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Title:

Early Psychosis Workforce Development: Core Competencies for Mental Health Professionals Working in the Early Psychosis Field

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Early Psychosis Workforce Development: Core Competencies
for Mental Health Professionals Working in the Early Psychosis Field

Aim: The aim of this study was to identify the core competencies required of mental health professionals working in the early psychosis field, which could function as an evidence-based tool to support the early psychosis workforce and in turn assist early psychosis service implementation and strengthen early psychosis model fidelity.

Method: The Delphi method was used to establish expert consensus on the core competencies. In the first stage, a systematic literature search was conducted to generate competency items. In the second stage, a panel consisting of expert early psychosis clinicians from around the world was formed. Panel members then rated each of the competency items on how essential they are to the clinical practice of all early psychosis clinicians.

Results: In total, 1023 pieces of literature including textbooks, journal articles and grey literature were reviewed. A final 542 competency items were identified for inclusion in the questionnaire. 63 early psychosis experts participated in three rating rounds. Of the 542 competency items, 242 were endorsed as the required core competencies. There were 29 competency items that were endorsed by 62 or more experts, and these may be considered the foundational competencies for early psychosis practice.

Conclusion: The study generated a set of core competencies that provide a common language for early psychosis clinicians across professional disciplines and country of practice, and potentially are a useful professional resource to support early psychosis workforce development and service reform.

Keywords: Clinical Competency, Competency-Based Education, Psychosis, Capacity Building, Training, Workforce Development, Core Competencies, Professional Development, Fidelity

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Introduction

In the last 25 years the rationale for early intervention has been extensively documented with a steady increase in research evidence to support both the cost-effectiveness of early psychosis services, and the benefits of timely access to care and high-quality treatments early in the course of the disorder (1). Numerous early psychosis programs have been established around the world (1). However, significant expansion and replication of early psychosis services raises issues about how fidelity can be maintained (2, 3). Of particular concern is how existing and new clinical staff can be assisted to adapt clinical practice and implement early psychosis specific interventions (4). Practitioner competence is essential to the successful implementation of any intervention or program (5, 6). Without competent staff to implement a model, standards of implementation have little practical meaning (5). The amount of training or experience that a clinician has is often taken as a proxy for competence. However, despite the intuitive appeal of such a proxy, this is not an accurate measure of competence. Therefore it is necessary to identify other indicators of competence and competent practice (6).

In the last decade, the approach to competence and competence development in the health science literature that has received the most attention is the competency-based approach which focuses on the identification of individual competencies required for effective clinical practice (7). Sets of competencies required of mental health professionals have been developed in the UK, Canada, USA, New Zealand and Australia for various professional groups and areas of mental health practice (8-12). In part, this shift has been driven by government policy aimed at increasing accountability, enhancing opportunities for inter-professional care and education, and improving quality in health care through the identification of key competencies (7, 13, 14). However, this change in thinking has also been driven by dissatisfaction with traditional health education approaches, which historically have been input driven and focussed on delivery of content, with limited focus on expected learning outcomes or the context in which learning will be applied (14-16).

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Expert consensus is the most commonly used method for the development of competency standards in health care (17). The most commonly used formal consensus method in health care is the Delphi method (18-22). This method involves a panel of experts privately rating written statements. Feedback is provided to each panel member individually in the form of a statistical summary of the ratings. These ratings detail the level of consensus that has been achieved in that rating round. Further rounds of rating are then completed until sufficient consensus is agreed on all statements. The end result of the Delphi method is a series of statements for which there is substantial consensus in ratings by the experts. Delphi panel members do not need to meet, so it is possible to conduct the study using mail or the Internet and allowing the inclusion of international experts. Whilst a lack of face-to-face discussion has been cited as a limitation of this approach, the advantage is that peer influence is diminished, reducing bias in results (21, 23). Furthermore, combining participant views into statistical summaries increases reliability rather than allowing a single person to determine when consensus has been reached, as is the case in other consensus methods (23).

The aim of this study was to develop competency standards for clinicians working in the field of early psychosis using the Delphi method.

The definitions for key terms used in this study were consistent with those documented by Health Workforce Australia (HWA). HWA was the Australian government agency responsible for overseeing all major reforms to the Australian health workforce at the time of project commencement. Competence is thus defined as "a person's overall capacity to perform a given role, including not only performance but also capability. It involves both observable and unobservable attributes, such as attitudes, values and judgmental ability" (13). Competency is defined as "a component part of competence. It refers to specific capabilities in applying particular knowledge, skills, decision-making attributes and values to perform tasks safely and effectively in a specific health workforce role" (13).

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Method

Questionnaire Development

To determine the potential competency statements to include in the Delphi study, an extensive review of the literature was undertaken. This review included peer and non-peer reviewed written materials, online material and grey literature. Material was reviewed if it contained any information regarding appropriate skills, knowledge and attitudes required to work in the field of early psychosis. Statements were extracted from the literature and used to develop a questionnaire that was distributed to a panel of early psychosis experts.

This review included:

(i) A comprehensive Internet search of the grey literature using Google via *google.com*, *google.com.au, google.com.ca*, *google.com.uk* and *google.co.nz* with the terms: *mental health competencies, practice standards mental health, early psychosis standards* and *early psychosis training*, *early psychosis* and *first episode psychosis.* The first 50 websites identified by each of these search approaches were reviewed for relevant content.

(ii) A comprehensive search of online databases for journal articles and book chapters was conducted using *PsycInfo, PubMed, Proquest, CINAHL and Google Scholar*. Table 1 details each of the early psychosis terms and competency terms used in the search.

(iii) A comprehensive search for relevant textbooks using *amazon.com* was conducted using the terms *early psychosis* and *first episode psychosis*. The first 100 books were identified and reviewed for relevance to this project. Only relevant books from this search were then thoroughly reviewed.

<Insert Table 1>

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The thematic analysis of the literature was conducted according to the steps outlined by Braun and Clarke (2006). Any statements about what a mental health professional should do (skills), know (theory or knowledge) or believe (attitude or value) in working with early psychosis clients was identified and extracted using NVivo 9 qualitative analysis software. Surrounding text was also included and extracted to give context to each statement extracted. Each statement was initially coded into a theme according to the subject matter of the statement. For each group of like competency statements, a suggested wording for a draft competency statement item was developed. Each of these draft competency statements was then reviewed by the Delphi Reference Group (see below) so that the questionnaire items for the study could be developed. The Delphi Reference Group consisted of 5 members with expertise as early psychosis clinicians or researchers or in Delphi methodology. The primary researcher presented the pre-coded and sorted competency statements to the Delphi Reference Group in groups based on broadly similar content. Suggested wording for draft competency statements was also presented. Each draft statement was read by each member of the group and discussed. The original coded text was also reviewed to ensure the draft competency statement accurately reflected the original data. Redundancies were identified and removed. Consensus was reached as to the final wording. Text was only modified where necessary to assist comprehension and to ensure consistency of language used throughout the questionnaire.

For ease of interpretation it was decided to group the competency items into domains to roughly align with the structure of the Australian Clinical Guidelines in Early Psychosis (ACGEP) – Second Edition (2010). Nine additional themes were also included, as the items in these themes either did not fit easily within the existing structure of the clinical guidelines or contained a number of items that warranted a separate theme. Table 2 provides detail about the structure of the questionnaire.

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<Insert Table 2>

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Participants

Participants were primarily recruited through the International Early Psychosis Association (IEPA). Recruitment of participants ran from August 2014 to December 2014. Participants were recruited to the study by email or in person. An email advertisement was approved by the IEPA board and sent out by the IEPA secretary to the entire IEPA membership. IEPA members were asked to initiate contact if interested in participating in the project. Several follow-up reminder emails were also sent out. The same advertisement was also placed at a booth at the 9th International Conference on Early Psychosis – 'To the New Horizon', held in Tokyo, Japan in November 2014. In addition the snowballing technique was used to recruit participants. All members of the IEPA board were invited to participate and/or nominate relevant experts from their country of practice. Experts from prominent international early psychosis services were also contacted in person or by email and invited to participate and/or nominate relevant experts from their country of practice. Each of these nominated experts was then individually contacted by email about potential participation in the project. All interested participants were screened according to the following inclusion criteria:

- Current member of the IEPA.
- Residing in one of the top ten countries represented in IEPA membership. These countries have the most individuals who identify as interested in early psychosis and the most well established early psychosis service reforms.
- At least one publication in a peer-reviewed journal or book that is of clinical relevance to early psychosis.
- Fluent English Proficiency.
- At least 10 years clinical experience in an early psychosis specific role.

A written description of the study was emailed to each potential participant. A separate email with a link to the electronic version of the questionnaire was also mailed at the same time. One participant did not have regular access to a computer, so a hard copy of the questionnaire was provided instead.

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Questionnaire

The questionnaire consisted of 542 competency statements items, 13 demographic questions and 32 open-end comment questions. Participants were asked to rate how important it was that all mental health professionals working with young people experiencing early psychosis could demonstrate each competency listed. They were asked to rate this importance on a 5-point Likert scale as either should not be included, unimportant, don't know depends, important or essential. At the end of each section of the questionnaire participants were invited to provide comments about the competency statement items in that section and offer suggestions about material that could be added. The questionnaire was converted into electronic format using the website *surveymonkey.com*.

Delphi Process

Three rounds of the Delphi process were completed. After the first round, a report of the results was sent to each participant. The report included details about the group aggregated results and an individualised summary of each participant's response to each of the items that required re-rating in Round 2. Information was provided about how to use the feedback report in the second round.

After the second round of the Delphi process each participant received a summary of the combined results from the first and second round.

Data Analysis

Panel members' responses to the surveys were analysed to determine expert consensus by calculating the percentage of endorsement of each item by panel members. After each round, items were analysed to determine whether they were endorsed, rejected or required re-rating. Items were *endorsed* if they were rated "Essential or "Important" by at least 90% of the expert panel. Items were *re-rated* if they received a level of consensus that was neither high enough to be clearly endorsed or low enough to be clearly rejected. These items were rated as "Essential"

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or "Important" by between 85-89.9%. Items that were rated as "Essential" or "Important" by less than 85% of the expert panel were rejected and not included in further rounds.

Results

Panel Members

Sixty-eight panelists provided responses to the Round 1 questionnaire, however 5 panelists only partially completed the survey and were excluded from analysis, leaving a final panel of 63 early psychosis experts. All 63 panelists completed Round 2 of the questionnaire, while 59 completed Round 3. The overall retention rate was 93.6% across the three rounds.

Competency Statements

Of the 542 competency statements rated by the panelists, 242 were endorsed as either 'Essential' or 'Important' for all mental health professionals working in the early psychosis field. Table 2 lists the number of items endorsed in each domain. In Round 1, eight items were endorsed by 100% (n=63) of panelists and a further 20 items were endorsed by 98.4% of panelists (n=62). After re-rating in Round 2, a further item was endorsed by 98.4% of panelists (n=62). Table 3 lists these 29 highest-rated competency items. Due to the very high level of consensus achieved, these highest-rated competency statements may be considered the foundational core competencies for early psychosis practice regardless of service structure or country of practice.

<Insert Table 3>

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Discussion

The findings from the current study are largely consistent with existing international and Australian health workforce reform, mental health policy and mental health practice standards. Existing mental health policies and competency frameworks provide guidance that contemporary mental health practice be person-centred, recovery focussed, carer and family inclusive, rights based, respectful of diversity and evidence-based (12, 24-28). The final endorsed core competencies also reflect these foci. For example, there was a high level of consensus about the competency statements in the values domain of the competency standards. These items require that an early psychosis practitioner demonstrate a commitment to the core values of recovery, partnership, evidence-based practice, social inclusion, hope, bio-psychosocial care, and respect for the rights and dignity of the young person and family. Other items in this domain related to providing a whole-person approach to care and promoting optimism in others about recovery in young people with early psychosis.

However, an interesting finding of the study is that potentially a significant practice gap exists between what is expected of all mental health professionals working in the early psychosis field and what constitutes best practice in early psychosis care, as documented in the ACGEP (29). The ACGEP aims to "outline best practice in the provision of services to young people experiencing the early stages of psychotic disorder" (29). It has been identified as a gold standard in evidence-based early psychosis care and outlines the standard to which Australian early psychosis services must adhere (1). Whilst the ACGEP outlines what is necessary for early psychosis services to provide, the core competencies identified in the current study identify the requirements of all mental health professionals working in early psychosis services. Nonetheless, a comparison between the two is useful in planning service delivery.

The findings from the current study are largely congruent with the ACGEP. Some notable areas of difference are that: (i) the ACGEP contains a heavy focus on

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medication and psychological interventions, particularly CBT, whereas many of the competency statement items relating to these areas of practice were not endorsed by the expert panel; (ii) the final core competency statements included some areas of practice that were either not included in the ACGEP or given only minor consideration; these included stigma, hope and coping; (iii) competency statements relating to some aspects of practice of particular relevance to the Australian context were also not endorsed, specifically those relating to clinical practice in rural settings, working with Aboriginal and Torres Strait Islander (ATSI) communities and a case management approach to care.

Central to this study is the concept of inter-professional collaboration, teamwork and learning, and an assumption that this approach is useful in early psychosis service provision. Internationally, momentum has developed towards collaborative inter-professional education and practice, and the development of competency standards for the health professions has been identified as a useful tool to enhance such inter-professional practice (30). Inter-professional teamwork has been advocated as beneficial by providing increased opportunities for delivery of multi-faceted interventions and allowing a more holistic approach to care (31). Moreover, health service users are less concerned with the professional designation of care workers and their qualifications and more concerned that care is “delivered in an expert, responsive, manner” (13). It has thus been suggested that person-centred care requires a re-focussing of the health workforce away from professional discipline silos towards collaborative inter-professional practice (13). The establishment of a common language through the development of competency standards enables a shared vision for inter-professional teams and facilitates inter-professional collaboration and teamwork (32). It is envisaged that the core competencies in the current study will provide a common language for early psychosis teams that can complement professional discipline-specific competencies.

Although the current study has provided a clear articulation of what early psychosis experts identify as the core competencies required of all mental health professionals, this study has also highlighted some of the challenges inherent in

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developing a skilled, capable and flexible workforce whilst maintaining access to high quality specialist care. The competencies identified in this study complement existing practice standards and competency frameworks, however there are some clear gaps evident between documented best practice in early psychosis service provision according to available clinical guidelines (29, 33) and the expected competencies of all early psychosis clinicians. This presents a challenge to early psychosis service providers about how to ensure access to high quality, evidence-based targeted assessment and interventions for all early psychosis clients. A key challenge then for service providers is how to structure services and the early psychosis workforce to meet this requirement.

The core competencies identified in this study will be a useful resource in the design and development of curriculum and training programs, staff recruitment and retention and to individual practitioners in planning their professional development. The highest-rated competency items may be considered the foundational competencies for early psychosis practice and thus may also provide a useful foundation for the development of youth mental health practice standards applicable to the entire youth mental health workforce.

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Tables

Table 1: List of search terms used in the online database search

Early Psychosis Term	Competency Term
Early Psychosis	Training
First Episode Psychosis	Guidelines
Early Onset Schizophrenia	Standards
Early Intervention Psychosis	Workforce
First Onset Schizophrenia	Competenc*
First Episode Schizophrenia	Knowledge
	Skills
	Staff Attitudes
	Staff Values
	Education

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Table 2: Number of items in each domain

Domain	Original Items n (%)	Endorsed Items n (%)	Highest-rated Items n (%)
Psychosocial Intervention	57 (11)	17 (7)	1 (3)
Substance Use	51 (10)	15 (6)	
Family	40 (8)	17 (7)	
Medication	37 (7)	13 (5)	
Therapeutic Approach	36 (7)	29 (12)	8 (28)
Functional Recovery and Practical Support	28 (5)	8 (3)	
Psychoeducation	21 (4)	13 (5)	1 (3)
Groups	20 (4)	1 (0.4)	
Acute Care and Crisis Intervention	19 (4)	13 (5)	2 (7)
Recovery and Relapse	18 (4)	11 (5)	5 (17)
Suicide and Risk Management	18 (4)	13 (5)	2 (7)
Cognitive Functioning	8 (2)	4 (1.7)	
Youth Focus	8 (2)	3 (1)	
Treatment Planning & Discharge	14 (3)	8 (3)	1 (3)
Assessment	13 (3)	9 (4)	
Engagement	13 (3)	11 (5)	2 (7)
Physical Health	12 (2)	4 (2)	
Secondary and Tertiary Consultation	5 (1)	2 (1)	
Philosophy of Early Intervention	10 (2)	9 (4)	4 (14)
Comorbidity	10 (2)	-	-
Stigma	10 (2)	4 (2)	
Legal and Ethical	10 (2)	6 (2)	1 (3)
Specific Populations	10 (2)	3 (1)	
Facilitating Access to Care	9 (2)	5 (2)	
Incomplete Recovery	8 (2)	3 (1)	
Goals	7 (1)	6 (2)	2 (7)
Lifelong Learning	6 (1)	5 (2)	
Values	6 (1)	6 (2)	
Case Management	5 (1)	-	-
Hope	4 (1)	3 (1)	
Consumer and Carer Participation	2 (0.4)	1 (1)	-
Total number of Items	***515****	***242***	***29***

*A number of items had sub-components, giving an overall total of 542
Percentage rounded to nearest whole percent

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Table 3: Highest-rated competency items

Competency Item	**Round 1 Rating %**
Explain the principles of early intervention in psychosis.	100
Identify factors that may impact on the safety of clinical staff in crisis situations.	100
Provide positive reinforcement for the efforts made by the young person in achieving their goals.	100
Demonstrate respect for the young person's subjective experience and their explanatory model of psychosis.	100
Recognise the importance of promptly communicating to the treating team any high risk of harm to self or others.	100
Demonstrate respect for the needs, privacy, rights, views and individual preferences of the young person and their family.	100
Demonstrate a genuine interest in the views and experiences of the young person and their family.	100
Work collaboratively with the young person and their family.	100
Outline the vision and mandate of the local early psychosis service.	98.4
Describe the rationale for early intervention in psychosis.	98.4
Manage psychiatric emergencies safely and respectfully.	98.4
Identify strategies that the young person can use to manage early warning signs of relapse.	98.4
Assist the young person to develop skills in the following areas: stress-management	98.4
Recognise effective and sustained intervention over the critical period as the key to maximizing potential for recovery, protecting against relapse and improving the young person's long-term trajectory and outcome.	98.4
Provide sensitive and appropriate responses to affective distress during times of crisis.	98.4
Identify a range of psychosocial strategies to augment the recovery process including psychological intervention, family interventions and group-based recovery programmes.	98.4
Identify potential stressors and factors increasing vulnerability to relapse as a basis for a relapse prevention strategy.	98.4
Assess the young person's beliefs and attitudes to relapse.	98.4
Implement a plan for relapse prevention.	98.4
Develop a good cooperative therapeutic relationship with the young person and family based on negotiation, positive reinforcement, trust and equality, and taking their experiences into account.	98.4
Set realistic and achievable goals in collaboration with the young person to maximise their opportunities for success and contribute to their sense of hope for the future.	98.4

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Table 3: Highest rated competency items continued

Competency Item	**Round 1 Rating % (n)**
Develop a risk management plan in collaboration with the young person, family and other members of the treating team.	98.4
Demonstrate empathy for the young person and their family.	98.4
Encourage the young person to be an active agent in their own recovery.	98.4
Encourage the young person to focus on their individual recovery and management of their life rather than on their diagnosis.	98.4
Communicate in a style that is sensitive to the needs of the young person and their family.	98.4
Listen actively to the concerns of the young person and their family and take their views seriously.	98.4
Discuss confidentiality with the young person and their family.	98.4

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