

**The post-registration
education and training
needs of nurses
working with children
and young people
with mental health
problems in the UK**

*A research study conducted by
the Mental Health Programme,
Royal College of Nursing Institute,
in collaboration with the RCN
Children and Young People's
Mental Health Forum*

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Executive summary

This report presents the findings of a research study that has explored the post-registration education and training needs of nurses working with children and young people who have (or may have) mental health problems, in the UK.

Scope of the study

This study was guided by three main research questions:

1. What type of post-registration education and training do nurses think they need?
2. How do nurses want the education and training delivered?
3. What sort of qualification and/or accreditation do nurses want from the education and training they receive?

Method

The study was conducted between July 2001 and December 2001. The research consisted of two main methods: focus groups and a questionnaire survey. Four focus groups were conducted with nurses in the four countries of the UK. A total of 25 nurses participated in the focus groups. The data from the focus groups was then used to inform the design and content of a questionnaire. In all, 1,463 questionnaires were distributed to nurses who work with children and young people with mental health problems across the UK. The majority of the nurses were members of the RCN Children and Young People's Mental Health Forum and/or had attended a FOCUS conference. A total of 633 questionnaires was completed and returned by nurses who stated that they currently work with children and young people with mental health problems. This represents 79% of the returned sample and 43% of the total questionnaires distributed. The results of the questionnaire survey presented in this report represent the findings from the analysis of those 633 questionnaires.

Key findings

- ◆ Nurses who have contact with children and young people with mental health problems and their families want the opportunity to receive post-registration education and training specific to their work.
- ◆ Pre-registration nurse training does not equip nurses with the knowledge, skills or experience required to work with children and young people with mental health problems and their families. The provision of relevant post-registration training is therefore essential.
- ◆ Nurses who have contact with children and young people with mental health problems are working in many different roles, in a variety of settings. Any post-registration education and training must be tailored to meet the needs of these specific roles and settings.
- ◆ The eight most important areas for education and training are:
 - ◆ risk management (for example, conducting risk assessments, understanding risks in families)
 - ◆ understanding and working with particular disorders (for example, autism, ADHD)
 - ◆ assessment and diagnosis (for example, how to conduct assessments, knowledge of disorders)
 - ◆ promoting mental well-being (mental health promotion and prevention)
 - ◆ therapeutic skills (for example, CBT, family therapy)
 - ◆ understanding and working with families (for example, family theories, parenting skills)
 - ◆ intervention skills (for example, management of violence and aggression)
 - ◆ understanding and communicating with children and young people.
- ◆ Nurses working in particular roles and settings may have differently prioritised training needs. However, training needs cannot be simply defined by the tier in which nurses work; the situation is more complex and considerations include current role, setting(s) in which nurses work, and previous background and experience.

- ◆ Nurses who have recently qualified, compared to more experienced nurses, may require different types of education, training and support.
- ◆ Nurses need a range of flexible education and training options, delivered in different formats and at different levels, in order to provide the appropriate range of training to meet their needs.
- ◆ The three preferred forms of education and training delivery are:
 - ◆ short courses
 - ◆ teaching seminars
 - ◆ practical teaching sessions.
- ◆ The preferred course structure is modular, with a flexible format that can be built on over time.
- ◆ Nurses value the opportunity to learn *with* others and *from* others. That is, nurses are in favour of multidisciplinary training as they value learning from colleagues with different backgrounds and expertise.
- ◆ Nurses report positive learning experiences from clinical placements away from their normal place of work.
- ◆ It is very important to nurses that any education and training they undertake will lead to a qualification or accreditation that is recognised by their employers (present and future) and by other organisations.
- ◆ The most important reason why nurses undertake education and/or training is to improve their practice.
- ◆ The greatest barrier to receiving post-registration education and training, for nurses who work with children and young people with mental health problems, is a lack of relevant courses available locally.
- ◆ There is no clearly defined career structure for nurses working with children and young people with mental health problems.

Recommendations

Recommendation 1: A well-educated and skilled nursing workforce is crucial to the delivery of appropriate and effective care for children and young people with mental health problems and their families.

Nurses are the biggest professional group working with children and young people with mental health problems and their families. It is essential to ensure that nurses are equipped with the right knowledge, skills and experience to deliver high-quality care in this field.

Recommendation 2: Qualified nurses require relevant post-registration education and training to work with children and young people with mental health problems and their families.

Pre-registration nurse training does not equip nurses with the relevant knowledge, skills or experience to work with children and young people with mental health problems and their families. Relevant post-registration education and training is therefore required to address this situation, that is, adequately to prepare and support nurses to work effectively and confidently with children and young people with mental health problems and their families.

Recommendation 3: Any post-registration education and training must be tailored to meet the needs of nurses working in a variety of different roles and settings.

Nurses who have contact with children and young people with mental health problems and their families come from a variety of nursing backgrounds and are working in many different roles and settings. This diversity needs to be taken into account when developing education and training packages.

Recommendation 4: Any post-registration education and training must lead to a qualification or accreditation that is recognised by employers (present and future) and other organisations, and that is related to a clear career pathway.

It is essential that any education and training undertaken by nurses is valued and is situated within a clearly defined career pathway.

Recommendation 5: The barriers to receiving education and training must be overcome.

The barriers experienced by nurses in accessing education and training after qualification place a huge constraint on their personal and professional development. The greatest barrier is a lack of relevant local courses, with the provision of relevant post-registration courses being geographically patchy or non-existent. This issue must be addressed urgently by local NHS trusts and national government.

1. Introduction

In recent years the importance of the mental health of children and adolescents has been increasingly recognised, with a growing awareness of the considerable distress and far-reaching effects of mental health problems for children and young people and their families (Audit Commission 1999; Mental Health Foundation 1999). A recent survey conducted by the Office for National Statistics (ONS 2000) estimated that in 1999, 9.5 per cent of children aged 5–15 years in Great Britain had a mental disorder of some kind. It is now widely believed that the prevalence of mental health problems among children and young people is increasing, although as yet there is no accurate data to confirm this (Mental Health Foundation 1999; Public Health Institute for Scotland 2002).

However, for many years Child and Adolescent Mental Health Services (CAMHS) have been the ‘Cinderella’ service of mental health and children’s services, with a history of underfunding, patchy service provision and a lack of co-ordination between different agencies (Audit Commission 1999; Mental Health Foundation 1999). It is now widely acknowledged that CAMHS need urgent reform, and in 1999 the government announced an investment of £84 million over three years to modernise CAMHS across the UK. Across the four countries of the UK there is currently a variety of policy initiatives to reform mental health provision for children and young people. In Northern Ireland a review of inpatient facilities for children and young people has been commissioned (Northern Ireland Department of Health and Social Services 2000). In Wales the ‘All Wales Strategy for Child and Adolescent Mental Health Services’ has been published (National Assembly for Wales 2001) and is in the process of being implemented. In Scotland the recently published ‘For Scotland’s Children’ report (Scottish Executive 2002) makes a commitment to the well-being, including the mental health, of children. Finally in England child and adolescent mental health services are to be incorporated into the NHS National Service Framework for Children, due to be published in 2004.

Across the UK at the present time, services for children and young people are organised within a four-tier framework (NHS Health Advisory Service 1995). *Tier 1*

represents interventions at a primary level, provided predominantly by non-specialist staff including GPs, health visitors, residential social workers, juvenile justice workers, school nurses and teachers. Specialist CAMHS professionals provide care based on the complexity and severity of problems at both *tier 2* (specialist professionals working at an individual level in the community, for example, child psychologists and psychiatrists, community child psychiatric nurses) and *tier 3* (multidisciplinary teams in the community and outpatient services) levels. *Tier 4* services provide specialist inpatient or day care facilities. This four-tier model of service provision demonstrates the breadth and range of CAMHS provision.

Nurses constitute the main professional group in each tier of service provision (NHS Health Advisory Service 1995; Department of Health 1997a; Department of Health 1997b). However, it is becoming a significant problem to recruit and retain nurses with the skills needed to work with children and adolescents with complex and diverse mental health problems. One reason cited for this is the paucity of post-registration training for nurses (RCN Child and Adolescent Mental Health Forum 1998). The main post-registration course for CAMH nurses in England is the ENB 603. However, the validity of this course is being increasingly questioned as it is considered inadequate to meet the changing provision of services and the complexity and diversity of the four-tier service (RCN Child and Adolescent Mental Health Forum 1998). It is also suggested that the quality and content of this course is variable as it is designed to meet local needs rather than being based upon any national standards of care provision for CAMHS, such as those recently produced by the Health Advisory Service (2000). Elsewhere in the UK the provision of post-registration training is variable or in some places non-existent.

This study is a collaborative project between the Mental Health Programme of the RCN Institute and the RCN Children and Young People's Mental Health Forum. The purpose of the project is to take forward the work conducted by the Forum in 1998, by conducting research to investigate the education and training needs of nurses who work with children and young people with mental health problems. This is also an issue of concern for a number of other organisations and individuals, and their interest and support is represented by the membership of the Project Advisory Group (see Appendix 1).

1.1 Aim of the study

The aim of this study is to identify the post-registration education and training needs of nurses working with children and young people who have (or may have) mental health problems, in the UK. The study has three main research questions:

- ◆ What type of post-registration education and training do nurses think they need?
- ◆ How do nurses want the education and training delivered?
- ◆ What sort of qualification and/or accreditation do nurses want from the education and training they receive?

1.2 Method

The study was conducted between July 2001 and December 2001. The research consisted of two main methods: focus groups and a questionnaire survey. The purpose of this mixed-method approach was to begin the research inductively, exploring the main issues with nurses within a focus group setting, and then to use the focus group data to design a questionnaire to survey a larger sample of nurses.

1.2.1 The focus groups

Four focus groups were conducted with nurses in the four countries of the UK - England (Oxford), Scotland (Edinburgh), Wales (Cardiff) and Northern Ireland (Belfast). A total of 25 nurses participated in the focus groups. The nurses were recruited by local facilitators (either RCN staff or RCN members) who offered their support in arranging the groups locally. The sampling strategy was purposive, with the criteria for selection being a) that the nurses were qualified and b) that the nurses had contact with children and young people with mental health problems in their work. Each group facilitator was also asked to recruit nurses of different grades, backgrounds and qualifications, and who worked in different tiers. This representativeness was not achieved completely within each group, but it was achieved across the four groups as a whole.

The composition of the groups is as follows:

- ◆ **Oxford group** (10 nurses):
3 x F grades, 6 x G grades, 1x H grade.
4 x mental health nurses, 3 x health visitors, 2 x midwives, 1 x school nurse.
From tiers 1, 2, 3, 4.
- ◆ **Edinburgh group** (6 nurses):
4 x E grades, 1x G grade, 1x H grade.
All mental health nurses.
From tiers 3, 4.
- ◆ **Cardiff group** (4 nurses):
2 x G grades, 2 x H grades.
All mental health nurses.
From tiers 2, 3, 4.
- ◆ **Belfast group** (5 nurses):
1 x E grade, 2 x G grades, 2 x H grades.
2 x mental health nurses, 1 x children’s nurse, 1x learning difficulties nurse, 1x health visitor.
From tiers 1, 3, 4.

The four focus groups were all conducted within a four-week period in July and August 2001. Each focus group had two facilitators: the lead researcher of the study, JJ, led the discussion while the second local facilitator took brief notes and asked follow-up questions if required. The local facilitator took this ‘follow-up’ role because all the local facilitators are senior CAMHS nurses whereas the lead researcher is not. For this reason the presence of local facilitators was essential as they were able contribute with their specialist knowledge and experience.

The group discussions were guided by five questions, which are detailed in the interview schedule in Appendix 2. Each focus group lasted between 45 minutes and one hour. The interviews were all tape-recorded with the permission of the participants. The taped interviews were then transcribed in full and analysed using a content-analysis procedure (Patton 1990). The data from the focus groups was then used to inform the design and content of the questionnaire. Members of the Project Advisory Group (see Appendix 1 for membership) played an integral part in this process.

1.2.2 The questionnaire survey

The questionnaire developed for the survey is detailed in Appendix 3. In November and December 2001 the questionnaire was distributed to 1,463 nurses across the UK. Each questionnaire was distributed with a self-addressed envelope. Respondents were asked to reply within a three-week period. We did not send follow-up reminders due to time and resource constraints.

1.2.2.1 Sample

In total, 1,418 questionnaires were posted to nurses and a further 45 questionnaires were distributed by hand to nurses at a conference. As there is no comprehensive database of nurses who work with children and young people with mental health problems, the questionnaires were distributed in three different ways. They went by post to 1,164 members of the RCN Children and Young People’s Mental Health Forum, also by post to 254 nurses who attended FOCUS conferences in 1999 and 2000, and by hand to 45 nurses at the FOCUS conference in 2001 who attended a nurses’ lunchtime meeting. It should be noted that some individuals fell into more than one category, and indicated either verbally or in writing on their questionnaire that they had received more than one questionnaire and were returning only one. We do not have any way of checking numbers for the occurrence of this, as both the RCN and FOCUS databases were used independently, due to issues of data protection and confidentiality.

1.2.2.2 Response rate

In total 801 questionnaires were returned, which represents a response rate of 55%. Of these questionnaires, 633 were returned and completed by nurses who stated that they currently worked with children and young people with mental health problems. This represents 79% of the returned sample and 43% of the total questionnaires distributed. Table 1.1 shows the exact breakdown of returned questionnaires by source.

Table 1.1 – Breakdown of responses

<i>Sample source</i>	<i>No. of responses</i>	<i>% of total returned</i>
RCN Forum members	507 (1,162 posted)	80
FOCUS attendees 1999/2000	109 (254 posted)	17
FOCUS attendees 2001	17 (45 handed out)	3

1.2.2.3 Analysis

All the questionnaire data were entered into SPSS and explored using descriptive statistical analysis.

2. Results: the focus groups

The focus groups generated rich data around the three main research questions. The key findings from the focus groups are reported in this section.

2.1 What type of post-registration education and training do nurses want?

This section presents findings from the four focus groups regarding why there is a great need for post-registration education and training for nurses who work with children and young people with mental health problems, and what type of education and training is required.

2.1.1 Pre-registration training to work with children and young people with mental health problems is inadequate

The nurses interviewed were very clear that there is a real need for post-registration education and training specific to working with children and young people with mental health problems. This need is particularly acute because pre-registration preparation for working with this client group is considered inadequate and the nurses believe they have gaps in both their knowledge and their practice experience when they begin working with children and young people. This view was given by all the nurses, irrespective of their background, as the following quotations demonstrate:

I think I had a huge shock when I finished my training [pre-registration RMN training]. Well, I went into adult and [...] then decided to move into adolescent. [It was] remarkable the difference in skills that I needed ... I was on a huge learning curve. [...] It was just a massive difference and I think I wasn't prepared for it at all.

(Oxford 2)

I think that health visitors are actually dealing with more mental health problems in the community than we've ever done before because there seems to be [...] situations where cases are being handed on to the CPN or the Children and Adolescent Services. We're not prepared to do this [...] I think our job is changing all the time.

(Oxford 4)

A nurse in the Cardiff focus group highlighted the fact that working with children and young people with mental health problems falls between different specialities:

It's very difficult [...] I think the reality is that children's nurse training doesn't prepare nurses for working in CAMHS and mental health nurse training doesn't prepare nurses for working in CAMHS. It isn't just an issue about nurse education, it's an issue about delivery and organisation of services.

(Cardiff 3)

This quotation highlights the point that CAMHS services do not fit in a discrete and separate box from other specialities or services, due to the diversity of children and young people in society. Nurses work with children and young people across a multitude of settings and services, and thus there is no single identity of a CAMHS nurse. This contributes to the problem of co-ordinating nurse education and training for such a diverse range of nurses. However, it is clear that in the future there will be increasing demand for provision and support for children and young people with mental health problems,¹ and nurses need to be prepared and supported to meet this demand (as do all health and social care professionals). If there remains a lack of provision at the pre-registration level of nurse education, then clearly the additional training must be provided after registration.

2.1.2 What type of skills?

The nurses discussed many different areas of education and training that they considered important. They felt that there were certainly some core areas of knowledge

and skills required to work effectively with children and young people, such as: developmental theories, assessment and diagnosis, risk management, knowledge of particular disorders, working with families, and communicating with children and young people. All these different areas were included in the questionnaire (Question 20). But it is not simply the acquisition of knowledge and skills that is important; it is vital that nurses can then transfer new knowledge and skills into their practice, as the following extract illustrates:

I would say you need quite a good theoretical understanding of a lot of the conditions that you are working with and then have an understanding of how you can apply that in practice.

(Edinburgh 1)

Working with different age groups was discussed in all four focus groups, and there was a consensus that different approaches are required to work with children at different ages. The following two quotations are from nurses talking about the differences in working with different age groups:

I think there's quite a big difference. Especially if you're working with very young children, I mean [...] a 5-year-old in an inpatient unit is very different to a 14/15-year-old. [...] Their needs are different. A child of 5 needs very different love to an adolescent. I mean obviously you need very good communication skills, that core skill that you need for both groups. But they're separate, they have very different needs. Young children find it much more difficult to articulate what's happening to them so you have to use other ways of ... use play more, even touch and things like that. What's appropriate in terms of caring for younger children is not the same when you're working with 14/15- year-olds.

(Edinburgh 5)

I think the skills are similar but the knowledge is different.

Facilitator: In what way?

I think the actual implementation is different. If we're talking about communication and

¹ At the present time there is not a consensus from different studies that the overall prevalence rates for child and adolescent mental health problems are rising. However, there is clear evidence in NHS data of increasing demand for mental health service provision for children and young people (Mental Health Foundation 1999; Public Health Institute for Scotland 2002).

communicating through drawing and play with an adolescent, if you said to them “Sit down and lets draw a picture” they’d be like “How old do you think I am? I am a grown up.”

(Oxford 7)

These quotations highlight the fact that the nurses considered knowing how to communicate effectively with children and young people to be a core skill, but one that is used differently with children of different ages, depending on their level of development. This is the type of knowledge that the RMN from Oxford was referring to. Again it is clear that theory and practice cannot be separated in terms of education and training.

The nurses were asked whether nurses working in different tiers need different types of skills and therefore require tier-specific training. There was general agreement that nurses working in the different tiers were doing different types of work and therefore required specific training. But the nurses talked about their training needs in terms of their type of work, the setting and the client group that they were working with, not just the tier itself. In two of the focus groups the nurses talked about the benefit of having different levels of training, such as basic training for everyone and then more specialised training to meet the needs of nurses working in the different tiers, as the following extracts illustrate:

I think a basic course is something that would be very usefully shared by all tiers and you know, people from different tiers would bring different perspectives. But then there would need to be a range of other training courses depending on the tier within which they work [...] because what you’re going to use as a health visitor and say the inpatient staff and us as community staff, we are all doing different things.

(Oxford 3)

They [nurses] need a foundation in the issues about mental health issues across the life span, issues about attachment and development for instance [...] and for me, I guess, that’s having a good induction, a good basic foundation knowledge and some very basic tools in their toolbox that they can then build on and can then become more specialised as their confidence extends their skills and their knowledge-base.

(Cardiff 1)

These two quotations demonstrate that the type and level of education and training offered should focus on the needs of the nurses who are working with children and young people with mental health problems, particularly if their pre-registration education offered them little preparation for this work. Providing courses at an appropriate level to bridge the gap between nurses’ existing knowledge and skills and what they need to work effectively (and confidently) with children and young people with mental health problems, seems an appropriate way forward.

In summary to this section, the nurses discussed many types of training they consider important for working with children and young people with mental health problems. They considered some of these types of training as essential since they provide core skills for working with these age groups. Some of the nurses support the idea of having some basic-level training for all nurses, and then more specialist training for working with particular client groups or in particular settings (such as young children or adolescents, inpatient or community work). It is difficult to conclude if there is a case for tier-specific training from the focus group data. This is because, even though many nurses were in favour of tier-specific training, they discussed this idea in terms of the type of work they do in their current roles, the settings they work in and the children and young people they work with. This suggests that we should not consider the education and training needs of nurses simply by tier, as the issue is more complex. This question requires further investigation.

2.2 The delivery of education and training

The nurses discussed that fact that the delivery of education and training should match the type of learning being taught. For example, to learn practical skills it is often more appropriate to have face-to-face contact rather than distance learning, as is highlighted in the following exchange:

Facilitator: What’s the difference between face-to-face and distance learning, for example?

I think it depends on the module that you’re doing. [...] I think some things are hands-on, if you’re talking about parent/child work... you couldn’t really do that with distance learning.

You need someone there to teach you, so you can role-play, those kinds of things [...] that's very difficult to do, I would have thought, long distance.

(Belfast 2)

Many nurses talked about the benefits of learning with others and also from others, as the following quotations illustrate:

A lot of what you're gaining when you go on courses is actually meeting people from other places and the discussions that arise from that are really useful.

(Edinburgh 2)

I think it's observation [of] other professionals who, you know, are specialists in particular areas which I think is very beneficial. [...] Spending time with maybe another member of the team, somebody that has done, you know, a particular advanced course or is an expert in the area of ... challenging behaviour, for example.

(Belfast 4)

The value of learning from others was also expressed when the nurses talked about multidisciplinary education and training:

Yes, I'm strongly in favour of multidisciplinary training ... we work closely with social workers and occupational therapists, and the OTs come here [to nurse's workplace], don't they, to attend lectures? So I think there should be more multidisciplinary, I think. That's the way we're working, we're moving towards it, aren't we, working together. Why do it in isolation?

(Edinburgh 4)

Being multidisciplinary, that's actually wonderful because you get a fresh look and if you've got good facilitators on the course, that can draw out from each others' discipline ... we find that immeasurably helpful.

(Oxford 4)

These quotations highlight the benefits of learning with others: learning from other people's experiences and backgrounds, and also learning from others who have expertise in a particular area, which seems to be part of the attraction of training with colleagues from other disciplines.

A number of nurses who have received specialist training to work with children and young people with mental health problems spoke of their positive experience of doing placements in other units or settings, as the following quote illustrates:

I did the initial child and mental health training of 17 weeks that we did then. What still strikes in my mind as the most important part of that scheme was that you had two placements during the 17 weeks. I still to this day feel that was what actually helped me to move on ... [it] took away all the responsibilities as being a new member of staff and I could actually look at what was going on.

(Edinburgh 1)

The importance of simply having time out to learn was emphasised by many nurses, as one health visitor stated when talking about the benefit of having protected time for learning:

You know it really needs to be a priority ... you need to have that time out of the office somewhere [...] because there's always demands on your time, you know.

(Oxford 6)

It is evident from the focus groups that nurses require a choice of flexible education and training options, delivered in different formats and at different levels, in order to provide the most appropriate form of training to their meet needs. The nurses were in favour of multidisciplinary education and training as they valued the opportunity to learn from other colleagues with different areas of expertise. A number of nurses also talked about the benefits they have experienced from having time out from their normal work to train elsewhere and therefore being able to focus completely on their learning.

2.3 Barriers to education and training

The nurses interviewed talked about a number of different problems they have either encountered or else perceive as barriers to receiving education and training. A very significant barrier that was discussed in all four focus groups was the lack of courses available locally, and the following quotations illustrate the kinds of

problems nurses face in their attempts to gain training:

There had been a course from 1991 to 1993 in Northern Ireland, but obviously since then there has been no access to child and adolescent mental health training.

(Belfast 1)

Its crazy! I mean there's work being done in various universities to look at developing and improving Welsh options [for training courses] but ... these things take time. Our need is great now. [...] I've just done a CBT module but I went to St George's in the south of London, quite a trek every week.

(Cardiff 4)

In the UK the provision of post-registration training is geographically patchy, or in the case of Northern Ireland, non-existent. Since 1994, in Northern Ireland there has been no relevant post-registration CAMHS training for nurses, and those wishing to attend courses have had to travel to England. In Scotland the education and training opportunities for nurses are geographically limited, with courses only at Napier University in Edinburgh, which are difficult to access for nurses working in the Highlands, for example. In Wales nurses expressed the view that there is not an adequate range of courses available, and some nurses have been travelling to Bristol to do the ENB 603 there or, as demonstrated in the extract, even to London. The ENB 603 is more widely available in England, but there are concerns regarding the quality and relevance of some of these courses (RCN Child and Adolescent Mental Health Forum 1998).

The example of the nurse from Cardiff travelling to London each week to undertake CBT training demonstrates the determination of many nurses to access training. But not all nurses have been lucky enough to obtain the funding for such training. Also, even if there is some funding available, as there are so few courses there are sometimes waiting lists or, due to staff shortages, only a few nurses can attend each year. Some of these problems are described by nurses below:

Facilitator: So what do you think are the barriers to gaining training?

Funding to replace you, while you're off on your course... To pay the cost of the course, which is very expensive, the more specialised you get, the more expensive they [courses] get.

(Cardiff 3)

The flip side is that if its a popular course [...] its really only one person in each department that can manage it at a time and often the courses are quite long and you can be waiting a year and if there are other people waiting, you wait several years to get the training you ideally would wish for.

(Edinburgh 6)

Many of the nurses demonstrated how they had to use their own initiative to find out about particular courses, or have made great personal efforts to travel long distances to attend courses. This situation is not encouraging nurses to undertake training to develop their skills and expertise to work with children and young people with mental health problems.

A lack of funding for training *per se* is a nation-wide problem across the NHS, as highlighted by the recent Audit Commission report on the education, training and development of health care staff in the NHS (Audit Commission 2001). This report has also highlighted huge variations between trusts in the resources made available for staff training. But it seems that for nurses who want training for their work with children and young people with mental health problems, the barrier to receiving such training is not just about funding. The greatest barrier is that of accessibility – in many areas there are simply not the courses available for nurses to attend. Many of the nurses demonstrated how they had to use their own initiative to find out about particular courses, or make great efforts to travel long distances to attend courses elsewhere. This current situation does not encourage nurses to undertake training, to develop their skills and expertise, or indeed to remain within the CAMHS field.

2.4 What type of qualifications do mental health nurses want?

The nurses who participated in the focus groups expressed the overwhelming view that they wanted any training they undertake to be of value and to be recognised as such by their employers and other organisations. But it is also important that any system of accreditation offers flexibility to meet different needs and preferences of individual nurses, as the following discussion in the Edinburgh group demonstrates:

Facilitator: "So if you were going to do some

specific training, is it something you would want accredited?

Most definitely!

(Edinburgh 1)

Facilitator: What sort of level do you think?

I think it just needs to be recognised, under whatever system you work.

(Edinburgh 1)

Yes, whether its just points or whether people just want to do a certificate in something, but it needs to be recognised so that we can build upon it and work towards something. If you want to do it slowly, or if you decide you want to do it in one go, then fair enough.

(Edinburgh 3)

The importance of being able to build on one's training over time was also discussed in the Cardiff group, and one nurse summed up the general view up by saying:

There should be stepping stones and building blocks shouldn't there? So that all kinds of nurses, if they want to go to a certain level, can actually get there. But different grades might want to stop at different places.

(Cardiff 4)

Finally, a number of nurses discussed the problem of a lack of career structure for nurses working in this field and how this situation is perpetuated by the lack of courses and clearly defined levels, as the following quotation demonstrates:

What's sort of striking me here is not really knowing quite what qualification to go for. It's a bit of a dilemma, certainly in the community [...] knowing where to go next, you know, and that probably applies for inpatient as well. It's very difficult to know what to choose and the career pathways are not very well defined really.

(Oxford 8)

In summary to this section, the nurses in the focus groups talked about a number of different reasons for wanting to undertake education and training. The main reasons given were to improve their practice, improve patient care and to develop their careers. These motives were explored further in the questionnaire survey (see next section). The nurses who participated in the focus groups shared a view that any education and training that they undertake should be of value, not only to

themselves, but also to their employers and other outside organisations. It is also clear that any training that nurses undertake must be recognised at a national level, to allow nurses to move to a new job in another city, region or even another country, secure in the knowledge that the education and training they have undertaken will be recognised.

3. Results: the questionnaire survey

This section presents the findings from the 633 questionnaires that were returned by nurses who work with children and young people with mental health

problems in the UK. This section should be read in conjunction with the questionnaire (Appendix 3).

3.1 Characteristics of the respondents

The majority of the respondents were women (84%). The age of the respondents is shown in Table 3.1.

Table 3.1 – Age groups

<i>Age groups</i>	<i>Survey respondents (%)</i>
18–29	14
30–39	30
40–49	38
50–59	16
60+	2

The sample included nurses from the four countries of the UK, as illustrated in Table 3.2. The sample is dominated by nurses from England and there is also perhaps an overrepresentation of nurses from Wales,

which was a result of tremendous support from some Welsh nurses who attended the FOCUS conference in 2001 and asked colleagues in their workplace to complete the questionnaire.

Table 3.2 – Country nurses work in

<i>Country</i>	<i>Survey respondents (%)</i>
England	85
Wales	7
Scotland	6
N. Ireland	1
Other	1 (n=3 Channel Isles and non-specified)

The average length of time the nurses had worked with children and young people with mental health problems was nine years, and individual experience ranged from

one month to 30 years. The nursing grade breakdown of the respondents is shown in Table 3.3.

Table 3.3 – Nursing grade

<i>Grade</i>	<i>Survey respondents (%)</i>
D	6
E	17
F	22
G	31
H	14
I	3
Consultant nurse	1 (n=6)
Other (mainly management roles and education)	6

Table 3.4, shows the type of setting that the nurses work in, with specialist child and adolescent services (for example, inpatient, outpatient services) the main

employer. It is interesting to note that 40% of the sample (n=252) indicated that they work in more than one setting.

Table 3.4 – Type of setting where the nurses work

<i>Type of setting</i>	<i>Survey respondents (%)</i>
Specialist child and adolescent service	58 (n=362)
Community	41 (n=258)
Primary care	18 (n=115)
Education/research	10 (n=65)
Other	10 (n=64)
Forensic	2 (n=15)

3.1.1. Qualifications and roles of the respondents

One important finding is that there is huge variation in the background, qualifications and roles of the respondents. Half (50%) were qualified Mental Health Nurses (RMNs) and half (50%) had other nursing qualifications, mainly as general nurses (RGNs, SRNs and SENs), children's nurses (RSCNs and RN Child),

learning difficulties nurses (RMHNs and RNLD), school nurses (SN Cert.), health visitors (HV Cert.) and midwives (SCM and RM). Many had more than one qualification, and didn't necessarily work in a role specific to their qualifications. For example, 129 nurses described their current role as a school nurse, but only 33 of these have the school nurse qualification (SN Cert.), with most of them qualified instead as RGN or SRN. Some of this information is given in more detail in Tables 3.5, 3.6 and 3.7.

Table 3.5 – RMN-trained nurses and non-RMN-trained nurses

<i>Category</i>	<i>Survey respondents (%)</i>
Nurses with RMN qualification	50 (n=316)*
Nurses without RMN qualification	50 (n=317)

* this includes 35 nurses with the RMN qualification plus other nursing qualifications

Table 3.6 – Qualifications of the 317 nurses without RMN qualification

<i>Qualification*</i>	<i>Survey respondents (% of total 633 nurses)</i>
RGN	23 (n=143)
Children's nurse (RSCNs and RN Child)	21 (n=135)
SRN	14 (n=87)
Learning difficulties nurse (RMHNs and RNLD)	6 (n=37)
School nurse (SN Cert.)	5 (n=33)
SEN	4 (n=28)
Health visitor (HV Cert.)	3 (n=21)
Midwife (SCM and RM)	3 (n=17)
Other (incl. nursery nurses, district nurses, etc.)	3 (n=22)

* some nurses have more than one of these qualifications

The respondents were asked to describe their current nursing role. The responses are shown in Table 3.7.

Table 3.7 – Current nursing roles

<i>Current nursing role</i>	<i>Survey respondents (% of total 633 nurses)</i>
Psychiatric/mental health nurse	27 (n=172)
School nurse	21 (n=129)
Clinical nurse specialist	18 (n=113)
Child/paediatric nurse	14 (n=86)
Other (incl. CPNs, A&E nurses, therapists, lecturers)	8 (n=48)
Community mental health worker	3 (n=20)
Health visitor	2 (n=15)
Learning difficulties nurse	2 (n=14)
Nurse manager	2 (n=11)
Primary care worker (mental health or child)	1 (n=9)
Consultant nurse	1 (n=9)
Nursery nurse	0.2 (n=1)
Practice nurse	0.2 (n=1)

The data on the characteristics of the sample demonstrate that nurses working with children and young people with mental health problems have a variety of backgrounds in terms of their pre-registration training. They are also working in many different roles, often unrelated to their initial training and preparation. These findings have important implications for the provision of both pre- and post-registration education and training for nurses. These implications will be discussed further in Section 4 of the report.

3.2 Tiers and age groups

Mental health service provision for children and young people is divided into four tiers, as defined by the Health Advisory Service (NHS Health Advisory Service 1995). A description of tiers is provided in Question 4 of the

questionnaire (see Appendix 3). The respondents were asked to indicate which tier or tiers they work in. The results of this question are shown in Table 3.8. It is interesting that the majority of nurses (66%, n=407) work in a single tier, with only a minority of nurses working across all four tiers (3%, n=17). Of the total, 21% (n=132) of the nurses work in two tiers and 10% (n=64) work in three different tiers. Table 3.8 shows that there is a fairly even spread of the nurses working in the different tiers, with no single tier dominant. However, when these data are looked at in greater detail it is evident that there is variation regarding the qualifications of nurses working in the different tiers. The majority of the nurses who are working in tier 1 are not RMN trained, but instead have other qualifications (75%, 181 nurses). Thus, over half of all the non-RMN trained nurses surveyed (57%) work in tier 1, representing 29% of the total sample, whereas the nurses working in tiers 2, 3 and 4 are predominantly RMN trained, as detailed in Table 3.8.

Table 3.8 – Tiers nurses work in

<i>Tier</i>	<i>Total respondents (%)</i>	<i>RMN-trained (%)</i>	<i>Non-RMN-trained (%)</i>
Tier 1	39 (n=240)	25 (n=59)	75 (n=181)
Tier 2	35 (n=215)	67 (n=143)	33 (n=72)
Tier 3	43 (n=269)	73 (n=197)	27 (n=72)
Tier 4	33 (n=207)	66 (n=136)	34 (n=71)

The respondents were asked about the ages of the children and young people they have contact with in their jobs, and their answers are shown in Table 3.9. Almost half of the nurses surveyed (48%, n=304) work

across all age groups. Approximately one-fifth (22%, n=136) work with a single age group, and of these the majority said they work only with adolescents (120 nurses, 20% of sample).

Table 3.9 – Age groups the nurses have contact with

<i>Age group</i>	<i>Survey respondents (%)</i>
Pre-school (0–5 years)	50 (n=318)
Children (5–12 years)	80 (n=507)
Adolescents/young people (13 years +)	98 (n=607)

3.3 Post-registration education and training opportunities

This section reports on previous post-registration education and training the nurses surveyed have received specific to their work with children and young people with mental health problems. It also provides information about how local CAMHS employers are supporting staff in their education and training needs.

3.3.1 Previous post-registration education and training

A third of the nurses surveyed (33%, 207 nurses) have never received any specific post-registration education and training to work with children and young people with mental health problems. The three main reasons stated by the nurses as barriers to receiving any education or training are shown in Table 3.10. The finding that the greatest barrier is access to relevant local courses is congruent with the findings of the focus groups, reported in Section 2.

Table 3.10 – Barriers to receiving education and training

<i>Reason for no education or training</i>	<i>Survey respondents (% of 207 nurses)</i>
No relevant courses locally to attend	35 (n=60)
Not supported or given opportunity	14 (n=24)
Not aware of relevant courses	12 (n=21)

3.3.2. Organisational support for post-registration education and training

We were interested to know the extent to which nurses are supported in their education and training by their employers. First of all we asked the nurses whether they were aware of a local CAMHS strategy that details existing and planned service provision and the training needs of staff. It is encouraging that more than half of the nurses (57%) said that they were aware of such a local strategy, although clearly 43% of the nurses

surveyed were not aware of such a strategy in their area. Of those nurses aware of a strategy, 62% confirmed that this strategy included the training needs of staff. Therefore 36% of the total sample (226 nurses) were aware of a local CAMHS strategy that included the training needs of staff. Furthermore, 71% of the nurses surveyed (450 nurses) said that their training needs were being identified or assessed in a formal way by their organisation. Table 3.11 details the different ways the nurses’ training needs are being formally identified and assessed.

Table 3.11 – How training needs are being identified and assessed by organisations

<i>Method</i>	<i>Survey respondents (% of nurses)</i>
Personal development plan	65 (n=300)
Annual appraisal/review	65 (n=300)
Clinical supervision	61 (n=284)
Peer supervision	18 (n=84)
Local policies (top-down)	16 (n=76)
Mentorship	10 (n=44)
Other	7 (n=34)

3. 4 What type of post-registration education and training do nurses want?

A significant component of the questionnaire focused upon the types of education and training required by nurses working with children and young people with mental health problems. The results of questions around this topic are presented in this section.

3.4.1 Most important types of learning

In all, 87% of respondents said they would like the opportunity to undertake post-registration training focusing specifically on their work with children and young people with mental health problems. Respondents were then asked to think about their own training needs and to indicate, from three options, which was currently the most important area of

education and training for them. The three options were:

- ◆ gaining new knowledge (for example, about different theoretical approaches and nursing theories and their application to working with children and young people);
- ◆ receiving information updates (for example, from new research about the efficacy of a particular type of treatment);
- ◆ training in therapeutic skills (for example, by putting theory into practice and learning how to work effectively with people with parenting difficulties).

Respondents were asked to indicate which of these three different types of learning was the most important to them. The responses to this question are shown in Table 3.12. The most important type of learning is training in therapeutic skills.

Table 3.12 – Most important type of learning

<i>Type of learning most important</i>	<i>Total (%)</i>
Training in therapeutic skills	47
Gaining new knowledge	33
Receiving information updates	20

When one examines the data more closely, there is some variation between nurses who have spent different lengths of time working with children and young people and their preferred option of training, as shown in Table 3.13. For all the nurses surveyed, the most important type of learning is training in therapeutic skills. However, for more experienced nurses, in this case those who have been qualified for four years or more, the next preferred type of learning is information updates,

followed by gaining new knowledge. For the less experienced nurses, in this case those nurses who have been qualified for less than four years, after training in therapeutic skills, the next most important type of learning is gaining new knowledge, followed by receiving information updates. This association between preferred option of training and length of experience is statistically significant, using the Pearson Chi-square test, with a significance level of $p < 0.001$

(two-sided). The fact that more newly qualified nurses feel they need to learn more about working with children and young people with mental health problems

may reflect a lack of preparation, at the pre-registration level, for working with this group, as suggested by nurses in the focus groups.

Table 3.13 – Type of learning and length of time since qualification (breakdown of responses in percentages for different ‘lengths of time since qualification’ groups)

<i>Type of learning most important</i>	<i>Length of time since qualification</i>	
	<i>Less than 48 months (%)</i>	<i>More than 48 months (%)</i>
Training in therapeutic skills (47% overall)	52	45
Gaining new knowledge (33% overall)	39	24
Receiving information updates (20% overall)	9	31

3.4.2 Training needs

Table 3.14 presents the results from Question 20 of the questionnaire, which asked respondents to select the six most important areas of training according to their current needs. A total of 13 options were given (see Appendix 3), which were derived from the focus groups and refined by the Project Advisory Group. In Table 3.14, the areas of training are presented in order of frequency, with the number of nurses who selected the option as one of their six most important areas shown, as well as the percentage of nurses who chose this option.

As Table 3.14 shows, the training needs considered most important by the respondents are core areas of knowledge and skills required to work effectively with children and young people with mental health problems and their families. However, when one looks at this data in greater depth, it is clear that different sub-groups of nurses have different training needs. In particular, RMN-trained nurses have significantly different training needs from those who are non-RMN-trained. There are also variations between nurses working in different tiers. These variations are shown in Tables 3.15 to 3.20.

Table 3.14 – Most important training needs for all nurses surveyed (633 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of total sample</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	426	68
2	Understanding and working with particular disorders (e.g. autism, ADHD)	383	61
3	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	375	60
4	Promoting mental well-being (mental health promotion and prevention)	358	57
5	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	346	55
6	Understanding and working with families (e.g. family theories, parenting skills)	342	54
7	Intervention skills (e.g. management of aggression and violence)	310	49
8	Understanding and communicating with children and adolescents	304	48
9	Policy and legislation regarding mental health and children	263	42
10	Inter-professional working (e.g. working with other disciplines and agencies)	194	31
11	Working within cultural, ethnic and religious contexts	177	28
12	Developmental theories (the development of children and adolescents)	145	23
13	Historical and social context of children and childhood	36	6

Table 3.15 – Most important training needs for nurses with the RMN qualification (316 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 316 nurses</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	223	72
2	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	210	67
3	Understanding and working with particular disorders (e.g. autism, ADHD)	168	54
4	Understanding and working with families (e.g. family theories, parenting skills)	162	52
5	Policy and legislation regarding mental health and children	161	52
6	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	160	51
7	Promoting mental well-being (mental health promotion and prevention)	148	47
8	Intervention skills (e.g. management of aggression and violence)	139	45
9	Understanding and communicating with children and adolescents	120	39
10	Working within cultural, ethnic and religious contexts	115	37
11	Inter-professional working (e.g. working with other disciplines and agencies)	84	27
11	Developmental theories (the development of children and adolescents)	84	27
13	Historical and social context of children and childhood	23	7

Table 3.16 – Most important training needs for nurses with other qualifications (not RMN) (317 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 317 nurses</i>
1	Understanding and working with particular disorders (e.g. autism, ADHD)	215	68
1	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	215	68
3	Promoting mental well-being (mental health promotion and prevention)	210	66
4	Risk management (e.g. conducting risk assessments, understanding risks in families)	203	64
5	Understanding and communicating with children and adolescents	184	58
6	Understanding and working with families (e.g. family theories, parenting skills)	180	57
7	Intervention skills (e.g. management of aggression and violence)	171	54
8	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	136	43
9	Inter-professional working (e.g. working with other disciplines and agencies)	110	35
10	Policy and legislation regarding mental health and children	102	32
11	Working within cultural, ethnic and religious contexts	62	20
12	Developmental theories (the development of children and adolescents)	61	19
13	Historical and social context of children and childhood	13	4

Table 3.17 – Most important training needs for nurses working in tier 1 (240 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 240 nurses</i>
1	Promoting mental well-being (mental health promotion and prevention)	176	74
2	Understanding and working with particular disorders (e.g. autism, ADHD)	163	68
3	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	150	63
4	Risk management (e.g. conducting risk assessments, understanding risks in families)	146	61
5	Understanding and communicating with children and adolescents	137	57
6	Understanding and working with families (e.g. family theories, parenting skills)	133	56
7	Intervention skills (e.g. management of aggression and violence)	111	46
8	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	97	41
9	Inter-professional working (e.g. working with other disciplines and agencies)	89	37
10	Policy and legislation regarding mental health and children	78	33
11	Working within cultural, ethnic and religious contexts	54	23
12	Developmental theories (the development of children and adolescents)	46	19
13	Historical and social context of children and childhood	8	3

Table 3.18 – Most important training needs for nurses working in tier 2 (215 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 215 nurses</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	145	68
2	Understanding and working with particular disorders (e.g. autism, ADHD)	136	64
3	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	122	57
4	Promoting mental well-being (mental health promotion and prevention)	119	56
5	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	111	52
6	Understanding and working with families (e.g. family theories, parenting skills)	102	48
7	Intervention skills (e.g. management of aggression and violence)	101	47
8	Policy and legislation regarding mental health and children	100	46
9	Understanding and communicating with children and adolescents	89	42
10	Working within cultural, ethnic and religious contexts	73	34
11	Inter-professional working (e.g. working with other disciplines and agencies)	64	30
12	Developmental theories (the development of children and adolescents)	53	20
13	Historical and social context of children and childhood	14	7

Table 3.19 – Most important training needs for nurses working in tier 3 (269 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 269 nurses</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	182	68
2	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	170	64
3	Understanding and working with particular disorders (e.g. autism, ADHD)	160	60
4	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	135	51
5	Promoting mental well-being (mental health promotion and prevention)	133	50
6	Understanding and working with families (e.g. family theories, parenting skills)	132	50
7	Policy and legislation regarding mental health and children	131	49
8	Intervention skills (e.g. management of aggression and violence)	121	45
9	Understanding and communicating with children and adolescents	112	42
10	Working within cultural, ethnic and religious contexts	95	36
11	Inter-professional working (e.g. working with other disciplines and agencies)	78	29
12	Developmental theories (the development of children and adolescents)	60	23
13	Historical and social context of children and childhood	18	7

Table 3.20 – Most important training needs for nurses working in tier 4 (207 nurses)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 207 nurses</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	163	79
2	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	132	64
3	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	124	60
4	Understanding and working with families (e.g. family theories, parenting skills)	112	54
5	Intervention skills (e.g. management of aggression and violence)	107	52
5	Policy and legislation regarding mental health and children	107	52
7	Understanding and working with particular disorders (e.g. autism, ADHD)	103	50
8	Promoting mental well-being (mental health promotion and prevention)	90	43
9	Understanding and communicating with children and adolescents	76	37
10	Developmental theories (the development of children and adolescents)	58	28
11	Inter-professional working (e.g. working with other disciplines and agencies)	56	27
12	Working within cultural, ethnic and religious contexts	55	27
3	Historical and social context of children and childhood	13	6

Table 3.21 – Most important training needs for school nurses (129 nurses*)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 129 nurses</i>
1	Promoting mental well-being (mental health promotion and prevention)	102	80
1	Understanding and working with particular disorders (e.g. autism, ADHD)	96	75
3	Understanding and communicating with children and adolescents	89	70
4	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	88	69
5	Understanding and working with families (e.g. family theories, parenting skills)	62	62
6	Risk management (e.g. conducting risk assessments, understanding risks in families)	70	55
7	Intervention skills (e.g. management of aggression and violence)	56	44
8	Inter-professional working (e.g. working with other disciplines and agencies)	52	41
9	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	39	31
10	Policy and legislation regarding mental health and children	27	21
11	Developmental theories (the development of children and adolescents)	25	20
12	Working within cultural, ethnic and religious contexts	19	15
13	Historical and social context of children and childhood	6	5

*Nurses who responded to Question 9 by describing their current nursing role as a school nurse

Table 3.22 – Most important training needs for children's nurses (135 nurses*)

<i>Order</i>	<i>Type of training</i>	<i>No. of nurses</i>	<i>% of 135 nurses</i>
1	Risk management (e.g. conducting risk assessments, understanding risks in families)	95	70
2	Understanding and working with particular disorders (e.g. autism, ADHD)	92	68
3	Assessment and diagnosis (e.g. how to conduct assessments, knowledge of disorders)	85	63
4	Promoting mental well-being (mental health promotion and prevention)	83	61
5	Intervention skills (e.g. management of aggression and violence)	81	60
5	Understanding and communicating with children and adolescents	70	52
7	Understanding and working with families (e.g. family theories, parenting skills)	69	51
8	Therapeutic skills (e.g. CBT, family therapy, psychotherapy)	65	48
9	Inter-professional working (e.g. working with other disciplines and agencies)	53	39
9	Policy and legislation regarding mental health and children	53	39
11	Working within cultural, ethnic and religious contexts	27	20
12	Developmental theories (the development of children and adolescents)	17	13
13	Historical and social context of children and childhood	5	4

*Nurses who responded to Question 8 by citing RSCN or RN Child qualifications

When Tables 3.15 and 3.16 are compared, significant differences are observed between the training needs of nurses who have the RMN qualification and those nurses with other qualifications. There are also some training options that are significantly more important for one group of nurses than the other. These results were found using the Continuity Correction Chi-Square test² (2-sided). For example, for the RMN-trained nurses the following training options were more important than for the non-RMN-trained nurses (the significance levels are given in brackets): therapeutic skills (p<0.001); policy and legislation (p<0.001); cultural, ethnic and religious contexts (p<0.001); and

developmental theories (p=0.028). For the non-RMN-trained nurses the following training options were more important than for the RMN-trained nurses (the significance levels are given in brackets): assessment and diagnosis (p<0.001); mental health promotion (p<0.001); communicating with children and adolescents (p<0.001); inter-professional working (p<0.001); understanding particular disorders (p=0.01); and intervention skills (p=0.023). To demonstrate these particular results, Table 3.23 shows this data for therapeutic skills, which are more relevant to RMN-trained nurses than non-RMN-trained nurses.

Table 3.23 – The importance of therapeutic skills training for RMNs

Qualification	Training in therapeutic skills?		Total (%)
	Yes (%)	No (%)	
RMN trained	67	33	100
Non RMN trained	43	57	100

Tables 3.17 to 3.20 also demonstrate variations in the training needs of nurses working in the different tiers. The training needs of nurses working in tier 1 are the most distinctive, different to the sample as a whole and also to the other tiers. For nurses working in tier 1, promoting mental well-being (mental health promotion and preventative work) is the greater priority, whereas it ranks fourth across the full sample of 633 nurses. The importance of mental health promotion seems more closely related to the type of work conducted in tier 1, rather than to the fact that most of the tier 1 nurses are not RMN trained (as demonstrated in Table 3.16). Training in risk management (ranked fourth) appears less important for the tier 1 nurses compared to nurses working in other tiers, whereas risk management ranks first for nurses working in tiers 2, 3 and 4. For nurses working in tiers 2, 3 and 4, training in therapeutic skills is also more important, especially for nurses working in tier 3, which again appears related to the type of work being conducted in tier 3 by more specialist professionals. However, some training needs are ranked consistently high across all tiers, in particular ‘assessment and diagnosis’ and ‘understanding and working with particular disorders’.

These findings suggest that some types of training are required by all nurses, irrespective of the settings in which they work, whereas other types of training are

more relevant for particular groups of nurses. However, it is not simply the tier that a nurse works in that influences their training needs, but more the work they do within that tier. This is demonstrated by the particular training needs of school nurses and children’s nurses, as indicated by Tables 3.21 and 3.22. The majority of the 129 nurses working as school nurses have trained as general nurses (RGNs and SRNs) and only 33 of these have the school nurse qualification. Their training needs reflect both the setting in which they work and also the specific work they do, which involves working closely with children and young people in schools. For example, the training area of ‘understanding and communicating with children and adolescents’ is ranked more highly by school nurses than any other group. Children’s nurses prioritise their specific training needs differently from school nurses, which could be due to the different type of work they perform and its different settings. More research is required to explore these differences further.

3.5 Preferred methods of training delivery

Questions 22 to 29 focused on methods of training delivery, and respondents were asked to respond either

² The Continuity Correction Chi-Square test is used in this instance as it is more appropriate for 2x2 tables.

‘yes’ or ‘no’ to eight different options according to whether they would suit their training needs. The

results to these questions are shown in Table 3.24.

Table 3.24 – Preferred method of training delivery

<i>Method of training</i>	<i>Total of ‘yes’ responses (%)</i>
Short courses (1–2 days)	94
Teaching seminars (1–2 hours)	89
Practical teaching sessions (1–2 hours)	84
A single module course (3 months)	80
Work-based learning (practice-based with support)	73
One-to-one support & supervision (from senior nurse)	70
Academic/professional course (e.g. diploma, degree, Masters)	62
Distance learning	39

The three most favoured methods of training delivery were: short courses, teaching seminars and practical teaching seminars. Academic courses and distance learning were the least popular. However, preferences also depend on the type of learning. To gain new knowledge and receive information updates,

respondents stated that the method of training delivery they would prefer was teaching seminars. But for training in therapeutic skills they chose practical teaching sessions. Tables 3.25, 3.26 and 3.27 show the top three preferred options for these three different types of learning.

Table 3.25 – Preferred method of training delivery to acquire new knowledge

<i>Method of training</i>	<i>Total responses (%)</i>
Teaching seminars (1–2 hours)	28
Short courses (1–2 days)	22
A single module course (3 months)	18

Table 3.26 – Preferred method of training delivery for information updates

<i>Method of training</i>	<i>Total responses (%)</i>
Teaching seminars (1–2 hours)	57
Short courses (1–2 days)	14
Practical teaching sessions (1–2 hours)	13

Table 3.27 – Preferred method of training delivery to learn therapeutic skills

<i>Method of training</i>	<i>Total responses (%)</i>
Practical teaching sessions (1–2 hours)	35
Short courses (1–days)	17
A single module course (3 months)	11

3.6 What type of accreditation/qualification do nurses want?

For 90% of the respondents it is important (responses of very important and quite important) to have

accreditation or a qualification that is recognised by employers and other organisations. Clearly, therefore, any post-registration training must have the option of accreditation or a qualification in order to reflect the value of the training and the knowledge and skills obtained by nurses. The exact responses to this question (Question 33) are shown in Table 3.28.

Table 3.28 – How important is it to gain a recognised qualification and/or accreditation for training?

<i>How important?</i>	<i>Total responses (%)</i>
Very important	50
Quite important	40
Makes no difference	7
Not at all important	3

Regarding the preferred type of accreditation or qualification, there was no great preference for either an academic or professional qualification, as shown in Table 3.29.

Table 3.29 – What type of qualification and/or accreditation?

<i>Type of qualification</i>	<i>Total responses (%)</i>
No preference	33 (n=207)
Academic qualification	33 (n=204)
Professional qualification	31
Other	3

The preferred course structure is a single-module course, with each module representing a building block towards a particular qualification such as a diploma or

degree. Discrete stand-alone courses were less popular. These responses are detailed in Table 3.30.

Table 3.30 – What type of course structure?

<i>Type of course structure</i>	<i>Total responses (%)</i>
A single-module course	46
A longer academic/professional course	24
No preference	15
A discrete, stand-alone course	12
Other	3

The final question asked about the most important reason for undertaking post-registration training. The

most important reason stated by respondents was to improve their practice (58%).

Table 3.31 – Most important reason for undertaking training

<i>Reason</i>	<i>Total responses (%)</i>
To improve their practice	58
To give greater confidence in their practice	15
For personal development	14
To develop a career pathway	9
To get promoted and gain a salary increase	2
Other	2

4. Discussion of findings

This research demonstrates that nurses want the opportunity to receive post-registration education and training specific to their current roles in which they have contact with children and young people with mental health problems. However, any education and training provided must be highly relevant to nurses' roles, the settings in which they work and the children and young people they have contact with. The main findings of the study will now be summarised, addressing each of the three key research questions.

4.1 What type of post-registration education and training do nurses need to do their job more effectively?

The nurses who participated in this study indicated that they want post-registration education and training that focuses specifically on their work with children and young people with mental health problems. However, it is clear from this research that nurses who have contact with children and young people with mental health problems are working in many different roles and in a wide variety of settings. These differences are reflected in their training needs, which vary according to role, background and setting, as demonstrated in Section 3. The results from the questionnaire survey suggest that the most important areas for education and training in this field are:

- ◆ therapeutic skills (for example, CBT, family therapy)
- ◆ understanding and working with families (for example, family theories, parenting skills)
- ◆ intervention skills (for example, management of violence and aggression)
- ◆ understanding and communicating with children and young people.

Risk management is the most highly rated training need, with 68% of the 633 nurses responding citing it as one of the six most important areas for training. This is perhaps no surprise, as 'risk-thinking' increasingly pervades the world of mental health care (Rose 1998). However, we cannot know for sure from this study the reasons behind the nurses' request for training in risk management, nor can we know whether all the respondents' interpretations of 'risk management' were the same (as each others' or as the researchers'). It is clear from the survey findings that training in risk management is more important for some nurses than others, in particular for RMN-trained nurses compared to non-RMN trained nurses. Again, we can only speculate why this should be the case: do nurses with a mental health background work in settings where risk is more of an issue? Or does their pre-registration training in mental health nursing make them more aware of the importance of risk management? This warrants further exploration.

The second-most important training area is around understanding and working with children and young people with particular disorders, such as autism, ADHD, learning difficulties, Asperger's syndrome and eating disorders. This was followed in third place by training in assessment and diagnosis. The importance of these two areas is constant across all the different groups of nurses, irrespective of background and role. This finding suggests that some types of training are relevant for all nurses, and represent core areas of knowledge and skills required to work with children and young people with mental health problems.

Training in mental health promotion and prevention is ranked fourth overall, but is the most important training need for nurses working in tier 1 services, and specifically for school nurses. This finding suggests that this training need is related more to the setting and type of work experienced by nurses in tier 1, such as school nurses who have regular contact with children and

young people going about their daily life and not specifically in a mental health care setting. For the nurses working in tiers 2, 3 and 4, training in therapeutic skills is more important, especially for nurses working in tier 3. This finding again suggests that training needs are related particularly to the type of work being conducted in the different tiers, with more specialist therapeutic work being conducted in tier 3. Training in working with families and also intervention skills are both fairly constant in their ranking across the different groups of nurses, but are slightly more important for nurses working in tier 4. These two training areas seem to be important for all nurses. Finally, training in communicating with children and young people is important for all nurses, but particularly for school nurses, who ranked this as the third-most important training area.

From the findings of the focus groups and the questionnaire survey, it is difficult to conclude whether there is a case for tier-specific training. In the focus groups, many nurses were in favour of tier-specific training, but they discussed this idea in terms of the type of work they do in their current roles, the settings they work in and the children and young people they work with. From the results of the survey, it is clear that some types of training are more relevant to nurses working in different tiers, particularly tier 1, where the training needs of nurses are most distinct. However, school nurses, 98% of whom work in tier 1, and children's nurses, 56% of whom work in tier 1, (see Tables 3.21 and 3.22) prioritise their training needs differently. These findings suggest that the education and training needs of nurses cannot be considered simply by tier, as the issue is more complex and is related instead to nurses' roles, the settings in which they work and type of contact they have with children and young people. The relationship between nurses' roles and training needs requires further investigation.

The research findings do suggest, however, that there is a case for providing different levels of training for nurses. Nurses in the focus groups discussed the usefulness of basic-level training for all nurses working with children and young people, and then more specialist training for those who work with particular client groups or in particular settings. Providing training at different levels, such as introductory and then more advanced training, would also take into account the fact that nurses' different pre-registration backgrounds do not always prepare them for their

current roles. It is clear from comparing the training needs of RMN-trained nurses and non-RMN-trained nurses, that the training needs of these two groups differ. For example, the non-RMN nurses require a working knowledge of mental disorders and assessment skills, mental health promotion and intervention skills; they are unlikely to have gained this during their pre-registration training. RMN-trained nurses will have a good knowledge of mental health issues but are unlikely to have had much experience working with children and young people, where knowledge of developmental theories, for example, is important.

It is evident from the questionnaire data that nurses who have recently qualified, compared to more experienced nurses, require different types of training and support. For all the nurses surveyed, the most important type of learning is training in therapeutic skills. However, for more-experienced nurses, in this case those who have been qualified for four years or more, the next preferred type of learning is information updates, followed by gaining new knowledge. For the less-experienced nurses, in this case those nurses who have been qualified for less than four years, after training in therapeutic skills the next most important type of learning is gaining new knowledge, followed by receiving information updates. The fact that more newly qualified nurses believe they need greater knowledge about working with children and young people with mental health problems may reflect a lack of preparation to work with this group at pre-registration level, as suggested by nurses in the focus groups.

An important finding of the survey is that half the nurses who responded to the questionnaire saying that they are working with children and young people with mental health problems do not have a background in mental health nursing. These nurses are working in a huge variety of roles and settings, often in areas very different to their initial training and preparation. Nurses in the focus groups considered that their pre-registration training did not prepare them adequately to work with children and young people with mental health problems, and this was the case also for nurses with a mental health nursing background. If the pre-registration training for nurses continues not to prepare nurses to work with these age groups, then clearly the relevant training must be provided after qualification. However, it is also evident that any training must address the particular type of work and the specific setting in which it is carried out, and not simply be

based on the nurses' qualifications and background. A clear example of this is the school nurses, most of whom have general nursing rather than school nurse qualifications.

4.2 How do nurses want education and training delivered?

The findings from the focus groups and questionnaire survey suggest that education and training provision need to address the different types of learning required by nurses. From the findings of the questionnaire survey, the three most popular types of training delivery are:

- ◆ short courses
- ◆ teaching seminars
- ◆ practical teaching sessions.

However, it is clear that the method of delivery must also match the type of training being given. Teaching seminars were respondents' preferred method of training delivery for gaining new knowledge and receiving information updates. But for training in therapeutic skills they would prefer practical teaching sessions.

From the focus groups in particular, nurses talked about the value of learning from others and also learning with others. Receiving training with professionals from other disciplines was discussed favourably, particularly in terms of having the opportunity to learn from others who have expertise in a particular area or who approach the work from a different perspective. Some nurses also discussed the positive experience of clinical placements as part of their training to work with children and young people with mental health problems, since having this dedicated time in another setting or unit means they can focus on the acquisition of new knowledge, skills and experience.

It is evident from the focus groups and the survey findings that nurses require a choice of flexible education and training options, delivered in different formats and at different levels, in order to provide the most appropriate training to meet their needs. The nurses were in favour of multidisciplinary training and valued the opportunity to learn from colleagues with

different backgrounds and areas of expertise. They also considered it important to have time away from their normal place of work in order to focus completely on new learning and development.

4.3 What type of accreditation/qualification do nurses want from the training they receive?

The importance of recognition for any education and training undertaken is clear from this study. For 90% of the questionnaire respondents, it is important (responses of very important and quite important) to have accreditation or a qualification that is recognised by employers and other organisations. Clearly, therefore, any post-registration education and training must have the option of accreditation or a qualification, to reflect the value of the training and the knowledge and skills obtained by nurses. However, the respondents expressed no great preference for either an academic or professional qualification, as shown in Table 3.29. This suggests that it is the recognition itself, rather than the type of qualification, that is the most important. The most important reason reported for undertaking training is to improve one's practice.

The preferred type of course structure is the single-module course, that can be built upon over time, like 'building blocks', as described by one of the nurses in the focus groups.

Finally, a number of nurses discussed the problem of a lack of career structure for nurses working in this field. They remarked that this situation is perpetuated by the lack of courses and clearly defined levels of qualification or accreditation. Without a clear career pathway for nurses to follow, it is difficult for them to see a future for themselves in the field if they wish to progress, and this is seen as contributing to the problem of recruitment and retention of nurses in this field.

4.4 Barriers to receiving education and training

The greatest barrier to gaining education and training to work with children and young people who have mental health problems is being unable to access relevant courses. A key finding of the research is that

many nurses across the UK are not offered the chance to undertake post-registration education and training in their local area. A third of the nurses (33%) who responded to the questionnaire reported that they had never received any education or training specific to working with children and young people.

A significant problem contributing to this situation is a mismatch between the education and training needs of nurses and the local provision of post-registration education and training across the UK. For example, in Northern Ireland there has been no post-registration child and adolescent training since 1994, and this situation is now contributing to a serious recruitment problem in CAMHS services. In Scotland there is only one post-registration course for nurses, which is held at Napier University in Edinburgh, so opportunities for education and training are geographically concentrated. Some nurses in Wales travel to England for training and in England itself the provision of relevant courses is geographically patchy. Many of the nurses in the focus groups demonstrated how they have used their own initiative to find out about particular courses, or made great efforts to travel long distances to attend courses. This situation does not encourage nurses to undertake training and to develop their skills and expertise to work with children and young people with mental health problems. The huge geographical variation in the availability of education and training for nurses, with some regions having no access to courses unless practitioners are prepared (and funded) to travel long distances for the training, requires urgent attention.

A second barrier identified by nurses in the focus groups is that of replacing nurses in the workplace in order for them to undertake training. Even when education and training opportunities are available for staff, many nurses feel that staffing shortages act as a huge constraint to their receiving education or training. But if nurses are not given this opportunity, they will increasingly feel undervalued, become demoralised and may ultimately leave the profession, thus contributing to the problem of nurse retention.

The Audit Commission report (Audit Commission 2001) on training in the NHS has highlighted the lack of funding for training. It is interesting that a lack of funding was not perceived to be the greatest barrier by nurses in this particular study. It could be the case that there is a lack of courses because there is no funding to support the development of courses or to run them. However, the situation is clearly more complex than this.

Other issues, such as a lack of national co-ordination of training for nurses working with children and young people with mental health problems, combined with an unclear career pathway for nurses in this field, are also seen as contributing factors.

4.5 Limitations of the study

It is important to acknowledge the limitations of this study. First, there is the limitation associated with the postal questionnaire method, in that no information is supplied regarding the characteristics and views of the non-responders, which may differ from those of the responders. Second, by using the RCN membership database and FOCUS nurse database as sampling frames, this survey represents only the views of RCN members and FOCUS conference attendees. This was unavoidable, however, as there are no other available databases of nurses who work with children and young people with mental health problems. But both these databases are UK-wide and therefore we were able to survey nurses working with children and young people across the UK. We were therefore successful in accessing our target population, that is, nurses working with children and young people with mental health problems in the UK.

5. Conclusion

In this report key findings have been presented from a research study that has focused on the education and training needs of nurses who work with children and young people with mental health problems and their families. It is clear from this research that most of the nurses who participated in this study are experienced nurses working in the nursing branches in which they trained, with the majority of them being F grade and above. However, this specific client group – children and young people with mental health problems – falls between two different specialities, children's nursing and mental health nursing. As a result, nurses working with this client group rarely receive relevant pre-registration preparation for this work. In consequence, many feel that they lack the knowledge, skills and confidence to work effectively with this client group and that they require specific and tailored post-registration education and training provision.

This study highlights the current deficits of post-registration education and training provision for all nurses who work with children and young people with mental health problems across the UK. It reveals a lack of suitable preparation at the pre-registration level for nurses in all branches of nursing, and provides evidence for why there are problems in recruiting nurses who have relevant CAMHS experience and training. There is no clearly defined career pathway for nurses working in CAMHS, and this leads to many experienced nurses leaving the practice area or retraining as family therapists or psychotherapists. In summary, it is clear the current level of education and training provision in the UK will not provide the CAMHS nursing workforce with the knowledge, skills and attitudes needed to deliver the NHS Plan (Department of Health 2000), the forthcoming NSF for Children in England and other country-specific health and social care policies. It is also clear that problems of recruitment and retention need to be addressed in order to attract nurses into CAMHS settings, provide them with education, training and development opportunities, and retain them within the services in order to provide leadership and support for others.

5.1 Key recommendations of the study

From the findings of the research the following recommendations are made:

Recommendation 1: A well-educated and skilled nursing workforce is crucial to the delivery of appropriate and effective care for children and young people with mental health problems and their families.

Nurses are the biggest professional group working with children and young people with mental health problems and their families. It is essential to ensure that nurses are equipped with the right knowledge, skills and experience to deliver high-quality care in this field.

Recommendation 2: Qualified nurses require relevant post-registration education and training to work with children and young people with mental health problems and their families.

Pre-registration nurse training does not equip nurses with the relevant knowledge, skills or experience to work effectively with children and young people with mental health problems and their families. Relevant post-registration education and training is therefore required to address this situation, that is, adequately to prepare and support nurses to work effectively and confidently with children and young people with mental health problems and their families.

Recommendation 3: Any post-registration education and training must be tailored to meet the needs of nurses working in a variety of different roles and settings.

Nurses who have contact with children and young people with mental health problems and their families come from a variety of nursing backgrounds and are working in many different roles and settings. This diversity needs to be taken into account when developing education and training packages.

Recommendation 4: Any post-registration education and training must lead to a qualification or accreditation that is recognised by employers (present and future) and other organisations, and is related to a clear career pathway.

It is essential that any education and training undertaken by nurses is valued and is situated within a clearly defined career pathway.

Recommendation 5: The barriers to receiving education and training must be overcome.

The barriers experienced by nurses in accessing education and training after qualification place huge constraints on their personal and professional development. The greatest barrier is a lack of relevant local courses as the provision of relevant post-registration courses is geographically patchy and in places non-existent. This issue must be addressed urgently by local NHS trusts and national governments.

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Appendix 1

Membership of Project Advisory Group

CRIS ALLEN	Mental Health Advisor, Royal College of Nursing
LAURENCE BALDWIN	Associate Director of Nursing, CAMHS, Derbyshire Mental Health Services NHS Trust Chair of RCN Children and Young People's Mental Health Forum
GERRY BYRNE	Consultant Nurse in Child, Adolescent and Family Psychiatry, Oxfordshire Mental Healthcare NHS Trust
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ANNE CLAVEIROLE	Lecturer, Napier University, Edinburgh Committee member of RCN Children and Young People's Mental Health Forum
MOIRA DAVREN	Senior Practice Development Fellow, RCN Institute, Belfast
PETER GRIFFITHS	Senior Lecturer, Tavistock Clinic and University of Middlesex
MIKE HEIMANN	Senior Clinical Nurse Specialist in Child and Adolescent Mental Health, South West London and St George's NHS Trust Committee member of RCN Children and Young People's Mental Health Forum
CAROL JOUGHIN	Project Manager, FOCUS, Royal College of Psychiatrists (at time of study)
ANN JACKSON	Senior Practice Development Fellow, Mental Health Programme, RCN Institute, Oxford
PAULA LAVIS	Information Officer, YoungMinds

Appendix 2

Focus group interview schedule

Question 1 (*Very open*)

Thinking specifically about your work with children and adolescents with mental health problems, what do you think you need, in terms of education and training, to do your job more effectively or with greater confidence?

Question 2 (*Education, training or both?*)

These things that we have talked about, do you think you need additional education about these things (for example, new knowledge, a greater theoretical understanding) or training (how to do practically, tailored to your job)?

Do you think there is a difference between these different ways of learning?

Question 3 (*Different tiers*)

Do you think that nurses working in the four different tiers need different types of skills for their work, and thus require tier-specific training?

Are there particular core skills that all nurses working with children and adolescents require?

Question 4 (*How delivered?*)

If there was a new training programme for mental health nurses working in CAMHS, how would you like to receive such training?

Question 5 (*Qualification/accreditation*)

What sort of qualification/accreditation would you like to receive on completion of a course?

Appendix 3

The questionnaire

Section 1 Your role

- Q1** In your job, do you currently have contact with children and adolescents/young people who have (or may have) mental health problems?

Please tick only one box as appropriate:

- Yes No

If you have ticked 'yes', please continue with this questionnaire.

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

- Q2** Please indicate the age groups you have contact with in your job.

Please tick one or more boxes as appropriate:

- Pre-school age group (0–5 yrs)
 Children (5–12 yrs)
 Adolescents/young people (13+)

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

..... yearsmonths

- Q4** Please indicate which tier of service, as identified by the Health Advisory Service (1995), that you work within:

Please tick as many boxes as are appropriate to the work that you do:

- Tier 1** Interventions at a primary care level, provided by such staff as health visitors, school nurses, practice nurses, GPs, social workers, etc.

- Tier 2** Services provided by specialist professionals who work at an individual level or small teams in the community, such as community child psychiatric nurses, clinical nurse specialists, psychologists and psychiatrists.
- Tier 3** Services provided by specialist professionals such as those who work in tier 2, but who work as part of a larger multidisciplinary team or service such as a community team or outpatient service.
- Tier 4** Services which address the most severe and complex problems and include such services as inpatient and day care facilities.

- Q5** Please indicate the type of setting you work in:

Please tick as many boxes as are appropriate:

- A specialist child and adolescent service (e.g. inpatient, outpatient service)
 A primary care setting
 A community setting
 A forensic setting
 Education/research
 Other

Any additional comments on your place of work:

- Q6** Do you have the RMN qualification?

- Yes No

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

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

..... yearsmonths

Now go to Question 9.

Q8 If you answered ‘no’ to Question 6, and you are not an RMN, please indicate your professional qualification(s).

Please tick as many boxes as are appropriate:

- RGN SRN
- SEN RMHN
- Other
(please write here)

Q8a For how long have you held this qualification?
..... yearsmonths

Q9 How would you describe your current nursing role?

Please tick one box only, but make additional comments if appropriate in box below:

- Psychiatric/mental health nurse
- Children’s/paediatric nurse
- Health visitor
- School nurse
- Community mental health worker
- Nursery nurse
- Clinical nurse specialist
- Practice nurse
- Consultant nurse
- Other
(please write here)

Any additional comments:

Q10 What is your nursing grade?

- D grade
- E grade
- F grade
- G grade
- H grade
- I grade
- Consultant nurse
- Other (please specify)

Section 2 Your previous training and local training opportunities

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

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

- Yes No

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

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

Title/type of training	Date(s) of training (year)	Duration of course (over time)* (please tick appropriate box)			
		1-7 days	1-4 weeks	1-6 months	6 months+

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

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

Please tick only one box as appropriate:

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

Q14 Are you aware of a local CAMHS strategy (that details existing and planned service provision, training needs of staff, etc.) where you work?

- Yes No

If you answered yes, go to Question 15. If you answered no, go to Question 16.

Q15 If yes, does this strategy include training needs of staff?

- Yes No Don't know

Q16 Are your training needs currently identified/assessed in any formal way by your organisation?

- Yes No Don't know

If you answered yes, go to Question 17. If you answered no or don't know, go to Question 18.

Q17 If yes, how are your training needs identified/assessed?

Please tick as many boxes as are appropriate:

- From clinical supervision
- From mentorship
- From a personal development plan

- From annual appraisal/ review
- From peer supervision
- From local policies (top-down)
- Other (please specify)

Section 3 What type of post-registration training do you need?

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

Q18 Would you like the opportunity to undertake post-registration training that focuses specifically on working with children and adolescents/young people?

- Yes No

Q19 Thinking about your own training needs, which of the three following options is the most important training area for you at the present time?

Please tick one box only:

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

Q20 Below is a list of different training needs that nurses from focus groups identified as being important. Thinking about your training needs, please select the six most important areas that you would like to receive training in.

Please tick six boxes:

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

- m) Promoting mental well-being (mental health promotion and preventative work)

Q21 Are there other areas that you think are important and not listed in Question 20? Or any other comments you wish to make regarding the issues addressed in Section 3?

Please write below:

.....

Section 4 How the training is delivered

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

For the following questions, Question 22 to Question 29, please circle either the yes or no responses as appropriate:

- Q22** Teaching seminars (lasting 1–2 hours) which focus on new knowledge or information updates. For example: an outside speaker coming in to the workplace to talk about new research on a particular type of treatment.
 Would this method of training suit you? Yes/No
- Q23** Practical teaching sessions (lasting 1–2 hours) which focus on particular nursing skills. For example: the management of aggression.
 Would this method of training suit you? Yes/No
- Q24** Short courses (1–2 days) on a specialist area. For example: risk assessment.
 Would this method of training suit you? Yes/No
- Q25** A single-module course generally taking 3 months (1 semester) to complete, involving day-release from work for face-to-face teaching at a higher education institution, and personal study. The course can stand alone, or may be used to build upon for an advanced diploma, post-graduate

certificate or Masters.

Would this method of training suit you? Yes/No

Q26 An academic/professional course such as a diploma, certificate, degree or Masters, which may take 1–4 years and will entail day-release from work for face-to-face teaching at a higher education institution and personal study.

Would this method of training suit you? Yes/No

Q27 Distance learning which could be for a professional or academic qualification, which would involve working at your own pace through a written teaching programme, with occasional tutorial support and summer schools (like Open University).

Would this method of training suit you? Yes/No

Q28 One-to-one support from a nurse specialist/link tutor-type member of staff, who has a primary role to support and supervise nurses in their practice, providing practice-based training in the workplace and follow-up support.

Would this method of training suit you? Yes/No

Q29 Work-based learning providing practice-based training in the workplace and follow-up support, for example: practice development work.

Would this method of training suit you? Yes/No

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

For Questions 30–32, please think again about the following three different types of learning from Question 19 and the best way to receive training in your opinion.

Please tick one box only for each question:

Q30 Which method of training would you prefer to learn about new knowledge, for example about development theories?

- Teaching seminars
- Short courses
- A single-module course
- Distance learning
- Work-based learning

- Practical teaching sessions
- Longer intense courses
- An academic/professional course
- One-to-one support
- Other.....

Q31 Which method of training would you prefer to receive information updates, for example about the efficacy of a particular type of treatment from new research?

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

Q32 Which method of training would you prefer to receive training in therapeutic skills, for example, putting theory into practice, such as how to work effectively with people with parenting difficulties?

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

Section 5 What type of qualification and/or accreditation?

Q33 How important to you is it to gain a qualification and/or accreditation for the training that you undertake, that is recognised by your employers and other organisations?

Please tick one box only:

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

Q34 If you undertook a training course that receives accreditation or a qualification, what would be the most important type of accreditation to you?

Please tick one box only:

- An academic qualification (e.g. from a University)
- A professional qualification (e.g. from the ENB or RCN)
- No preference
- Other.....

Q35 What type of training course structure would you prefer to undertake?

Please tick one box only:

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

Q36 What would be the most important reason for you to undertake additional post-registration training?

Please tick one box only:

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

Section 6 Demographic Information

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

For Questions 37–39, please tick the relevant boxes as appropriate:

Q37 What is your gender?

- Male Female

Q38 What is your age group?

- 18–29 30–39
- 40–49 50–59
- 60+

Q39 Which country in the UK do you currently work in?

Please tick one box only

- England
- Scotland
- Wales
- N. Ireland
- Other (please specify)

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

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

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