NSW Child and Adolescent Mental Health Services

(CAMHS) Competency Framework

NSW
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Contents

Acknowledgements

Acronyms and Glossary

Acronyms

CAMHS   Child and Adolescent Mental Health Services

CAF   Child and Family

CCA   CAMHS Competency Assessment

CCDP   CAMHS Competency Development Plan

MHDAO   Mental Health and Drug & Alcohol Office

PAD   Performance Appraisal and Development

TSD   Training, Support and Development

YMH   Youth Mental Health

Glossary

Term	Definition
CAMHS	Child and adolescent mental health services for 0–17 years (inclusive), their families and carers
Child and Adolescent Mental Health Professional	A tertiary qualified health professional most often from the disciplines of psychiatry, psychology, nursing, social work and occupational therapy
Manager	A person responsible for line management of a CAMHS professional. May be a team leader or other manager
Reviewer	A person in a position of authority to review CAMHS worker competence, most likely in the role of supervisor, clinical leader or manager

Executive summary

NSW Child and Adolescent Mental Health Services (CAMHS) provide mental health services for young people aged 0–17 yrs (inclusive), their families, carers and communities.

Progressive service improvement in CAMHS to meet community needs is a priority for the NSW Ministry of Health. To support this objective, the NSW Child and Adolescent Mental Health Sub-Committee of the Mental Health Program Council identified the need for a NSW Competency Framework for professionals working in NSW public sector child and adolescent mental health services (CAMHS).

The Framework articulates the subspecialty work of CAMHS and describes particular competencies for working with infants, children, adolescents, their families and carers.

The competencies and tools were developed through extensive statewide consultation with CAMHS staff, clinical leaders and mental health managers in order to strongly reflect core CAMHS practice in NSW.

Statewide implementation of the Framework will provide a co-ordinated approach to further developing the knowledge and skills of the NSW CAMHS workforce and enhance service provision.

It is anticipated that this Framework will be instrumental in both strengthening the current workforce and developing an emerging workforce in an era of national health workforce shortages.

The Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

The NSW CAMHS Competency Framework also provides direction to support collaboration with tertiary institutions and training providers in undergraduate and post graduate course development, undergraduate clinical placements, supervision and research to help build the existing and emerging CAMHS workforce.

The Framework is intended for use by both new and experienced NSW public sector mental health professionals working with infants, children, adolescents, their families/ carers and communities.

Guiding principles are clearly articulated, as are the values and attitudes which underpin all of CAMHS practice.

Competencies are identified within three broad categories – universal, clinical and population approach competencies. Universal competencies apply to all CAMHS workers. Clinical competencies apply to clinical staff and Population approach competencies apply to professionals with mental health promotion and primary prevention responsibilities.

The competencies defined in this document are:

Universal competencies

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal children, adolescents, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership and collaboration

Clinical competencies

8. Intake
9. Assessment, formulation and care planning
10. Interventions
11. Transfer of care

Population approach competencies

12. Mental health promotion and primary prevention

Guidelines and CAMHS Competency Review Tools are provided to support implementation, providing a structure for personal reflection and assessment of competence.

Although implementation of the CAMHS Competency Framework is non-mandatory, it is advisable for CAMHS managers and professionals to use the Framework and associated tools to strengthen their local CAMHS services and build statewide excellence and consistency in CAMHS practice.

Part 1
Overview

Introduction

Background

Progressive service improvement in CAMHS to meet community needs is a priority for the NSW Ministry of Health.

To support this objective, the NSW Child and Adolescent Mental Health Sub-Committee of the Mental Health Program Council identified the need for a NSW Competency Framework for professionals working in NSW public sector child and adolescent mental health services (CAMHS).

Extensive statewide consultation with NSW CAMHS staff, clinical leaders and mental health managers has facilitated the development of a Competency Framework strongly representative of CAMHS practice in NSW.

It is anticipated that this Framework will be instrumental in both strengthening the current workforce and developing an emerging workforce in an era of national health workforce shortages.

Undergraduate child and adolescent mental health course content and CAMHS clinical placements are limited, and need to be augmented in order to provide early exposure to and experience in CAMH related theory and practice.

Purpose

Statewide implementation of the CAMHS Competency Framework provides the opportunity for a co-ordinated approach to professional development and service improvement in NSW CAMHS.

The Framework also provides direction to support collaboration with tertiary institutions and training providers in undergraduate and post graduate course development, undergraduate clinical placements, supervision and research to help build the existing and emerging CAMHS workforce.

Scope

CAMHS is a subspecialty area of mental health practice and there are particular areas unique to working in CAMHS which this document addresses. These include:

- Considering developmental issues
- Working with families and carers as partners
- Managing issues of confidentiality & informed consent
- Working with multiple systems

The Framework is intended for use by both new and experienced NSW public sector mental health professionals working with infants, children, adolescents, their families/carers and communities.

The majority of these workers will be located in child and adolescent mental health services. There are other health service providers who also work with this client group and who may choose to align their practice with competencies described in this framework.

The Framework relates to mental health practice with young people from 0–17 yrs (inclusive) and acknowledges the following broad age groups:

- Infant and Early Childhood (0–4 yrs)
- Child (5–11 yrs)
- Adolescent (12–17 yrs)

The Framework covers aspects of practice across CAMHS inpatient, community, consultation-liaison and mental health promotion roles and contains both core and advanced competencies.

It is anticipated that fulfilling the Core competencies will be a target for 'new to CAMHS' clinicians in their first 2 years of CAMHS practice. Advanced competencies will apply to more experienced clinicians who are developing advanced general or subgroup-specific clinical skills.

Competency

Competency is defined as the knowledge, skills, attitudes and values necessary to perform particular tasks to an identified standard. This Framework articulates the application of competence in specific areas of CAMHS practice.

Alignment

There are presently no overarching national competencies specifically developed for Australian CAMHS workers. The Framework has drawn on recently developed international CAMHS competencies from New Zealand[1] and the UK[2] as well as locally developed NSW capabilities and competencies.[3]

The Framework has also been informed by the NSW Public Sector Capability Framework (2008)[4] and will sit alongside future national and state health sector competency frameworks.

The National Practice Standards for the Mental Health Workforce (2002)[5] acknowledge that 'health professionals from a range of disciplines and with a range of qualifications and skills provide mental health services'.

The CAMHS Competency Framework is aligned with the National Practice Standards and both specifically address the following professions:

- Psychiatry
- Nursing
- Social work
- Psychology
- Occupational therapy

Although these are the most common professions employed in NSW CAMHS, other professions also contribute to a wholistic, quality CAMH service. This framework may also apply to parts of their core practice.

The National Practice Standards and the CAMHS Competency Framework are intended to complement each of the professional groups' discipline-specific practice standards and/or competencies and address the shared knowledge and skills for working in a multidisciplinary mental health environment.

The framework, while addressing core elements of common CAMHS practice, acknowledges and supports the valuable discipline-specific contributions of each profession.

Format

Part 1: Overview

The overview introduces the framework, explains the guiding principles, underpinning values and attitudes for working in CAMHS and broadly describes the CAMHS context.

Part 2: The Competencies

Universal Competencies while written for CAMHS workers are applicable to the whole of the Mental Health Workforce and include:

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal children, adolescents, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership and collaboration

Clinical Competencies are relevant to the 5 professions previously identified and relate to Core and Advanced elements of clinical practice.

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1. Real Skills Plus http://www.werrycentre.org.nz/?t=441
2. UK CAMHS Core Functions (under development)
3. Northern Sydney and Central Coast: CYPMH Core Competencies
4. NSW Capability Framework: http://www.pscapabilities.nsw.gov.au/
5. National Practice Standards 2002: http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-workstds

The structure of this section reflects the essential phases that need to be completed well to enhance client and family/carer outcomes and their experience of the service. These phases are:

8. Intake
9. Assessment, formulation and treatment planning
10. Intervention
11. Transfer of care

Population Approach Competencies are relevant to those CAMHS workers who are engaged in health promotion and primary prevention activities. These are described in the section on:

12. Mental health promotion and primary prevention

Part 3: Implementation guide and Competency Review Tools

The implementation guide provides suggestions for use of the Competency Framework.

Implementation is non-mandatory. However it is advisable for CAMHS professionals and managers to use the Framework to strengthen individual competence, build local CAMHS services and contribute to statewide excellence and consistency in CAMHS practice.

The Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

It is not intended to be used as a performance management tool.

The Competency Review Tools are optional standard forms that can be used to review and record individual competence and identify plans for development.

The Tools are intended to be used positively, guiding support for a professional's development. The Tools are:

- CAMHS Competency Review (CCR) forms
- CAMHS Competency Development Plan (CCDP)

The CCR forms list the competencies and provide space for the professional and reviewer to verify evidence of competence and/or make plans that will assist further skill development.

The CCDP provides space to collate the competency area/s that require support, identify new areas to progress and note plans to develop competence. This form may be used to supplement or inform a clinician's locally constructed Professional Appraisal and Development (PAD) plan or equivalent.

SECTION 2

Guiding principles

The guiding principles for the CAMHS Competency Framework are derived from the National Practice Standards for the Mental Health Workforce (2002) and the United Nations Convention on the Rights of the Child (guiding principles).[6]

Children have the right to:

- Special safeguards and care
- Survive and develop healthily
- Be treated fairly whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from
- Have their interests as our primary concern in decision making
- Have respect shown for their views and to have their opinions taken into account

Child and adolescent mental health professionals should:

- Recognise children and adolescents as having health and developmental needs distinct from those of adults and their mental health care should be tailored to meet those distinct needs
- Promote optimal quality of life for their clients and their families/carers and communities
- Communicate effectively in a language and style that is appropriate to the context, developmental stage and the intended audience
- Adopt a family focussed approach where possible and take into account the needs of the family as a whole
- Understand the importance of self determination in assisting clients, family members/carers in the recovery process
- Work with clients and their families/carers to develop their own supports in the community
- Maintain an in-depth knowledge of support services in the community and develop partnerships with other organisations and service providers to ensure continuity of care
- Contribute to a culture of continuous improvement and evidence based practice

6.   http://www2.ohchr.org/english/law/pdf/crc.pdf

Values and attitudes

It is recommended that the following values and attitudes should underpin the application of the skills and knowledge of NSW CAMHS professionals. These values and attitudes reflect the professional's value and respect for the infants, children, young people, families/carers and communities they work with.

The values and attitudes have been stated in personal and active tense, reflecting the way a CAMHS professional promotes client centred practice.

Values

Human rights

We strive to uphold the human rights of clients, their families and carers. Human rights include but are not limited to, the right to:

- autonomy and self-determination
- informed consent
- safety and care
- freedom from coercion
- treatment in a non-discriminatory and least restrictive way
- receive care and support in a way that responds to the physical, psychological, spiritual, intellectual, developmental and cultural needs and protects the best interests of the child, young person and family/carers.

Recovery, wellbeing and community

We believe and hope that every child, young person and family/carers can live a full and meaningful life in the presence or absence of a mental disorder.

We also understand that recovery is not only related to the mental disorder itself but also to the challenges associated with it.

We value a holistic approach to health and support activities that promote all aspects of health and wellbeing for our clients and ourselves.

We value communities, where we live, work and play as pivotal resources for the effective delivery of services and support for clients, families and carers.

Relationships

We develop professional and therapeutic relationships with clients, families/carers, colleagues and wider communities. We maintain safe and professional boundaries.

Diversity

We respect that diversity exists amongst children, young people and families, colleagues and communities in areas that include but are not limited to class, gender, culture, religion, disability, age, power, status and sexual preference.

We communicate in ways that are non-judgemental and demonstrate equity and unconditional positive regard.

Service and partnerships

We are committed to excellence in service delivery and will endeavour to work within the scope of our own skills and knowledge. We value reflective practice, ongoing professional development and lifelong learning.

We respect and value the professional diversity that can exist within teams and endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice.

We believe that quality service provision is enhanced and underpinned by effective working relationships within the health service and with partner agencies and communities.

Attitudes

While working with children, young people and their families we aim to be:

- respectful and polite
- compassionate, warm and caring; empathic and sensitive
- genuinely interested, curious and authentic
- trustworthy, honest and transparent

- ethical and demonstrating integrity
- non-judgemental and non-discriminatory
- supportive and empowering
- optimistic, motivated, hopeful and positive
- calm and patient
- flexible and open-minded
- professional, accountable and reliable
- self aware
- logical, well organised and analytical
- collaborative and team players

CAMHS context

This section aims to provide assistance with reviewing competency within a CAMHS context. As competency is reviewed, it is advised that the following principles, key relationship domains and developmental contexts are taken into account.

Principles

Development needs to be viewed within a broad context of community, culture and spirituality.

Particular challenges may occur with disruption to the processes of normal development, losses of or displacement from key relationships and places of meaning (eg children in out of home care, cultural losses).

Whilst understanding these critical developmental periods it is also important to view them flexibly, noting the existence of a 'broad range of normal' and not seeing them as unduly prophetic.

Professionals should also consider the concept of plasticity (the capacity for change in response to environment) and its implications in practice.

Biopsychosocial development

Human development occurs in the following areas:

Biological development

- Physical structure and function, including hearing, vision, normal or abnormal growth and development and any related disruptions (eg: operations or injuries)
- Autonomic, immunological, neuroendocrine and subcortical controls including allergies and intolerances
- Sensorimotor integration including fine motor, gross motor, speech and language , visual perceptual and sensory processing and modulation

Psychological development

- Information processing, cognition, memory and attention
- Communication
- Emotions, thoughts and attitudes about self, others and one's place in the world, curiosity
- Moral reasoning
- Development of gender identity and sexuality
- Methods of coping with stress (including defence mechanisms)

Social development

- Capacity for empathy – the capacity to understand and predict others' feelings or intentions
- Interactions – with significant others and peers in a competent manner and conduct a discourse
- Inter-personal problem solving

Key relationship domains

When working with clients and families/carers, mastery should be considered within the following relationship domains:

1. The person in relationship to *self* – observed in self care and self regulation – responses to limit setting, participation in routines, managing emotions and behaviour
2. The person in relationship to *others* – observed in relationships, including attachment style in relation to parent/carer; siblings/other family members; significant others and peers
3. The person in relationship to *the world* – observed in industry – play, recreation and work; capacity for imagination, flexibility and creativity

Developmental contexts

Infant (0–4 years inclusive)

Development in this age group occurs primarily in the context of the adult/child dyad so the client in relation to 'self 'and 'others' is combined in this section.

1. & 2. The client in relation to *self* and *others* (primarily primary caregivers)
- Regulation – feeding, sleep/wake cycles, crying/dyadic settling strategies (somatic and/or emotional regulation),
- Relationship patterns – primary caregiver/child relationship – response to care giving, separation and strangers, social seeking or avoidance, development of trust
- Behaviour – including attachment behaviour, responses to limit setting, participation in routines
- Sensory adaptation responses eg: to intense stimuli, loss of support and loud noises
- Developing autonomy in self care (eg: feeding, dressing, toileting)
- Communication – development of linguistic capacity to communicate
- Play – development of play skills and engagement with others

3. The client in relation to *the world*
- Develops sensory preferences (eg: food, textures, sounds)
- Play – development of play preferences (eg: favourite toys and books) and development of symbolic play in making sense of the world
- Emerging decision making about self care and play choices

Child (5–11 years inclusive)

Development in this age group occurs primarily in the context of peers, family and school.

1. The client in relation to *self*
- Developing a sense of self, acquiring a belief in self-constancy and in relatively permanent psychological traits, and learning to distinguish their thoughts and feelings from those of others
- Developing self discipline in behaviour and task completion (eg: homework, music/sporting practice)
- Exercising choice and preferences for activities, time frames, spending and social relationships

2. The client in relation to *others*
- Relating with peers according to more obvious social rules
- Performance orientation that includes not only task completion but also others' responses to their achievements
- Belonging to a group, participating as a group member
- Developing cultural awareness
- Maintaining longer term friendships
- Negotiation skills
- Managing increasing responsibility (eg: home duties)

3. The client in relation to *the world*
- Moving from free play to more structured play that may include elaborate rules and team work
- Mastering physical co-ordination tasks related to play (eg: sport, art) and school performance (eg: writing, cutting)
- Mastering academic learning

Adolescent (12–17 years inclusive)

Development in this age group occurs primarily in the context of emerging identity and independence.

1. The client in relation to *self*
- Emerging self-determination and independence from significant figures of attachment and authority
- Coming to terms with own body – perceived assets, strengths and limitations
- Maturing but not fully formed judgement and insight
- Heightened interest in experimentation and risk taking including drug and alcohol use
- Greater awareness and at times demonstration of moral, ethical, spiritual and cultural preferences/choices
- Developing cultural identity

2. The client in relation to *others*
- Forming and maintaining intimate relationships
- Learning to relate to and rely on peers
- Sharing advice and opinions, offering others assistance and psychological support
- Developing ability to 'put themselves in another's shoes', experience and demonstrate maturing empathy
- Managing conflict in relationships

3. The client in relation to *the world*

- Increasing independence and autonomy in life roles, particularly as student, employee, team member
- Greater mobility with increasing capabilities for independent use of transport and community based facilities
- Taking on increasing responsibility for self and others. Some adolescents may become parents themselves, may be required to perform home duties and/or to provide care for others (eg: older adolescents caring for family members with a physical disability, mental health or drug and alcohol problem)
- Managing increasing responsibility related to finance
- Developing cultural awareness and participation

Part 2
The Competencies

Competency overview

Universal competencies

1. Responsible, safe and ethical practice
2. Working with clients, families and carers in recovery-focussed ways
3. Meeting diverse needs
4. Working with Aboriginal children, adolescents, families and communities
5. Communication
6. Continuous quality improvement
7. Partnership and collaboration

Clinical competencies

8. Intake
9. Assessment, formulation and care planning
10. Interventions
11. Transfer of care

Population approach competencies

12. Mental health promotion and primary prevention

COMPETENCY 1

Responsible, safe and ethical practice

1.1 Provides care and treatment to clients and families within the boundaries prescribed by law and professional, national and local requirements and codes of ethical practice

1.2 Applies the principles of international and national standards on human rights and responsibilities. Including:
The United Nations Convention on the Rights of the Child
http://www2.ohchr.org/english/law/crc.htm
Racial Discrimination Act 1975
Australian Human Rights Commission Act 1986
http://www.comlaw.gov.au/Series/C2004A00274

1.3 Complies with state legislation related to treatment of mental illness, safety, privacy and confidentiality. Currently:
Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N
Mental Health Act 2007 Information Bulletin Doc No: IB2007_053
http://www.health.nsw.gov.au/policies/ib/2007/IB2007_053.html
Privacy Act 1988
http://www.comlaw.gov.au/Series/C2004A03712
NSW Health Privacy Manual
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html

1.4 Complies with current Child Protection legislation and reporting requirements. Currently:
Children and Young Persons (Care and Protection) Act 1998 No.157 (NSW)
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+157+1998+cd+0+N
NSW Health Frontline Procedures for the Protection and Wellbeing of Children and Young People – Interagency Guidelines
http://www.health.nsw.gov.au/pubs/2006/iag_childprotection.html

Keep Them Safe: Reporting Children at Risk – Keep Them Safe
http://www.keepthemsafe.nsw.gov.au/reporting_children_at_risk
Information Bulletin:
http://www.health.nsw.gov.au/policies/ib/2010/IB2010_005.html

1.5 Provides information on the rights of clients, family and/or carers and on legislation which may impact on their rights. Currently:
Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N
Mental Health Act 2007 Information Bulletin Doc No: IB2007_053
http://www.health.nsw.gov.au/policies/ib/2007/IB2007_053.html

1.6 Recognises when the Mental Health Act would apply and engages assistance of senior mental health staff and other associated professionals in implementing relevant treatment and care. Currently: Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

1.7 Organises the provision of involuntary treatment and care, only when indicated and in compliance with state legislation and in the least restrictive environment. Currently: Mental Health Act 2007 No 8
http://www.legislation.nsw.gov.au/maintop/view/inforce/act+8+2007+cd+0+N

1.8 Complies with service procedures that relate to staff and service user safety and privacy, taking into account risk as well as relevant age, gender, developmental and socio-cultural considerations.

1.9 Develops authentic professional and therapeutic relationships with clients, families, colleagues and wider communities while maintaining safe and professional boundaries

1.10 Manages aggression, self harming and difficult behaviours by conducting adequate risk assessments and using de-escalation and harm minimisation techniques.

1.11 Maintains an environment that protects clients and families from financial, sexual, psychological and physical abuse and exploitation whilst receiving mental health care and reports incidences of abuse or violence to appropriate authorities.

1.12 Reports critical incidents and near misses through the local service's Incident Management System.

1.13 Follows service procedures in relation to safety, privacy and confidentiality in shared care arrangements and transfer of care.

Working with clients, families and carers in recovery-focussed ways

2.1 Works with clients, families and carers as partners

2.2 Engages in family focussed practice reflecting that the client is not viewed in isolation but sits within the context of family and community

2.3 Demonstrates respect for the parent/carer role acknowledging diverse family capacities and value systems

2.4 Expresses hope and optimism, applying a strengths based approach and valuing client and family/carer knowledges

2.5 Inquires about the efforts that the client and family/carers are making to support their own health and wellbeing, respectfully acknowledging these efforts, including and supporting the development of them in care planning

2.6 Identifies with the clients and their families/carers any barriers to receiving care

2.7 Partners in genuine ways with the client and family/carers in decision making, supporting self determination where possible

2.8 Assists clients and families/carers to contact appropriate client/carer advocates and peer consultants

2.9 Identifies the impact of the client's mental health problems on the family/carers, including siblings and supports referrals and interventions to help meet these needs

2.10 Provides information on mental disorders, mental health problems, mental health services, other support services and self-help organisations to educate clients, families or carers

2.11 Uses language that demonstrates respect for the client and family at all times

2.12 Facilitates social inclusion and engagement of the client in activities of meaning for the client such as education, recreation/leisure, relationships and vocation (eg: real work for real pay in the mainstream workforce)

2.13 Invites and involves clients and families/carers in providing feedback on services and in service planning

2.14 Participates in activities that support social inclusion, antidiscrimination and the de-stigmatisation of mental illness

COMPETENCY 3

Meeting diverse needs

3.1 Identifies that diversity exists amongst clients, families and communities in areas including class, gender, culture, religion, disability, age, power, status, sexual preference and value systems

3.2 Demonstrates respect and impartiality in working with clients and their families/carers

3.3 Understands and articulates the diverse needs of the local community including priority populations, groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors

3.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks. Currently including Multicultural Mental Health Plan 2008–2012 http://www.health.nsw.gov.au/policies/pd/2008/PD2008_067.html

3.5 Recognises that a positive, secure cultural identity is a protective factor for the mental health and wellbeing of the client and family/carers

3.6 Respectfully collects and records information identifying the cultural background and the language preferred by clients from culturally and linguistically diverse backgrounds,

3.7 Completes the Transcultural Assessment module, Transcultural Referral Guide and Transcultural Assessment Checklist where appropriate. Currently at http://internal.health.nsw.gov.au/policy/cmh/mhoat/protocols.html

3.8 Seeks to understand how the client relates to their own culture/s and community and where relevant, how the client relates to the culture of their family/carers

3.9 Offers the use of interpreter services and engages interpreters according to current policies Currently: http://www.health.nsw.gov.au/policies/pd/2006/PD2006_053.html

3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care

3.11 Articulates the extent and limits of own cultural understanding and knows when to seek cultural advice/support

3.12 Asks if there are cultural considerations that if taken into account could assist the client and family/carers feel more comfortable during service contact

3.13 Attempts to overcome service and resource access barriers to meet the health needs of diverse groups

Working with Aboriginal children, adolescents, families and communities

4.1 Develops an understanding of Aboriginal history, and particularly the impact of colonisation on present day trauma and loss

4.2 Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history

4.3 Uses culturally sensitive language and preferred terminology in line with current policy directives. Currently:
http://www.health.nsw.gov.au/policies/PD/2005/PD2005_319.html

4.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal people. Currently:
Aboriginal Mental Health and Well Being Policy 2006-2010
http://www.health.nsw.gov.au/policies/pd/2007/PD2007_059.html
NSW Health Statement of Commitment to Aboriginal People
http://www.health.nsw.gov.au/publichealth/aboriginal/index.asp

4.5 Respectfully collects and records information identifying Aboriginal status in line with current policy directives. Currently:
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_547.html

4.6 Accesses Aboriginal cultural advisors where appropriate regarding appropriate care

4.7 Seeks to understand and work within kinship structures of Aboriginal communities

4.8 Seeks to understand and work within local cultural protocols

COMPETENCY 5

Communication

5.1 Establishes positive rapport with clients and families/ carers adapting communication style and using age appropriate mediums to facilitate engagement

5.2 Uses culturally appropriate non-verbal communication, including eye contact and body posture

5.3 Demonstrates active listening skills

5.4 Communicates in verbal interactions and written documentation in a well formulated, concise and clear way

5.5 Provides timely written feedback/ correspondence to referrers, families/carers and other appropriate involved professionals

5.6 Informs clients and families/carers about information exchanged related to their care

5.7 Legibly completes designated forms for documentation and reporting

5.8 Fulfils reporting requirements in a timely manner

COMPETENCY 6

Continuous quality improvement

6.1 Research and evaluation

6.1.1 Accesses information and applies it in practice where relevant

6.1.2 Critically analyses research

6.1.3 Collects, analyses and interprets data

6.1.4 Interprets and communicates evaluation findings

6.1.5 Shares information, contributing to the CAMHS workforce knowledge base

6.2 Service improvement

6.2.1 Seeks out resources and equipment to improve service delivery

6.2.2 Participates in quality improvement processes

6.2.3 Contributes to service planning

6.2.4 Facilitates service access to support improved health outcomes for priority groups (eg: Aboriginal people, children in out of home care), and groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors

6.3 Professional practice and development

6.3.1 Participates in professional development relevant to role and professional interests

6.3.2 Actively participates in supervision and peer review

6.3.3 Uses reflective practice

6.3.4 Describes the rationale for choosing a particular frame of reference or approach

6.3.5 Practices self care for good mental health and wellbeing

6.3.6 Manages time and workload effectively

6.3.7 Seeks assistance where necessary

6.3.8 Maintains contemporary skills in the use of information technology and practices (eg electronic records)

6.3.9 Demonstrates a willingness to learn and to share learnings

COMPETENCY 7

Partnership and collaboration

7.1   Interagency

    7.1.1   Demonstrates a current local knowledge of other service providers and their roles and makes appropriate referrals for clients and families/carers

    7.1.2   Maintains current information on intake criteria for partner agencies, approximate waiting times and required processes/forms for referral

    7.1.3   Gains required consent where applicable to share information with other agencies

    7.1.4   Plans treatment or interventions in collaboration with other agencies

    7.1.5   Advocates on behalf of clients and families/carers with other agencies

    7.1.6   Co-ordinates and/or participates in interagency case conferences

7.2   Multi/Interdisciplinary Team

    7.2.1   Contributes discipline specific skills to multidisciplinary/interdisciplinary team practice

    7.2.2   Takes into account at each stage of the client's journey through the mental health system (Intake, Assessment, Intervention and Transfer of Care) the value to the client and family that involvement of a multidisciplinary team might have and involves other team members in care where appropriate

    7.2.3   Provides an impartially selected list of private health providers for clients and families/carers where referral is required

    7.2.4   Participates in multidisciplinary/ interdisciplinary case conferences

    7.2.5   Speaks about team members' work with respect, recognising that diversity may exist between professions and amongst individuals within professions in relation to their approach to mental health practice

    7.2.6   Uses language understood by all members of the multidisciplinary team in verbal and written communication

    7.2.7   Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities

COMPETENCY 8

Intake

Variation may exist in local intake processes and requirements, therefore Intake and Assessment competencies may overlap.

Core competencies

8.1 Follows local intake processes and protocols to support a positive client and family/carer experience of the service and to facilitate team work

8.2 Listens sensitively to client and family/carer's requests while clearly explaining the service parameters, constraints of confidentiality and processes

8.3 Determines if the potential client is aware of the referral

8.4 Appropriately documents, records and communicates the intake assessment, brief case formulation and initial management plans in a clear summary for team members and clients/carers

8.5 Systematically gathers and collates information at intake, taking into account issues related to safety, consent and confidentiality for responsive prioritising and triage

8.6 Identifies and responds appropriately to child protection and domestic violence concerns

8.7 Where appropriate conducts a developmentally relevant risk assessment at intake, taking into account mental state, suicidality, self harm, violence and risk of harm to others

8.8 Clearly documents the client's legal status and takes this into account in care planning

8.9 Where appropriate conducts a forensic and drug and alcohol screening/assessment at intake

8.10 Accurately triages new referrals in a timely manner, seeking advice from senior staff where required

8.11 Generates an intake initial care plan that addresses key risk issues in a timely manner

8.12 Applies intake service acceptance criteria to all referrals and refers client to appropriate services within or external to the mental health service system

8.13 Identifies the particular needs and responsibilities of clients who are carers for others in relation to prioritising and their ability to attend the service

8.14 Advocates for client and family/ carer referral needs with relevant services, including schools, Community Services, accommodation, health and other services

8.15 Sensitively gathers client and parent/carer and related family member physical, mental health, and general psycho-social information

8.16 Gathers relevant information about family context such as possible migration and refugee history, exposure to torture and trauma, impact of cultural adaptation, integration and/or marginalisation

8.17 Gathers relevant family information regarding housing, support networks, history of engagement with community supports/services as well as about recent stresses, losses or changes (eg: in family relationships and structure, financial circumstances, parental employment and other significant losses)

8.18 Recognises the age specific impact of neglect and abuse (physical, emotional and sexual), trauma and loss on a child's development, mental health and wellbeing

8.19 Recognises the impact of exposure to familial trauma on the client and family

8.20 Expresses to families/carers an awareness of the impact of the client's presentation on the family and community

8.21 Conducts brief therapeutic interventions at the initial intake contact where appropriate (eg psycho-education, relevant symptom management and agreed safety strategies)

8.22 Provides realistic information to the client and family/carers about services and resources able to be offered including type, setting and time frames

8.23 Informs the client and family/carers that they will be asked to complete surveys to assist treatment and service planning (eg: MHOAT and satisfaction surveys)

Advanced competencies

8.24 Assists less experienced clinicians and peers to develop a clear formulation and initial management plan

8.25 Reviews plans of less experienced clinicians

8.26 Provides support with intake clinical decision-making, risk assessment and triage to less experienced clinicians and peers

8.27 Demonstrates an extensive knowledge of resources and services for information and referral of clients and families

8.28 Supports less experienced clinicians and peers to develop rapport and facilitate engagement and communication with complex clients and families

COMPETENCY 9

Assessment, formulation and care planning

Variation may exist in local intake processes and requirements, therefore Intake and Assessment competencies may overlap.

Core competencies

9.1 Creates a welcoming environment for the child, adolescent and family that sets the client and family at ease and supports the establishment of rapport

9.2 Clearly explains the limitations and constraints of confidentiality and the proposed structure of the interview/assessment to the client and family/carers and flexibly negotiates aspects of this where possible (eg who would like to be seen first, who will be in the room together, for how long etc)

9.3 Invites the client to participate in decision-making as appropriate to their capabilities

9.4 Appropriately identifies and uses assessment tools including age specific, discipline specific and culturally relevant assessments commensurate with experience

9.5 Conducts a comprehensive mental health assessment including a Mental State Examination (MSE)

9.6 Asks age appropriate questions using developmentally appropriate language and tools, facilitated by interpreters where required

9.7 Uses an interactional and interpretive approach in the assessment of infants, younger children and non-verbal/less verbal clients

9.8 Completes a multidimensional age appropriate assessment of the infant, child or young person and their family/carers, attending to the following dimensions:

- Biological
- Social
- Psychological
- Cultural
- Spiritual

9.9 Respectfully explains the reasons for and records a complete developmental and family history from client pre-conception through to present age including relevant details of other pregnancies/siblings, recognising that this may be traumatic for some people

9.10 Recognises the impact of perinatal exposure to adverse events and toxins/substances

9.11 Applies a knowledge of infant, child and adolescent development in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4.

9.12 Assesses for age-related triggers relating to suicidality and risk of harm to self and others (eg relationship breakdown/tensions, school stressors, bullying, loss of support structures)

9.13 Identifies both risk and protective factors within the child or young person's family and extended environment

9.14 Assesses the impact of life stage transitions for the child, adolescent and family/carers. This may include but is not limited to:

- Commencing pre-school
- Commencing primary school
- Commencing high school and transition to senior high
- Leaving school
- Commencing employment
- Leaving home

9.15 Assesses with respect to vulnerabilities or protective factors, the impact of the client's sense of mastery in the key age related domains of function (eg: employment, education)

9.16 Sensitively explores issues related to drug and alcohol use, exposure to trauma, loss and violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships

9.17 Demonstrates flexibility to the client and family/carer needs and capacities by using a variety of tools and methods to collect assessment information (eg: drawing, games, talking, observation)

9.18 Assesses parental empathy and attunement by observing verbal and non-verbal interactions within the presenting family

9.19 Reflects an understanding of the impact of parent/carer/client temperament and fit

9.20 Assesses parenting skills either by unstructured observation or structured parenting assessment

9.21 Evaluates parent/carer expectations for the client and their related knowledge of child development by unstructured observation and/or a discussion of parental expectations

9.22 Identifies the client and family's readiness to change

9.23 Takes into account the impact of technology on social connections when exploring peer and supportive relationships

9.24 Identifies gaps in assessment information and its potential impact on formulation, completing information where possible

9.25 Recognises bias that may exist in information presented by clients, families, carers and partner agencies when developing an assessment formulation

9.26 Completes age appropriate sections of clinical documentation forms

9.27 Reflects to the client that their story is valuable and has been heard while taking into account the information and perspectives provided by others which may or may not be contradictory to the client's story

9.28 Reflects in discussions and formulations an understanding that there is a broad range of 'normal' particularly related to some age specific behaviours (eg risk taking is generally greater in adolescence)

9.29 Independently or with assistance develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant ICD/DSM classifications

9.30 Articulates the impact of multiple systems on the client and family/carer's presentation in the formulation

9.31 Identifies possible impacts of parental disability, mental health and/or drug and alcohol problems on the client and family

9.32 Identifies the impact of culture and ethnicity on the presentation and management of mental health problems

9.33 Identifies possible impacts of migration and adaptive cultural changes made by families

9.34 Identifies existing co-morbidities during assessment and demonstrates an understanding of the impact on care planning, including on possible shared care arrangements

9.35 Demonstrates an understanding of the effects of hospitalisation on the client and family by considering this in care planning

9.36 Develops a client focussed treatment plan in collaboration with the client and family/carers as appropriate, which includes clear identification of the problem, actions and timeframes

9.37 Provides client and/or family/carers with a copy of the care plan taking into consideration confidentiality and child protection concerns

9.38 Communicates with permission, relevant aspects of the care plan to involved partners

9.39 Completes and uses relevant clinical documentation and outcome measures throughout the episode of care

Advanced competencies

9.40 Demonstrates to peers and less experienced clinicians the use of a range of assessment tools including age specific, discipline specific and culturally relevant assessments

9.41 Guides less experienced clinicians and peers in assessing for and responding to risk

9.42 Applies an in-depth knowledge of infant, child and adolescent development in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4

9.43 Independently develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant ICD/DSM classifications assisting less experienced clinicians to do the same

9.44 Assists less experienced clinicians and peers to formulate assessments and work with complexity

Intervention

Core competencies

10.1 Plans and implements a range of engaging, creative, safe and effective interventions chosen with the client and family/carers and consistent with experience, professional background and roles within the multidisciplinary team setting

10.2 Informs clients and their families/carers of their right to informed consent for treatment and of their right to refuse treatment

10.3 Informs clients and their families/carers of the range of treatment options available, identifying potential benefits and risks pertaining to experimental or controversial treatment or treatment with an under-developed evidence base

10.4 Delivers interventions along the spectrum from prevention through to tertiary treatment and in the context of a recovery focus

10.5 Delivers treatments and interventions using a family focussed approach

10.6 Recognises when to ask senior clinicians or peers for assistance in managing clients and families and refers on when needed

10.7 Identifies a range of culturally and developmentally appropriate interventions that may be derived from but are not limited to the following approaches

- Cognitive
- Behavioural
- Interpersonal
- Attachment-based
- Motivational
- Systemic
- Psychoeducation
- Psychodynamic
- Psychopharmacological

10.8 Considers different belief systems about health and values regarding traditional treatments when choosing interventions with the client and family

10.9 Delivers treatments and interventions in the most appropriate formats, which may include:

- Sessions with individuals
- Group work
- Family/systems interventions

10.10 Recognises, works with and develops client and family/carer strengths

10.11 Works flexibly at the client's pace and with their priorities and schema, facilitating engagement throughout the course of intervention

10.12 Includes appropriate service partners in implementing treatment

10.13 Uses developmentally appropriate and engaging materials and resources in treatment

10.14 Assists clients and families to see things from the other's perspective and to develop shared understandings

10.15 Promotes effective parenting strategies relevant to the client's age, developmental needs and family circumstances

10.16 Articulates an understanding of common medications commensurate with role and experience

10.17 Seeks expert opinion regarding the role of medication and its potential impact

10.18 Monitors client's response to medication for evidence of appropriate and sufficient response to medication and communicates this to team/medical practitioner

10.19 Monitors client for symptoms of possible side effects

10.20 Observes the dynamics of transference and countertransference and uses these observations in therapy, seeking supervision support to process if required

10.21 Responds appropriately to disruptive and inappropriate behaviours taking into account the age of the client and the diagnosis

10.22 Reviews client status throughout the episode of care and responds appropriately to changes

10.23 Monitors client on an ongoing basis for child protection concerns and assesses their potential impact on therapy

10.24 Reviews and updates treatment plan with client and family/carers as appropriate, consistent with progress and changing needs

Advanced competencies

10.25 Delivers a variety of appropriate interventions demonstrating a high level of knowledge and expertise

10.26 Provides supervision and/or education and training for less experienced staff and peers in the delivery of interventions

10.27 Provides supervision and support for supervisors

10.28 Leads collaborative case management for mental health clients with co-morbid and/or complex conditions and facilitates case conferences with partners

Transfer of care

Core competencies

11.1 Negotiates with the client and the family/carer at the initial point of contact the anticipated length of treatment

11.2 Prepares clients and families/carers for closure from the service or transfer of care

11.3 Adheres to policies and procedures with regards to transfer of care, with a focus on relapse prevention

11.4 Establishes effective partnerships with key professionals, respecting the roles of partner agencies and multidisciplinary teams

11.5 Regularly reviews the transfer of care plan with the client and family/carers in respect to clinical status, client and family/carer wishes and estimated date of transfer

11.6 Completes relevant outcome measures and obtains client/carer feedback to support decision making related to planning for transfer of care

11.7 Clearly identifies and follows through on roles and responsibilities in partnership/shared care arrangements including engaging in assertive follow-up

11.8 Provides client, family/carer and relevant agencies with information to support transfer of care and assist with relapse prevention

11.9 Provides clear documentation using designated transfer of care forms in a timely manner to the service where the client is being transitioned or referred

Advanced competencies

11.10 Negotiates complex issues related to transfer of care

11.11 Assists less experienced clinicians or peers with decision making and implementation of transfer of care arrangements

Mental health promotion and primary prevention

12.1 Implements mental health promotion practice informed by the 5 key action areas articulated in the Ottawa Charter (1986) http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html

12.2 Develops strategies across the mental health spectrum that address the social determinants of health and risk and protective factors

12.3 Plans, implements and evaluates appropriate mental health promotion and primary prevention programs and initiatives:

   12.3.1 Conducts a needs assessment

   12.3.2 Develops a comprehensive project plan that includes elements of planning, monitoring and evaluation

   12.3.3 Applies culturally-relevant and appropriate approaches with people from diverse backgrounds

   12.3.4 Evaluates program/project using appropriate measures, collating and effectively analysing information

12.4 Develops effective partnerships with key stakeholders, gatekeepers, and target group representatives

12.5 Communicates and promotes initiatives clearly and effectively through a range of media which may include - report writing, submission of articles to professional journals and media releases

12.6 Negotiation, team building, motivation, conflict resolution and problem solving skills

Part 3

Implementation Guide and Competency Review Tools

SECTION 5

Implementation guide

Responsibility

These guidelines for implementation provide non-mandatory suggestions for using and implementing the CAMHS Competency Framework.

Guidelines are provided for individuals, managers, supervisors and resource developers. The terms 'manager' and 'supervisor' are used broadly and may apply to a number of positions who have responsibility for overseeing professional development planning for CAMHS staff.

It is the responsibility of CAMHS services to encourage the incorporation of the CAMHS Competency Framework into routine practice. The tools associated with the Framework are designed to assist its implementation.

The CAMHS Competency Framework should be used in conjunction with the current National Practice Standards for the Mental Health Workforce and the discipline-specific mental health competencies and standards developed by each of the national professional organisations.

Target groups

The CAMHS Competency Framework is specifically addressed to the following professions most frequently employed in NSW CAMHS:

- Psychiatry
- Nursing
- Social work
- Psychology
- Occupational therapy

As stated earlier, there are other health service providers who may also work with the CAMHS client group and who may choose to align their practice with competencies described in this framework.

It is anticipated that fulfilling the Core competencies will be a target for 'new to CAMHS' clinicians in their first 2 years of CAMHS practice.

Advanced competencies should apply to more experienced clinicians who are developing advanced general or age group specific clinical skills.

Uses

Amongst other things, the Framework may be used to:

- Assist personal reflection
- Plan professional development
- Develop standards of practice
- Assist recruitment and encourage staff retention
- Guide clinical supervision and mentoring
- Develop team practices and processes
- Develop training and resources
- Guide and support performance appraisals
- Complement discipline specific competency and/or practice standards

It is not intended to be used as a performance management tool.

Measuring competence

The level of knowledge and skills that could be expected from a mental health professional from one of the five targeted professions listed above on first entering a mental health service and those which could be expected after two years in the workforce may vary greatly.

It is therefore the combined responsibility of managers and professionals to negotiate an expected standard of competence relative to the professional's experience, position description and responsibilities. Supervisors and clinical leaders may also be able to assist managers in determining an appropriate benchmark.

With these factors in mind, a guide could be 'in the majority of circumstances the professional demonstrates competence in this area commensurate with experience and role requirements'.

When reviewing competence it is important that supervisors

and managers collaborate with CAMHS staff to create supportive learning environments which will facilitate the development of competence.

Implementation for individuals

The Competency Review Tools provide a format for professionals, managers and supervisors to identify an individual's achievements and make plans for future competency development.

The tools can be used in collaboration with the following structures that ideally, a professional will have in place:

Reflective practice

Reviewing the CAMHS competencies provides structure for CAMHS staff to reflect on their own practice.

Supervision and mentoring

Most professionals will be required to have a formal supervision agreement in place, outlining that the professional will be actively receiving supervision and/or mentoring commensurate with their experience, professional and individual requirements.

Professionals may choose to use the competencies to provide direction in clinical supervision and peer/discussion groups or journal clubs.

Professional development

The Competency Review Tools can be used to develop a Learning and Development plan such as a Professional Appraisal and Development (PAD) plan or equivalent.

The CAMHS Competency Development Plan may be used to inform a professional's PAD to address current training needs and preferences for future development.

Performance appraisals

It is hoped that a professional's position description has been developed in alignment with the CAMHS Competencies. As professionals engage in core business in line with their position, they may use the competencies to review their competence in the key role responsibilities, particularly prior to a professional appraisal and review meeting.

Individuals may also like to take a completed CCDP with signed off evidence of competence gained throughout the year to support professional development planning.

The performance appraisal process followed by most Health Services consists of a 3 month initial review for new staff and 12 monthly reviews thereafter.

Implementation for managers

A number of areas exist for which managers can use the Competency Framework. They include:

Recruitment

The Competencies can be used in conjunction with discipline specific competencies to:

- Develop job descriptions.
- Develop selection criteria
- Inform advertisements for positions
- Develop questions for interview

A link to the Competency Framework on-line may be included in Job Descriptions to provide prospective applicants information on core CAMHS practice.

Performance appraisals

Most Health Services have developed a system for performance appraisal and development planning for professional staff.

The Competency Review Tools can provide a format for professionals and their managers to speak about worker achievements and make plans for future competency development. This should ideally occur at 3 month initial reviews for new staff and regular 12 monthly ongoing reviews.

Supervision

The competencies can be used to develop a supervision agreement between a supervisor and professional, commensurate with their experience, discipline related and individual requirements.

Professional development for individual staff

The Competency Review Tools can be used with individual professional staff to develop a Learning and Development plan such as a Professional Appraisal and Development (PAD) plan or equivalent.

Team development and processes

The Competencies can be used by managers to identify overall competencies within their team at both core and advanced levels. This can assist with:

- Setting a professional development agenda
- Improving processes and procedures
- Supporting clarification of roles and developing a shared understanding of the specialist knowledge and skills within the team
- Promoting the development of CAMHS specialty practice across disciplines, thereby creating a multi-skilled workforce
- Identifying team recruitment gaps and staff skills mix for planning.

Implementation for supervisors

Supervisors may use the CAMHS Competencies in assisting professionals with the following:

Professional development planning

The Competency Review Tools assist professionals to determine any current gaps in competence and provide direction for future professional growth.

Professionals may bring the CCDP to supervision to guide direction for future sessions.

Development of training and resources

Supervisors with responsibilities for multiple professionals may use common themes noted on Competency Development Plans to guide group supervision, the development of training and direction setting for journal clubs.

Performance appraisals

Supervisors can assist professionals in preparing for performance appraisals by reviewing worker competence using the Competency Review Tools throughout the year and supporting them to access ways of developing competence.

Implementation for Resource Developers

The CAMHS Competencies provide direction for Tertiary education providers and local CAMHS training and resource developers to create and source relevant competency-based training.

The Competencies provide a focus for undergraduate and postgraduate core and advanced course development and research.

The Competency Review Tools may assist Universities and training places in developing criteria to guide CAMHS student clinical placements and student assessment.

Competency Review Tools

Following are instructions on how to complete the Competency Review Tools:

CAMHS Competency Review (CCR) form

1. Choose the applicable Competency sections of the CCR to complete.

Universal competencies apply to all CAMHS workers. Clinical competencies apply to clinical staff and Population approach competencies apply to professionals with health promotion and primary prevention responsibilities.

If using the CCR tools to review competence for the first time, a professional may choose to review all applicable competencies.

If using the CCR review tools for subsequent reviews, the professional may decide to only review those identified for progression.

2. Enter the name of the professional, current position and the date of review on each form.

3. Enter the name of the reviewer, their role and whether they have completed the NSW CAMHS Competency Reviewer Training on each form.

4. Note in column 2 whether the competency was achieved (Yes (Y)/ Developing (D)/ No (N)). If not applicable to role, enter N/A.

5. Complete columns 3-5 if required.

   a. If competency was not fully achieved, enter plans to assist development.

   b. Some professions require additional details such as evidence of achievement. Enter if required.

   c. Dates achieved may be entered if preferred.

6. Complete the reviewer and professional's signatures and dates on the bottom of each page.

7. Use the CCR to inform local training, support and development processes or complete a CCDP as below.

CAMHS Competency Development Plan (CCDP)

1. On the CCDP collate all competency items from the CCR forms that require development and add time frames and details.

2. Enter the name of the professional, current position and the date of review on each form.

3. Enter the name of the reviewer, their role and whether they have completed the NSW CAMHS Competency Reviewer Training on each form.

4. As plans on the CCDP are completed, a supervisor or appropriate person in authority who can confirm evidence of competence signs them off and/or supports further progress.

5. Additional Competencies and plans may be added for development at any time

6. Use the CCDP for:

   a. personal use in reflective practice

   b. guiding supervision

   c. targeting professional development planning

   d. providing evidence of competence when required eg: registration, job applications,

   e. performance appraisal and review preparations

CAMHS Competency Review Form

Name of professional:..Current position: .... Date of plan:...............................

Name of reviewer:..Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

1. Responsible, safe and ethical practice	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
1.1 Provides care and treatment to clients and families within the boundaries prescribed by law and professional, national and local requirements and codes of ethical practice				
1.2 Applies the principles of international and national standards on human rights and responsibilities				
1.3 Complies with state legislation related to treatment of mental illness, safety, privacy and confidentiality				
1.4 Complies with current Child Protection legislation and reporting requirements				
1.5 Provides information on the rights of clients, family and/or carers and on legislation which may impact on their rights				

1. Responsible, safe and ethical practice (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
1.6 Recognises when the Mental Health Act would apply and engages assistance of senior mental health staff and other associated professionals in implementing relevant treatment and care				
1.7 Organises the provision of involuntary treatment and care, only when indicated and in compliance with state legislation and in the least restrictive environment				
1.8 Complies with service procedures that relate to staff and service user safety and privacy, taking into account risk as well as relevant age, gender, developmental and socio-cultural considerations				
1.9 Develops authentic professional and therapeutic relationships with clients, families, colleagues and wider communities while maintaining safe and professional boundaries				
1.10 Manages aggression, self harming and difficult behaviours by conducting adequate risk assessments and using de-escalation and harm minimisation techniques				
1.11 Maintains an environment that protects clients and families from financial, sexual, psychological and physical abuse and exploitation whilst receiving mental health care and reports incidences of abuse or violence to appropriate authorities				

1. **Responsible, safe and ethical practice (cont.)**	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
1.12 Reports critical incidents and near misses through the local service's Incident Management System				
1.13 Follows service procedures in relation to safety, privacy and confidentiality in shared care arrangements and transfer of care				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

Name of professional:...Current position: .... Date of plan:.................................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

2. Working with clients, families and carers in recovery focussed ways	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
2.1 Works with clients, families and carers as partners				
2.2 Engages in family focussed practice reflecting that the client is not viewed in isolation but sits within the context of family and community				
2.3 Demonstrates respect for the parent/carer role acknowledging diverse family capacities and value systems				
2.4 Expresses hope and optimism, applying a strengths based approach and valuing client and family/carer knowledges				
2.5 Inquires about the efforts that the client and family/carers are making to support their own health and wellbeing, respectfully acknowledging these efforts, including and supporting the development of them in care planning				

2. Working with clients, families and carers in recovery focussed ways (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
2.6 Identifies with the clients and their families/carers any barriers to receiving care				
2.7 Partners in genuine ways with the client and family/carers in decision making, supporting self determination where possible				
2.8 Assists clients and families/carers to contact appropriate client/carer advocates and peer consultants				
2.9 Identifies the impact of the client's mental health problems on the family/carers and supports referrals and interventions to help meet these needs				
2.10 Provides information on mental disorders, mental health problems, mental health services, other support services and self-help organisations to educate clients, families or carers				
2.11 Uses language that demonstrates respect for the client and family at all times				

2. Working with clients, families and carers in recovery focussed ways (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
2.12 Facilitates social inclusion and engagement of the client in activities of meaning for the client such as education, recreation/ leisure, relationships and vocation (eg: real work for real pay in the mainstream workforce)				
2.13 Invites and involves clients and families/carers in providing feedback on services and in service planning				
2.14 Participates in activities that support social inclusion, antidiscrimination and the de-stigmatisation of mental illness				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

NSW Health

Name of professional:..Current position:.. Date of plan:.............................

Name of reviewer:...Role:...NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

3. Meeting diverse needs	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
3.1 Identifies that diversity exists amongst clients, families and communities in areas including class, gender, culture, religion, disability, age, power, status, sexual preference and value systems				
3.2 Demonstrates respect and impartiality in working with clients and their families/carers				
3.3 Understands and articulates the diverse needs of the local community including priority populations, groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors				
3.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks				

3. Meeting diverse needs (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
3.5 Recognises that a positive, secure cultural identity is a protective factor for the mental health and wellbeing of the client and family/carers				
3.6 Respectfully collects and records information identifying the cultural background and the language preferred by clients from culturally and linguistically diverse backgrounds				
3.7 Completes the Transcultural Assessment module, Transcultural Referral Guide and Transcultural Assessment Checklist where appropriate				
3.8 Seeks to understand how the client relates to their own culture/s and community and where relevant, how the client relates to the culture of their family/carers				
3.9 Offers the use of interpreter services and engages interpreters according to current policies				
3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care				

3. Meeting diverse needs (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
3.11 Articulates the extent and limits of own cultural understanding and knows when to seek cultural advice/support				
3.12 Asks if there are cultural considerations that if taken into account could assist the client and family/carers feel more comfortable during service contact				
3.13 Attempts to overcome service and resource access barriers to meet the health needs of diverse groups				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

Name of professional:...Current position:...Date of plan:...............................

Name of reviewer:...Role:...NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

4. Working with Aboriginal children, adolescents, families and communities	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
4.1 Develops an understanding of Aboriginal history and particularly the impact of colonisation on present day trauma and loss				
4.2 Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history				
4.3 Uses culturally sensitive language and preferred terminology in line with current policy directives				
4.4 Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal people				

4. **Working with Aboriginal children, adolescents, families and communities (cont.)**	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
4.5 Respectfully collects and records information identifying Aboriginal status in line with current policy directives				
4.6 Accesses Aboriginal cultural advisors where appropriate regarding appropriate care				
4.7 Seeks to understand and work within kinship structures of Aboriginal communities				
4.8 Seeks to understand and work within local cultural protocols				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

NSW Health

Name of professional:...Current position:...Date of plan:..............................

Name of reviewer:...Role:.................................NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

5. Communication	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
5.1 Establishes positive rapport with clients and families/carers adapting communication style and using age appropriate mediums to facilitate engagement				
5.2 Uses culturally appropriate non-verbal communication, including eye contact and body posture				
5.3 Demonstrates active listening skills				
5.4 Communicates in verbal interactions and written documentation in a well formulated, concise and clear way				

5. Communication (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
5.5 Provides timely written feedback/correspondence to referrers, families/carers and other appropriate involved professionals				
5.6 Informs clients and families/carers about information exchanged related to their care				
5.7 Legibly completes designated forms for documentation and reporting				
5.8 Fulfils reporting requirements in a timely manner				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

Name of professional:...Current position: .... Date of plan:..............................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

6. Continuous quality improvement	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
6.1 Research and evaluation				
6.1.1 Accesses information and applies it in practice where relevant				
6.1.2 Critically analyses research				
6.1.3 Collects, analyses and interprets data				
6.1.4 Interprets and communicates evaluation findings				

6. Continuous quality improvement (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
6.1.5 Shares information, contributing to the CAMHS workforce knowledge base				
6.2 Service improvement				
6.2.1 Seeks out resources and equipment to improve service delivery				
6.2.2 Participates in quality improvement processes				
6.2.3 Contributes to service planning				
6.2.4 Facilitates service access to support improved health outcomes for priority groups (eg: Aboriginal people, children in out of home care) and groups disadvantaged by geographical location, socio-economic circumstances, disability or other limiting factors				
6.3 Professional practice and development				
6.3.1 Participates in professional development relevant to role and professional interests				

6. Continuous quality improvement (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
6.3.2 Actively participates in supervision and peer review				
6.3.3 Uses reflective practice				
6.3.4 Describes the rationale for choosing a particular frame of reference or approach				
6.3.5 Practices self care for good mental health and wellbeing				
6.3.6 Manages time and workload effectively				
6.3.7 Seeks assistance where necessary				

6. Continuous quality improvement (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
6.3.8 Maintains contemporary skills in the use of information technology and practices (eg: electronic records)				
6.3.9 Demonstrates a willingness to learn and to share learnings				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

NSW Health

Name of professional:..Current position: .... Date of plan:...............................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

7. Partnership and collaboration	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
7.1 Interagency				
7.1.1 Demonstrates a current local knowledge of other service providers and their roles and makes appropriate referrals for clients and families/carers				
7.1.2 Maintains current information on intake criteria for partner agencies, approximate waiting times and required processes/forms for referral				
7.1.3 Gains required consent where applicable to share information with other agencies				
7.1.4 Plans treatment or interventions in collaboration with other agencies				

7. Partnership and collaboration (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
7.1.5 Advocates on behalf of clients and families/carers with other agencies				
7.1.6 Co-ordinates and/or participates in interagency case conferences				
7.2 Multi/Interdisciplinary Team				
7.2.1 Contributes discipline specific skills to multidisciplinary/ interdisciplinary team practice				
7.2.2 Takes into account at each stage of the client's journey through the mental health system (intake, assessment, intervention and transfer of care) the value to the client and family that involvement of a multidisciplinary team might have and involves other team members in care where appropriate				
7.2.3 Provides an impartially selected list of private health providers for clients and families/carers where referral is required				
7.2.4 Participates in multidisciplinary/interdisciplinary case conferences				

7. Partnership and collaboration (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
7.2.5 Speaks about team members' work with respect, recognising that diversity may exist between professions and amongst individuals within professions in relation to their approach to mental health practice				
7.2.6 Uses language understood by all members of the multidisciplinary team in verbal and written communication				
7.2.7 Supports the integrity of team practice by collaborating in decision making, following team processes and sharing team responsibilities				

Signature of professional: .... Date:...

Signature of reviewer and registration no. (if relevant): .... Date:...

CAMHS Competency Review Form

NSW Health

Name of professional:..Current position: .... Date of plan:..............................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

8. Intake	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
8.1 Follows local intake processes and protocols to support a positive client and family/carer experience of the service and to facilitate team work				
8.2 Listens sensitively to client and family/carer's requests while clearly explaining the service parameters, constraints of confidentiality and processes				
8.3 Determines if the potential client is aware of the referral				
8.4 Appropriately documents, records and communicates the intake assessment, brief case formulation and initial management plans in a clear summary for team members and clients/carers				

8. Intake (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.5 Systematically gathers and collates information at intake, taking into account issues related to safety, consent and confidentiality for responsive prioritising and triage				
8.6 Identifies and responds appropriately to child protection and domestic violence concerns				
8.7 Where appropriate conducts a developmentally relevant risk assessment at intake, taking into account mental state, suicidality, self harm, violence and risk of harm to others				
8.8 Clearly documents the client's legal status and takes this into account in care planning				
8.9 Where appropriate conducts a forensic and drug and alcohol screening/assessment at intake				
8.10 Accurately triages new referrals in a timely manner, seeking advice from senior staff where required				

8. Intake (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.11 Generates an intake initial care plan that addresses key risk issues in a timely manner				
8.12 Applies intake service acceptance criteria to all referrals and refers client to appropriate services within or external to the mental health service system				
8.13 Identifies the particular needs and responsibilities of clients who are carers for others in relation to prioritising and their ability to attend the service				
8.14 Advocates for client and family/carer referral needs with relevant services, including schools, Community Services, accommodation, health and other services				
8.15 Sensitively gathers client and parent/carer and related family member physical, mental health and general psycho-social information				
8.16 Gathers relevant information about family context such as possible migration and refugee history, exposure to torture and trauma, impact of cultural adaptation, integration and/or marginalisation				

8. Intake (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.17 Gathers relevant family information regarding housing, support networks, history of engagement with community supports/ services as well as about recent stresses, losses or changes (eg: in family relationships and structure, financial circumstances, parental employment and other significant losses)				
8.18 Recognises the age specific impact of neglect and abuse (physical, emotional and sexual), trauma and loss on a child's development, mental health and wellbeing				
8.19 Recognises the impact of exposure to familial trauma on the client and family				
8.20 Expresses to families/carers an awareness of the impact of the client's presentation on the family and community				
8.21 Conducts brief therapeutic interventions at the initial intake contact where appropriate (eg: psychoeducation, relevant symptom management and agreed safety strategies)				
8.22 Provides realistic information to the client and family/carers about services and resources able to be offered including type, setting and time frames				

8. Intake (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.23 Informs the client and family/carers that they will be asked to complete surveys to assist treatment and service planning (eg: MHOAT and satisfaction surveys)				
Advanced Competencies				
8.24 Assists less experienced clinicians and peers to develop a clear formulation and initial management plan				
8.25 Reviews plans of less experienced clinicians				
8.26 Provides support with intake clinical decision-making, risk assessment and triage to less experienced clinicians and peers				
8.27 Demonstrates an extensive knowledge of resources and services for information and referral of clients and families				

8. Intake (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
8.28 Supports less experienced clinicians and peers to develop rapport and facilitate engagement and communication with complex clients and families				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

NSW Health

Name of professional:...Current position: .... Date of plan:................................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

9. Assessment, formulation and care planning	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
9.1 Creates a welcoming environment for the child, adolescent and family that sets the client and family at ease and supports the establishment of rapport				
9.2 Clearly explains the limitations and constraints of confidentiality and the proposed structure of the interview/assessment to the client and family/carers and flexibly negotiates aspects of this where possible (eg: who would like to be seen first, who will be in the room together, for how long, etc.)				
9.3 Invites the client to participate in decision-making as appropriate to their capabilities				
9.4 Appropriately identifies and uses assessment tools including age specific, discipline specific and culturally relevant assessments commensurate with experience				
9.5 Conducts a comprehensive mental health assessment including a Mental State Examination (MSE)				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.6 Asks age appropriate questions using developmentally appropriate language and tools, facilitated by interpreters where required				
9.7 Uses an interactional and interpretive approach in the assessment of infants, younger children and non-verbal/less verbal clients				
9.8 Completes a multidimensional age appropriate assessment of the infant, child or young person and their family/carers, attending to the following dimensions – biological, social, psychological, cultural and spiritual				
9.9 Respectfully explains the reasons for and records a complete developmental and family history from client pre-conception through to present age including relevant details of other pregnancies/siblings, recognising that this may be traumatic for some people.				
9.10 Recognises the impact of perinatal exposure to adverse events and toxins/substances				
9.11 Applies a knowledge of infant, child and adolescent development in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4.				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.12 Assesses for age-related triggers relating to suicidality and risk of harm to self and others (eg: relationship breakdown/tensions, school stressors, bullying, loss of support structures)				
9.13 Identifies both risk and protective factors within the child or young person's family and extended environment				
9.14 Assesses the impact of life stage transitions for the child, adolescent and family/carers. This may include but is not limited to – commencing pre-school, primary school, high school, transition to senior school, leaving school, commencing employment and leaving home				
9.15 Assesses with respect to vulnerabilities or protective factors, the impact of the client's sense of mastery in the key age related domains of function (eg: employment, education)				
9.16 Sensitively explores issues related to drug and alcohol use, exposure to trauma, loss and violence, sexuality, sexual health, sexual identity, gender identity and intimate relationships				
9.17 Demonstrates flexibility to the client and family/carer needs and capacities by using a variety of tools and methods to collect assessment information (eg: drawing, games, talking, observation)				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.18 Assesses parental empathy and attunement by observing verbal and non-verbal interactions within the presenting family				
9.19 Reflects an understanding of the impact of parent/carer/client temperament and fit				
9.20 Assesses parenting skills either by unstructured observation or structured parenting assessment				
9.21 Evaluates parent/carer expectations for the client and their related knowledge of child development by unstructured observation and/ or a discussion of parental expectations				
9.22 Identifies the client and family's readiness to change				
9.23 Takes into account the impact of technology on social connections when exploring peer and supportive relationships				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.24 Identifies gaps in assessment information and its potential impact on formulation, completing information where possible				
9.25 Recognises bias that may exist in information presented by clients, families, carers and partner agencies when developing an assessment formulation				
9.26 Completes age appropriate sections of clinical documentation forms				
9.27 Reflects to the client that their story is valuable and has been heard while taking into account the information and perspectives provided by others which may or may not be contradictory to the client's story				
9.28 Reflects in discussions and formulations an understanding that there is a broad range of 'normal' particularly related to some age specific behaviours (eg: risk taking is generally greater in adolescence)				
9.29 Independently or with assistance develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant ICD/DSM classifications				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.30 Articulates the impact of multiple systems on the client and family/carer's presentation in the formulation				
9.31 Identifies possible impacts of parental disability, mental health and/or drug and alcohol problems on the client and family				
9.32 Identifies the impact of culture and ethnicity on the presentation and management of mental health problems				
9.33 Identifies possible impacts of migration and adaptive cultural changes made by families				
9.34 Identifies existing co-morbidities during assessment and demonstrates an understanding of the impact on care planning, including on possible shared care arrangements				
9.35 Demonstrates an understanding of the effects of hospitalisation on the client and family by considering this in care planning				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.36 Develops a client focussed treatment plan in collaboration with the client and family/carers as appropriate, which includes clear identification of the problem, actions and timeframes				
9.37 Provides client and/or family/carers with a copy of the care plan taking into consideration confidentiality and child protection concerns				
9.38 Communicates with permission, relevant aspects of the care plan to involved partners				
9.39 Completes and uses relevant clinical documentation and outcome measures throughout the episode of care				
Advanced Competencies				
9.40 Demonstrates to peers and less experienced clinicians the use of a range of assessment tools including age specific, discipline specific and culturally relevant assessments				
9.41 Guides less experienced clinicians and peers in assessing for and responding to risk				

9. Assessment, formulation and care planning (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
9.42 Applies an in-depth knowledge of infant, child and adolescent development in conducting an assessment, reflecting inquiry into the domains of functioning listed in Section 4				
9.43 Independently develops and articulates a comprehensive case formulation and identifies and applies where appropriate relevant ICD/DSM classifications assisting less experienced clinicians to do the same				
9.44 Assists less experienced clinicians and peers to formulate assessments and work with complexity				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

NSW Health

Name of professional:...Current position: .... Date of plan:...............................

Name of reviewer:...Role: ....NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

10. Interventions	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
10.1 Plans and implements a range of engaging, creative, safe and effective interventions chosen with the client and family/carers and consistent with experience, professional background and roles within the multidisciplinary team setting				
10.2 Informs clients and their families/carers of their right to informed consent for treatment and of their right to refuse treatment				
10.3 Informs clients and their families/carers of the range of treatment options available, identifying potential benefits and risks pertaining to experimental or controversial treatment or treatment with an under-developed evidence base				
10.4 Delivers interventions along the spectrum from prevention through to tertiary treatment and in the context of a recovery focus				

10. Interventions (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.5 Delivers treatments and interventions using a family focussed approach				
10.6 Recognises when to ask senior clinicians or peers for assistance in managing clients and families and refers on when needed				
10.7 Identifies a range of culturally and developmentally appropriate interventions that may be derived from but are not limited to the following approaches – cognitive, behavioural, interpersonal, attachment based, motivational, systemic, psychoeducation, psychodynamic and psychopharmacological				
10.8 Considers different belief systems about health and values regarding traditional treatments when choosing interventions with the client and family				
10.9 Delivers treatments and interventions in the most appropriate formats, which may include sessions with individuals, group work and family/systems interventions				
10.10 Recognises, works with and develops client and family/carer strengths				

10. Interventions (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.11 Works flexibly at the client's pace and with their priorities and schema, facilitating engagement throughout the course of intervention				
10.12 Includes appropriate service partners in implementing treatment				
10.13 Uses developmentally appropriate and engaging materials and resources in treatment				
10.14 Assists clients and families to see things from the other's perspective and to develop shared understandings				
10.15 Promotes effective parenting strategies relevant to the client's age, developmental needs and family circumstances				
10.16 Articulates an understanding of common medications commensurate with role and experience				

10. Interventions (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.17 Seeks expert opinion regarding the role of medication and its potential impact				
10.18 Monitors client's response to medication for evidence of appropriate and sufficient response to medication and communicates this to team/medical practitioner				
10.19 Monitors client for symptoms of possible side effects				
10.20 Observes the dynamics of transference and countertransference and uses these observations in therapy, seeking supervision support to process if required				
10.21 Responds appropriately to disruptive and inappropriate behaviours taking into account the age of the client and the diagnosis				
10.22 Reviews client status throughout the episode of care and responds appropriately to changes				

10. Interventions (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.23 Monitors client on an ongoing basis for child protection concerns and assesses their potential impact on therapy				
10.24 Reviews and updates treatment plan with client and family/carers as appropriate, consistent with progress and changing needs				
Advanced Competencies				
10.25 Delivers a variety of appropriate interventions demonstrating a high level of knowledge and expertise				
10.26 Provides supervision and/or education and training for less experienced staff and peers in the delivery of interventions				
10.27 Provides supervision and support for supervisors				

10. Interventions (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
10.28 Leads collaborative case management for mental health clients with co-morbid and/or complex conditions and facilitates case conferences with partners				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

Name of professional:...Current position:.. Date of plan:.............................

Name of reviewer:..Role:...............................NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

11. Transfer of Care	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
11.1 Negotiates with the client and the family/carer at the initial point of contact the anticipated length of treatment				
11.2 Prepares clients and families/carers for closure from the service or transfer of care				
11.3 Adheres to policies and procedures with regards to transfer of care, with a focus on relapse prevention				
11.4 Establishes effective partnerships with key professionals, respecting the roles of partner agencies and multidisciplinary teams				

11. Transfer of Care (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
11.5 Regularly reviews the transfer of care plan with the client and family/carers in respect to clinical status, client and family/carer wishes and estimated date of transfer				
11.6 Completes relevant outcome measures and obtains client/carer feedback to support decision making related to planning for transfer of care				
11.7 Clearly identifies and follows through on roles and responsibilities in partnership/shared care arrangements including engaging in assertive follow-up				
11.8 Provides client, family/carer and relevant agencies with information to support transfer of care and assist with relapse prevention				
11.9 Provides clear documentation using designated transfer of care forms in a timely manner to the service where the client is being transitioned or referred				

11. Transfer of Care (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
Advanced Competencies				
11.10 Negotiates complex issues related to transfer of care				
11.11 Assists less experienced clinicians or peers with decision making and implementation of transfer of care arrangements				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Review Form

Competency 12

Name of professional:...Current position:...Date of plan:.............................

Name of reviewer:...Role:.............................NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

12. Mental health promotion and primary prevention	Achieved Competency Yes (Y) Developing (D) No (N) Not Applicable (N/A)	Plans to assist competency development (as required) Either enter here or if entering details on CCDP note 'see CCDP' here	Date Achieved	Evidence of competence Method of evaluation Direct observation (DO) Discussion/Review (DR) Report (R) Other (expand)
12.1 Implements mental health promotion practice informed by the 5 key action areas articulated in the Ottawa Charter (1986)				
12.2 Develops strategies across the mental health spectrum that address the social determinants of health and risk and protective factors				
12.3 Plans, implements and evaluates appropriate mental health promotion and primary prevention programs and initiatives				
12.3.1 Conducts a needs assessment				

12. Mental health promotion and primary prevention (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
12.3.2 Develops a comprehensive project plan that includes elements of planning, monitoring and evaluation				
12.3.3 Applies culturally-relevant and appropriate approaches with people from diverse backgrounds				
12.3.4 Evaluates program/project using appropriate measures, collating and effectively analysing information				
12.4 Develops effective partnerships with key stakeholders, gatekeepers, and target group representatives				
12.5 Communicates and promotes initiatives clearly and effectively through a range of media which may include - report writing, submission of articles to professional journals and media releases				

12. Mental health promotion and primary prevention (cont.)	Achieved Competency	Plans to assist competency development (as required)	Date Achieved	Evidence of competence Method of evaluation
12.6 Negotiation, team building, motivation, conflict resolution and problem solving skills				

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..

CAMHS Competency Development Plan

Name of professional:...Current position:.. Date of plan:................................

Name of reviewer:...Role:..NSW CAMHS Competency Reviewer Training completed (✓): Yes ❏ No ❏

Competency	Plans to assist competency development	Date Added	Person/s responsible	Planned Time Frame to develop competence	Date Achieved	Reviewer Signature & registration No. if relevant

Signature of professional: .... Date:...

Signature of reviewer and registration no. (if relevant): .... Date:...

CAMHS Competency Development Plan

NSW Health

sample CCDP

Name of professional:...Current position: ....Date of plan:..............................

Name of reviewer:...Role:..NSW CAMHS Competency Reviewer Training completed (✓): Yes ❑ No ❑

Competency	Plans to assist competency development	Date Added	Person/s responsible	Planned Time Frame to develop competence	Date Achieved	Reviewer Signature & registration No. if relevant
3.10 Accesses cultural advisors such as Transcultural Mental Health, bi-lingual counsellors and The Gender Centre regarding appropriate care	1. Attend CAMHS staff in-service presentation by Transcultural MH staff on 5th December 2. Find cultural advisor contact directory on MH share drive 3. Discuss any client cases that may benefit from additional cultural knowledge with supervisor 4. If required, make contact with appropriate cultural advisors and discuss pertinent client related issues	20th Nov	1. Joe 2. Joe and Admin 3. Clinician and Supervisor 4. Joe	8 wks	3rd Jan	JHF (Supervisor)
5.3 Demonstrates active listening skills	1. Practices the use of open questions in supervision 2. Uses more open questions in assessments with clients and families/carers	20th Nov	1. Joe and supervisor 2. Joe	4 weeks	20th Dec	JHF (Supervisor)

Signature of professional: .... Date:..

Signature of reviewer and registration no. (if relevant): .... Date:..