NSW Mental Health Services Competency Framework

Written Submission Template

The Mental Health Workforce Development Sub-Committee of the Mental Health Program Council has developed a NSW Mental Health Services Competency Framework (Draft) for professionals working in NSW public mental health services.

The purpose of the Competency Framework is to provide a co-ordinated approach to further developing the knowledge and skills of the mental health workforce and to enhance service provision.

The Competency Framework is drawn significantly from the recently published NSW Child and Adolescent Mental Health Services (CAMHS) Competency Framework and the Core Competencies for Specialist Mental Health Services for Older People community clinicians.

Stakeholders are invited to provide written comments and feedback of the Draft Framework.

Written Submissions are due by **28 November 2012**.

To provide a written submission please:

- complete the below template on screen
- save the submission; and
- email to ashea@doh.health.nsw.gov.au

Written submissions can also be printed and posted to:

Amy Shearden
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Mental Health Clinical Policy
MHDAO
Locked Mail Bag 961
North Sydney NSW 2060

All consultation materials can be found on the NSW Health Website at http://www.health.nsw.gov.au/mhdao/workforce_development.asp under Mental Health Workforce Development Initiatives - NSW Mental Health Services Competency Framework (Consultation).

Please note: electronic submissions are preferred.

If you require any further advice or assistance please do not hesitate to contact Amy Shearden on 02 9424 5834.

Confidentiality

NSW Health does not intend to publish the individual submissions received, although aggregated information will be complied and the Framework will be amended accordingly. The information received may also be used to inform NSW Health's future work on Mental Health Workforce Development.

Written Submission

Feedback on the NSW Mental Health Services Competency Framework (Draft)

Stakeholder Details:	
Name of person completing this submission	**A/ Professor Julian Trollor**
Name of organisation making this submission (if applicable)	**Department of Developmental Disability Neuropsychiatry (3DN), UNSW**
Contact person (name and role)	**Sophie Howlett, Project Officer** **Janelle Govett, Project Officer**
Contact details (telephone and email)	**9931 9160**

The comments provided in this submission are from the perspective of (please tick those that apply)

☐ Public sector health service manager

☑ Health professional

☑ Health education provider

☑ Tertiary education provider

☐ A regulatory body

☑ A professional group

☐ A consumer representative/group

☐ A carer representative/group

☐ Other Government Department (please specify) ……..

☐ Non-government (not for profit)

☐ Non-government (private, for profit)

☐ Private health care provider

☐ Other (please specify) ……..…….

Consultation Questions:

Question 1:
What is your overall impression of the Framework?
The Department of Developmental Disability (3DN), The University of New South Wales, supports the overarching aims, values and attitudes which underpin this Framework. However, the draft Framework does not adequately reflect the essential skills, attitudes, and values required of the mental health workforce to deliver accessible, effective and efficient mental health care to people with an intellectual disability (ID) who often experience complex mental health needs. It is our view that the needs of this significant minority group must be represented in the framework because of the specific vulnerability of this population. Compared to the general population, people with ID: • are 2-3 times more likely to experience common mental health disorders, • are more likely to be exposed to risk factors associated with poor mental health, • are less likely to access mental health care, and • experience very poor health status, characterised by higher mortality rates. The inclusion of ID specific content would also play an essential role in facilitating workforce development and achieving the government's commitment to improve the mental health outcomes for people with ID as outlined in the: • United Nations Convention on the Rights of Persons with Disabilities (CRPD), • Fourth National Mental Health Plan, • National Disability Strategy 2010-2020, • Memorandum of Understanding between NSW Health and Ageing Disability and Home Care, and • NSW Service Framework to improve the health care of people with Intellectual Disability

Question 2:
Do you have any general suggestions for improvements to the Framework?
In general, the draft Framework could be improved via: • Detailed and specific representation of the needs of people with an intellectual disability and co-occurring poor mental health, • inclusion of the UN Convention on the Rights of Persons with a Disability (CRPD) as a key policy document in Section 2 'Guiding Principles', and where other human rights frameworks are referenced in section 1.2 of Competency 1 "Responsible, safe and ethical practice", • the use of person-first terminology such as a 'person with complex health care needs' instead of a 'complex clients', • the use of language which refers to developmentally appropriate rather than age appropriate services, and • more detail relating to the intersections between mental health and other key services and agencies both within and external to the health sector.

Question 3:

Does Section 4 (Context Section) adequately describe the developmental contexts for working across age groups?

We believe that Section 4 of the Framework is lacking detail about the intersections between mental health services and other agencies, e.g. Disability service agencies such as NSW Ageing, Disability & Home Care (ADHC). This section could be further improved through reference to the various interagency agreements such as the Memorandum of Understanding between NSW Health and ADHC.

Furthermore, the following suggestions may assist in improving this section:

- Explicit mention of Emergency Departments (EDs) should be added to the sentence: "...wide range of clinical settings including inpatient acute, non-acute and specialist care; dedicated community based mental health services; Psychiatric Emergency Care Centres (PECC's) and Forensic Mental Health Services." This will better reflect clinical reality that numerous mental health presentations occur to the ED.
- The use of the term 'Principles' in this section could benefit from further elaboration for example, 'Principles of Care' or similar. It is unclear why 'Principles' is used here to refer to psychological development or how this relates to the context of mental health services provision. It is our view that these sections, 'Context' and 'Theories of Development' should be distinct and separated out as their relationship does not lend itself well to an understanding of what is meant by either here.
- 'Comorbidity' is mentioned in this section but is not given adequate representation throughout the Framework. It is our view that comorbidities should be a consistent theme in the document, especially in light of the high rates of comorbidity amongst clients presenting to mental health services, e.g. intellectual disability and co-occurring mental illness.
- Acknowledgement needs to be given to the fact that people with intellectual disability will experience different 'development contexts' than those described here. It is recommended that a separate section describing the particular developmental contexts for people with intellectual disability is included under the heading 'mental health services context'.

Question 4:

Are the Competencies targeted at the right level to reflect actual practice?

While the Competencies overall are targeted at the right level, it is our concern that the following factors may influence the utility of the Framework in actual practice:

1. The onerous nature of the review process may be prohibitive to the attainment of these competencies. For example, the realities of 'actual practice' may limit the ability of staff to read and complete the review process along with their other duties.
2. Without adequate funding to Mental Health Services to accompany the Framework, staff may not be appropriately supported to implement the review process.
3. The dichotomy established between Core and Advanced level Competencies does not reflect the realities of 'actual practice' whereby staff are only encouraged to develop competence in managing people with complex needs (or 'complex clients' as referred to in the Framework, p30) at an Advanced level. It is our view that in actual practice, the majority of clients presenting to a mental health service experience complex health care needs and thereby all staff should be competent in this Core area.

Question 5:

Does the framework adequately describe sub-specialty practice, i.e. CAMHS and SMHSOP?

The sub-speciality practices of CAMHS and SMHSOPS are heavily described in Section 4. Whilst a lifespan approach is commendable, other contexts and client groups warrant equal consideration. As described throughout this submission the sub-specialty area of intellectual disability mental health has not been adequately described in the Framework.

Please see our response to question six for strategies which could enhance the representation of this sub-specialty.

Question 6:

Is there anything missing that should be included within the Competencies? (Please provide specific wording)

As described above the inclusion of competencies relating to the provision of mental health services to people with an intellectual disability has not been adequately represented.

The inclusions of such competencies are essential as an ill-equipped workforce remains one of the major barriers for people with an ID to access appropriate and timely mental health care. While some people with an ID may require highly specialised mental health care their support needs can be readily accommodated by mainstream services if the workforce receives adequate training and support in this area.

As such, we recommend the inclusion of:

1. an additional universal competency dedicated to the skills, knowledge, attitudes and values required to deliver accessible and quality mental health services to people with ID, and
2. the expansion of the clinical and population competencies, both at a Core and Advanced level, to better reflect the workforces skill set required to meet the often complex needs of this heterogeneous group.

These modifications would highlight and acknowledge the particular vulnerabilities of this group and facilitate:

- an essential link with the Fourth National Mental Health Plan which highlights the urgent need to address mental disorders in this group, and to do so in an inclusive manner,
- the achievement of both international and national commitments to reduce the inequalities in accessing mental health care, and
- a much needed framework upon which workforce education could be based.

Our Department has been engaged by the NSW Ministry of Health to develop intellectual disability mental health core competencies (2012-14). The findings of this project will highlight the core competencies required of the mental health workforce. In the interim, research evidence would recommend the inclusion of competencies such as:

- the ability to work competently and confidently with people with complex communication needs, including augmentative and alternative communication strategies,
- an ability to adapt the diagnostic process and interventions appropriate to the persons' abilities,
- an appreciation of diagnostic overshadowing and the role that it may have on both the identification and diagnosis of mental health issues,
- the ability to determine if the cause of a challenging behaviour is due to a psychiatric

disorder,

- knowledge of support services available in the disability sector and the different roles and responsibilities of the disability and health service sectors,
- the importance of engaging and working with support persons, both within paid and unpaid roles across health, mental health and disability service sectors,
- attitudes relating to people with an intellectual disability and their experience of poor mental health,
- adopting the philosophy of 'Nothing about us without us' to facilitate the inclusion and participation of people with ID in the development and evaluation of services, and
- the ability to collect and report on data relating specifically to people with an intellectual disability.

Question 7:

Do you anticipate the Implementation Tools will be useful? (Part 3 of the Framework) Do you suggest any changes?

We find the Implementation Tools and Competency Review Tool to be onerous and unlikely to be utilised in practice. Additionally, as the Framework is non-mandatory its effectiveness may be limited.

We would suggest that a possible way to increase the likelihood of utilisation in practice would be to modify the Review Tool to report against the attainment of the 12 overarching competencies, e.g. Responsible, Safe and Ethical Practice, which includes the break-down of each of these competencies, as opposed to reporting against each specific competency, the length and scope of which being somewhat protracted.

Question 8:

Do you have any suggestions that would assist with implementing the framework?

We highlight the following as having the potential to assist in the implementation of the Framework:

1. Providing Mental Health Services with funding and adequate resources to allow them to lead implementation of the Framework and to support their staff in achieving high levels of competence. This will serve to incentivise the attainment of competencies and in our view will also attract staff to mental health services.
2. An evaluation strategy for the Framework. As it is currently non-mandatory, there is limited incentive for adherence. There is currently no mechanism described as part of the Framework to measure the adoption of these competencies into practice. We consider this to be a gap in the development of the Framework and implementation process and will serve to limit the effectiveness of this as a strategy for equipping staff in mental health services with the necessary skills to manage their work and the needs of their clients.

Question 9:

What do you see as the greatest barriers to implementing the framework?

We anticipate the greatest barrier to implementing this framework to be the following:

a. The presence or absence of support for Mental Health Services to implement the Framework, in terms of providing leadership on implementation.

b. The presence or absence of support for Mental Health Services to implement the Framework in terms of providing financial resources to support their staff in achieving competence in all 12 areas.

c. The onerous nature of the Competency Review.

d. The competing priorities created by the manifold policies, guidelines and procedures within NSW Mental Health Services to which staff are already required to adhere (particularly considering the non-mandatory nature of this Framework).

e. Time constraints experienced by clinicians in high acuity services (such as PECCs) will be a barrier to implementation of the Framework.

f. The development of further competency guidelines for mental health workers, such as the Intellectual Disability Mental Health Core Competencies project currently in development (as mentioned above), which may serve to obscure the message of either competency manual.

Question 10:

Are there any other comments?

It is our view that the commitment to improving the health and mental health of people with an intellectual disability made by NSW Ministry of Health in the Memorandum of Understanding and the NSW Service Framework is not adequately represented in this Framework as it currently stands. Given this commitment, it is concerning that no formal feedback was sought on this Framework via the Joint NSW Health/ADHC Committee on ID Mental Health, or via our own Department despite representations we have made for the inclusion of people with an intellectual disability in the mental health system and policy.

It is a concern to us as we embark on the development of the Intellectual Disability Mental Health Core Competencies project, a project funded by NSW Ministry of Health that little consideration has been given in this Framework to the way these two documents will work together.

To ensure that the mental health needs of people with an intellectual disability are adequately represented in future policy initiatives, we recommend that formal mechanisms for review of policies and procedures are established. For example, a representative from 3DN or the Agency for Clinical Innovation Intellectual Disability Network could be invited to consult on future policy and service developments or link with the Workforce Development Sub-Committee of the Mental Health Program Council.

Finally, thank you for the opportunity to comment on the draft Competency Framework.

Thank you for your participation

Please email this submission to ashea@doh.health.nsw.gov.au

Written submissions are due no later than the **28 November 2012**.