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Education, Training and Continuing  
Professional Development

## 9.1 Background

The overall aim of the NCPSH is to reduce repetition of self-harm, which is associated with increased risk of completed suicide. Mental health professionals, including clinical nurse specialists (CNSs), have been allocated to emergency departments (EDs) and SCAN services across the country to deliver the programme. All CNS/mental health professionals have received training in assessing and managing self-harm. The programme recommends that each CNS/mental health professional be supervised by a named Consultant Psychiatrist who will act as clinical lead. It is the responsibility of the clinical lead and the CNS/mental health professional to ensure that the programme is delivered.

Ireland's national strategy to reduce suicide, Connecting for Life (2015–2020), sets out a vision of 'an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing'. The National Office for Suicide Prevention (NOSP) has developed a National Education and Training Plan. It recommends that all mental health service staff receive training in suicide and self-injury mitigation training (NOSP 2019). Education should focus not just on knowledge acquisition but move beyond to include competency in psychotherapeutic interventions, recovery and social

inclusion (Higgins et al 2010). This understanding aligns with the NCPSH, which identifies developing competency in technical expertise, stylistic or interpersonal factors and professional knowledge relevant to the role.

The Nurse and Midwifery Act (2011) states that there is a need for nurses of all disciplines to maintain their competencies through continued professional development. The work in implementing the Clinical Programme warrants the development of a separate education and training plan. To develop the education and training plan, a training needs analysis of current training available was conducted. The aim of the self-harm NCPSH education and training plan is to ensure that every mental health professional working in the NCPSH has the required technical (clinical) and stylistic (interpersonal) and professional expertise required so as to ensure that the components of the NCPSH are delivered by mental health professionals effectively and with interpersonal warmth and empathy.

Competence is usually defined as the integration of knowledge, skills and attitudes. Professionals require background knowledge relevant to their practice, but what marks out competence is whether the person has the ability to draw on and apply knowledge in different situations, the skills and ability to use them in different situations, and the appropriate attitude and set of values.

TABLE 9.1 NCP SELF-HARM COMPETENCY MAP

Generic Competences	Technical Knowledge	Stylistic/Interpersonal	Professional Knowledge
<ul style="list-style-type: none"> <li>» Knowledge of Mental Health Disorders/Presentations</li> <li>» Knowledge of Psychosocial Interventions</li> <li>» Knowledge of Psychopharmacology</li> <li>» Knowledge of Factors that Contribute to Self Harm and Suicidal Behaviour</li> </ul>	<ul style="list-style-type: none"> <li>» Biopsychosocial Assessment/ Mental Health Assessment</li> <li>» Collateral History Taking</li> <li>» Formulation</li> <li>» Safety Planning</li> <li>» Risk Mitigation eg. Storm</li> <li>» Care Planning</li> <li>» Pharmacotherapeutics</li> <li>» Psychosocial Interventions</li> <li>» Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>» Communication Skills</li> <li>» Engagement and Therapeutic Competences</li> <li>» Psychotherapeutic Interventions eg. CBT; DBT; CFT; Trauma Informed Approaches</li> <li>» Clinical Supervision/Peer Supervision Competences</li> <li>» Staff Training Competences Including: Train the Trainers Self-Awareness Training for Emergency Staff; Clinician Connections; &amp; Samagh)</li> </ul>	<ul style="list-style-type: none"> <li>» Organisational Policies/ Protocols/Guidelines</li> <li>» Effective Records, Reports and GDPR</li> <li>» Data Protection for Health and Socialcare Professionals</li> <li>» Information Governance</li> <li>» Healthcare Professionals and Law eg. Mental Health Act</li> <li>» Knowledge Related to Capacity; Consent; Confidentiality; Safeguarding</li> <li>» Audit</li> <li>» Research</li> <li>» Ethics and The Law</li> </ul>

## 9.2 Education and training needs analysis

An education and training needs analysis (<https://www.hse.ie/eng/about/who/cspd/ncps/self-harm-suicide-related-ideation/>) was conducted between September 2019 and October 2020 to ascertain the current training undertaken by clinicians delivering the Self-harm NCP SH.

The aim of this education and training needs analysis was to:

- » identify the education and training needs of mental health professionals delivering the NCP SH on assessing and supporting patients presenting to the ED following self-harm in the Republic of Ireland
- » provide recommendations on evidence-based education and training to inform the skills and knowledge required for mental health professionals to effectively deliver the National Clinical Programme

The objectives of the education and training plan were to:

- » identify what post-registration education and training needs mental health professionals require to deliver the Self-harm NCP SH effectively and competently
- » Identify and recommend relevant postgraduate and CPD training programmes for mental health professionals delivering the Self-harm NCP SH
- » Identify the training and education needs of mental health professionals delivering the NCP SH

A mixed-methods approach was used to identify the education and training needs of mental health professionals involved in the delivering the Self-harm NCP SH. Consultation took place, from September 2019 to October 2020, between the NCP SH office and clinical nurse specialists; the College of Psychiatrists; the area directors of Mental Health Nursing, and assistant directors of Mental Health Nursing delivering the Self-harm NCP SH. A questionnaire was used to collect quantitative data completed by CNSs.

The Self-harm NCP SH education and training needs analysis and subsequent plan identifies the technical knowledge and expertise (clinical); stylistic or human-factor knowledge and expertise (interpersonal), and the professional knowledge (professional) relevant to the role. It identifies the postgraduate training required and continued professional

development trainings relevant to assessing patients presenting to the ED with self-harm and/or suicidal ideation.

TABLE 9.2 COMPETENCIES REQUIRED FOR PROFESSIONALS COMPLETING ASSESSMENTS FOLLOWING SELF-HARM/SUICIDAL IDEATION

Clinical	Technical skills Expert knowledge
Interpersonal	Stylistic and human-factor knowledge and expertise
Professional	Ethics and conduct

Technical expertise relates to the relevant knowledge (knowing what makes someone more likely to harm themselves) and skills (knowing how to identify someone's needs and strengths) to perform a particular task or tasks. It does not suggest experience, social skills or attitude. Stylistic strategies relate to the clinician's style and form of communication with the patient. Style has to do with tone, intensity, speed and responsiveness. A clinician's style can communicate attitudes such as condescension and arrogance versus respect and affection. This relates to the clinician having a 'real' relationship with the patient that is compassionate, genuine and responsive to their needs (Linehan 1993). Professional and legal knowledge relevant to the role relates to the knowledge required by clinicians to undertake their role safely and competently.

## 9.3 Training of other health professionals

### 9.3.1 ED staff

A training programme has been developed in University College Cork (UCC) to train mental health CNSs in training ED staff on suicide and mental health awareness (Arensman and Coffey 2010). It is the responsibility of the clinical lead and the CNS to ensure that all ED staff receive training on suicide and mental health awareness. Ambulance staff and security staff should also receive mental health awareness training, tailored to their needs.

### 9.3.2 Psychiatric trainees

Doctors in basic specialist training in psychiatry provide clinical cover for the ED out of hours, or when the CNS is not available. They receive supervision of clinical management

from a Consultant Psychiatrist. They also receive regular clinical supervision from their educational supervisor, also a Consultant Psychiatrist.

Psychiatric trainees receive training and supervision in line with the curriculum and regulations of the College of Psychiatrists of Ireland (CPsychI 2019). Competencies are included under two domains: clinical and professional (Table 9.3). The national training programme provides an induction bootcamp that includes instruction on the NCPsH. The College of Psychiatrists facilitates training through the use of online learning, lectures and conferences. All local services provide training for psychiatric trainees on assessment and support of individuals who are in suicidal crisis. It is the responsibility of the local clinical lead in the NCPsH, both in the ED and in the SCAN service, to ensure that the consultant supervisors and the psychiatric trainees have a working knowledge of the NCPsH.

TABLE 9.3 COMPETENCIES FOR TRAINEE PSYCHIATRISTS (CPSYCHI 2019)

Curriculum Domain	Competencies
Clinical	Biopsychosocial assessment; physical examination and medical management; collateral history-taking; Communication; Formulation; Risk assessment and management; Care planning; Pharmacotherapeutics; Psychosocial interventions; Psychotherapy.
Professional domain	Behaviour, Governance, Team working, Audit, Research teaching, Ethics and the law.

### 9.3.3 Social work training

Mental health social workers are registered practitioners with CORU. They must also engage in continuous practice development and hold a Level 8 or above on the NQAI framework. Social work in mental health seeks to address the social and environmental factors affecting the individual's and family's mental health, working in partnership with the person and their family/support person. The social workers inform care planning on multidisciplinary teams in mental health, ensuring a psychosocial aspect and perspective to client care.

Along with the clinical and professional competences outlines in Table 9.2, social workers bring additional competencies, as outlined in Table 9.4.

TABLE 9.4 ADDITIONAL COMPETENCIES OF MENTAL HEALTH SOCIAL WORKERS

Clinical case management	Responsibility for coordinating care for a caseload of service users, ensuring appropriate psychosocial supports, providing therapeutic interventions and psychoeducation to individuals and families, and liaising with community services as required.
Psychosocial assessment	Psychosocial issues affecting the individual and family. Working systemically with service users, families/significant others and the wider community.
Mental health assessments	Biopsychosocial Assessment. Mental health social workers may also train as authorised officers (S.9 of Mental Health Act 2001). This involves mental health assessment and managing care in the community or making a recommendation for an involuntary admission.
Role of advocate/inter-agency work/mobilisation of resources	Encourage individuals to advocate for themselves and/or also advocate on their behalf where needed. Social workers aim to build on people's strengths and skills. They have particular skills in advocating with other service providers in the area of housing, social welfare and mobilising community supports, to ensure that service users and their families obtain maximum resources and services where possible, recognising the impact of social and environmental factors on a person's wellbeing and that of their family.
Trauma-informed care	Working through a trauma-informed lens. Social workers are trained in client-centred, solution-focused, strengths-based counselling interventions, which is part of their core training. Many mental health social workers have additional training in, for example, Cognitive Behavioural Therapy, Dialectical Behavioural Therapy and Behavioural Family Therapy, and some may also be dual qualified as fully accredited psychotherapists and family therapists.

Family-focused practice	Involving families and carers/support persons in the delivery of care for the service user. Also specialised family work with families with more complex needs, and often working with families and individuals in crisis. Social workers also provide specialist interventions (therapeutic work and advocacy) in cases where individuals experience intimate partner violence, and with marginalised groups in society.
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#### 9.3.4 Training of GPs

Training for GPs is organised through the CME Tutor Networks by the ICGP.

The CME Tutor Network was established in the early 1980s. Since its inception it has been the most popular form of continuous medical education among GPs in Ireland. Meetings are run in all parts of Ireland and are open to anyone who is working as a GP in General Practice in Ireland. A total of 3,195 GPs are currently on the CME mailing list, with more than 10,000 attendances at over 1,200 meetings each year.

The meetings are based on peer-based learning; members share their knowledge and experience. The meetings aim to improve the knowledge base of GPs and also their attitudes and professionalism.

As discussed in Chapter 7, GPs have identified specific needs in relation to supporting individuals with self-harm and suicidal ideation. A systematic review identified the need for training in brief psychological therapies, as well as to improve communication between the GP and specialist mental health services.

Training in brief psychological therapies is being developed through NOSP and the Irish College of General Practitioners (ICGP). This training will improve GPs' ability to support patients who are in suicidal crisis and enable them to use counselling services in primary care in an appropriate manner for all their patients. Table 7.5 outlines the learning outcomes of this training.

Specific awareness training on the SCAN service will be required as the service is rolled out throughout the country.

SCAN nurses and GPs already using the service are ideally placed to deliver this training.

Training in safety planning and suicide mitigation identified for CNSs and NCHDs, such as STORM training, will also be of benefit to GPs.

The ICGP and the NCPSH should continue to work closely with NOSP in delivering training for GPs.

## 9.4 Training plan

Table 9.5 identifies the mandatory, recommended and useful training for mental health professionals working in the NCPSH, both within the ED and in the SCAN service. The biannual training organised through the NCPSH will provide mandatory and recommended training that is unique to the NCPSH, along with opportunities to network and spread learning between services. This training is provided for all disciplines, availing of the value of interdisciplinary education. It is up to line managers to support the mental health professional in completing training. Training will be through lectures and experiential learning, including shadowing a more experienced clinician. Ongoing clinical and personal supervision will further enhance learning.

Prerequisites for the appointment of a CNS include a Postgraduate Diploma or MSc in Mental Health Nursing (3rd level institutes), and at least five years' postgraduate experience. Social workers require a higher diploma and skill and experience at a senior social worker level.

TABLE 9.5 SUMMARY OF TRAINING NEEDS OF MENTAL HEALTH PROFESSIONALS IN SELF-HARM

Length of experience working with patients experiencing self-harm	0-24 months	24 months +
<b>Mandatory</b> <sup>M</sup>	<ul style="list-style-type: none"> <li>» NCP SH biannual training days (2-day training)<sup>M</sup></li> <li>» Biopsychosocial assessment<sup>M</sup></li> <li>» STORM training<sup>M</sup></li> <li>» Effective Records, Reports and GDPR<sup>M</sup></li> <li>» Data Protection for Health and Social Care Professionals<sup>M</sup></li> <li>» Information Governance</li> <li>» Training on working with groups identified with specific needs such as Traveller Community, LGBTQ+, addictions, autistic people<sup>M</sup></li> <li>» Mental Health Act<sup>M</sup></li> <li>» Basic Life Support (BLS)<sup>M</sup></li> <li>» Moving &amp; Handling<sup>M</sup></li> <li>» Prevention &amp; Management of Aggression &amp; Violence (PMAV)<sup>M</sup></li> <li>» Fire Training<sup>M</sup></li> <li>» Children First<sup>M</sup></li> <li>» Student Mental Health Nurse Preceptorship training<sup>M</sup></li> </ul>	<ul style="list-style-type: none"> <li>» NCP SH biannual training days (2-day training)<sup>M</sup></li> <li>» Train the Trainers Self-Awareness Training for Emergency Staff<sup>M</sup></li> <li>» Clinician Connections (delivered by National DBT Project)<sup>M</sup></li> <li>» Self-harm Assessment and Management for General Hospitals programme in Ireland (SAMAGH)<sup>M</sup></li> </ul>
<b>Recommended</b> <sup>R</sup>	<ul style="list-style-type: none"> <li>» Clinical Audit training<sup>R</sup></li> <li>» Care of the Vulnerable Adult<sup>R</sup></li> <li>» Healthcare Professionals and the Law<sup>R</sup></li> <li>» Individual Clinical Supervision<sup>R</sup></li> <li>» Screening and Brief Intervention (Project for Alcohol and Substance Use (SAOR))<sup>R</sup></li> <li>» Healthcare Professionals – Children and the Law<sup>R</sup></li> <li>» Mindfulness Skills training<sup>R</sup></li> <li>» Essential Guide to a Coroner's Inquest<sup>R</sup></li> <li>» Understanding Digital Health – eMental Health</li> </ul>	<ul style="list-style-type: none"> <li>» Clinical Audit training<sup>R</sup></li> <li>» Dialectical Behaviour Therapy (DBT)<sup>R</sup></li> <li>» Healthcare Professionals – Children and the Law<sup>R</sup></li> <li>» Mindfulness Skills Training<sup>R</sup></li> <li>» Essential Guide to a Coroner's Inquest<sup>R</sup></li> <li>» Understanding Digital Health – eMental Health</li> <li>» Care of the Vulnerable Adult<sup>R</sup></li> <li>» Healthcare Professionals and the Law<sup>R</sup></li> <li>» Screening and Brief Intervention (Project for Alcohol and Substance Use (SAOR))<sup>R</sup></li> <li>» Individual Clinical Supervision<sup>R</sup></li> <li>» National Health Communications</li> <li>» Programme Workshop Module 1, 2 and 3<sup>R</sup></li> <li>» Motivational Interviewing Level 1<sup>R</sup></li> <li>» Models of clinical supervision including: Peer group clinical supervision for nurses &amp; midwives; Self-Practice/Self-Reflection/Trauma-informed Approaches.<sup>R</sup></li> </ul>
<b>Useful</b> <sup>U</sup>	<ul style="list-style-type: none"> <li>» ASIST (Applied Suicide Intervention Skills Training)<sup>U</sup></li> <li>» SafeTalk ('suicide alertness for everyone')<sup>U</sup></li> <li>» Understanding Self-Harm Awareness Training Programme<sup>U</sup></li> <li>» Brief Solution-focused Therapy<sup>U</sup></li> </ul>	<ul style="list-style-type: none"> <li>Postgraduate Diploma/MSc in CBT (UCC, TCD, Queen's)<sup>U</sup></li> <li>Master's in Human Factors in Healthcare, RCSI<sup>U</sup></li> </ul>
<b>Clinical supervision</b>	Clinical supervision – regular supervision from consultant psychiatrist/clinical lead <sup>M</sup>	Clinical supervision – regular supervision by consultant psychiatrist /clinical lead <sup>M</sup>
<b>Management supervision/</b>	Management supervision – regular	Management supervision – regular
<b>Support</b>	Supervision by assistant director of nursing <sup>M</sup>	Supervision by assistant director of nursing <sup>M</sup>

All training is funded through the Nursing and Midwifery Planning and Development Units (NMPDU). Training on the Model of Care will be provided through the NCPSH office.

## 9.5 Summary and recommendations

- » Mental health professionals delivering the NCPSH should receive competency-based training. Competencies are included under clinical technical expertise, stylistic/interpersonal, and professional knowledge relevant to the role.
- » All mental health professionals delivering the programme should have access to clinical supervision to develop their skills and competencies in the above areas.
- » Training is identified by the NCPSH as mandatory (M), recommended (R) and useful (U). All mental health professionals delivering the NCPSH should receive the mandatory training and then build on that training with recommended and finally useful training (Table 9.5).
- » The mental health professional's line manager should ensure regular face-to-face supervision is provided. During this supervision the clinician's training needs should be identified and a plan made to attend required trainings.
- » Education on the NCPSH Model of Care will be provided from the NCPSH office.
- » Education programmes from the NCPSH will be designed and delivered using different delivery methods to ensure that training is accessible by clinicians – e.g. seminars, webinars and distance learning.
- » Education programmes from the NCPSH should be co-produced and co-delivered by clinicians, people with lived experience of self-harm and family members with lived experience.
- » Education programmes provided from the NCPSH should reach a standard approved for CEU (Continuous Educational Units) by the National Nursing and Midwifery Board (NMBI) and Continuous Professional Development (CPD) from the College of Psychiatrist of Ireland (CPsychI) or the Irish College of General Practitioners (ICGP).
- » Postgraduate education programmes should include specific training on assessment and intervention when working with individuals who experience self-harm and suicidal behaviour. This should include clinician, service user and family member input in collaboration with Higher Educational Institutes.
- » CNS should keep a training log of training received.
- » Nurse management should audit CNS training received each year so as to identify further training needs as per recommendations from the NCPSH.
- » Consultant Psychiatrists who are providing clinical supervision and educational supervision for professionals completing assessments should ensure they have a knowledge and understanding of the NCPSH.
- » Further qualitative research should be carried out to elicit more detailed information regarding the education and training needs mental health professionals require in order to deliver the NCPSH effectively from a service user perspective.