

SCHEDULE C

TO XXXX/TPSMXXX

BETWEEN MENTAL HEALTH PROGRAMMES LIMITED

TRADING AS TE POU AND XXX

SERVICE SPECIFICATION FOR NEW ENTRY TO SPECIALIST PRACTICE INFANT, CHILD & YOUTH MENTAL HEALTH AND ADDICTION

1 PREAMBLE

Te Tahuu: Improving Mental Health 2005-2015, Tauawhitia te Wero: National Mental Health and Addiction Workforce Development Plan 2006-2009, Te Puawaiwhero: The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015, Te Kokiri: Mental Health and Addictions Plan 2006-2015, Te Rau Hinengaro: The New Zealand Mental Health Survey 2006 and Let's get real: Real Skills for people working in mental health and addiction; Real Skills Plus competency framework including the Educational Reflection Review and Action tool are relevant to this service specification.

This service specification outlines the requirements for child and youth mental health addiction training programmes for registered health clinicians. Programmes should target those registered health professionals who are currently working in mental health and addiction services or new graduates who chose to work in the field of infant, child and youth mental health and addiction.

The theoretical aspects of the programme must not repeat the content of the pre-entry programme but rather emphasise the application and use of knowledge in mental health and addiction settings. The programme will target health professionals new to mental health and addiction. A 'trainee' is defined as a person enrolled in this programme, who is an employee of a publicly funded mental health service and who, meets the trainee eligibility criteria defined in this specification.

2 DESCRIPTION OF SERVICE

2.1 Programmes must:

- a. be vocational
- b. be substantially clinical
- c. be not less than nine months or more than one year full-time equivalent in length. (Programme coordinators will utilize their discretion to allow trainees a longer length of time to complete the programme where there are significant extenuating circumstances precluding completion within the one year requirement)
- d. result in the award of a post-graduate certificate in mental health and addiction practice that is equivalent or equates to level 8 on the National Qualifications Framework (NQF)
- e. offer both theory and significant clinical experience to enable trainees to develop their knowledge, skills and practice in the specialty area of infant, child and youth mental health and addiction
- f. have a detailed documented curriculum that outlines the purpose, outcomes, content and process, assessment criteria, and assessment methods
- g. provide four streams of learning: clinical, cultural, recovery and organizational development which are underpinned by a programme of professional development specific to each discipline
- h. comprise one programme for all trainees regardless of discipline
- i. provide appropriate clinical placements (e.g. inpatient unit, community)
- j. provide release for trainees from their clinical setting during employed time to undertake the formal teaching component of the programme.

2.2 Learning Environment

The learning environment will ensure that trainees are able to build on their theoretical knowledge base and apply that knowledge in the mental health and addiction setting. Arrangements will be made for release from the clinical service to attend the formal teaching programme, supervision sessions and where required relevant clinical format experience/placement outside the trainee's usual place of employment e.g. NGO, AOD youth service. It is essential that trainees have the opportunity to work in partnership with key stakeholders including primary health services. The learning environment needs to promote leadership skills.

2.3 Clinical placements

The clinical component of the programme will provide the trainee with opportunities to expand clinical skills and apply knowledge gained in the formal teaching programme. Clinical placements will be for a minimum of 1000hours over the duration of the programme, be planned and coordinated to allow for supervision that is in addition to the professional supervision provided to mental health professionals as part of their employment. This will also include a wide range of clinical work placements (e.g. inpatient, community, addiction services)

Clinical placements will provide trainees with:

- a. the opportunity to practice discipline specific interventions to gain experience in care management

- b. the opportunities to participate in providing services for infants, children and youth with a range of clinical presentations
- c. access to a workplace preceptor and relevant professional supervision in addition to that provided as part of employment
- d. a reduced/shared workload for a designated period of time for both the trainee and preceptor based on individual trainee need.

2.4 **Formal Teaching Programme**

A formal teaching programme will:

- a. be delivered by appropriately skilled and experienced teaching staff
- b. be equivalent to a minimum of half the time and other requirements expected of full time students
- c. access to a workplace preceptor and relevant professional supervision in addition to that provided as part of employment
- d. provide opportunities for distance learning and access to technology e.g. Moodle
- e. access cultural resources
- f. include principles underpinning recovery and whanau ora based perspectives
- g. include Maori models of health, wellbeing and related interventions

2.5 **Clinical**

Processes will be in place to consider recognition of prior learning (RPL) on a case-by-case basis. The formal teaching component will include the following:

- a. knowledge of professional standards associated with practising in the trainee's own profession
- b. mental illness and addiction problems as it relates to infant, child and youth mental health
- c. assessment and diagnosis as it relates to infant, child and youth mental health
- d. interpreting and understanding current legislation and occupational regulations relevant to the provision of child and youth mental health and addiction services including the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Children, Young Persons, and their Families Act, 1989, and the Privacy Act 1993
- e. understanding of relevant local community services and how to access them
- f. an understanding and respect for the unique roles and functions of other professions within the interdisciplinary team
- g. knowledge of contemporary therapeutic models of care for children and youth including therapies such as behaviour, cognitive, family, psychodynamic and pharmacological therapies as applied to child/youth mental health and addictions
- h. knowledge of development psychopathology
- i. cultural and psycho-social influences within the family and community being served
- j. understanding of family systems and dynamics as they relate to service delivery
- k. access cultural resources
- l. principles underpinning recovery and whanau ora based perspectives
- m. Maori models of health, wellbeing and related interventions
- n. an understanding of normal and abnormal infant, child and youth development
- o. an understanding and recognition of family/fono/whanau systems and dynamics and how this relates to service delivery
- p. the ability to apply cultural safety principles in
 - (i) application of cultural safety principles in the practice of infant, child and youth mental health
 - (ii) assessment and problem identification of infant, child and youth mental health conditions including substance abuse and conduct disorders and knowledge of the relevant psychopathology
 - (iii) effective communication skills with children/youth, and their families/whanau and caregivers
 - (iv) effective communication, consultation, and liaison with members of the health care team and other appropriate agencies including Health, Social Welfare, Education, Police, Corrections and Justice
 - (v) assessment, diagnosis, intervention and therapeutic practices which involve interdisciplinary interaction and an understanding of the trainee's own role
 - (vi) application of appropriate policies, protocols and procedures
 - (vii) knowledge of the relevant psychopharmacology
 - (viii) ability to recognise and assess infant/child abuse
 - (ix) knowledge of disability as it relates to infant, child and youth mental health and addiction services
 - (x) knowledge of and good practice in medico-legal and ethical aspects of professional practice, especially as it relates to child and youth mental health services
 - (xi) planned supervision for role development
 - (xii) personal and professional responsibility and accountability for their practice
 - (xiii) improvements/innovations in service delivery and application of research findings
- q. Specific requirements of community and out patients:

- (i) respect for infant/child/youth's home environment and family/whanau
- (ii) knowledge about interface with other relevant agencies
- (iii) understanding of the role of child and youth services in the context of general mental health and addiction services
- (iv) effective management of severely disturbed behaviours
- (v) skills in assessing risk factors of infant/child/youth
- (vi) rehabilitation focus
- (vii) screening for mental illness and understanding what therapeutic modalities may be required and how to access these

2.6 **Access to Resources**

Trainees will have ready access to a suitable library facility or search facilities for current journals and texts, office space where appropriate, clinical meetings, and other forums that provide interaction with other relevant health professionals.

2.7 **Supervision**

Supervision and ongoing assessment of trainees is necessary to ensure the quality of training, educational support and guidance for trainees, progress towards expected outcomes, and suitability to continue training and complete the programme. Supervisors are trained and qualified in the practice of supervision.

2.8 **Clinical supervision**

Trainees will have access to an experienced and qualified practitioner who will provide the trainee with guidance and support specifically focused on the programme. Where possible this practitioner will be of the same discipline as the trainee. Clinical supervision will be individual 'face to face' and can include group supervision that will be provided outside of the trainees' normal clinical duties at the discretion of the programme coordinator. The supervision will ensure:

- a. clinical supervision of practice for a minimum of 20 hours over the duration of the programme
- b. an opportunity for the trainee to develop their clinical practice as part of a multi-disciplinary team practicing in a mental health and/or addiction setting
- c. an opportunity to discuss, critically review and question clinical practice in the mental health and addiction setting of infant, child and youth
- d. timely and effective feedback to the trainee
- e. the theory and clinical experience are well integrated
- f. trainee assessment and monitoring of progress is completed against objective/competency based standards
- g. constructive feedback is given to trainees in a timely manner
- h. there is adequate preparation for assessment, e.g. written and oral presentations and case analysis
- i. trainees foster lifelong learning skills

2.9 **Educational supervision**

Educational supervision may be carried out as part of clinical supervision and includes:

- a. integration of theory and practice
- b. educational and career guidance
- c. objective monitoring of progress and assessment against core standards
- d. constructive timely feedback and
- e. assessment co-ordination

2.10 **Preceptorship**

Nominated experienced members of the multidisciplinary team who have undertaken preceptorship training will undertake clinical preceptorship. The role of the preceptor is to provide a role model and support for the trainee in relation to mental health and addiction specific activities (e.g. care management, service planning, etc). Each trainee will have a named preceptor who has a reduced clinical workload to enable preceptorship. Each trainee and preceptor will have a minimum of 20 hours, outside of normal clinical duties, to undertake preceptorship activities over the duration of the programme.

2.11 **Programme Coordination**

The training provider must ensure:

- a. coordination of the recruitment and selection of trainees
- b. advice to trainees on the training programme requirements including guidance on recognition of prior learning
- c. facilitation of clinical placements for trainees outside the normal workplace setting where necessary
- d. curriculum development and review

- e. selection and training of preceptors and supervisors
- f. coordination of clinical teaching e.g. study days, tutorials
- g. liaison with clinical workplace/placement
- h. competency assessment – this will include an ongoing formative assessment over the duration of the programme
- i. issue resolution between trainee/preceptors/supervisors
- j. programme (including clinical workplace/placement) evaluation and quality improvement
- k. record keeping and reporting (internal and external)

3 ELIGIBILITY

3.1 Trainee outcomes

The trainee will utilise professional judgement, ethical decision making and research skills and interact in teach/learning sessions in order to practise as a competent clinician in the child and youth mental health and addiction service. This is likely to include the following outcomes:

- a. basic skills in assessment, screening for mental illness, basic care management skills within an interdisciplinary setting, and ability to refer to and liaise with other services
- b. ability to assess, diagnose, and develop management plans for mental illness and addiction problems in infant child and youth mental health and addiction services
- c. understanding crisis intervention, consumer care management models and their theoretical underpinnings
- d. clinical supervision skills, both as a trainee in supervision and as a supervisor of other
- e. assess child/youth needs, formulate and implement intervention strategies based on a sound body of knowledge and as a supervised member of the team
- f. work as a member of a specialised interdisciplinary team within the broader dimension of mental health and addiction services
- g. work in partnership with key stakeholders including primary care organisations
- h. reflective practice utilising critical thinking and
- i. recognition and understanding of tikanga Maori and other cultural responsiveness input to mental health and addiction services

3.2 Consumer – Infant/Child/Youth/Service outcomes

The following outcomes are:

- a. benefits from incorporating previous knowledge and skills into the therapeutic programmes developed in the child and youth mental health and addiction area
- b. recognition and understanding of tikanga Maori and other cultural responsiveness input to mental health and addiction services and
- c. development of knowledge through applied research to areas of specific interest and need, resulting in the contribution to the body of knowledge of infant, child and youth mental health and addiction

4 ELIGIBILITY

4.1 Trainees are required to:

- a. meet the education providers criteria for eligibility to study at this level
- b. meet the requirements of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), Social Worker registration, Drug and Alcohol Practitioners' Association Aotearoa New Zealand (DAPAANZ) registered competent practitioner and associate practitioner status, or other relevant professional body at the discretion of the training provider
- c. be working clinically for at least 0.6FTE (24 hours a week) if where they have at least one year's experience - new graduates must be working a minimum of more than 0.7FTE (28 hours a week) and
- d. complete the certificate programme in one year, or over two academic years, at the discretion of the training institution.

4.2 Provider Eligibility

The programme must be accredited by NZQA or CUAP. Providers of the clinical placements must comply with the Health and Disability Services Standards (NZS 8134.0:2008; 8134.01:08; 8134.02:2008 and NZS 8134.3:2008).

5 LOCATION AND SETTING

The clinical component will be offered predominantly within the trainee's current employment environment. Clinical placements outside the trainee's employment setting may also be offered to allow for learning not available in the usual area of employment. The theoretical component will be delivered by an accredited educational provider in a formal teaching setting. Distance learning opportunities will be available to trainees.

6 ASSOCIATED LINKAGES

You will have established links with:

- a. infant, child and youth mental health and addiction services
- b. other mental health and addiction training programmes
- c. patient advocates for Code of Health and Disability Services, Consumer Rights and Privacy Issues
- d. other mental health and addiction training programmes
- e. professional associations and boards
- f. academic providers

7 QUALITY STANDARDS: PROGRAMME SPECIFIC

7.1 Quality Standards

In addition to all other quality requirements in the contract, each training provider will demonstrate their commitment to training by:

- a. maintaining a quality improvement plan to monitor, evaluate and improve the quality of the training programme
- b. having an appropriate complaints process available to consumers, trainees and other personnel involved in the programme
- c. ensuring clear lines of responsibility and accountability for consumer care exist at all times, with backup available appropriate to the level of experience of the trainee
- d. teaching is provided at an appropriate standard using current methods with appropriately skilled staff
- e. reports are provided by the due date and
- f. records of trainees' progress are kept and are available

7.2 Trainee Outcomes

Providers must:

- a. undertake an initial assessment of the trainees entry level of practice to be used as a baseline to assess progress during, and on completion of, the programme
- b. have a plan for the evaluation of the trainees' performance and progress and this must be available to the trainee and the funder. This will provide a baseline established from the preliminary evaluation of the trainee's entry level of clinical competence, ongoing monitoring of progress towards these outcomes as well as final assessment against the stated outcomes. The evaluation plan will allow for guided self-assessment, clinical supervisor/preceptor assessment, and cultural supervision (where appropriate) and peer audit.
- c. recognize and understand Tikanga Maori and other cultural responsiveness input into mental health and addiction services.

7.3 Programme evaluation

You must, amongst other things, have a quality assurance plan to monitor the effectiveness of the programme both during and on completion of the programme. This plan will incorporate regular feedback from trainees and will:

- a. ensure that those supervisors who accept a clinical supervision role are clear about that role; regularly evaluate the effectiveness and feasibility of the clinical supervision process
- b. monitor the applicability of the theoretical programme and its effectiveness
- c. monitor assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that their assessment is fair, consistent and valid
- d. ensure that all protocols and processes associated with assessment and monitoring, and programme related complaints, are made explicit to all parties
- e. ensure there are processes in place to identify trainees who require additional support and appropriate action is taken
- f. include input from Maori, Pacific Island and other appropriate cultural advisors on the ability of the programme to meet the cultural needs of trainees and clients

8 REPORTING REQUIREMENTS

All reporting requirements are set out in Schedule D.