Children and Young People's Crisis Pathway Workforce Training 2022-2024

Evaluation report



Anna Freud
building the mental wellbeing of the next generation

NHS

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Acknowledgements

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Executive summary

This report summarises the evaluation of the third round of the Children and Young People's Crisis Pathway Workforce Training, developed and delivered by Anna Freud and commissioned by NHS England. This round of training ran from December 2022–April 2024.

This report aims to address the following questions:

1. Who attended the training?
2. What were trainees' and trainers' experiences of the training?
3. How did trainees plan to use the training in practice?
4. How was the training used in practice and what were the facilitators and barriers to implementation?
5. What are trainees' experiences of working with parents and carers and what further support do they need?

What does the training cover and who attended it?

The training comprises five modules designed to meet the needs of different practitioners. Modules 1 and 2 provide an introduction to children and young people's mental health. Module 3 focuses on adaptive mentalization based integrative treatment (AMBIT) and Module 4 on motivational interviewing and mentalizing. Module 5 comprises regional workshops for senior stakeholders in the crisis pathway. We trained 1,742 staff in modules 1-4. We held six module five workshops – attended by 42 senior stakeholders in the crisis pathway.

What were trainees' and trainers' experiences of the training?

Feedback indicated that trainees were satisfied with the training. The majority of respondents scored training engagement, quality of facilitation and applicability to their day-to-day work as 'high' or 'very high'. They valued the varied delivery methods of the training, the experience and skills of facilitators and the resources they could apply to their work. Trainees felt that engaging with others across the CYP crisis workforce was a positive experience for learning and a sense of validation.

How did trainees plan to use the training in practice?

When asked about plans to implement learning, trainees spoke of adopting a mentalizing mindset, using the tools and techniques they learned, and enhancing team and wider agency working.

How was the training used in practice and what were the facilitators and barriers to implementation?

Six weeks after the training, many trainees had reported incorporating a mentalizing mindset and the tools and techniques they learned into their practice with children and young people.

The training has also enhanced compassion and communication within their teams, improving their working relationships and building a reflective team practice. Many trainees felt the training increased their self-compassion, helped them understand their own emotional states better and improved their wellbeing.

Trainees reported that the resources (such as the AMBIT manual) and a supportive team who were familiar with AMBIT helped them implement their learning. In contrast, barriers to implementation included a lack of time to reflect on and use their learning, as well as attending the training without wider team support.

What are trainees' experiences of working with parents and carers and what further support do they need?

Trainees reflected on the highly emotive environment their work with parents and carers takes place in. Parents and carers are likely to be distressed while their child is having a mental health crisis, and their distress may be exacerbated by long waitlists, staff shortages and closure of wards.

Trainees felt that their work with parents and carers could be supported by further training, connectivity with professionals in other services, working with the family and help with signposting parents and carers to additional support.

Ideas for training development

Ideas for future training development include:

- providing more resources to share training content with colleagues
- check-ins following training
- additional training content on working with parents and carers.

> This type of training is exactly what all employees should receive as standard as soon as they work within any role of children's mental health - It gives such a greater perspective of the wider purpose of what we are working in, and would give people so much more confidence.

> I found it all really interesting and engaging. It's the best course I've been on for a long time.

> I hope that this kind of training continues to be offered to crisis teams because I think it is so desperately needed.



Introduction

Background

Across England, increasing numbers of children and young people are seeking support for their mental health. Approximately a fifth of people aged 8–25 years have a diagnosable mental health disorder (NHS England, 2023).

A mental health crisis is characterised by serious self-harm or other behaviours that present major risks to the self or others (Evans, et al., 2023). In England, new emergency referrals to crisis care teams for under 18s increased by 47% between December 2019 and April 2021 (Lavis, 2021; Edwards, et al., 2023).

Support for a child or young person in crisis should be timely, accessible and safe (Evans, et al., 2023). How they and their families are treated during initial contact with a service impacts their experience of and engagement with their care (NHS England, 2022). When asked what they want from crisis services, children and young people reported that services should be age-targeted, the medium of support should be flexible (e.g., available online, in person and out of hours) and include support from peers with lived experience. Professionals need to be compassionate, sensitive, skilled and knowledgeable (Edwards, et al., 2023).

The NHS Long Term Plan identifies support for children and young people experiencing a mental health crisis as a priority (NHS England, 2019). All areas in England are required to provide access to mental health crisis services 24 hours a day, 7 days a week (NHS England, 2017). A range of services can support a child or young person in crisis including children's mental health services, hospital emergency departments, schools and the police.

There has been an investment in the training and education of the wider workforce to support the professionals providing crisis care (Lavis, 2021). Access to training can help professionals feel more confident in their work with children and young people experiencing mental health difficulties and improve service user satisfaction (We Can Talk, 2020; Garcia-Ortega, et al., 2012; Gotovac, Espinet, Naqvi, Lingard, & Steele, 2018).

The CYP Crisis Workforce Training

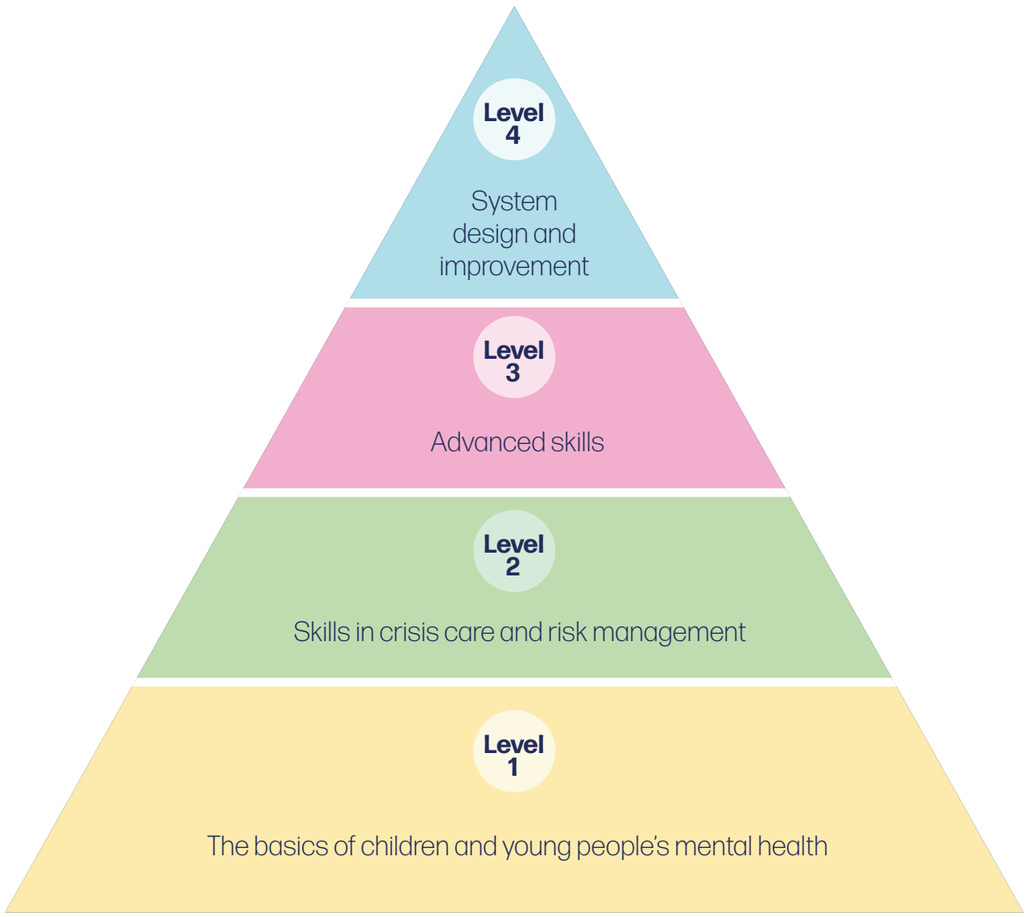
Anna Freud was commissioned by NHS England to develop a training for the CYP crisis workforce. The training is aimed at staff in CYP Crisis Pathway services as well as staff from the adult crisis workforce who provide out-of-hours crisis care to children and young people.

It is informed by the principles and practices of AMBIT, an approach for teams working with people who have multiple needs, often in high-risk, high-stress environments. AMBIT supports professionals by promoting mentalizing capacities (i.e., understanding the link between mental states and behaviours) and integrated working across services, as well as fostering secure attachment relationships between children and young people and their keyworkers (Fuggle, Bevington, Duffy, & Cracknell, 2016). Evidence suggests AMBIT-influenced teams have a positive influence on children and young people's mental health outcomes. (Griffiths, Noble, Duffy, & Schwannauer, 2017; Jensen, Bo, & Vilmar, 2021; Talbot, Fuggle, Foyston, & Lawson, 2020).

We've been delivering The CYP Crisis Workforce Training since 2021 and evaluation findings are promising. These include high training satisfaction, perceived improvements in mentalizing for children, young people and colleagues and improved communication and collaboration with teams and networks – leading to improved quality of care (Anna Freud, 2021; Anna Freud, 2022). Training modules across rounds were consistently fully booked with high numbers on waiting lists and trainers noted that attendees were enthusiastic and engaged.

The training content

The key aims of the training are to improve practitioner knowledge and skills in crisis work with children and young people. The training has five modules, designed to meet different levels of need:



Level 1: The basics of children and young people's mental health
Module 1a: An introduction to children and young people's mental health for administrative staff in crisis services
Module 1b: An introduction to children and young people's mental health for non-registered clinical staff
Module 2: An introduction to children and young people's mental health for clinically trained staff
Level 2: Skills in crisis care and risk management
Module 3: AMBIT (Adaptive mentalization-based integrative treatment) as a team approach to crisis care and risk management
Level 3: Advanced skills
Module 4: Motivational interviewing and mentalizing: brief treatment and planning in crisis care
Level 4: System design and improvement
Module 5: Regional workshops for senior stakeholders in the crisus pathway (half-day)

Modules 1a, 1b and 2

These modules focus on building awareness and confidence in working with children, young people and families experiencing mental health crises. Modules 1a and 1b span two days, while module 2 takes one day.

Modules 3 and 4

These modules aim to develop core skills in children and young people's crisis care and risk management. These modules were delivered across two or four core days of training, followed by half-day practice integration sessions six-to-eight weeks later.

These sessions invite participants to bring questions, refresh their skills, and share experiences of using the training. Module 4 also focuses on motivational interviewing, a technique used to support behavioural change.

Module 5

This module consists of workshops for senior stakeholders in the crisis pathway to connect, learn about the training and share practice.

We co-produced short films with young people, parents and carers to reflect real-life experience of accessing crisis services. Children and young people with lived experience of crisis care developed the scripts and actors delivered them. Films were also made with professionals delivering crisis care. These films will be made available to crisis teams alongside materials for self-directed team learning, and they will be used to support learning in future training.

Methods

This report provides a summary of learning from training delivered between December 2022 and April 2024. The evaluation primarily aimed to explore training satisfaction and success of implementation. Building on the learning from previous evaluations of this training, we were also interested to hear from trainees about their work with parents and carers and how the training could be developed to support this.

The evaluation questions were:

1. Who attended the training?
2. What were trainees' experiences of the training?
3. How did trainees plan to use the training in practice?
4. How was the training used in practice and what were the facilitators and barriers to implementation?
5. What are trainees' experiences of working with parents and carers and what further support do they need?

Quantitative and qualitative data was collected to explore training satisfaction and implementation plans and practice. Data was collected via:

- trainee feedback forms after each training day
- a training feedback form completed after the training
- Poll Everywhere surveys administered during the training day
- an online survey sent to all trainees six weeks after the training, focusing on their experience of implementing the training (n=81)
- 1:1 online discussions with trainees six weeks after the training (n=29)
- 1:1 online discussions with trainers (n=4)
- an online survey sent to trainers (n=6).

Qualitative data was analysed using the software tool NVivo using thematic analysis (Braun & Clarke, 2006).

Who did we train?

Trainees included professionals from across the children and young people's crisis workforce, including:

Non-clinicians:

- administrative staff
- non-registered staff working directly with children, young people and families such as support workers, healthcare assistants and assistant psychologists

Clinicians:

- nurses
- psychologists
- psychiatrists
- allied health professionals (e.g., occupational therapists and clinical social workers)

Professionals from other areas of health, social care, education and youth justice, including:

- 999 call handlers
- emergency department staff
- staff working in acute paediatrics

Between December 2022 and April 2024, we trained 1,742 staff across the four modules. We delivered six regional module 5 workshops – attended by 42 senior stakeholders in the crisis pathway. We trained 779 staff from December 2022–March 2023, and 963 staff were trained from October 2023–March 2024.

Table 1 shows the number of staff trained in modules 1-4. The attendance rate shows the number of people who attended as a percentage of the number of places available.

The nature of crisis work can lead to high numbers of trainees needing to cancel at short notice. Courses were oversubscribed to account for this – 90 bookings were allowed for each cohort of modules with an intended maximum cohort size of 60 (modules 1a, 1b and 2) and 30 bookings for modules with an intended cohort size of 24 (modules 3 and 4).

Table 1: breakdown of attendance

Module	Total number trained	Attendance rate (as % of maximum cohort size)
1a	342	52%
1b	436	66%
2	515	78%
3	255	89%
4	194	81%
Total	1742	69%

The attendance rate for module 1a was lower than for the other modules. This module is attended by administrative staff and spans two days. Several comments from trainees reflected the challenge of attending training whilst covering their normal responsibilities (e.g., phone calls or reception) and this could have impacted their attendance on the course.

Feedback from attendees highlighted the value of specific training directed at administrative staff. In future rounds of training, it would be worth considering the potential barriers to attendance for this group.

Majority of attendees were female (67%), White British (51%) and from the Midlands (18%) or North East (19%). The following tables show a demographic breakdown of attendees for modules 1-4.

Table 2: attendee demographic characteristics

Characteristics	Total number	%
Gender		
Female	1174	67%
Male	154	9%
Other gender	5	<1%
Prefer not to say	73	4%
Unknown	336	19%
Ethnic group		
Asian or Asian British	83	5%
Black African, Caribbean or Black British	69	4%
Mixed or multiple ethnic groups	18	1%
White	880	51%
Other ethnic group	44	3%
Prefer not say	46	3%
Unknown	602	35%

Table 3: regions of trainees attending modules 1-4

Region	Total number of trainees from region	%	NHSE Target %
East of England	185	11%	10%
London	180	10%	20%
Midlands	313	18%	19%
North East and Yorkshire	324	19%	16%
North West	258	15%	14%
South East	173	10%	13%
South West	162	9%	9%
Unknown	141	8%	

Table 4: regions of module 5 attendees

Region	**Number of attendees**	**%**
East of England	5	12%
London	6	14%
Midlands	6	14%
North East and Yorkshire	4	10%
North West	8	19%
South East	7	17%
South West	6	14%
Grand total	**42**	

Table 5: waiting list numbers for each module

Module	**Available places**	**Numbers on waiting list**
1a	60	0
1b	60	0
2	60	0
3	24	172
4	24	124

We gained insight into the current climate for service provision through feedback from trainees and trainers. A common theme was the highly pressurised nature of crisis work and how the associated challenges (e.g., long waiting lists, high staff turnover and its emotive nature) impact staff wellbeing and ability to meet demand. These stressors meant building relationships and fostering a reflective practice were not always prioritised. Misunderstandings between services happened often, leading to mentalizing breaking down. The nature of crisis work meant emails and calls sometimes diverted trainees' attention and impacted their engagement.

What were trainees' and trainers' experiences of the training?

Trainees completed a feedback form after each training day. This consisted of four questions about engagement, quality of facilitation, learning new knowledge and skills, and ability to use learning. Trainees were asked to give a score out of seven for each question – the higher the score, the greater the satisfaction level.

Figure 1 shows the percentage of trainees across modules who reported high satisfaction levels (i.e., scores of at least six), pooling scores from each day of training.

Figure 1: percentage of trainees reporting high levels of satisfaction (percentage of 6s and 7s out of 7)

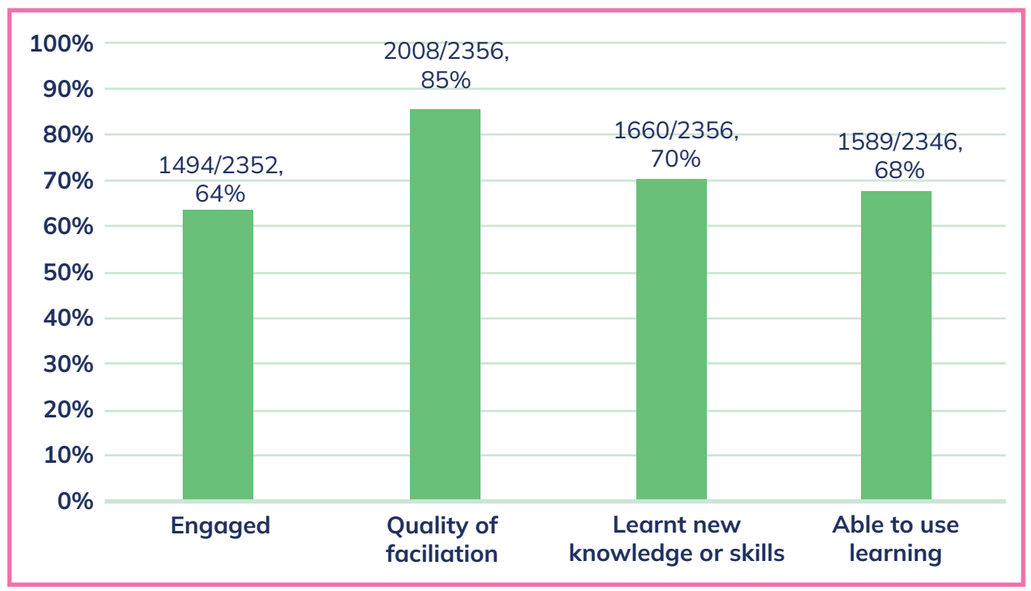


Table 6 provides a breakdown of satisfaction by module.

Table 6. percentage of trainees reporting high levels of satisfaction (percentage of 6s and 7s out of 7) by module

Questions	1a	1b	2	3	4
How engaged did you feel in the session?	72%	62%	65%	55%	72%
How did you find the quality of the facilitation?	87%	85%	91%	82%	88%
How helpful was the session in enabling you to learn knowledge, skills or ways of thinking?	74%	69%	73%	66%	77%
How much do you feel that you will be able to use the knowledge, skills or ways of thinking from the session in your own work?	62%	66%	66%	69%	77%

Scores for engagement in sessions were generally lower across modules 1b and 3. Breaking scores down by day reflects lower engagement on specific days of those modules (i.e., day one for module 1b, days three and four for module 3).

For module 1b, day one focuses on understanding mental health problems in children and young people and how crisis presents in them. Individuals attending this training are non-registered clinical staff (e.g. family support workers and CAMHS crisis support workers). Their comments highlighted that the first day covered material they were already familiar with. Engagement was higher for day two, where trainees learned techniques such as mentalizing and Thinking Together.

Module 3 has four training days, delivered online, all in the same week. Feedback showed that trainees found maintaining engagement over the long training days difficult.

Qualitative feedback:

This section summarises feedback gathered from trainees and AMBIT trainers in surveys, as well as from 1:1 discussions. It reflects their experience of and satisfaction with the training, and can be summarised into the following key themes:

Content and delivery
- high quality of facilitation
- varied delivery
- interactive learning
- engaging topics.

Tools and techniques
- access to useful tools and resources
- using analogies and metaphors to further understanding.

Learning alongside others
- sharing experiences
- feeling validated
- sharing tools and techniques.

Content and delivery

Trainees' reported high satisfaction with the quality of the course facilitation. Trainees found the facilitators engaging, knowledgeable and passionate. Several comments spoke of the facilitators' ability to hold space and make the session feel relaxed and empowering.

Trainees commented on the facilitators' experience and breadth of knowledge. They particularly appreciated when facilitators used real examples from their own experiences to aid trainees' learning. Trainees also valued how facilitators often demonstrated mentalization in the session, with both each other and the trainees.

> I thought the presenters were great, very engaging, thoughtful and full of passion.
>
> **(Module 3)**

> The trainers were great - friendly, respectful, informative and made you feel part of a big team who were valued.
>
> **(Module 1a)**

Trainees rated the use of interactive activities such as polls, breakout rooms and roleplays highly across all modules.

Trainers reflected on how they adapted the training to meet different learning styles – including keeping numbers low to allow for more group discussions and providing information and slides prior to the training. Trainees valued this, commenting on how this helped their learning and engagement.

> Very engaging training. I found the mixture of 'lecture' style presentation, videos and breakout groups helpful.
>
> **(Module 1b)**

> The live role play between the facilitators on completing the decision balance was really powerful. The approach, the language used, you could actually see it in real terms, which reinforced the concept.
>
> **(Module 4)**

Several trainers commented that multiple days of training in a row felt intense for trainees and that splitting these days worked better for engagement and reflection on learning. Trainers suggested a gap of one or two days, with no longer than a week between sessions. In general, trainees found the training content very useful. Several trainees highlighted topics they appreciated learning about such as motivational interviewing, trauma and brain development.

A key theme throughout training was working with diverse groups of people and the need to consider adaptations for working with neurodivergent children and young people. Trainers commented on how trainees engaged in rich discussions about neurodiversity and language. Feedback highlighted a need to make learning about working with diverse groups of people more explicit.

Tools and resources

Several trainees mentioned specific tools that aided their understanding and improved their confidence implementing mentalizing. These included the AMBIT tools of the Dis-integration grid, the Egg and Triangle (active planning map) and Thinking Together. Some comments spoke of the use of AMBIT analogies and metaphors such as ripples in the pond.

> I found the practical tools such as the Pro-gram helpful as these were tools I can incorporate into my everyday work.
>
> **(Module 2)**

Some comments reflected a need for more visual aids and simple diagrams of the AMBIT concepts, which would aid in sharing learning with colleagues.

Experience of training alongside others from the crisis workforce

Trainees felt overwhelmingly positive about training alongside other professionals working in the children and young people's crisis pathway. They noted how the experiences of people from across teams, roles and counties added to their breadth of learning.

> It was useful being able to hear the perspectives and experiences from other clinicians in different localities, both similarities and differences.
>
> **(Module 2)**

Trainees reported feeling validated by learning alongside others from the crisis workforce. Sharing common challenges and experiences helped them feel less isolated. This was echoed by the AMBIT trainers who commented on insightful discussions and experience sharing between trainees.

> Huge benefit of all the different perspectives but also the feeling of being part of a larger, national workforce with the same goals and challenges.
>
> **(Module 1b)**

> [I noticed] how much value staff got from being able to talk about their roles with people in similar services around the county, that deep sense of validation from knowing others share the same or similar problems and challenges.
>
> **(AMBIT Trainer)**

Further, trainees commented on how they picked up new tools and techniques to aid them in their roles through roleplays and discussions. For some, hearing from fellow trainees about their use of mentalization, motivational interviewing and AMBIT tools helped them to consider how they might implement the learning in their own work.

> I think it was really helpful to hear from other organisations because some people were doing bits of it or wanted to elaborate on that. It's nice to hear how other services work or how this model can be embedded a bit more.
>
> **(Module 3)**

Trainees who attended modules 1a or 1b appreciated attending training specifically aimed at their staff groups.

> It was great to have a course aimed at admin staff - we often don't get this sort of space and yet we are the first people that children, young people and families speak to.
>
> **(Module 1a)**

Further general comments:

> Fantastic training, a must for people working in this field!
>
> **(Module 4)**

> Best training I've had in 30 years of NHS work!
>
> **(Module 1a)**

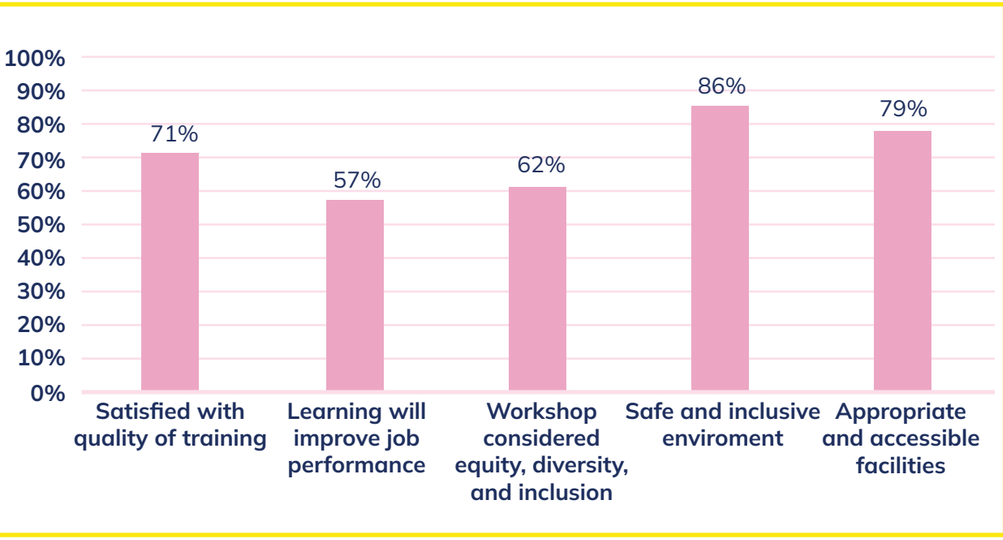
> Thoroughly enjoyed and love that I can start using the learning straight away. I am sure it will make a big difference to the children and young people and families I work with.
>
> **(Module 1b)**

> The session was really engaging, informative but also providing helpful tools, hearing other people's views and experiences was also valuable.
>
> **(Module 2)**

Feedback for module 5

Attendees of the module 5 workshops were asked to complete a feedback form at the end of the day. The questionnaire asked them to reflect on their satisfaction with the workshop, what they found useful and what could be improved. Figure 2 shows the percentage of attendees who reported high levels of satisfaction (i.e., scores of at least four out of five).

Figure 2: percentage of trainees reporting high levels of satisfaction (percentage of 4s and 5s out of 5) (n=42)



What went well

Attendees highlighted the value of meeting with other senior colleagues from the children and young people's crisis workforce, including learning about other services and picking up solutions to common challenges. They reported that it was particularly useful to share ways of implementing the AMBIT model and have dedicated time to reflect on how it is being used across teams.

> A really useful forum to be able to reflect and share experiences with colleagues from other regions!
>
> **(Module 5)**

Ways to improve

Attendees suggested the workshop should:

- include more practical tools and insights
- focus more on developing crisis pathways, evidence-based approaches and areas of innovation
- focus more on the practicalities of implementing AMBIT (e.g., providing specific case examples).

They highlighted that future training should cover:

- evaluating impact
- managing crises in neurodivergent children and young people
- managing safeguarding concerns.

Attendees also stated they would have liked more information about the workshop in advance to help with setting expectations and engagement.

> I had a different expectation of the event. I thought there would be more discussion about evidence-based approaches to how we can support children and young people in crisis and operationalise services.
>
> **(Module 5)**

Generally, attendees wanted to continue learning about and embedding the AMBIT model and interacting with professionals they met through training, workshops and resources.

Areas for training development

Engagement in breakout rooms

Breakout rooms were largely seen as a valuable way to learn from others, but both trainees and trainers reported that experience varied depending on engagement from others in the group. Challenges included other trainees not engaging in breakout room discussion and keeping their cameras off, which was frustrating for those who wanted to have meaningful interactions.

> Perhaps the only negative was my experience of the breakout room function, as it can be a bit disheartening when your group are all completely silent for 5 minutes with their screens off, whilst you hear back that others have had a really lively discussion!
>
> **(Module 1a)**

Several trainees suggested that cameras and participation in discussions should be mandatory and that expectations should be set prior to training. Other suggestions included:

- facilitators joining groups
- nominating someone to lead the discussion
- bigger breakout groups
- changing groups throughout to allow different individuals to collaborate
- greater structure for discussions to keep people on task.

Breakout room engagement has been raised at every round of training. AMBIT trainers have collectively considered the best ways of using breakout rooms to include a range of different learning styles and neurotypes.

Rooms are adapted at every training session based on in-session feedback. For example, trainers in one round set up separate rooms for individuals who were unable to engage, so that those in the main breakout groups could engage more fully. This was well received and future rounds of training would benefit from trainers continuing to do this.

> [There were] many accounts of people switching off their camera and not speaking in these spaces, which the more interactive colleagues found challenging.
>
> **(AMBIT trainer)**

More information prior to training

Another suggestion for enhancing the trainees' experience was to provide more pre-course information. Some attendees felt the training wasn't what they were expecting which lowered their engagement and reduced the learning they took from the training. Providing more pre-course information may help set expectations and help trainees prepare.

We do provide information at booking, but some participants are booked onto training by colleagues so not all trainees may receive the pre-course information. Future training should consider how to overcome this.

Some trainees felt they may have attended a different module if given the option, or that they would have liked to attend just one of the days. A solution could be offering standalone days, or bitesize overview sessions so individuals can access the training that feels relevant to them.

> I think more of an overview at the outset about what the two days will cover would have been helpful.
>
> **(Module 4)**

> [Trainees] come with an expectation of being taught how to manage a crisis or take a crisis call and were disappointed we did not offer this. They were expecting a set of techniques, things to say, rather than an approach.
>
> **(AMBIT trainer)**

Additional topics and practical techniques

Trainees and trainers proposed additional elements to include in the training – specifically, more practical guidance and examples. For some, this meant more techniques on how to speak to children, young people and families in crisis, particularly during calls. Others would have liked more sample scenarios, videos, case discussions and roleplay examples.

> The training would benefit from some more practical guidance on risk assessment of children and young people, national data and ways of engaging a child or young person in conversation.
>
> **(Module 2)**

> I expected more of how to talk to people, if somebody phones up and they're feeling suicidal. I wasn't looking for a script or anything like that, but just perhaps helpful phrases that might be tailored to the situation that you're in.
>
> **(Module 1a)**

Feedback highlighted a need to focus more on adapting AMBIT for neurodivergent children and young people and how crisis may present differently in different groups.

> How to implement motivational interviewing and mentalization in a neurodiversity setting [would be useful].
>
> **(Module 4)**

> I found the training session more directed towards generic crisis. There are gaps with clinicians being unsure how to facilitate YP with learning difficulties in crisis situations.
>
> **(Module 2)**

Other suggested topics included:

- mental health
- gender and sexuality
- neurodivergence
- effectively involving young people and families in service development
- the Mental Health and Children's Act
- putting together proposals of care needs
- psychoeducation
- supporting parents and carers experiencing violence from a child or young person.

Duration of training and increasing flexibility

Trainees commented on the intensity of the training, especially when delivered all in one week (mostly in module 3).

The training required sitting in front of a screen for long periods of time and some trainees felt this hindered their engagement. This was compounded by the busy and often stressful nature of crisis work – taking several consecutive days to train made trainees' workloads heavier. Reflections from trainers supported this – trainees' engagement dipped after multiple days of training. Suggestions centred on splitting the training up, such as doing one day a week across four weeks.

> I felt [the training] was back to back. Tuesday to Friday.[...] to take almost 72 hours away from work was quite difficult.
>
> **(Module 3)**

> I feel like [training] would be better once weekly for four weeks. It was an awful lot to take in, with lots of long conversations which I regularly lost track of.
>
> **(Module 3)**

Using the training in practice

How did trainees plan to use the training?

As with previous rounds of training, a Poll Everywhere survey was administered at the end of the final training day to explore implementation plans.

Areas of focus of implementation plans

Mentalizing mindset

Trainees planned to adopt a more mentalizing stance – involving thinking about their own internal states as well as those of others.

Tools and techniques

Trainees described a range of AMBIT tools that they planned to take away from the training. They also described content and ideas from the training that they found insightful, such as epistemic trust, brain development and trauma.

Motivational interviewing principles

Those who attended module 4 spoke of using motivational interviewing principles such as double-sided reflections and the Decisional Balance grid. They felt this will help them notice where a child or young person is on the cycle of change and tailor sessions to support them to explore change.

Team and wider agency working

Trainees planned to take their learning back to their teams, including specific practical content and the wider concepts of mentalizing and Thinking Together. They planned to use this to support the development of reflective practice within their teams and with the wider network.

How did they use their learning?

Six weeks following training, trainees were asked about what they had implemented, what they had shared with their teams and what had helped or hindered this.

The following themes have been collated from responses to a post-training survey, individual discussions and comments made in practice integration sessions.

Mentalizing

One of the biggest takeaways from the training was a greater awareness and use of mentalizing. Trainees described holding a more curious, open mindset when working with service users and colleagues, reflecting on the influence of their own experiences when relating to others.

Many stated that while they did have and use those skills prior to the training, the session consolidated these skills and reminded trainees to consciously use them. Many trainees reported having successfully used specific AMBIT tools following training such as the Egg and Triangle, Thinking Together, and the Dis-integration Grid.

> … I used [the Egg and Triangle] the other day with a young person where it was kind of a little bit murky, there's lots going on and it just really helped kind of consolidate my understanding of what was the biggest concerns for her and going on for her right now.
>
> **(Trainee)**

Trainees who attended module 4 spoke of implementing motivational interviewing techniques, such as the Cycle of Change and the Decisional Balance worksheet. This has positively impacted their work with children, young people and their families. These techniques have also supported discussions with colleagues around complex cases.

> Using a cycle of change model with a parent who was struggling to support their son post discharge from hospital when he was engaging in unhealthy behaviours.
>
> **(Module 4)**

> I found using the decisional balance worksheet useful when working with a young person who is self-harming.
>
> **(Module 4)**

Some trainees discussed the impact of the training – specifically mentalizing – on their own wellbeing. They described developing a more self-compassionate mindset and many felt empowered and validated by speaking with others and sharing experiences. Some trainees talked about the difficulties of working in the crisis pathway and how the training had helped them consider ways of working to reduce stress and burnout.

> I got a book called A-Z of Mindfulness, which I'm using myself. You can't mentalize when you yourself are all over the place, where you've not slept well, when you can't talk to your mind.
>
> **(Trainee)**

Impact on work with children, young people and families

Trainees described how the training enhanced their understanding of children's, young people's and families' perspectives and needs, which led to better outcomes. Mentalizing allowed them to consider behaviour from a more patient, compassionate standpoint.

> I can now deal better with why patients might mistrust me or mistrust the services and I look at the thinking behind their behaviour. I understand they might have had poor, bad experiences in the past. I am patient now to gradually show them that I mean well and I can gradually build the trust
>
> **(Trainee)**

> Is this person being heard? Is this person's voice being listened to? You know, do I understand? It brought me back to those basic, important questions.
>
> **(Trainee)**

Several trainees spoke of how the training had helped them to consider the network around the young person and how this can be engaged effectively to support them. They also reflected they felt more confident to involve that network.

> I'm using AMBIT really to think about how we go about trying to find somebody within the network who can build more of a trusting relationship with [a child or young person] and what that might look like.
>
> **(Trainee)**

Team working

Trainees noticed a positive change in their working relationships with colleagues and the wider professional network. They felt the training fostered greater compassion towards colleagues, which they could use to build a supportive, reflective team practice.

> I think it will help to create and embed a culture where we do have each other's backs and we do mentalize each other and that it's safe to make mistakes and bring that up and admit to that and get support.
>
> **(Trainee)**

They felt the tools for structuring conversations they learned in the training supported effective communication with other professionals. These tools supported trainees to be clearer and more intentional with expressing their needs (e.g., information requests). Others described how tools from the training had helped with discussing difficult cases.

> In team meetings, when they've talked about 'I'm not really sure where to go with this client' or 'this client just seems to be answering "I don't know" to every question'... We've been able to talk about it like in a team setting and use the motivational interviewing techniques as a team for them to then go back and use that in their sessions.
>
> **(Trainee)**

> I facilitated probably two or three Thinking Together sessions. Feedback from that has been really good. People have really valued it, liked the difference from a traditional care planning meeting or multi agency meeting which is outcome focused and about responsibility and accountability. So they liked the flexibility that just that thinking space provided.
>
> **(Trainee)**

What made it easier or harder to use the learning?

The wealth of resources available (such as the AMBIT manual) was found to support implementation of learning. Trainees noted that checking back through notes and other materials kept their learning at the forefront of their minds.

Having others in their team attend the training also facilitated implementing the training in practice. Trainees described how implementing the tools felt easier when others were on the same page and understood the approach.

Trainees also found support from managers and senior leadership who attended the training or had existing knowledge of AMBIT concepts to be beneficial to implementation.

> The person in charge of all the teams loves AMBIT and thrives in AMBIT. So we'd already had the cards and we'd had meetings where she's been there, we'd been mentalizing and we'd had open discussions about AMBIT. And then all senior leadership has been on the training and so we have conversations all the time.
>
> **(Trainee)**

Trainees on modules 3 and 4 spoke of how valuable the practice integration sessions (delivered after six weeks) were for refreshing learning and sharing tips for implementing learning.

> It was great to have a practice day as crisis teams don't normally have dedicated learning time to establish these concepts.
>
> **(Module 4)**

> It was really good to have the opportunity to revisit and remind myself of the tools I know will be helpful.
>
> **(Module 3)**

One of the most significant barriers to implementing the training in practice was time. The busy nature of crisis services means many trainees found it difficult to find time to reflect on and consolidate what they had learned. Trainees felt learning may be lost without dedicated time to practice.

While many found mentalization easier to implement as it could be used on the go, other tools, such as the Dis-integration Grid, required more time and were harder to implement.

> We've got really high caseloads at the moment. We've got a big staff retention issue in our team and high levels of risk, lots of children presenting in crisis. So we're going through quite a difficult time as a team and there's lots and lots of things that the team are being asked to absorb and do. And so I'm trying to be really mindful of that and think about how I can weave AMBIT in.
>
> **(Trainee)**

Trainees also found it more challenging to implement their learning when they had attended the training alone and their team was unfamiliar with AMBIT. Colleagues didn't always understand AMBIT well enough to see its value, which made it harder for trainees to encourage their team to embed the new techniques. This challenge was exacerbated where trainees lacked the support of senior management.

Some trainees found it difficult to share with their teams as they were worried about explaining the concepts incorrectly. They suggested providing more resources (e.g., short videos or visual aids) or shorter training sessions delivered by AMBIT trainers that could fit into team meetings.

> If there is an opportunity that we can arrange a short session, like a 30 or 40 minute session from your organisation, just to give [the team] food for thought and maybe a select few can go for further training.
>
> **(Module 4)**

> I think being sent some simple visuals that I can use as a reminder of the skills and to refer to in the office space with my team would be helpful such as the cycle of change.
>
> **(Module 4)**

Other barriers included practitioner stress, low confidence and insufficient practical guidance on how to implement the training.

Working with parents and carers

In previous rounds of training, trainees discussed challenges working effectively with parents and carers while their child was in crisis.

To learn more about this, we asked trainees about their experiences working with parents and carers via a Poll Everywhere survey. This insight can be used to further develop the training.

What does work with parents and carers look like?

Trainees reflected on the highly emotive environment their work with parents and carers takes place in. Trainees described difficulty managing parents and carers expectations, particularly around:

- timescales for intervention
- remits of service provision
- the expected recovery trajectory of child or young person.

This often led to frustration and a loss of trust in professionals and frequently impacted professionals' own wellbeing.

Trainees also highlighted that working in overstretched services reduced their capacity to build relationships with parents and carers. Some trainees did not feel confident to support parents and carers in emotional distress, particularly those working in administrative roles who are often the first point of contact, but don't have the training to provide support.

How can the workforce be supported to work with parents and carers?

Trainees felt that continued training, more staff and increased appointment availability would support their work with parents and carers. They proposed the following training topics:

- professional boundaries
- communicating with parents and carers
- having difficult conversations
- managing conflict
- understanding neurodivergence and accessibility
- understanding cultural and generational differences.

Joined up, collaborative working within and across agencies was also seen as important for supporting parents and carers. Trainees valued the opportunity to discuss ideas and approaches to working with parents and carers with colleagues and some suggested they'd benefit from greater opportunities for supervision.

Other suggestions focused on:

- more resources to signpost parents and carers to sources of support
- improved information sharing about services and wait times.



Ideas for training development

The following themes reflect post-training discussions with trainees and comments from the implementation survey.

Continuation of learning

Across modules, trainees expressed a desire to continue developing AMBIT skills and techniques. Several trainees suggested further training days, refreshers, check-in days (similar to practice integration sessions) and consultations with trainers. One trainee suggested appointing AMBIT champions in teams, where following the training, one team member is nominated as responsible for encouraging the ongoing implementation of AMBIT. They proposed that champions could attend study days and receive further information from trainers.

Community of practice

The feedback spoke overwhelmingly of how attending with colleagues or as a team was beneficial to learning and implementation. A suggested alternative was to offer learning buddies - pairing up individuals who attended the training alone but wish to keep discussing learning and implementation with others. One trainee also suggested establishing a community of practice, in which those who completed the training could meet to share practical tips and discuss complex cases.

Further resources

Trainees requested access to resources that facilitate the sharing of learning with colleagues and managers, such as short descriptions of the techniques. This could be condensed manuals and training slides or videos. Similarly, a section of the manual details how to taking learning back to the team, including practical examples, would be beneficial.

> "What I don't really have is an easy way of explaining what AMBIT is, and that would be really helpful, having a sort of blurb or a script that I can bring out in senior manager meetings."
>
> **Trainee**

References

Anna Freud. (2021). CYP Crisis Pathway Training Programme: Feedback Report. *London: Anna Freud National Centre for Children and Families. (Unpublished)*

Anna Freud. (2022). Evaluation of the training for the children and young people's crisis pathway workforce. *London: Anna Freud National Centre for Children and Families. (Unpublished)*

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(2), 77-101. doi:10.1191/1478088706qp063oa*

Edwards, D., Carrier, J., Csontos, J., Evans, N., Elliott, M., Gillan, E., . . . Williams, L. (2023). Review: Crisis responses for children and young people – a systematic review of effectiveness, experiences and service organisation (CAMH-Crisis). *Child and Adolescent Mental Health, 29, 70-83. doi:10.1111/camh.12639*

Evans, N., Edwards, D., Carrier, J., M, E., Gillen, E., Hannigan, B., . . . Williams, L. (2023). Mental health crisis care for children and young people aged 5 to 25 years: the CAMH-Crisis evidence synthesis. *Health and Social Care Delivery Research, 11(3). doi:10.3310/BPPT3407*

Fuggle, P., Bevington, D., Cracknell, L., Hanley, J., Hare, S., Lincoln, J., . . . & Zlotowitz, S. (2015). The Adolescent Mentalization-based Integrative Treatment (AMBIT) approach to outcome evaluation and manualization: adopting a learning organization approach. *Clinical Child Psychology and Psychiatry, 20(3), 419–435. doi:10.1177/1359104514521640*

Fuggle, P., Bevington, D., Duffy, F., & Cracknell, L. (2016). The AMBIT approach: Working with hard to reach youth. *Mental Health Review, 21(1), 61-72. doi:10.1108/MHRJ-04-2015-0012*

Garcia-Ortega, I., Kadlec, H., Kutcher, S., Hollander, M., Kallstrom, L., & Mazowita, G. (2012). Program evaluation of a child and youth mental health training program for family physicians in British Columbia. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 22*(4), 296–302.

Gotovac, S., Espinet, S., Naqvi, R., Lingard, L., & Steele, M. (2018). Evaluating Training Programs for Primary Care Providers in Child/Adolescent Mental Health in Canada: A Systematic Review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 27(2), 99–111.*

Griffiths, H., Noble, A., Duffy, F., & Schwannauer, M. (2017). Innovations in Practice: Evaluating clinical outcome and service utilization in an AMBIT-trained Tier 4 child and adolescent mental health service. *Child and Adolescent Mental Health, 22(3), 170-174. doi:10.1111/camh.12181*

Jensen, S. L., Bo, S., & Vilmar, J. W. (2021). What is behind the closed door? A case illustration of working with social isolation in adolescents using Adaptive Mentalization-Based Integrative Treatment (AMBIT). *Journal of Clinical Psychology, 77(5), 1189–1204. doi:10.1002/jclp.23145*

Lavis, P. (2021). Reaching the tipping point: children and young people's mental health. *Mental Health Network NHS Confederation.*

NHS England. (2017). Stepping forward to 2020/21: The mental health workforce plan for England. *NHS England.*

NHS England. (2019). NHS Mental Health Implementation Plan 2019/20 – 2023/24. *NHS England.*

NHS England. (2022, November). Supporting children and young people (CYP) with mental health needs in acute paediatric settings: A framework for systems.

NHS England. (2023, November). Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. *NHS Digital.*

Talbot, L., Fuggle, P., Foyston, Z., & Lawson, K. (2020). Delivering an Integrated Adolescent Multi-Agency Specialist Service to Families with Adolescents at Risk of Care: Outcomes and Learning from the First Ten Years. *The British Journal of Social Work, 50(5), 1531-1550.*

We Can Talk. (2020). Co-produced children and young people's mental health training for hospital staff. Change the Future. *We Can Talk.*

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