Cognitive Behavioural Therapists*  
*Post Grad specific to CAMH nursing*  
*MSc (hons) in community mental health nursing*  
*Post Graduate in child and adolescent mental health. also post grad in child protection*  
*Degree in health studies*  
*Diploma in Child and adolescent psychiatry 1998*

### Other Training Programmes

CBT-E (transdiagnostic cognitive behavioural treatment called "enhanced CBT" (CBT-E) for eating disorders.)

Dialectical Behaviour Therapy, Marte Meo Therapy

Family Therapy                      Mindfulness                      Crisis Management

Group Therapy STORM                      ASSIST

The Maudsley Method (outpatient family-based treatment for adolescent eating disorders)

Psychosocial Interventions in Healthcare                      Hearing Voices Training

Autism Diagnostic Observation Schedule (ADOS)

Cognitive Remediation Therapy (CRT)                      Narrative Therapy

Management Training Humanistic & Intergrative Psychotherapy

Eating Disorders in Children & Adolescents: A practitioner training course

Solution Focused Brief Therapy Training                      Sand Play Therapy

Jungian approaches to the unconscious                      Parents Plus Programme

Prevention and Management of Aggression and Violence

