Our workforce, our future

Infant, child, youth and family companion guide

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Correspondence to: Dr Louise Crowe <lcrowe@unimelb.edu.au>

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Authors

Dr Louise Crowe, Lecturer and Psychologist, Mindful

Dr Catharine McNab, Senior Lecturer and Clinical Psychologist, Mindful

Dr Claire Burton, Senior Lecturer, Clinical Psychologist, and Academic Lead, Workforce Development and Training Team, Mindful

Contributors

The authors would like to acknowledge the many people who contributed their time and expertise to inform the development of this document, including:

Adam Dunn, Clinical Team Leader, Aboriginal Team, Berry Street

Dr Tejas Golhar, Child and Adolescent Psychiatrist, Goulburn Valley Health

Associate Professor Louise McCutcheon, Clinical Psychologist, Senior Program Manager, HYPE Service Development, Centre for Youth Mental Health/Orygen

Fritha Melville, Clinical Psychologist, Internal Training Coordinator and HYPE Senior Clinician, Orygen

Professor Alessandra Radovini, Child and Adolescent Psychiatrist and Director, Mindful

Associate Professor Paul Robertson, Child and Adolescent Psychiatrist and Victorian Director, Advanced Training in Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists, Mindful

Johanna Rouse, Occupational Therapist and Autism Clinician, Mindful

Clare Ryan, Team Leader and Clinical Practice Development Lead, Take Two, Berry Street

About Mindful

Mindful is the Centre for Training and Research in Developmental Health, within the Department of Psychiatry at the University of Melbourne, and partly funded by the Victorian Department of Health. Mindful is Victoria's statewide unit supporting the development of the infant, child, youth and family mental health (ICYMH) workforce.

For the past 40 years, Mindful has delivered postgraduate courses, training programs, and research programs in infant, child, youth and family mental health and wellbeing. All have a common goal to support the mental health workforce, of all disciplines, to work collaboratively and effectively with infants, children, young people, and their families across Victoria.

Mindful's programs are designed to be financially accessible to clinicians. While many programs support clinicians at any stage of career, Mindful also provides courses that address the specific needs of the early career workforce. Mindful does this work in collaboration with key stakeholders, such as the Victorian Department of Health, and service leaders and clinicians across Victoria. Learn more on Mindful's website (www.mindful.org.au).

Contents

Background

Our workforce, our future: a capability framework for Victoria's mental health and wellbeing workforce (2023) identifies shared capabilities across the entire mental health and wellbeing workforce. It acknowledges that specific service contexts require more tailored approaches.

As a result, the Department of Health commissioned Mindful to write a companion guide that:

- acknowledges the mental health and wellbeing workforce requires specialist skills and knowledge when working with infants, children, young people and families or carers
- extends the capabilities in the *Our workforce, our future* to support this sector.

This guide identifies the capabilities of the infant, child, youth, and family mental health and wellbeing workforce. It examines:

- published research relating to the capabilities of this workforce
- common capabilities identified in jurisdictions that use similar mental health and wellbeing models for infants, children, young people and families.

These capabilities support the mental health and wellbeing workforce that engages people from birth to 26 years.

Purpose of the document

This document is a companion guide and should be read in conjunction with *Our workforce, our future*: a capability framework for Victoria's mental health and wellbeing workforce. It should also be read alongside relevant legislation, discipline standards and workplace policies and procedures. The capabilities for the infant, child and youth workforce have been created in addition to these documents.

Methodology for identifying capabilities of the infant, child, youth and family mental health and wellbeing workforce

The protocol for the scoping review was registered with Open Science Framework.

Prior to registration, one author searched the Cochrane Database of Systematic Reviews, PROSPERO, and OSF to determine if similar reviews were already underway; no similar reviews were found.

A scoping review with relevant search terms, developed in consultation with content experts, was conducted.

Other search strategies included citation searching of articles selected for full text review.

A grey literature search included guidelines and information related to infant, child and youth mental health and wellbeing capabilities identified by:

- national and international authorities
- relevant professional organisations.

Only the most recent updates were reviewed. Relevant professions include psychologists, social workers, occupational therapists, speech pathologists, psychiatrists, and mental health nurses.

Studies were included if they were:

- published in the past 20 years (January 2003 to January 2024)
- published in English
- published in a peer-reviewed journal or published book
- related to mental health and wellbeing care of infants, children and young people (defined as aged under 25 years)
- discussed competencies or capabilities for practitioners working in this area.

References that described capabilities that are already covered by *Our workforce, our future* were excluded.

Articles and grey literature were double-rated for inclusion by the two experienced mental health clinicians and academics. Disagreements were resolved by a third experienced mental health clinician or academic.

Feedback and consultation

Consultation and feedback was sought on the content and coverage of the capabilities identified by the scoping review. The capabilities were reviewed by:

- content and training experts in Mindful, with an average of 30 years of clinical and training experiences
- external experts in trauma, youth mental health, rural infant, child, and youth mental health (ICYMH) service provision and indigenous mental health.

The feedback was integrated by an internal panel at Mindful considering the evidence base and the coverage in *Our workforce, our future*.

Figure 1

Structure of this companion guide

Workforce categories

Whole of workforce

This comprises all workers who interact with consumers, families, carers and supporters within and intersecting with the mental health and wellbeing system. It includes support and administration staff, and workers who support mental health and wellbeing learning, development and broader sector engagement.

Technical or specialist roles

This comprises workers with specialist and technical skills within the described capability. It may include technical and specialist expertise in one or more areas of that capability domain but not necessarily all areas.

Care, support, and treatment roles

This comprises workers who provide mental health and wellbeing care, support and treatment for consumers, families, carers, and supporters.

Leadership roles

This comprises team managers and service leaders in different service functions and settings. It includes those in auxiliary services such as education institutions, peak bodies and unions.

Capability 1: Embedding responsible, safe, and ethical practice

The infant, child, youth, and family mental health and wellbeing workforce ensures that care, support, and treatment is consistent with professional, legal, and ethical codes of conduct and practice.

This includes respecting and protecting the preferences and rights of consumers, families, carers and supporters.

All interactions, including supported decision-making, are consistent with human rights frameworks.

The whole infant, child, youth, and family mental health and wellbeing workforce will:

1.1 Know the principles of legislation relating to the infant, child or young person's rights and the parental rights and responsibilities (National Collaborating Centre for Mental Health and University College London 2021).

1.2 Comply with relevant child protection legalisation and reporting requirements in relation to working with infants, children, youth and families (Centre of Excellence for Infant and Early Childhood Mental Health 2024; Child and Adolescent Mental Health Services & New South Wales Health 2011; Association for Infant Mental Health 2024).

Those in care, support and treatment roles will:

1.3 Provide information and clearly explain to children and young people the limitations and constraints of confidentiality (National Collaborating Centre for Mental Health and University College London, 2021; Child and Adolescent Mental Health Services & New South Wales Health 2011; National Counselling and Psychotherapy Society Health 2024).

1.4 Make judgements to establish the capacity of children or youth to give consent. Seek support if unsure and consider relevant legalisation and codes of practice (National Counselling and Psychotherapy Society Health 2024).

1.5 Seek consent from the parent or carer who has the parental rights and responsibilities if the child or young person is unable to consent (National Collaborating Centre for Mental Health and University College London 2021).

1.6 Maintain the child or young person's right to confidentiality even when a parent or carer or other professional requests information (National Collaborating Centre for Mental Health and University College London 2021).

1.7 Practise confidentiality of the infant, child, young person and family or carer's information in all contexts, with exception only when breaches are necessary (such as for safety or under subpoena) (Australian Association for Infant Mental Health 2017).

1.8 Promote a child or young person's understanding of care, treatment and support by conveying information in an accessible form. This includes considering age, developmental differences and disability (for example, language or visuals) (National Collaborating Centre for Mental Health and University College London 2021). This applies to all children and young people, regardless of their capacity to consent (National Counselling and Psychotherapy Society Health 2024).

Capability 2: Working with Aboriginal consumers, families, and communities

The infant, child, youth, and family mental health and wellbeing workforce enables and supports Aboriginal infants, children, young people, families, supporters and communities to achieve resilience, self-determination and empowerment. It also promotes a sense of identity and belonging.

Collaboration with Aboriginal people requires a holistic view of Aboriginal social and emotional wellbeing. Connectedness and relationships are central to this view.

This includes connection to Country and culture, spirituality and ancestors, family and community.

The workforce also recognises the influence of past experiences, broader social factors and physical health on wellbeing.

The whole infant, child, youth, and family mental health and wellbeing workforce will:

2.1 Work within the kinship structures of Aboriginal communities and local cultural protocols when gaining informed consent for assessment and care of the infant, child or young person (Dudgeon 2016).

Those in care, support, and treatment roles will:

2.2 Consider cultural rules relating to gender, age, kinship and language groups (for example, when there is a difference in gender between the clinician and the child, young person or family). Where possible, consider involving a cultural consultant to explore private issues (such as family relationships, sexuality) (Westerman 2010).

2.3 Recognise that the significant cultural ties of strong family connection can mean that issues in the family have a greater impact on infants, children and young people than expected (Mental Health First Aid Australia 2014).

Capability 3: Working with diverse consumers, families, and communities

The infant, child, youth, and family mental health and wellbeing workforce ensures that care, support and treatment is culturally safe and welcoming for infants, children, youth and family, carers and supporters.

It recognises and celebrates diversity.

It provides culturally safe and diversity-responsive approaches that extend to consumers, families, supporters and communities.

These approaches acknowledge the many forms of often intersecting diversity. These include diverse cultural, linguistic and faith communities, people with a disability, LGBTIQ people and people with many other backgrounds, attributes, and characteristics.

The whole infant, child, youth and family mental health and wellbeing workforce will:

3.1 Adapt communications to ensure that the child, young person and family, carers and supporters have a clear understanding of care, treatment and support. They will communicate in a way that responds to diversity, including developmental stage, disability, culture and neurodivergence (for example, preverbal, non-verbal or low verbal) (Hoffses et al. 2016; Volkmar et al. 2016).

Those in care, support and treatment roles will:

3.2 Seek to understand the infant, child or young person's behaviour in a developmental context. They will draw on knowledge of brain development and neurodevelopmental differences (Hoffses et al. 2016; Hupp et al. 2010).

3.3 Recognise mental health and neurodevelopmental differences that commonly emerge and present in infants, children and young people (National Collaborating Centre for Mental Health and University College London 2021).

3.4 Recognise that mental health and developmental difficulties can co-occur in infants, children and young people. These difficulties can mask each other. For example, a developmental difficulty can present as a mental health issue or vice versa (National Collaborating Centre for Mental Health and University College London 2021).

3.5 Provide information and guidance to parents or carers and other support services about how the infant, child or young person's development and diversity may affect their mental health and wellbeing (Hoffses et al. 2016).

3.6 Recognise that behaviour is a form of communication and support parents, carers and supporters to understand this (National Collaborating Centre for Mental Health and University College London 2021; Association for Infant Mental Health 2024).

3.7 Understand how a child or young person's mental health and wellbeing can affect their development, function and peer relationships (National Collaborating Centre for Mental Health and University College London 2021).

3.8 Understand and support cultural variations in development, child-rearing practices and caregiver expectations (Centre of Excellence for Infant and Early Childhood Mental Health 2024; Association for Infant Mental Health 2024).

3.9 Understand that play is important for infants' and children's cognitive and social development (National Collaborating Centre for Mental Health and University College London 2021).

3.10 Seek cultural consultation and guidance into assessment and care planning when working with infants, children and young people (National Collaborating Centre for Mental Health and University College London 2021).

Those in technical or specialist roles will:

3.11 Provide expert guidance to support understanding of brain development (Association for Infant Mental Health 2024; Jivanjee et al. 2012) and neurodevelopmental differences (Volkmar et al. 2014).

Capability 4: Understanding and responding to trauma

The infant, child, youth and family mental health and wellbeing workforce recognises and understands the prevalence of trauma. Trauma-informed approaches empower consumers in their recovery by emphasising autonomy, collaboration and strength-based approaches.

This includes recognising that people can be traumatised through their engagement with mental health services and treatment. The workforce does everything possible to minimise this at every point.

When working with infants, children, young people and families it is important to acknowledge that trauma, such as abuse and neglect, can occur repeatedly in relationships core to survival or development. This includes from parents, carers or people in positions of authority, which means it is difficult to escape from.

Family violence is covered in Capability 7, which addresses harm to infants, children and young people who directly experience family violence, witness family violence, or in the case of young people, experience intimate partner violence.

The whole infant, child, youth, and family mental health and wellbeing workforce understands:

4.1 That for infants, children and young people, trauma can include physical, emotional, relational and sexual abuse, bullying and neglect (National Counselling and Psychotherapy Society 2024; NHS Scotland 2017).

4.2 That trauma in infants, children and young people can disrupt normative development. It can have educational, relational and social impacts (NHS Scotland 2017).

Those in care, treatment and support roles will:

4.3 Recognise the physical and psychological indicators or signs of trauma in infants, children and young people. Understand they may present differently depending on their age and developmental diversity (National Collaborating Centre for Mental Health and University College London 2021; Association for Infant Mental Health 2024; NHS Scotland 2017).

4.4 Recognise family, social or contextual factors that may put the infant, child or young person at risk of abuse or neglect (National Counselling and Psychotherapy Society 2024).

4.5 Understand the ways that trauma in infants, children and young people can disrupt normative development. This has educational, relational, and social impacts (NHS Scotland 2017).

4.6 Recognise that abuse from a trusted parent or carer may significantly disrupt attachment, trust, cognitive and emotional development (NHS Scotland 2017).

4.7 Recognise the importance of the parent or carer relationship within the construct of attachment and how this relationship can be affected by trauma (NHS Scotland 2017).

4.8 Recognise how a supportive and safe relationship between the infant, child or young person and their parent or carer can positively influence recovery and try to promote this (NHS Scotland 2017).

4.9 Use best practice interventions and consider the importance of the infant, child and young person's age, developmental differences, and family and other support systems (NHS Scotland 2017).

4.10 Access supervision, advice and other support when working with infants, children, and young people who have experienced trauma (National Collaborating Centre for Mental Health and University College London 2021; NHS Scotland 2017).

Those in technical or specialist roles will:

4.11 Provide guidance and advice on the best practice care of the infant, child or young person who has experienced trauma (NHS Scotland 2017).

Capability 5: Understanding and responding to mental health crisis and suicide

The infant, child, youth and family mental health and wellbeing workforce understands risk and protective factors. This also includes strategies to respond to crisis and risk that involve the person's family, carers and supporters.

Services understand the impact of grief following suicide. They provide support for families, carers, supporters, communities and the workforce.

The whole infant, child, youth, and family mental health and wellbeing workforce understands:

5.1 That self-harm and suicidal ideation by children and young people should be taken seriously as an indicator of significant distress. This can be associated with mental health challenges, trauma, bullying and suicide risk in children and young people (National Collaborating Centre for Mental Health and University College London 2021; Royal College of Psychiatrists 2014; National Collaborating Centre for Mental Health 2019).

Those in care, treatment and support roles will:

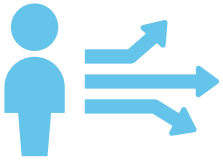
5.2 Assess for risk in a developmentally appropriate way. This includes considering mental health issues, suicidality, self-harm, violence, accidental injury and death and risk of harm to others, and other associated risks (Orygen 2018).

5.3 Recognise and understand the potential impact of social and economic contributors to the infant, child or young person's risk of harm to self and others (Child and Adolescent Mental Health Services & New South Wales Health, 2011).

5.4 Provide a copy of the safety and treatment plan to the child or young person and family, carers, or supporters where possible. This should be in clear and developmentally appropriate language. It should consider principles of confidentiality (NICE 2022).

5.5 Engage children, young people and their parents, carers and supporters in conversations about self-harm and suicide in a calm, confident and non-judgemental way (Royal College of Psychiatrists 2014; Orygen 2018).

5.6 Reflect on their own attitudes, values, beliefs and biases towards self-harm and suicide in children and young people. Demonstrate awareness of areas they need to seek additional support in (NICE 2022).



Capability 6: Understanding and responding to substance use and addiction

The infant, child, youth and family mental health and wellbeing workforce recognises that people experiencing psychological distress or mental illness often have intersecting needs and preferences.

Services, teams and practitioners recognise the prevalence of co-occurring substance use and addiction among mental health consumers.

They ensure substance use and addiction treatment is integrated with support for the person's other mental health needs.

Those in care, support and treatment roles will:

6.1 Engage in discussions about substance use, gambling or other addictive behaviours with children and young people in a confident, comfortable and non-judgemental way (Orygen 2018).

6.2 Recognise symptoms and issues of substance use, gambling or other addictive behaviours in children and young people (Orygen 2018; Stuart and Carty 2006).

6.3 Acknowledge the impact of substance use, gambling or other addictive behaviours in parents or carers. This includes the impacts on their ability to provide care to an infant, child, or young person (NHS Scotland 2017; Quay et al. 2009).

6.4 Recognise the impact of perinatal exposure to adverse substance use (Child and Adolescent Mental Health Services & New South Wales Health 2011). Encourage the parent to seek support.

Capability 7: Understanding and responding to family violence

Services, teams and practitioners recognise the prevalence of family violence across the social spectrum.

The infant, child, youth and family mental health and wellbeing workforce takes a rights-based approach. The workforce prioritises safety, agency and empowerment through cross-sector and cross-discipline collaboration and teamwork.

Family violence is a specific form of trauma and harm from others.

This capability addresses harm to infants, children and young people who directly experience family violence, witness family violence, or in the case of young people, experience intimate partner violence.

Practice parameters are similar regardless of whether this harm occurs within or outside the family context.

Those in care, treatment and support roles will:

7.1 Understand that family violence in the home, including as a witness, can impact an infant, child or young person's development. This includes their cognitive, academic and emotional functioning. Workers will educate others about this as needed (Centre of Excellence for Infant and Early Childhood Mental Health 2024; Quay et al. 2009; Royal College of Psychiatrists 2013).

7.2 Identify the warning signs in a child or young person's behaviour that may indicate family violence (Royal College of Psychiatrists 2013; Spirito et al. 2003).

7.3 Screen for family violence with infants, children, and young people in a developmentally appropriate way (Spirito et al. 2003).

Capability 8: Working effectively with families, carers and supporters

The infant, child, youth and family mental health and wellbeing workforce recognises that the consumer lives within the context of family and other relationships.

Workers involve family and other supportive people through practice models that deliver benefits for the consumer and their families, carers and supporters.

Those in care, treatment and support roles will:

8.1 Recognise that the parent or carer's history of loss or trauma could affect their relationship with and ability to care for the infant, child or young person (Centre of Excellence for Infant and Early Childhood Mental Health 2011; Association for Infant Mental Health 2024; Australian Association for Infant Mental Health 2017; Quay et al. 2009).

8.2 Recognise and understand that the family context, including the parent or carer's mental health and wellbeing, social situation and economic factors, can affect the mental health and wellbeing of the infant, child or young person (Jivanjee et al. 2012).

8.3 Recognise that social and economic disadvantage can affect the development and mental health and wellbeing of the infant, child, or young person (National Collaborating Centre for Mental Health and University College London 2021).

8.4 Provide information, guidance and support to parents or carers on development and care of infants, children and young people. This supports them to develop their parenting capabilities and enhance their relationship with the infant, child or young person (Australian Association for Infant Mental Health 2017).

8.5 Recognise the potentially positive and protective role of grandparents and extended family, siblings, peers, and other community supports on infant, child and young people's development and wellbeing (Centre of Excellence for Infant and Early Childhood Mental Health 2024).

8.6 Recognise (and address where possible) barriers for parents, carers and supporters' capacity to care for the infant, child or young person. This includes mental health difficulties, social situation and economic factors, and history of trauma and loss (National Collaborating Centre for Mental Health and University College London 2021; Child and Adolescent Mental Health Services & New South Wales Health 2011).

8.7 Recognise the importance of engaging the family and supporters in the care and treatment roles for the infant, child or young person and promote their involvement where possible (NHS Scotland 2017).

8.8 Promote positive relationships between infants, children and young people and their family, carers and supporters in developmentally appropriate ways (NHS Scotland 2017).

8.9 Work to maintain an alliance with the infant, child and young person and their parent or carer by holding both sets of experience and viewpoints in mind and ensure that both parties are heard and have an opportunity to express their views (Hoffses et al. 2016; Quay et al. 2009; National Collaborating Centre for Mental Health and University College London 2021).

8.10 Maintain an infant or child or young-person-centred approach, while working collaboratively with the parents and carers (National Counselling and Psychotherapy Society Health 2024).

8.11 Apply a family-focused approach to care including supporting appropriate parenting strategies for parent or carer with consideration of cultural context (Child and Adolescent Mental Health Services and New South Wales Health 2011; National Counselling and Psychotherapy Society 2024).

Capability 9: Delivering holistic and collaborative assessment and care planning

The infant, child, youth, and family mental health and wellbeing workforce ensure that care, support, and treatment involve collaborative planning, decision-making and action.

Workers do this by sensitively exploring and actively engaging with the infant child or young person and their family, carers and supporters. They seek to understand people's differing needs.

The whole infant, child, youth and family mental health and wellbeing workforce understands:

9.1 The value of information from relevant education and other care settings (for example, childcare) when assessing an infant, child or young person (National Collaborating Centre for Mental Health and University College London 2021).

Those in care, treatment and support roles will:

9.2 Consider mental health difficulties in the context of the family, education settings and the community (Child and Adolescent Mental Health Services & New South Wales Health 2011).

9.3 Demonstrate a flexible approach to support and care. Involve different parts of the infant, child or young person's life, including education and other care settings, out-of-home care, extended family and other supports (National Collaborating Centre for Mental Health and University College London 2021).

9.4 Recognise life transitions (for example, commencing primary or secondary school, puberty) can affect mental health and wellbeing (National Collaborating Centre for Mental Health and University College London 2021; Child and Adolescent Mental Health Services and New South Wales Health 2011).

9.5 Demonstrate a flexible approach to assessment of infants, children and young people. Consider their age and developmental differences. For example, use play-based and observational methods to obtain information (Child and Adolescent Mental Health Services and New South Wales Health 2011; National Counselling and Psychotherapy Society 2024).

9.6 Where possible and with agreement of the parent or carer, take a developmental and family history to aid understanding of the infant, child or young person (Child and Adolescent Mental Health Services and New South Wales Health 2011).

9.7 Ensure care and treatment planning for infants, children and young people supports both mental health and improved developmentally appropriate functioning and social inclusion (National Collaborating Centre for Mental Health and University College London 2021; Child and Adolescent Mental Health Services and New South Wales Health 2011; Orygen 2018).

9.8 Recognise the importance of the infant, child or young person's age and/or developmental differences to guide assessment and care planning (National Collaborating Centre for Mental Health and University College London 2021).

9.9 Provide developmentally appropriate information to the child or young person about their care and treatment plans to increase trust (Australian Association for Infant Mental Health 2017).

Capability 10: Delivering compassionate care, support and treatment

The infant, child, youth and family mental health and wellbeing workforce uses tailored approaches with demonstrated effectiveness. Workers deliver services with empathy and compassion.

Those in care, support and treatment roles will:

10.1 Recognise age and developmental differences when delivering care to enhance engagement of the infant, child or young person (Child and Adolescent Mental Health Services and New South Wales Health 2011).

10.3 Advocate with, and on behalf of, infants, children, young people and families, carers and supporters to ensure their views are recognised in care decisions (Stuart and Carty 2006).

10.4 Support and empower children and youth and their families, carers and supporters to actively contribute to their multidisciplinary care and treatment plans and across systems (National Collaborating Centre for Mental Health and University College London 2021; Child and Adolescent Mental Health Services and New South Wales Health 2011).

Those in leadership roles will:

10.5 Create a service environment that is welcoming and friendly towards infants, children and young people to increase engagement (National Collaborating Centre for Mental Health and University College London 2021; Child and Adolescent Mental Health Services & New South Wales Health 2011).

Capability 11: Promoting prevention, early intervention, and help-seeking

The infant, child, youth, and family mental health and wellbeing workforce promotes wellbeing and resilience through prevention, early intervention and help-seeking.

Engagement empowers infants, children, young people, families, carers, supporters and communities to enhance their strengths.

It also provides them with resources to support personal health and wellbeing goals.

The whole infant, child, youth, and family mental health and wellbeing workforce understands:

11.1 That prevention and early intervention for infants, children and youth can have long-term positive impacts on mental health and wellbeing(National Collaborating Centre for Mental Health and University College London 2021).

Those in care, treatment and support roles will:

11.2 Evaluate risk factors that could be future barriers to care or increase the likelihood of emerging mental health issues for infants, children and young people. Promote early intervention (Foy et al. 2019).

11.3 Recognise the importance of the perinatal period in the mental health and wellbeing of infants and parents. Directly intervene or link parents into care during this period as appropriate (Association for Infant Mental Health 2024; Rafferty et al. 2019).

Capability 12: Supporting system navigation, partnerships and collaborative care

The infant, child, youth and family mental health and wellbeing workforce helps people to navigate the mental health and wellbeing system.

This includes providing service and referral options and pathways that enable continuity of care and individual choice.

Those in care, treatment and support roles will:

12.1 Collaborate with children and young people and their family, carers and supporters on decisions and plans for transitions of care across service settings. This includes transition to adult care (Jivanjee 2012).

12.2 Work in collaboration with the range of systems involved in the care of the infant, child, youth, or families, carers and supporters to support the best possible outcomes for consumers (National Collaborating Centre for Mental Health and University College London 2021).

Those in leadership roles will:

12.3 Where possible, encourage partnership and collaboration within and across service settings to support the wellbeing of infants, children or young people (Orygen 2018).

Capability 13: Enabling reflective and supportive ways of working

The infant, child, youth, and family mental health and wellbeing workforce uses critical reflection to recognise the interpersonal dynamics, assumptions and patterns that may arise when working with consumers, families, carers, and supporters.

The whole infant, child, youth, and family mental health and wellbeing workforce will:

13.1 Reflect on their own experiences, attitudes, values, and beliefs and use this awareness to inform their work with infants, children, young people and families from backgrounds different to their own (Royal College of Psychiatrists 2014).

13.2 Reflect on and seek to minimise the power imbalance between the member of the workforce and the child or youth and family, carer and supporter when delivering care, treatment, and support (National Collaborating Centre for Mental Health and University College London 2021).

Capability 14: Embedding evidence-informed continuous improvement

The infant, child, youth and family mental health and wellbeing workforce is informed by current and emerging evidence. Care, treatment and support is underpinned by active, ongoing evaluation of quality and effectiveness.

Evidence is drawn from multiple sources, including lived and living experience expertise.

Those in care, treatment and support roles will:

14.1 Embrace and deliver evidence-informed interventions to improve mental health and wellbeing for infants, children and young people. Consider age, cultural factors, and developmental differences (National Collaborating Centre for Mental Health and University College London 2021; Orygen 2018).

14.2 Promote access to parenting programs and supports, including evidence-based parenting programs to support the mental health and wellbeing of infants, children and young people (Foy et al. 2019).

Those in technical and support roles will:

14.3 Guide and support workers to provide evidence-based practices to infants, children, young people, and families (Orygen 2018).

Those in leadership roles will:

14.4 Encourage the input and feedback of children, youth, families, carers, and other supporters with lived experience into the design of care (Orygen 2018).

Capability 15: Working effectively with digital technologies

The infant, child, youth, and family mental health and wellbeing workforce uses online and other digital technologies to improve mental health and wellbeing.

This includes access to information, service delivery, education, promotion, and prevention.

Services, teams, and practitioners use digital technologies to enable accessible, holistic, person-centred, and integrated care.

Technologies may include apps, portals, social media, smartphones, augmented or virtual reality, wearables, activity tracking, e-referral, notifications, and artificial intelligence.

Those in care, treatment and support roles will:

15.1 Engage children and young people by using technologies they are familiar with (such as mobile phones, videocalls, SMS text messages, video clips) (National Collaborating Centre for Mental Health and University College London 2021; Palermo et al., 2014; Hoffses et al. 2016).

15.2 Recognise the limitations of digital tools for some infants, children, young people and families. This may vary depending on age, disability, culture, and developmental differences (Myers et al. 2017).

15.3 Consider whether there is a parent or carer who can provide support if the child or young person becomes distressed while using digital tools (Myers et al. 2017).

15.4 Recognise that digital technology and social media may contribute to, or be protective of, mental health and wellbeing issues in infants, children and young people (Royal College of Psychiatrists 2014).

References

American Academy of Pediatrics and the American Foundation for Suicide Prevention (2023) *Blueprint for youth suicide prevention*. http://www.aap.org/suicideprevention

Association for Infant Mental Health (2024) *Infant mental health competencies framework*. https://aimh.uk/wp-content/uploads/2022/11/IMHCF-PDF-Download.pdf

Australian Association for Infant Mental Health (2017) *Competency guidelines and endorsement requirements infant mental health practitioner*.

Centre of Excellence for Infant and Early Childhood Mental Health (2024) *Consultation competencies*.

Child and Adolescent Mental Health Services and New South Wales Health (2011) *NSW Child and Adolescent Mental Health Services (CAMHS): competency framework*.

Dudgeon P. et al. (2016) *Australian Indigenous Psychology Education Project workforce capabilities framework*. Australian Government.

Foy JM, Green CM and Earls MF (2019) *Organizational principles to guide and define the child health mental health competencies for pediatric practice*. http://publications.aap.org/pediatrics/article-pdf/144/5/e20192757/1078399/peds_20192757.pdf.

Hoffses KW et al. (2016) 'Building competency: professional skills for pediatric psychologists in integrated primary care settings'. *Journal of Pediatric Psychology,* 41:1144–1160.

Hupp SDA, Jewell JD, Reitman D and LeBlanc M (2010) 'Competencies in child clinical psychology', in *Handbook of Clinical Psychology Competencies*, Springer New York, 43–72.

Jivanjee P, Brennan E and Sellmaier C (2012) *Tips on core competencies for transition service providers*. https://pdxscholar.library.pdx.edu/socwork_fac (2012)

Mental Health Commission (2021) *National lived experience (peer) workforce development guidelines*.

Mental Health First Aid Australia (2014) *Communicating with an Aboriginal or Torres Strait Islander: Adolescent guidelines*.

Myers K et al. (2017) 'American Telemedicine Association practice guidelines for telemental health with children and adolescents', *Telemedicine and e-Health*, 23:779–804.

National Collaborating Centre for Mental Health (2018) *Self-harm and suicide prevention competence framework: children and young people*.

National Collaborating Centre for Mental Health and University College London (2021) *Delivering inpatient children and young people's mental health care: a multidisciplinary competence framework*. https://www.hee.nhs.uk

National Counselling and Psychotherapy Society (2024) *Competency framework for working with children and young people*. https://ncps.com/assets/uploads/docs/cs/NCS-CYP-Competency-Framework-V3.pdf.pdf

NHS Scotland (2017) *Transforming psychological trauma: a knowledge and skills framework for the Scottish workforce*.

NICE (2022*) Self-harm: assessment, management and preventing recurrence*. www.nice.org.uk/guidance/ng225

Orygen (2018) *National youth mental health training framework*.

Palermo TM, Janicke DM, McQuaid EL, Mullins LL, Robins PM and Wu YP (2014) 'Recommendations for training in pediatric psychology: defining core competencies across training levels'. *J Pediatr Psychol*: 39(9): 965–84.

Quay HC, Hogan AE and Donohue KF (2009) 'Competencies for infant mental health therapists: a survey of expert opinion', *Infant Ment Health J*, 30:180–201.

Rafferty J, Mattson G and Earls MF (2019) 'Incorporating recognition and management of perinatal depression into pediatric practice', *Pediatrics*, 143.

Royal College of Psychiatrists (2013) *A competency based curriculum for specialist training in psychiatry*.

Royal College of Psychiatrists (2014) *Managing self-harm in young people*, CR192.

Spirito A, Brown RT, Delamater A, Rodrigue J and Siegel L (2003) *Society of Pediatric Psychology Task Force report: recommendations for the training of pediatric psychologists*. https://academic.oup.com/jpepsy/article/28/2/85/1028271

Stuart C and Carty W (2006) *The role of competence in outcomes for children and youth: an approach for mental health*. Child and Youth Care Research and Publications Paper 2.

Volkmar F et al. (2014) 'Practice parameter for the assessment and treatment of children and adolescents with autism spectrum disorder', *J Am Acad Child Adolesc Psychiatry*, 53:237–257.

Westerman (2010) 'Engaging Australian Aboriginal youth in mental health services'. *Aust Psychol* 45: 212–222.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