

## Eating Disorder and Perinatal AP

### Clinical Practice:

- Working with young people from a paediatric liaison angle – patients with comorbid physical and mental health difficulties or medically unexplained symptoms/ functional neurological disorders

### Leadership and Management:

- Providing clinical supervision and leadership to the clinical leads for the community and specialist teams
- Split role – clinical director and AP, making leadership the biggest pillar

### Education and Training:

- Completing training needs analyses to inform training requirements across the services
- Setting up a clinical induction for staff around assessment, formulation, risk assessment and management of children and young people's mental health

### Research:

- Co-facilitation of a research and development group – using it for tracking, audit, quality improvement and service evaluation across CAMHS
- Linking with the Institute of Mental Health and others to support practice-based research within the service

### **What is your professional background?**

I am a mental health nurse by background. Previously I worked in adult mental health in an acute inpatient service then an adult crisis service. I moved into Child and Adolescent Mental Health (CAMHS) in 2008, working first as a CPN and then as a team leader. I set up the local CAMHS crisis service and undertook a secondment in a service management role whilst I did the AP training. I am currently in a split role; part of the role is as an AP and part of it is as a clinical director for CAMHS, adult eating disorders and perinatal mental health services.

### **What service do you work within?**

My AP role covers CAMHS services in the community.

### **What roles and responsibilities do you have?**

The AP role was introduced to offer advanced clinical leadership to CAMHS alongside operational service management. I offer clinical supervision and leadership to the clinical leads for the community and specialist teams. I also get involved in complex case discussions and multi-agency escalations when there are particularly challenging situations. This covers different cases across different teams which offers good variety.

I have some clinical practice in my role, working with young people within a paediatric liaison remit. These are young people where there are either comorbid physical and mental health difficulties that are impacting on each other, medically unexplained symptoms or functional neurological disorder.

### **What is the impact of your AP role within the service?**

One of the biggest impacts of my AP role has been the senior clinical leadership and support that wasn't there before. Previously, clinical leads were line managed and overseen by the service managers. My AP role has oversight of all teams from a clinical perspective so I can make sure that pathways are aligned across the service.

**What is the impact of your AP role within the service? (Cont.)**

Part of both my AP and clinical director roles is service development, so I link in with commissioners and consider service development alongside clinical need and evidence-based practice. I feel that my clinical director and AP roles work very well together, particularly around clinical leadership.

For patients, I have brought in care bundles (pathways) to make sure that young people get equitable intervention regardless of where they live within the county. My ability to offer senior support from a clinical perspective with some case escalations has proved very helpful.

**Are you the first person to hold this specific post in your service?**

Yes, I'm the first person within CAMHS to have the AP role. We are increasing trainee numbers and hope to have more APs in the service.

**What are the biggest challenges of your role?**

That there's only one of me! I would benefit from having at least one other AP working with me. One service manager I work with covers the early intervention pathway and the community teams, and another covers the specialist teams. There is definitely scope and need for an AP to cover each area with the service manager.

**How have these challenges been addressed?**

The current AP trainees are going to be more clinically facing on qualifying. One of the biggest pressures within CAMHS at the moment is assessment and treatment times, as well as trying to improve the capacity within the service. So, this needs to be prioritised before the additional capacity at the service level.

**Are AP roles looking as though they are expanding within your service?**

I've been able to support two people that are part way through AP training and I'm looking to identify a further five people across the service to commence this year. I've been able to link in with the adult mental health AP lead and we're looking at pulling together a trust strategy around advanced practice; this will involve consideration of unmet needs, highlighting the benefits of AP roles, and building up a governance framework around advanced practice, particularly within the mental health divisions. With the national shortage of CAMHS consultant psychiatrists, APs would also be able to improve the flow of patients as either the main worker for some of the less complex cases or as a step down from some of the consultants as well.

**How would you like to see your AP role develop in the future?**

I don't feel that I get the time or opportunity that I'd like for research and development. While I do co-facilitate a research and development group, that's all I manage to get in because of the other pressures of both my AP and clinical director roles so this is an area I'd like to develop further.

**How well did your AP training pathway prepare you for your role?**

I completed the general AP pathway as the mental health pathway wasn't available to me. It was helpful but very physical health focused and had extremely limited mental health content. If I had the option of the mental health pathway, I would have chosen that, although I have learned some beneficial physical health skills that certainly support my role alongside the leadership and service transformation.