



Tranquillity produced by service users and occupational therapy staff at the Edenfield Centre, Greater Manchester West Mental Health NHS Foundation Trust.

# Mental Health Core Skills Education and Training Framework

This framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Skills for Care and Health Education England.



# Acknowledgements

This framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Skills for Care and Health Education England (HEE).

Development of the framework was guided by a steering group co-chaired by Professor David Sallah (Clinical Lead - Mental Health Workforce, Health Education England) and Christina Pond (Executive Director, Skills for Health). Initial scoping research was led by Dr Olga Koslowska (University of Wolverhampton) and the framework was developed and compiled by Fazeela Hafejee (Aeonian Solutions Ltd) and Colin Wright (Skills Framework Manager, Skills for Health).

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- Association of Educational Psychologists
- Black Mental Health UK
- British Psychological Society
- College of Policing
- Department of Health
- Health Education England
- Huntington's Disease Association
- Leicestershire Partnership Trust
- Mental Health First Aid England
- Mental Health Foundation
- Mental Health Network of the NHS Confederation
- Mental Health Nurse Academics UK (MHNAUK)
- Mental Health Providers Forum
- National Survivor User Network
- NHS England
- Public Health England
- Race Equality Foundation
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Psychiatrists
- Skills for Care
- Skills for Health
- South London and Maudsley NHS Trust
- Venture-People Limited
- Winston's Wish.

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## Foreword from joint chairs of the national expert steering group

The Department of Health commissioned Skills for Health and Health Education England, working in partnership with Skills for Care, to develop this core skills education and training framework.

The framework is designed to meet the education and training needs of the health and social care workforce and to contribute to improving the knowledge of the general population about mental health wellbeing.

In developing this framework, we took into account the education and training challenges articulated by Government, the health and social care workforce, people who use services and the need to improve the general population's understanding of mental health. For example:

- The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England (2016)
- Health Education England Strategic Framework 2014-2029
- Prime Minister's Pledge on Mental Health (2016)
- Government's mandate to Health Education England
- Future in Mind, NHS England & Department of Health (2015)
- Closing the gap: priorities for essential change in mental health (2014)
- No Health without Mental Health: Mental Health Strategy (2011).

Our aim and focus in developing the framework is to support the development and delivery of appropriate and consistent cross-sector education and training for those working with individuals with mental health problems. We are confident that we have achieved this. The framework will support and guide a more efficient and consistent approach to the delivery of training and education for the mental health workforce. It will also help to prevent unnecessary duplication of training by setting out the core skills and knowledge that are transferable and applicable across different types of service provision. The framework will also serve as a medium through which education and training can be measured in terms of positive outcomes for people living with mental health issues, their families and carers.

During the course of developing the framework, our approach has been to seek the best available evidence, and draw on extensive practical experience, including that of individuals who are experts by experience. The framework maps across to other education and training resources used within health and social care, including the Care Certificate and units in the regulated qualifications framework. It includes expected learning outcomes for training delivery, key policy and legal references and is aligned to related national occupational standards.

We are grateful to all those individuals and organisations that have generously shared their experience and expertise and worked in partnership with us to develop this framework.



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Clinical Lead - Mental Health Workforce  
Health Education England



**Christina Pond**  
Executive Director  
Skills for Health

# Introduction

## Background

The Mental Health Core Skills Education and Training Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Health Education England (HEE) and Skills for Care. The framework supports workforce development specific to implementation of the national mental health strategy, *No Health Without Mental Health*<sup>1</sup>. It is also in accordance with the HEE Mandate (2015-16)<sup>2</sup> which affirms the commitment to achieving parity of esteem between mental and physical health and the principles to “aspire to excellence in training” and “providing greater transparency, fairness and efficiency to the investment made in education and training” (HEE 2015). The aim of the framework is to support the development and delivery of appropriate and consistent cross-sector mental health education and training.

## Scope of the framework

The delivery of mental health services involves a workforce that is extensive and diverse, including many staff closely engaged in providing clinical care as well as offering information, support and assistance. Mental health services may be offered in a broad variety of settings including an individual’s own home, community settings, residential homes and acute hospitals. In addition, support staff and other individuals outside the health and care sectors (e.g. justice, education, housing and employment) may interact with those affected by mental health issues and therefore need to have an awareness and understanding of mental health issues.

The core skills and knowledge described in the framework are therefore defined for 3 tiers:

- Tier 1** people that require general mental health awareness
- Tier 2** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3** staff supporting children, young people, working-age adults and older people who may experience a mental health problem.

The framework describes core skills and knowledge i.e. that which is common and transferable across different types of service provision. Specialist skills and knowledge are outside the scope of the framework. Additional learning outcomes may be locally determined to meet education and training needs in specific settings e.g. according to local context, risk assessment or policy.

This framework is for all ages, and throughout this document we will use the word ‘individual/s’ to encompass children, young people, working-age adults and older people. There is also a subject aimed specifically at children and young people (age range from 0 to 25 years).

1. DH (2011), No health without mental health: A cross-government mental health outcomes strategy for people of all ages.

2. DH (2015), Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2015 to March 2016.

## Development of the framework

Development of the framework was guided by a steering group comprising representatives of key stakeholders, including relevant Royal Colleges, health, social care and education sector organisations. A reference group was also established to include a wider range of organisations and individuals (including service users and carers) that wished to be kept up-to-date on development of the framework and to provide comments or feedback as part of the consultation process.

The first phase of the project focussed on desk research to identify and review existing resources, leading to production of a scoping report at the end of March 2015. The report:

- identified potential project stakeholders
- identified and reviewed existing resources from the UK including relevant guidelines, training resources, qualifications, frameworks and curricula
- provided initial recommendations for the potential structure of the framework and highlighted areas which may require further research.

The development of the framework was based on the findings of the desk research, consultation with the steering group and the findings of an online consultation completed in April 2016. Key references which informed the development of the framework are presented in Appendix 6. In particular, the framework builds upon previous activity to develop standards and competence frameworks for mental health including:

- Department of health (2014): Closing the gap: priorities for essential change in mental health
- Department of health and Home Office (2014): Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis
- Department of health (2012): No health without mental health. Mental health strategy implementation framework guidance
- Department of health (2012): Suicide prevention strategy for England: Preventing Suicide in England: a cross-government outcomes strategy to save lives
- Department of health (2011): No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, London
- Department of health (2004): National Service Framework for Children, Young People and Maternity Services – Mental Health and Psychological Well Being of Children and Young People
- HM Government (2009): New Horizons: a shared vision for mental health
- Public Health England (2015): Public mental health leadership and workforce development framework. Confidence, competence, commitment
- Register of Regulated Qualifications, Mental Health Certificates, Awards and Diplomas
- RCGP (2016): The RCGP Curriculum Clinical Modules 3.10 Care of People with Mental Health Problems
- Skills for Care (2014): Common core principles to support good mental health and wellbeing in adult social care
- Skills for Health: National Occupational Standards for Mental Health – Adults.

## Structure of the framework

### **The framework is presented in 18 subjects - each subject comprises:**

- an introduction
- suggested target audience
- key learning outcomes
- links to relevant guidance and/or legislation
- links to relevant national occupational standards, skills frameworks and qualifications.

### **Appendices include:**

- sources of further guidance
- suggested standards for training delivery
- guidance on frequency of refresher training or assessment
- glossary of terms.

The subjects are numbered (1 to 18) for ease of reference. This does not indicate a prescribed process or subject hierarchy; relevant subjects can be selected from the framework as required.

Within each subject, the learning outcomes are presented for relevant tiers. The learning outcomes are intended to provide a clear focus on what a learner should know, understand or be able to do following completion of any learning activity.

The framework is incremental i.e. tiers 2 and 3 assume that learners possess the skills and knowledge at preceding levels (to minimise unnecessary repetition).

## Summary of framework subjects and the relevant target audience

Subject		Target audience		
		Tier 1	Tier 2	Tier 3
1	Mental health awareness	●	●	
2	Establishing positive relationships with individuals who have mental health problems	●	●	●
3	Promoting general health and well-being for individuals with a mental health problem	○	●	●
4	Promoting mental health and preventing mental illness	○	●	●
5	Self-harm and suicide: Understanding and prevention	○	●	●
6	Enabling a recovery focussed approach to mental health	○	●	●
7	Coaching conversations in supporting recovery in mental health	○	●	●
8	Families, carers and friends as partners in promoting positive mental health	○	●	●
9	Supporting children and young people with mental health problems	○	●	●
10	Supporting children, young people and adults with a learning disability and a mental health problem	○		●
11	Mental health identification and assessment	○	●	●
12	Biopsychosocial formulation in mental health	○	●	●
13	Appropriate and effective use of medication in mental health care	○	●	●
14	Using technology to promote positive mental health and deliver effective support	○	●	
15	Equality, diversity and inclusion in mental health	○	●	●
16	Law, ethics and safeguarding in the context of mental health	○	●	●
17	Research and evidence-based practice in mental health		●	●
18	Leadership in transforming mental health services			●

### Key:

● = Target audience for each subject

○ = Tier 1 describes learning outcomes which underpin tiers 2 and 3

**Subject 1: Mental Health Awareness** therefore brings together the learning outcomes required for a basic awareness of other subjects in the framework. For example, this would be relevant to an introductory mental health awareness course. Other subjects at tiers 2 and 3 provide coverage of subjects in greater breadth and depth.

## About the three tiers

Further clarification about the three tiers is presented below. It is important to note that the level of knowledge and skills people require is not necessarily reflected by their job role or title e.g. a specialist practitioner may have a more in-depth level of subject knowledge and skill in some subjects than those in another, but more senior role.

**Tier 1** — knowledge for roles that require general mental health awareness.

*Relevant to those in any sector who may occasionally interact with individuals affected by mental health issues. For example, this may include those working in education, policing, custodial care, housing or indeed a manager or leader in any organisation. This is also relevant to the entire health and social care workforce including ancillary staff.*

*This is matched to social care **workforce group 1** i.e. all social care staff including those not providing direct care and support such as catering, maintenance or administration staff.*

*Tier 1 could form part of induction training and also provide a foundation for more advanced practice.*

**Tier 2** — knowledge and skills for roles that will have some regular contact with people with mental health issues.

*This is particularly relevant to workers in health and social care settings who are not mental health specialists, but are likely to have some regular contact with people with mental health issues. For example, this may include health and social care support workers, paramedics, nurses, pharmacists, midwives, social workers etc.*

*This is matched to social care **workforce group 2** i.e. social care staff directly providing care and support which would include care assistants working in residential or home care and also personal assistants.*

*Tier 2 also underpins the more specialist skills and knowledge required at tier 3.*

**Tier 3** — knowledge and skills for those working with/caring for people with mental health needs.

This is relevant to staff working intensively with people with mental health needs including those who take a lead in decision making and developing or disseminating good practice. For example, this may include mental health nurses, GPs, psychologists, psychotherapists, psychiatrists, occupational therapists, specialist mental health pharmacists, mental health and psychiatry liaison workers, mental health social workers and other mental health workers.

*Tier 3 is matched to:*

- *Social care workforce group 3 e.g. registered managers and other social care leaders including operational managers who have responsibility for services which provide care and support to people with mental health needs.*

*And*

- *Social care workforce group 4 e.g. Social Care practice leaders, managers and a range of key staff including social workers who work intensively with people affected by mental health needs including those who take a lead in decision making and developing or disseminating good practice. Staff in this group will use the framework in conjunction with their relevant professional standards.*

## How to use this framework

The framework is particularly relevant to employers, their employees and also to educational organisations which educate and train students who will be employed in the health, social care and other sectors. Use of the framework will support organisations to:

- standardise the interpretation of mental health education and training
- guide the focus and aims of mental health education and training delivery
- ensure the educational relevance of mental health training
- improve the quality and consistency of education and training provision.

The framework also supports the assessment of competence, training needs analysis and provision of minimum standards of performance within performance management systems (e.g. as part of supervision or appraisal).

## Learning outcomes

The learning outcomes in the framework aim to describe what the learner will know, understand or be able to do as a result of their learning. This approach is derived from Bloom's Taxonomy<sup>3</sup> i.e.

- Knowledge: Remember previously learned information
- Comprehension: Demonstrate an understanding of the facts
- Application: Apply knowledge to actual situations
- Analysis: Break down objects or ideas into simpler parts and find evidence to support generalisations
- Synthesis: Compile component ideas into a new whole or propose alternative solutions
- Evaluation: Make and defend judgements based on internal evidence or external criteria.

The majority of learning outcomes at tiers 1 and 2 describe knowledge, comprehension/understanding and application, although there are some learning outcomes (particularly at tier 3) which may include analysis, synthesis and evaluation.

The learning outcomes for each subject should together indicate the minimum content for the design and delivery of teaching and learning for each tier in that subject. However, it is important to reiterate that this is a core skills and knowledge framework i.e. the scope of the framework is that which is common and applicable to all settings. Additional content may also be required for some roles and contexts.

The learning outcomes are written as broad statements e.g. 'The Learner will: be aware of / know / understand / be able to...' This provides scope for the framework to be applicable across a wide range of contexts and settings.

## Training and assessment

The framework does not prescribe a training/teaching method. This will be developed according to the particular context or setting. Similarly, the framework does not seek to prescribe assessment methods.

For application in a specific context, relevant learning objectives or assessment criteria may be developed to measure achievement of the learning outcomes. In a given context, more specific verbs may be applied to each learning outcome e.g. 'The learner will: explain / describe / demonstrate / discuss / identify / etc...'

For example, in different organisations or contexts learning outcomes may be assessed by a range of methods e.g. e-assessment, group discussion, observation of performance, products of work, testimony from witnesses, project/case study work etc. The learning outcomes in the framework are intended to be adaptable to this variety of assessment methods.

3. Bloom B (1956), Taxonomy of educational objectives

## Who is this framework for?

The framework provides a focus on the skills, knowledge and behaviours expected for the delivery of mental health services. This should be of particular value to:

### Individuals and teams

The framework sets out clear expectations for learners and in particular, the core learning outcomes that specific tiers of the workforce should be able to demonstrate. This supports individuals and teams to:

- be clear about the requirements of their roles and to recognise their own transferable skills
- conduct formal or informal training needs analysis, comparing current skills and knowledge with required skills and knowledge
- plan future education and training requirements to enable continuing professional development and career progression.

### Subject matter experts / trainers

The framework helps those who design education and training opportunities to focus on the key outcomes that learners need to achieve, which in turn will guide the content to be included and the use of appropriate teaching strategies. This includes co-production of training with people with learning disabilities and families and carers.

The specific learning outcomes also support the effective evaluation of education and training.

Approaches to evaluation can include:

- evaluating whether learners have achieved the required learning outcomes immediately following a learning intervention (e.g. through assessment of knowledge and/or competence)
- evaluating whether the learning is being applied in the workplace (e.g. through longer-term evaluation of impact on practice, possibly as part of supervision or appraisal processes)
- evaluating the impact on quality of care (e.g. measuring outcomes and/or levels of satisfaction from individuals with learning disabilities and their families). Such evaluation will require data collection to measure what changes.

### Assessors of occupational standards

References to relevant national occupational standards and national skills frameworks indicate how the framework relates to national standards. For example, a learner working towards the requirements of a national occupational standard could use the framework as a guide to the skills and knowledge they would need to demonstrate in achieving the national occupational standard in the specific context of *mental health*.

### Managers in organisations / commissioners of training

The framework enables managers and commissioners to be clear about the specific outcomes required from staff development interventions. Use of the framework within an organisation enables managers to demonstrate that core mental health training has been planned and delivered in accordance with a nationally recognised framework. Similarly, commissioners can use the framework to provide education and training providers with a quality assurance specification for mental health core skills education and training.

## **Education providers**

Universities, colleges and private training providers can use the framework to underpin the design of education and training curricula, ensuring that the required core learning outcomes are integrated appropriately and/or mapped to overall achievement of curriculum aims. This will help ensure that those learners undertaking health and care programmes are given the opportunity to acquire mental health core knowledge and skills which are relevant to the requirements of employing organisations.

## **Regional and national implementation**

A further aspiration in providing this framework is that organisations will be able to review their current arrangements for defining and delivering mental health education and training and through the adoption of the framework align their approaches. Such alignment should then have benefits in ensuring consistent approaches, which, through the use of learning outcomes, should be more educationally focused and valued. This has the potential to promote organisational and system wide efficiencies by encouraging the adoption of education and training which meets recognised standards and in doing so help to prevent unnecessary duplication of education and training delivery.

The framework also supports the increasing integration between health and social care services and their respective workforces. In particular, a core skills framework can help to develop synergies such as improved communication, collaborative working and potentially providing opportunities for joint education and training.

## Principles and values

Mental wellbeing encompasses a person's sense of positive feeling about their life situation and their personal health, both physical and mental. Each person is unique. Some individuals who experience mental health problems may still enjoy a good quality of life and mental wellbeing. Some people may not have a specific mental health problem, but experience poor mental wellbeing and quality of life. Attitudes, behaviours, expectations, and relationships are key in promoting wellbeing and in the experiences of individuals who use mental health services, and in the experiences of their families, carers and friends. The perspectives and views of individuals who experience mental health problems, their families, carers and friends are the most important drivers for improving outcomes. Individuals who experience mental health problems, clearly have unique skills and abilities that enable them to provide 'expert advice' in this field. Mental health services are likely to be more effective if they are developed and delivered with the direct involvement of the individuals who use them.

This framework supports the Government's challenging agenda towards promoting wellbeing and improving mental health services. This includes changing the way we think, challenging mental health stigma and the prevailing culture of low expectations by, and towards, individuals who experience mental health problems and promoting the five steps for mental health and well-being<sup>4</sup>:

- connect with people
- be active
- be curious
- learn
- give.

No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages is underpinned by three main guiding principles of:

- freedom — reaching our potential; personalisation and control
- fairness — equality, justice and human rights
- responsibility — everyone playing their part and valuing relationships.

Key to a mental health outcomes strategy is a strategy for equality and human rights. This is because reducing inequality and promoting individuals' human rights reduces the risk of mental illness and promotes wellbeing. This reinforces the Human Rights Act (1998) and the Equality Act (2010).

Commonly agreed 'human rights principles' sometimes referred to as the FREDA principles include: fairness, respect, equality, dignity, and autonomy (choice and control). These principles are considered to underpin all international human rights treaties<sup>5</sup>. The Ten Essential Shared Capabilities for Mental Health Practice embed and enhance these principles:

- **Working in partnership**

Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

- **Respecting diversity**

Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

- **Practising ethically**

Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

4. [New Economics Foundation \(2008\), Five ways to wellbeing](#)

5. [British Institute for Human Rights and Department of Health, Human Rights in Healthcare – a framework for local action, 2007](#)

- **Challenging inequality**

Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

- **Promoting recovery**

Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

- **Identifying people's needs and strengths**

Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

- **Providing service user centred care**

Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

- **Making a difference**

Facilitating access to and delivering the best quality, evidence-based, values based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

- **Promoting safety and positive risk taking**

Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

- **Personal development and learning**

Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

In addition to these principles, care and support for people (children, young people and adults) with mental health issues should be delivered in line with the value base of health and social care. The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England<sup>6</sup> sets the standard of conduct expected of all adult social care workers and healthcare support workers in England. It helps workers provide high quality, safe and compassionate care and support and outlines the behaviours and attitudes that people who use care and support should rightly expect.

The '6Cs', which underpin the Compassion in Practice strategy, were developed as a way of articulating the values which need to underpin the culture and practise of organisations delivering care and support. These are immediately identifiable as values which also underpin quality health and social care provision<sup>7</sup>.

6. Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, Skills for Care & Skills for Health 2013

7. Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy, Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser December 012



## Subject 1: Mental health awareness

MSU Heart Art therapy led creative arts project, Woodview, Specialist Learning Disability Division, Care NHS Foundation Trust

### Introduction

Mental health is an area of health that is important to us all. It is crucial to our ability to lead a fulfilling life: *'there is no health without mental health'*.

Life can be described as a continuum that we all move along that is not necessarily one dimensional - our mental health and well-being is better at some times than others. One in four adults and one in ten children are likely to have a mental health problem in any given year. This can have a profound impact on the lives of millions of people in the UK, and can affect their ability to sustain relationships, work, or just get through the day.

An ill-informed and damaging attitude among some people exists around mental health that may make it difficult for individuals to seek help. It is estimated that only about a quarter of people with a mental health problem in the UK receive ongoing treatment<sup>8</sup>, leaving the majority of people grappling with mental health issues on their own, seeking help or information, and dependent on the informal support of family, friends or colleagues. Therefore it is paramount that action can be taken to promote positive mental health for individuals and communities at the individual, community and system level. This includes self-care i.e. taking responsibility for one's own health and wellbeing - keeping both the body and mind fit and healthy. Self-care can help prevent illness and accidents and if a person does become ill, have a long term condition or disability, it can help them to take care of themselves better.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject, we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 1:** people that require general mental health awareness

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people who experience a mental health problem.

### Key learning outcomes

#### Tier 1

**The learner will:**

- a) understand what is meant by the terms 'mental well-being', 'mental health' and 'mental ill-health'
- b) be aware of the prevalence of individuals who may experience mental health problems in the UK
- c) be aware of the importance of promoting positive mental health
- d) be aware of the life course approach to promoting good mental health and the benefits of intervening early particularly in childhood and teenage years to prevent mental illness
- e) understand what emotional literacy is and the importance of it in maintaining mental well-being
- f) be aware of the benefits of mindfulness for improving wellbeing and mental health

- g) be aware of the factors that promote and protect mental health and well-being
- h) be aware that for an individual who experiences mental health problems there may be biological, psychological and social aspects that predispose, precipitate and perpetuate the condition
- i) understand the importance of resilience as a key factor in protecting and supporting good mental health
- j) be aware of the importance of families, carers, friend and social networks for individuals experiencing mental health problems
- k) be aware of the possible causes and approaches to prevention of mental health problems
- l) be able to use basic coaching techniques in supporting an individual who may be in mental distress
- m) understand how local mental health and wellbeing services can support individuals
- n) be aware of the key mental health problems that may require specialist interventions and specific roles professionals may have in this context
- o) be able to signpost individuals who experience mental health problems, their families and carers for further help, resources or guidance about mental health problems
- p) understand what is meant by the term recovery
- q) be aware of the importance of citizenship in improving quality of life
- r) be aware of some of the social, personal and economic effects of mental ill-health
- s) be aware of the impact of experiencing a mental health problem on individuals, family and society
- t) know how stereotyping can increase stigma and negative attitudes towards people experiencing mental health problems
- u) be aware of the rights of people experiencing mental health problems
- v) be aware of how different cultures may perceive and respond to mental health problems
- w) be aware of barriers that may exist for different cultural groups accessing services
- x) understand the importance of self-care in order to promote own positive mental health
- y) be aware of the signs and behaviours of an individual who may self-harm or harm others including suicidal thoughts
- z) be aware that individuals who experience a mental health problem from a minority community often have poorer outcomes and may be disadvantaged by complex cultural, social and economic inequalities.

## Tier 2

*Tier 1 learning outcomes plus the following:*

### **The learner will:**

- a) know common types of mental health problems
- b) be aware of the mental health problems that may be faced during pregnancy and post-birth (termed 'perinatal')
- c) be able to support individuals experiencing mental health problems to contribute to their own recovery and well-being
- d) be able to have coaching conversations that can help clarify what individuals want and encourage responsibility and accountability for achieving goals
- e) be aware of models of care and support for individuals in need of mental health emergency care or experiencing crisis including:
  - techniques of distraction
  - reducing stress
  - problem solving

- f) be aware of the importance of integrated services to improve outcomes for individuals who may experience a mental health problem
- g) be aware of the different types of treatments available to support individuals who experience mental illness and understand the roles and responsibilities of different agencies in supporting individuals who experience mental illness
- h) know that alcohol and substance misuse is common in those experiencing mental health problems (termed 'dual diagnosis') and is often unrecognised
- i) understand the relationship between individuals with long-term physical health conditions and individuals who experience mental health problems which may result in poorer health outcomes and reduced quality of life
- j) be aware of a range of mental health issues caused by a trauma experience e.g.
  - rape trauma syndrome
  - post-traumatic stress disorder
  - complex post-traumatic stress disorder
  - dissociative identity disorder
- k) be aware that people from minority communities report worse outcomes of care
- l) understand the importance of respecting diversity in practice.

**NB.** These core learning outcomes for mental health awareness may be supplemented by additional outcomes to take account of factors such as type of role, location, service need and risk analysis. Mental health awareness also needs to be understood in conjunction with related statutory and mandatory subjects as appropriate to role.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\). No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Department of Health \(2012\) Suicide prevention strategy for England: Preventing Suicide in England: a cross-government outcomes strategy to save lives](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\): Principle 1 Know the key signs of mental illnesses and distress and be able to respond appropriately](#)
- [Mental Health First Aid England \(2013\). Line managers' resource](#)
- [Action for Happiness. 10 keys to happier living](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH14.2013 Identify potential mental health needs and related issues](#)
- [MH90.2013 Support others to promote understanding and help to improve people's mental health](#)
- [MH38.2013 Enable people with mental health needs to choose and participate in activities that are meaningful to them](#)
- [MH13.2012 Work with families, carers and individuals during times of relapse or crisis](#)
- [MH20.2013 Use a recovery focused approach in working alongside the person with mental health needs and agree plans to meet their needs](#)
- [MH27.2012 Reinforce positive behavioural goals during relationships with individuals](#)
- [SCDHSC0419 Provide advice and information to those who enquire about health and social care services](#)
- [SCDHSC0026 Support individuals to access information on services and facilities](#)
- [CHS177 Advise on access to and use of services](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

### Care Certificate Standards

- Standard 9: Awareness of mental health, dementia and learning disability.

### Regulated Qualifications framework components

- Ref: Y/602/6374 Level 1 Introduction to mental health
- Ref: J/602/0103 Level 3 Understand mental health problems
- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion.



## Subject 2: Establishing positive relationships with individuals who have mental health problems

Missed Mental Health Act Code of Practice Competition Winner, Chris Ridge

### Introduction

Being socially connected and feeling part of the community where you live are essential for good mental health and wellbeing. Many people with disabilities, illnesses and long term conditions, including mental health problems, have experienced social exclusion from the communities they live in, including stigma, discrimination, poverty, unemployment, isolation and loneliness. Supporting people (including carers) to be more socially included can contribute to individuals' overall wellbeing and/or recovery. Establishing or maintaining positive relationships is essential to building confidence and life satisfaction. However, people who need care and support may sometimes have "friendships" and relationships with people who also exploit them or abuse them. These can be difficult to deal with if a person has capacity to make decisions to maintain the relationship. If there is evidence of exploitation or abuse then a safeguarding concern may need to be raised.

Clearly, it is important for individuals who experience mental health problems to maintain established friendships and positive relationships with family members. Peer support can also be a way of enabling people to become socially connected again with others who have a similar disability, illness or condition. However, it is important that people are not linked together simply because of the reasons they are receiving care. People may also want to become actively (re)involved in their communities through volunteering opportunities, activities, or paid employment. Carers may also want opportunities for greater social connections and community participation.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

- Tier 1:** people that require general mental health awareness
- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people who may experience a mental health problem.

### Key learning outcomes

#### Tier 1

##### The learner will:

- a) understand the importance of developing the skills and the value base to promote positive relationships including unconditional positive regard
- b) understand the importance of establishing rapport and building respectful, trusting, honest and supportive relationships with individuals experiencing a mental health problem, their families and carers, which make them feel valued as partners

- c) understand the importance of effective communication when supporting individuals who experience a mental health problem including communication with family and carers
- d) be aware of the importance of being socially connected
- e) understand the impact of language difficulties on communication when supporting an individual experiencing a mental health problem
- f) be aware that an individual's behaviour may be a form of non-verbal communication
- g) understand how an individual's feelings and perception may affect their behaviour
- h) understand how the behaviour of others might affect the individual experiencing a mental health problem
- i) be aware of the stereotypes and negative attitudes towards mental health problems and the impact this may have on establishing a positive relationship
- j) be aware of routes to enabling an individual to participate in communities, have social interactions, and receive information and social support.

## **Tier 2**

*Tier 1 learning outcomes plus the following*

### **The learner will:**

- a) be able to build a respectful, trusting, non-judgemental relationship by actively listening and avoiding assumptions
- b) understand common causes of distressed behaviour for an individual experiencing a mental health problem
- c) be able to recognise distressed behaviour and provide a range of responses to reassure the individual experiencing a mental health problem
- d) be able to support the individual experiencing a mental health to develop some simple coping strategies
- e) understand ways in which acute illness and the emotions caused by it can affect communication with an individual
- f) be aware of the relationship between known factors which influence behaviour and reinforcing positive relationships
- g) know your own role and responsibilities and from whom assistance and advice should be sought if you are unsure
- h) know why it is important to explicitly identify with the individual the behavioural goals to be addressed through reinforcing positive relationships
- i) be able to support a person to identify their own short term and longer term recovery goals.

## **Tier 3**

*Tier 1 and 2 learning outcomes plus the following*

### **The learner will:**

- a) understand strategies for encouraging individuals to recognise and take responsibility for their own behaviour
- b) know how to create and promote opportunities for individuals to practise desired behaviour
- c) know the importance of your role as a positive role model to reinforce pro-social behaviours and ways of continuously monitoring your own effectiveness in this
- d) be aware of relevant research into effective practice promoting pro-social behaviour and confronting challenging behaviour

- e) be aware of methods available for enabling individuals to change their behaviour, such as:
  - motivational interviewing
  - cognitive behavioural methods
  - peer support
  - adult learning methods including adult education
  - solution-focused therapy
- f) know the effect that behaviour that challenges has on individuals and others in the vicinity
- g) understand methods and styles which may be used in developing, sustaining and enabling individuals to move on from relationships
- h) know how to empower individuals to make effective relationships in the future
- i) be able to identify factors which are known to trigger certain kinds of behaviour in individuals
- j) be able to take appropriate actions to maintain calmness and safety and enable individuals to find alternative ways of expressing their feelings such as:
  - de-escalation
  - diversion
- k) be able to encourage individuals to review their behaviour and interaction with others and assist them to practise positive behaviours in a safe and supportive environment.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\)](#)

*Principle 3 Promote dignity and respect by maintaining confidentiality and integrity and valuing the individual's knowledge and experience.*

*Principle 7 Enable informed choice and control by appropriately supporting people who need care and support to make well-informed social care and lifestyle decisions, building on their strengths and personal resources.*

*Principle 8 Promote social inclusion by helping people who are being supported to maintain positive relationships and family contact, peer support, active community involvement, and by enabling carer involvement.*

*Principle 10 Enable capacity and confidence-building in people who need care and support to maintain their independence and control by supporting them to manage risk-taking activities, lifestyle decisions and setting goals.*

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH22.2013 Maintain active continuing contact with people with mental health needs and work alongside them in their recovery journey](#)
- [MH42.2013 Enable people with mental health needs to participate in activities and networks](#)
- [GEN97: Communicate effectively in a healthcare environment](#)
- [GEN98: Promote effective communication in a healthcare environment](#)
- [SCDHSC0031: Promote effective communication](#)
- [SCDHSC0369 Support individuals with specific communication needs](#)

### UK Core Skills Training framework

- Clinical/Care Subject 4: Communication

### Care Certificate Standards

- Standard 6: Communication

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

### Regulated qualifications framework components

- Ref: R/602/0170 Level 3 Use effective communication and build relationships in mental health work.



## Subject 3: Promoting general health and well-being for individuals with a mental health problem

Nemo Way finding Find Your Way Sara Lee

### Introduction

General health and wellbeing encompasses a person's sense of positive feeling about their life situation and their personal health, both physical and mental. Each person is unique. Individuals who experience a mental health problem may still enjoy a good quality of life and mental wellbeing. Others may not have a specific mental health problem, but experience poor mental wellbeing and quality of life.

Historically there has often been a disconnect between mental health care and physical care. Research shows physical illnesses affects mental health, and mental health problems and or illness affects physical health. Therefore the connection between mind and body is paramount is supporting individuals who experience a mental health problem. When care for both sides of the mind-body connection is integrated, research shows that outcomes for individuals who use services improve.

Wellbeing represents different things for different people and can be achieved in many ways. For some it's spending time with family and friends, for others achieving their own personal goals or perhaps taking part in meaningful activities such as physical, social and leisure activities that are tailored to the person's needs and preferences. This can range from activities of daily living such as dressing, eating and washing, to leisure activities such as reading, gardening, arts and crafts, conversation, and singing. It can be structured or spontaneous, for groups or for individuals, and may involve family, friends and carers, or the wider community. Activity may provide emotional, creative, intellectual and spiritual stimulation. It should take place in an environment that is appropriate to the person's needs and preferences, which may include using outdoor spaces or making adaptations to the person's environment.

If you are in good mental health you can:

- make the most of your potential
- cope well with life and life's changes
- play a full part in your family, workplace, community and among friends
- maintain good physical health e.g. through maintaining nutrition, hydration and exercise.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem

**Tier 3:** staff supporting children, young people, working-age adults and older people who may experience a mental health problem.

## Key learning outcomes

### Tier 2

#### The learner will:

- a) understand the importance for individuals experiencing mental health problems maintaining good physical health through nutrition, exercise and a healthy life style that includes social engagement
- b) be able to identify and assess physical health and social needs in partnership with the individual
- c) be able to support an individual experiencing mental health problems in co-developing and implementing a personal plan to improve their health and wellbeing
- d) understand the role of family and carers in promoting positive mental and physical health
- e) be able to support individuals to continue their interests, social life and community involvement and know why this is important
- f) understand triggers and responses to stressed or distressed behaviours
- g) be aware of the benefits and limitations of medication to manage behavioural and psychological issues including associated side effects
- h) understand the importance of smoking cessation support for smokers who experience mental health problems and signpost to specialist services where appropriate
- i) be aware of the potential effects on physical and mental health for the individual who experiences a mental health problem from the consumption of drugs and alcohol
- j) understand the importance of good quality, affordable, safe housing to the wellbeing of individuals experiencing mental health problems and the close link between mental ill health, homelessness and/or poor quality housing
- k) know how to support individuals experiencing mental health problems to access local services and referral pathways including voluntary and community services which would promote their physical and mental health
- l) understand how activities can be adapted to suit an individual's changing needs
- m) be able to incorporate assistive technology to support self-care and meaningful activity
- n) know when to make a referral to another agency.

### Tier 3

*Tier 2 learning outcomes plus the following*

#### The learner will:

- a) understand the principles, processes and options for supporting self-care including psychological mindedness and emotional intelligence as essential components in contributing to mental wellbeing and resilience
- b) be able to support the individual experiencing mental health problems and their family to access self-care/self-management support if desire
- c) understand the importance of building self-efficacy to engage in activity e.g. self-care, work, leisure
- o) by challenging and changing the individuals belief in themselves
  - by graded interventions aiming to develop the individuals motivation to engage in self-care, leisure and work
  - by increased awareness and capacity to engage in activities
  - by increased ability to choose and do activities that are consistent with the individual's capacity
  - by adapting activities to match current abilities and thus support engagement; considering graded next steps
  - by focus on personal assets and resources rather than deficits only

- d) be able to offer information of the effects on physical and mental health for the individual who experiences a mental health problem from the consumption of drugs and alcohol its consequences including both abstinence and harm reduction-based programs
- e) be able to lead on the introduction of assistive technology to support self-care and meaningful activity
- f) know how presentations of acute illness are described and recorded by different individuals and what this may mean for their understanding
- g) know how the emotional impact of an acute illness on an individual may not equal the severity of the medical problem (i.e. some individuals may be very upset over minor illnesses and some may have little apparent emotional response to a significant and severe illness)
- h) be aware of the different beliefs that different individuals may have with regard to the cause and meaning of acute illnesses and how this may affect their ability to manage the immediate and longer term consequences of that illness
- i) be aware of the important technical and pastoral support services that may be needed by the individual and carers at times of crisis
- j) be able to contribute to the development of practices and services that meet the individual needs of people experiencing mental health problems
- k) be able to identify co-morbid conditions
- l) understand the modifying effect of chronic or co-morbid conditions and its treatment on the presentation of acute illness.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2016\), Improving the physical health of people with mental health problems: Actions for mental health nurses](#)
- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)  
*Principle 2 Understand the importance of good mental health and wellbeing and have good knowledge of how to promote these with people who need care and support.*  
*Principle 9 Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.*
- [NICE guidelines \(PH49\) \(2014\) Behaviour change: individual approaches](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH42.2013 Enable people with mental health needs to participate in activities and networks](#)
- [MH18.2012 Identify the physical health needs of individuals with mental health needs](#)
- [MH38.2013 Enable people with mental health needs to choose and participate in activities that are meaningful to them](#)
- [SCDHSC0212 Support individuals during therapy sessions](#)
- [SCDHSC0025 Contribute to implementation of care or support plan activities](#)
- [SCDHSC3112 Support individuals to manage their own health and social well-being](#)
- [SCDHSC0393 Promote participation in agreed therapeutic group activities](#)
- [GEN105 Enable individuals to maintain their personal hygiene and appearance](#)
- [GEN107 Enable individuals and families to put informed choices for optimising their health and wellbeing into action](#)
- [CHS62 Provide interventions to individuals with long term conditions](#)
- [CHS68 Support individuals with long term conditions to manage their nutrition](#)
- [CM A4 Plan, implement, monitor and review therapeutic interventions with individuals who have a long term condition and their carers](#)
- [CM C3 Enable individuals with long term conditions to make informed choices concerning their health and wellbeing](#)

### UK Core Skills Training Framework

- Clinical/Care Subject 7: Fluids and nutrition

### Care Certificate Standards

- Standard 8: Fluids and nutrition

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 3. A local workforce working with communities to build healthy and resilient places
- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately
- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

### Regulated qualifications framework components

- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion
- Ref: A/601/9174 Level 4 Identify the physical health needs of individuals with mental health needs and plan appropriate actions.



## Subject 4: Promoting mental health and preventing mental illness

People Helping People Renny H.M Asquith

### Introduction

By promoting mental health and preventing mental illness, we can increase the number of people who enjoy good mental health and reduce, to the greatest extent possible, the number of people whose mental health is poor, who experience the symptoms of mental health problems or illnesses, or who die by suicide.

Positive mental health — feeling well, functioning well, and being resilient in the face of life's challenges — improves quality of life and is integral to overall health and well-being, even when there are on-going limitations caused by mental health problems and illnesses. Improving the state of mental well-being for the whole population brings social and economic benefits to society.

By enhancing factors that are known to help protect people (e.g. having a sense of belonging, enjoying good relationships and good physical health) and diminishing those factors that put them at risk (e.g. childhood trauma, social isolation), we can reduce the onset of some mental health problems and illnesses, reduce symptoms and disability, and support people in their journey of recovery. Structural and social factors that reduce adversity and promote a sense of security, such as safe housing, stable income and being part of local and wider communities are also of great importance.

There is growing evidence about what kinds of programmes can be effective. The best results for mental health promotion, mental illness prevention, and suicide prevention have been achieved by initiatives that target specific groups (defined by age or other criteria) and settings (school, workplace, home and community). They address a combination of known risk and protective factors, set clear goals, support communities to take action, and are sustained over a long period of time.

Addressing mental health and mental illness as everyday issues will contribute to achieving broader goals such as increasing employability, improving physical health across the lifespan, helping individuals to do better in school, and reducing crime.

This subject is for all ages and aims to support the life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

#### The learner will:

- a) know the steps that an individual may take in promoting positive mental health through self-care e.g.
  - Eating habits
  - Increased physical activity
  - Sleep
  - Recreational activities
  - Personal social and community relationships
  - Spending time in nature
  - Mindfulness and meditation.
- b) know the lifestyle factors that may increase or delay the risk of developing certain types of mental health problems including protective factors which may include avoidance of alcohol and substance misuse
- c) know how to effectively communicate messages about healthy living according to the abilities and needs of individuals
- d) understand motivational factors that may impact on the ability to make changes
- e) be able to identify risk factors and indicators for potential self-harm
- f) be able to identify risk factors and indicators for potential suicide
- g) be able to support an individual who may self-harm or harm others
- h) be able to support an individual who may have suicidal thoughts
- i) understand which behaviours in managers / co-workers can contribute to an increase mental health problems in the workforce
- j) know when and where to access emergency services if required and when to raise safeguarding alerts if appropriate
- k) be aware of the challenges to healthy living that may be experienced by different socio-economic and/or ethnic groups
- l) be able to signpost sources of health promotion information and support
- m) be aware of when and where to obtain additional guidance including the use of reflective practice and professional supervision.

### Tier 3

*Tier 2 learning outcomes plus the following*

#### The learner will:

- a) understand strategies for supporting an individual in promoting their mental well-being and mental health
- b) know of local or national strategies to promote mental wellbeing and mental health within a group or community
- c) be aware of risk reduction evidence-based research and national health promotion strategies
- d) be able to develop and disseminate health promotion information and advice
- e) be able to work collaboratively with individuals who experience mental health problems to encourage behaviour change
- f) understand the importance of an approach to risk reduction which challenges myths and stigma
- g) be able to monitor, evaluate and improve the effectiveness of health promotion activities

- h) be able to develop and implement in partnership action plans to improve individuals' mental health and wellbeing
- i) know how to enable individuals with a mental health problem to obtain up to date appropriate information and advice when they need it and access opportunities in their community
- j) be able to apply the principles of the crisis concordat.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Department of Health \(2012\) Suicide prevention strategy for England: Preventing Suicide in England: a cross-government outcomes strategy to save lives](#)
- [Department of Health \(2014\) Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis](#)
- [NICE guidelines \(PH49\) \(2014\) Behaviour change: individual approaches](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 2 Understand the importance of good mental health and wellbeing and have good knowledge of how to promote these with people who need care and support.*

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH38.2013 Enable people with mental health needs to choose and participate in activities that are meaningful to them](#)
- [MH18.2012 Identify the physical health needs of individuals with mental health needs](#)
- [HT2 Communicate with individuals about promoting their health and wellbeing](#)
- [HT3 Enable individuals to change their behaviour to improve their own health and wellbeing](#)
- [PHP13 Provide information to individuals, groups and communities about promoting health and wellbeing](#)
- [PHP15 Encourage behavioural change in people and agencies to promote health and wellbeing](#)
- [PHP41 Enable people to address issues related to health and wellbeing](#)
- [GEN127 Assess the need for, and plan awareness raising of health and wellbeing issues](#)
- [GEN128 Support the implementation, monitoring, evaluation and improvement of awareness raising around health and wellbeing issues](#)
- [SCDHSC0438 Develop and disseminate information and advice about health and social well-being](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 3. A local workforce working with communities to build healthy and resilient places
- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

### Regulated qualifications framework components

- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion
- Ref: R/602/0167 Level 3 Understand care and support planning and risk management in mental health.



## Subject 5: Self-harm and suicide: understanding and prevention

Stutter Chris Ridge

### Introduction

There are few things more tragic than a person taking their own life. Whether caused by seemingly insurmountable life stressors, impaired biochemistry, or a combination of both, suicide is something that we need to get better at preventing.

“Self-harm” is a broad term that refers to any conscious and deliberate act of harm toward oneself. While some people hurt themselves as a means of ending their life, there are others who engage in self-injurious behaviour that doesn’t stem from a desire to die. These types of behaviours directed toward oneself include cutting, burning, hitting, hair pulling and other acts of intentional self-injury. The reasons people engage in acts of self-injury vary, but one of the most common ones is to try to help regulate overwhelmingly painful emotions, perhaps of deep sadness, intense fear, rage or self-loathing. The act of something like self-cutting or hair pulling can provide a temporary emotional release, distraction from pain, or sense of greater aliveness by de-numbing. But, this ‘remedy’ obviously comes with great cost.

While the root causes of self-harm are complex, one common thread is exposure to trauma – an often underlying source of anxiety, depression, substance abuse and other psychological conditions that increase the risk of self-injurious behaviour and suicide.

Any thoughts of suicide or self-injurious behaviour should be taken seriously. Research suggests that the more suicide is talked about in the open, the more likely lives will be saved. This may run contrary to popular myth or cultural patterns that say talking about it will potentially exacerbate the problem. Due to the challenging nature of life for all people, it’s likely many may have thought about suicide (or another form of self-harm) at one point or another (e.g. during periods of abnormal stress or melancholy). But, most of those people will say they’d never seriously consider actually trying to harm themselves.

People of all ages and all social groups may engage in self-harming behaviour or kill themselves, with some groups - such as young people, veterans and prisoners - at particular risk. Many people do not have mental illness but have multiple life problems of a personal, social or economic nature<sup>9</sup>. It is almost impossible to say how many young people are self-harming as self-disclosure is particularly poor in this age group. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher. In 2014, data suggested a 70% increase in 10 – 14 year olds attending accident and emergency departments for self-harm related reasons over the preceding two years<sup>10</sup>.

**So, any thoughts of self-harm should always be taken seriously by oneself and those around them.**

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word ‘individual/s’ to encompass, children, young people, working-age adults and older people.

9. Royal College of Psychiatrists (2010) Self harm, suicide and risk: a summary, A Position Statement. RCPsych.ac.uk Accessed May 2016

10. [http://www.hscic.gov.uk/media/14858/Self-HarmAreaTeamagegender2011-2014/xls/SelfHarm\\_AreaTeam\\_age\\_gender\\_2011-2014.xlsx](http://www.hscic.gov.uk/media/14858/Self-HarmAreaTeamagegender2011-2014/xls/SelfHarm_AreaTeam_age_gender_2011-2014.xlsx)

## Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

**The learner will:**

- a) be able to recognise when someone may be experiencing mental distress, including self-harm
- b) be able to recognise when someone may be experiencing mental distress, including suicidal thoughts and intentions
- c) understand suicidal behaviour, its causes and prevalence
- d) be aware of appropriate interventions in relation to suicide prevention
- e) be able judge risks and follow appropriate procedures and guidelines healthcare services.

### Tier 3

*Tier 2 learning outcomes plus the following*

**The learner will:**

- a) understand the process of suicide intervention including a theoretical and evidence based perspective
- b) understand the risk and protective and risk factors of suicide and self-harm and how to apply these in practice to improve outcomes for individuals
- c) be able to apply an early intervention or suicide intervention model including risk assessment and care planning
- d) understand suicide and self-harm throughout the life course and how stigma, discrimination and isolation can contribute to it
- e) understand the importance of having an integrated approach to understanding suicide and self-harm
- f) be able to differentiate between the biological, psychological and social approaches to understanding suicide and self-harm
- g) be aware of the importance of building individual resilience and capacity for self-help
- h) understand ways of improving community strength for support, resilience and capacity in suicide prevention in a supporting environment that encourages and supports help-seeking behaviour
- i) be able to demonstrate a coordinated and systems wide approach to suicide prevention, sharing knowledge and learning from others
- j) understand the importance of providing targeted suicide prevention activities in order to reduce the incidence of suicide and suicidal behaviour in the groups at highest risk.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Department of Health \(2012\) Suicide prevention strategy for England: Preventing Suicide in England: a cross-government outcomes strategy to save lives](#)
- [Department of Health \(2014\) Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis](#)
- [NICE guidelines \(PH49\) \(2014\) Behaviour change: individual approaches](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 2 Understand the importance of good mental health and wellbeing and have good knowledge of how to promote these with people who need care and support.*

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [FMH4 Support an individual to reduce the risk and impact of self-harming behaviour](#)
- [FMH3 Observe an individual who presents a significant imminent risk to themselves or others](#)
- [HT2 Communicate with individuals about promoting their health and wellbeing](#)
- [HT3 Enable individuals to change their behaviour to improve their own health and wellbeing](#)
- [PHP13 Provide information to individuals, groups and communities about promoting health and wellbeing](#)
- [PHP15 Encourage behavioural change in people and agencies to promote health and wellbeing](#)
- [PHP41 Enable people to address issues related to health and wellbeing](#)
- [GEN127 Assess the need for, and plan awareness raising of health and wellbeing issues](#)
- [GEN128 Support the implementation, monitoring, evaluation and improvement of awareness raising around health and wellbeing issues](#)
- [SCDHSC0438 Develop and disseminate information and advice about health and social well-being](#)

## **Public mental health leadership and workforce development framework (PHE 2015)**

- Ambition 3. A local workforce working with communities to build healthy and resilient places
- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

## **Regulated qualifications framework components**

- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion
- Ref: R/602/0167 Level 3 Understand care and support planning and risk management in mental health
- Ref: L/503/9984 Level 4 Understanding Suicide Interventions.



## Subject 6: Enabling a recovery focused approach to mental health

The Constant Eye Sophie Fuller

### Introduction

In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the recovery model to describe this way of thinking. Putting recovery into action means focusing care on supporting recovery, working towards the individual's goals and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is the belief that it is possible for someone to regain a meaningful life, despite serious mental illness.

Recovery is working alongside the person with mental health issues to review the options available to them to meet their needs. It facilitates and supports the person with mental health issues to take a lead in creating their own recovery journey. This approach involves enabling people to gain the inspiration and support to begin their journeys of recovery drawing on their own strengths, aspirations and resources and using self-determination and self-management.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

### Key learning outcomes

#### Tier 2

##### The learner will:

- understand what may be meant by recovery in terms of an individual's unique personality, life experiences and response to their mental health problem
- understand how person-centred support can provide insights and care approaches and solutions to meeting the needs of individuals with mental health problems
- understand the important role of family and carers in person-centred care and support of individuals who experience mental health problems
- know when the recovery model is appropriate and its limitations
- be aware of the implications of alcohol and substance misuse in the recovery approach

- f) understand how recovery perspectives promote social inclusion
- g) be able to support individuals experiencing mental health problems make and maintain informed choices about improving their health and wellbeing as part of recovery, including:
  - behaviour and physical health
  - mental health and resilience
  - control and participation
  - welfare support, e.g. financial management, benefits uptake, employment, housing
- h) know how to access to digital services
- i) know about the right to advocacy for individuals with a mental health problem
- j) know the limitations of a person and their support system to self-manage
- k) be aware of the factors that expedite recovery e.g.
  - stable housing
  - financial security
  - safe environment
  - meaningful occupations and activities
  - employment
  - coaching for self-knowledge
  - healthy lifestyle
- l) be able to work with the individual to develop and implement a recovery plan
- m) be able to support the individual in identifying factors that may help them self-care.

### **Tier 3**

*Tier 2 learning outcomes plus the following*

**The learner will:**

- a) know how individuals with long term mental health needs can recover and how recovery is unique to the individual person
- b) know the importance of recognising and building on individuals' own particular strengths, aspirations including meaningful occupations and activities and resources in the journey of recovery
- c) understand the importance for an individual's recovery and development of self-management skills
- d) be able to work with the individual with a mental health problem to identify and measure recovery outcomes
- e) be aware of factors that enable individuals' to have a positive sense of personal identity beyond their condition
- f) be able to apply approaches and frameworks that enable individuals to self-manage symptoms or distressing experiences and avoid setbacks
- g) be able to use tools and techniques of coaching to support an individual with a mental health problem
- h) be aware of barriers in life coaching and how to overcome them
- i) be aware of other interventions such as medication in the recovery journey
- j) be aware of the range of local mental health resources and services and how to access these
- k) know the importance of mutual self-help and peer support services

- l) know the importance of carers in supporting recovery and the development of self-management skills
- m) be able to encourage individuals to express their views on who they wish to be involved in discussions about what they would like to happen
- n) understand the importance of relationships and interactions with others and their potential for promoting well-being to the individual with mental health problems
- o) understand the significance of an individual's background, culture and experiences when providing care and support
- p) be able to measure the impact of recovery approach on an individuals' recovery journey.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 6 Deliver flexible and personalised care that reflects the individual's identity and preferences.*

*Principle 9 Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.*

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH18.2012 Identify the physical health needs of individuals with mental health needs](#)
- [MH22.2013 Maintain active continuing contact with people with mental health needs and work alongside them in their recovery journey](#)
- [SCDHSC0332: Promote individuals' positive self-esteem and identity](#)
- [SCDHSC0234: Uphold the rights of individuals](#)
- [SCDHSC0414 Assess individual preferences and needs](#)
- [SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals](#)
- [GEN111 Enable individuals, their family and friends to explore and manage change](#)
- [CHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)

### UK Core Skills Training Framework

- Clinical/Care Subject 3: Person-centred care

### Care Certificate Standards

- Standard 5: Work in a person-centred way

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

### Regulated qualifications framework components

- Ref: Y/602/0171 Level 3 Enable mental health service users and carers to manage change.



## Subject 7: Coaching conversations in supporting recovery in mental health

Sunburst Julian

### Introduction

Coaching is a way of opening up spaces for personal reflection, helping individuals become aware of their strengths and resourcefulness and supporting them to achieve their goals. Coaching is a series of conversations between a coach and another person aimed at bringing out the best in the individual being coached. Whether we are mental health professionals, individuals who experience mental health problems, or carers we all know that the quality of the relationships and the conversations we have are very important.

Coaching is a specific interpersonal style, which can support recovery for individuals who may experience a mental health problem. The advantages of a coaching approach are:

- It assumes the person is or will be competent to manage their life. The capacity for personal responsibility is a given
- The focus is on facilitating the process of recovery to happen, rather than on the individual
- Coaching is about how the person can live with the experience of the mental health problem, not on treating the mental illness
- The role of the coach is to enable this self-righting capacity to become active, rather than to fix the problem for the individual. This leads to strengths and existing supportive relationships being amplified, rather than deficits
- Effort in the coaching relationship is directed towards the goals of the individual using the service, not the coach.

Both participants must make an active contribution for the relationship to work. The use of coaching conversations presents challenges and requires those who support an individual who may experience a mental health problem to think about the way they work as individuals or collectively. Coaching is not therapy. It is about helping an individual identify their own resources, build on their strengths and make changes to reach personally valued goals.

The use of coaching conversations requires those in a supportive role to demonstrate listening, questioning and feedback skills, and to operate from a belief system that holds individuals as able to generate their own solutions and be personally accountable for achieving their desired goals.

Everyone can use coaching conversations to help another person think, build on what they can do and try out small changes that could promote wellbeing.

Coaching begins with paying attention to ourselves and considering our own values and beliefs, attitudes, assumptions and subsequent judgements we might make about people and situations.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

## Target audience

- Tier 2:** staff that have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

#### The learner will:

- a) understand the difference between coaching, mentoring and telling and when to use each approach
- b) understand the impact of one's own verbal and non-verbal communication on the ability to build effective working relationships including assumptions and subsequent judgements
- c) be able to build and sustain equitable relationships
- d) be able to support the individual who may experience a mental health problem to take responsibility for setting and achieving their own meaningful goals
- e) be able to creatively challenge and confront an individual so that they can achieve their goals
- f) be able recognise the boundaries of their coaching competence
- g) be able to reflect and review effectiveness of coaching conversations with the individual who is experiencing a mental health problem.

### Tier 3

*Tier 2 learning outcomes plus the following*

#### The learner will:

- a) be able to use different established tools and techniques to support the individual experiencing a mental health problem in gaining insight and work towards achieving their goals
- b) be able to support the individual experiencing a mental health problem to identify and overcome barriers to change and improvement
- c) be able to evaluate own performance competencies as a coach
- d) be aware of the importance of coaching supervision and know how to access and utilise coaching supervision.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 6 Deliver flexible and personalised care that reflects the individual's identity and preferences.*

*Principle 9 Promote creative, cultural and recreational activities that are meaningful to the individual to enable the best possible quality of life and fulfilment.*

## Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [GEN107 Enable individuals and families to put informed choices for optimising their health and wellbeing into action](#)
- [GEN111 Enable individuals, their family and friends to explore and manage change](#)
- [MH22.2013 Maintain active continuing contact with people with mental health needs and work alongside them in their recovery journey](#)
- [SCDHSC0332: Promote individuals' positive self-esteem and identity](#)
- [SCDHSC0234: Uphold the rights of individuals](#)
- [SCDHSC0414 Assess individual preferences and needs](#)
- [SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals](#)
- [CHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)

### UK Core Skills Training Framework

- Clinical/Care Subject 3: Person-centred care

### Care Certificate Standards

- Standard 5: Work in a person-centred way

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

### Regulated qualifications framework components

- Ref: D/506/7739 Level 3 Delivering a life coaching programme.



## Subject 8: Families, carers and friends as partners in promoting positive mental health

Organic Garde Vicky McWilliams

### Introduction

The majority of care and support for individuals with a mental health problem is undertaken by their family, carers and friends – however, many family, carers and friends report that this results in high levels of stress, depressive symptoms and social isolation. Typically, family, carers and friends will want to continue in their caring role, but it is important that they are supported to maintain their own health and well-being as well as be given the support to care for the person with a mental health problem. Increasingly, family, carers, friends and health and care professionals are seen as partners in the care process. Carers can experience diminished quality of life and poorer health outcomes. Ensuring the best possible support for carers means addressing challenges and identifying solution focussed approaches.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 2:** staff that will have some regular contact with people with mental health issues

**Tier 3:** staff working with/caring for people with mental health needs.

### Key learning outcomes

#### Tier 2

##### The learner will:

- a) understand the significance of family, carers, friends and social networks in planning and providing care and support
- b) understand the impact that caring for an individual with a mental health problem in the family may have on relationships
- c) understand the importance of self-care for carers and the importance of recognising and assessing a carer's own needs, including respite and responding to need in a timely manner
- d) be aware of the complexity and diversity in family arrangements
- e) be aware that the needs of carers and the individual with the mental health problems may not always be the same and the dilemmas that may result
- f) understand potential socio-cultural differences in the perception of the care giving role
- g) be aware of the impact on younger carers and their concerns
- h) be able to communicate, effectively and in a timely manner with care partners
- i) be able to support family carers to access and use information and local support networks
- j) be able to support family carers in considering options and making decisions.

### Tier 3

Tier 2 learning outcomes plus the following

#### The learner will:

- a) be able to contribute to the development of practices and services that meet the needs of families and carers
- b) understand methods to assess a carer's psychological and practical needs and the relevant support available
- c) understand the potential for dilemmas arising where there are differing needs between the individual who may experience a mental health problem and their carers
- d) understand the role of personalisation in care e.g. the impact of access to personal budgets
- e) understand legislation relevant to carers and carers rights.

### Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance are shown below:

#### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Department of Health \(2010\), Recognised, valued and supported: Next steps for the Carers Strategy](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2014\), Care Act Factsheets, Factsheet 8: The law for carers](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 2 Understand the importance of good mental health and wellbeing and have good knowledge of how to promote these with people who need care and support.*

*Principle 8 Promote social inclusion by helping people who are being supported to maintain positive relationships and family contact, peer support, active community involvement, and by enabling carer involvement.*

#### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH13.2012 Work with families, carers and individuals during times of relapse or crisis](#)
- [MH11.2012 Enable families to address issues with individuals' behaviour](#)
- [MH62.2013 Identify the concerns, priorities and values of people and significant others in relation to their mental health and mental health needs](#)
- [MH63.2013 Work with people and significant others to develop services to improve their mental health](#)
- [MH66.2013 Assess how environments and practices can be maintained and improved to promote mental health](#)
- [SCDHSC0227 Contribute to working in partnership with carers](#)
- [SCDHSC0387 Work in partnership with carers to support individuals](#)
- [SCDHSC0390 Support families in maintaining relationships in their wider social structures and environments](#)
- [SCDHSC0426 Empower families, carers and others to support individuals](#)
- [SCDHSC0427 Assess the needs of carers and families](#)
- [SCDHSC0428 Lead the development of programmes of support for carers and families](#)
- [GEN20 Enable carers to support individuals](#)
- [GEN103 Establish, sustain and disengage from relationships with the families of individuals with specific health needs](#)
- [CHS58 Provide information and support to carers of individuals with long term conditions](#)
- [CHD HN3 Enable carers to access and assess support networks and respite services](#)
- [CM C5 Build a partnership between the team, patients and carers](#)
- [SCDHSC0346 Support individuals to manage direct payments](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it.

### Regulated qualifications framework components

- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion
- Ref: R/602/0153 Level 3 Understand mental health intervention
- Ref: T/504/2216 Level 3 Assess the needs of carers and families
- Ref: A/504/2217 Level 5 Lead practice in assessing and planning for the needs of families and carers.



## Subject 9: Supporting children and young people with mental health problems

J. Huskinson, NTW Community Art Group, North Tyneside

### Introduction

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

“Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. Neuropsychiatric conditions are the leading cause of disability in young people. If untreated, these conditions severely influence children’s development, their educational attainments and their potential to live fulfilling and productive lives. Children with mental disorders face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights” (WHO<sup>11</sup>).

The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with life challenges and grow into well-rounded, healthy adults. ‘Successful improvement of health at key life stages requires a continuum of interventions across the life-course, combined with efforts to strengthen health delivery systems and address the broader social and economic determinants of health’. (Zsuzsanna Jakab, WHO Regional Director for Europe) The life-course approach suggests that many of the risk and protective factors that influence health and wellbeing across the lifespan also play an important role in birth outcomes and in health and quality of life beyond the initial years. It is clear that conditions early in life have long-term effects on adult health.

### Target audience

- Tier 1:** people that require general mental health awareness
- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

11. WHO 2016 at: [www.who.int/mental\\_health/maternal-child/child\\_adolescent/en/](http://www.who.int/mental_health/maternal-child/child_adolescent/en/)

## Key learning outcomes

### Tier 1

#### The learner will:

- a) understand the importance of the emotional wellbeing of children and young people alongside their physical health
- b) understand the importance of developing resilience in children and young people to support positive mental health in later life
- c) be aware of the protective factors that can reduce the experience of mental health problems in of children and young people e.g.
  - positive self-esteem
  - good coping skills
  - positive peer relationships
  - interest in and success at school
  - healthy engagements with adults outside the home
  - an ability to articulate their feelings
  - parents who are functioning well at home, at work, and in their social relationships
  - parental employment
  - a parent's warm and supportive relationship with his or her children
  - help and support from immediate and extended family members
- d) be aware of the risk factors that can compound the needs of children and young people with mental health problems e.g.
  - a parent experiencing mental health including emotional or psychological distress
  - a parent who misuses alcohol and substance,
  - a parent with a learning disability
  - a child who may have long term condition or learning disability
- e) understand what emotional literacy is and the importance of it in maintaining children's well-being
- f) understand the importance of the life course approach and that early life has an impact on long-term outcomes for individuals who may experience a mental health problem.

### Tier 2

*Tier 1 learning outcomes plus the following*

#### The learner will:

- a) understand the principles underlying a rights approach to childhood and youth issues and an appreciation of links between local and global forces in children and young people's lives
- b) be aware of certain risk factors that make some children and young people more likely to experience mental health problems than other children and young people
- c) be aware of the benefits of mindfulness when supporting children and young people who may experience a mental health problem
- d) understand the importance of all ages and stages of life and acknowledge the intergenerational context within which individuals exist
- e) understand the importance of supporting parents and carers when supporting children and younger people who experience mental health problems
- f) understand the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions

- g) understand the importance of support for the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood
- h) understand legal and organisational requirements which protect children and young people who experience mental health problems including parental rights, responsibility and consent
- i) understand the issues and the impact that may be experienced by children and young people who experience mental health problems
- j) be aware that children and young people may experience a mental health problem early in life which may go undiagnosed
- k) understand the importance of perinatal support
- l) be aware that black and minority ethnic children young people and their families may face barriers to accessing mental health services thus may have an impact on early intervention
- m) be aware that early access to mental health support is critical to address issues when they first arise to prevent mental health problems becoming chronic and difficult to treat
- n) be aware of the importance and challenges of the transition from children to adult mental health services taking into account the young person's whole life including:
  - housing
  - school
  - college
  - work
  - family
  - friends
- o) be aware of support available for children and young people who experience mental health problems and their parents/carers
- p) be aware of the importance of education provision for children and young people experiencing mental health problems
- q) be aware of the importance of play for all aspects of social, cognitive and emotional development.

### **Tier 3**

*Tier 2 learning outcomes plus the following*

#### **The learner will:**

- a) understand the impact of the pre-natal and peri-natal environment on infant and child development
- b) understand the impact of environment on infant and child development
- c) know theories of child and adolescent development including:
  - physical development (including brain development in the first years)
  - sensory and psychomotor development
  - cognitive development (intelligence, language and symbolisation, the Piagetian model, mentalisation, awareness of self and others)
  - social and emotional development (emotional intelligence)
  - interpersonal competence, identity and moral development at adolescence, compassion and self-management, the impact of the social context

- d) know of attachment theory and its implications for:
- child and young people development, via the concept of internal working models and the links between attachment status (i.e. secure vs. insecure), cognitive, emotional and social development
  - the development of parent-child, sibling and peer relationships
  - the development of emotional well-being, self-regulation, mental health and mental health problems
  - the development of resilience (i.e. the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)
- e) be able to use strategies to build self-confidence and self-esteem of a child or young person who experiences mental health problems
- f) be able to support a child or young person experiencing mental health problems to develop independence in daily living
- g) be able to work strategically across other organisations which support children and young people experiencing mental health problems
- h) be able to engage in evidence based interventions that support children and young people experiencing mental health problems and their parents/carers
- i) be able to implement strategies for the promotion of well-being, prevention of mental ill health and human rights for children and young people
- j) know which information can be shared with the multi-disciplinary team when supporting children and young people experiencing mental health problems during school integration
- k) understanding the local and national safeguarding requirements and how to trigger such processes locally.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [NICE guidelines \[NG43\] \(2016\) Transition from children's to adults' services for young people using health or social care services](#)
- [NICE advice \[LGB12\] \(2013\) Social and emotional wellbeing for children and young people](#)
- [DFE, \(2013\), Special educational needs and disability code of practice: 0 to 25 years](#)
- [MindEd, 'e-learning to support young healthy minds'](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)
- [Apprenticeships, Skills, Children and Learning Act 2009](#)
- [Education Act 2011](#)



Diane Enderby

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

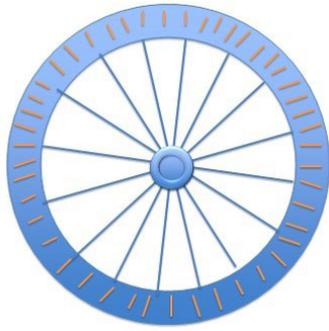
- [CS3.2015 Work with children and young people to assess their health and well-being](#)
- [CS11.2015 Support young people to prepare for and make the transition to adult healthcare services](#)
- [CS13.2015 Deliver interventions for children and young people and those involved in their care](#)
- [CS14.2015 Evaluate interventions with children and young people, and those involved in their care](#)
- [CS16.2015 Improve awareness of the potential harm or abuse of children and young people](#)
- [CS19.2015 Develop relationships with children, young people and those involved in their care](#)
- [CS20.2015 Enable children and young people to understand their health and well-being](#)
- [CS21.2015 Monitor the health and well-being of children and young people](#)
- [CS30.2015 Provide advice and information to children and young people and those involved in their care on how to manage their own health and well-being](#)
- [CHS34 Provide help for children and young people to understand their health and wellbeing](#)
- [SCDHSC0039 Support children and young people to achieve their educational potential](#)
- [SCDHSC0311 Support children and young people to develop and maintain supportive relationships](#)
- [SCDHSC0038 Support children and young people to manage aspects of their lives](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

### Regulated qualifications framework components

- Level 2 Certificate for the Children & Young People's Workforce (RQF)
- Level 3 Diploma for the Children and Young People's Workforce (RQF)
- Ref: D/602/0172 Level 3 Effective team and joint working in mental health



## Subject 10: Supporting children, young people and adults with a learning disability and a mental health problem

Water Wheel Belinda Campbell

### Introduction

Research evidence suggests that children and young people with a learning disability are 4-5 times more likely to have mental health problems than other children, and adults with learning disabilities are also more likely (at least twice as likely) to experience some kind of mental health problem<sup>12</sup>.

Lack of early recognition of mental health problems, including dementia, in people with learning disabilities can lead to negative consequences for the person affected, and for their family and carers. Factors that influence poor recognition include: a lack of knowledge in health and social care staff, and families of carers, about the signs and symptoms of mental health conditions; diagnostic overshadowing by the learning disability or physical illness; how well people providing care and support know the person and how well information is shared; and difficulties the person (child, young person and adult) with learning disabilities may have communicating their mental health problems. This lack of recognition can lead to no or ineffective treatment or inappropriate resource-use. Effective treatment requires an assessment and the development of a care plan to ensure that the best available interventions are provided.

### Target audience

**Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

### Key learning outcomes

#### Tier 3

##### The learner will:

- a) understand that people (children, young people and adults) with learning disabilities experience similar mental health problems to the general population
- b) understand that people (children, young people and adults) with learning disabilities are at increased risk of mental health problems
- c) understand that people with learning disabilities are at greater risk than the general population of developing dementia as they get older
- d) understand that mental health problems may develop and present in different ways from people without learning disabilities, and the usual signs or symptoms may not be observable or reportable
- e) understand that people (children, young people and adults) with learning disabilities can develop mental health problems for the same reasons as people without learning disabilities
- f) understand that mental health problems are commonly overlooked in people with learning disabilities
- g) know where to refer people (children, young people and adults) with learning disabilities and suspected mental health problems

12. <https://hee.nhs.uk/our-work/hospitals-primary-communitycare/mental-health-learning-disability>

- h) understand the needs of people (children, young people and adults) with learning disabilities who have mental health problems
- i) understand how specialist and personalised assessment, and care, treatment and support is provided for people (children, young people and adults) with learning disabilities who have mental health problems
- j) be able to support a person (child, young person and adult) with a learning disability and mental health problem to access and use specialist and personalised assessment, and care, treatment and support
- k) know how to coordinate and communicate with key people and services in the life of the person (child, young person and adult) with learning disabilities and mental health problems.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [NICE Guidance: Mental health problems in people with learning disabilities: prevention, assessment and management \(September 2016\)](#)
- [MindEd, 'e-learning to support young healthy minds'](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)
- [Equality Act 2010](#)
- [Disability Discrimination Act 1995](#)
- [Human Rights Act 1998](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [CM D1 Identify mental health needs and related issues](#)
- [CHS179 Advise on requirements for choice of therapeutic intervention](#)
- [MH90.2013 Support others to promote understanding and help to improve people's mental health](#)
- [MH66.2013 Assess how environments and practices can be maintained and improved to promote mental health](#)
- [MH14.2013 Identify potential mental health needs and related issues](#)
- [MH23.2013 Review the effectiveness of therapeutic interventions with people with mental health needs](#)
- [MH21.2013 Support people with mental health needs in crisis situations](#)
- [MH38.2013 Enable people with mental health needs to choose and participate in activities that are meaningful to them](#)
- [MH42.2013 Enable people with mental health needs to participate in activities and networks](#)
- [MH100 Establish and maintain the therapeutic relationship](#)
- [MH27.2012 Reinforce positive behavioural goals during relationships with individuals](#)
- [MH13.2012 Work with families, carers and individuals during times of relapse or crisis](#)

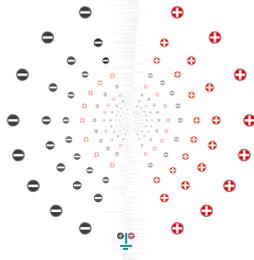
### Generic Service Interventions Pathway (HEE, 2015)

- Pathway point 2: Assessment, formulation and treatment planning
- Pathway point 3: enabling health interventions
- Pathway point 4: therapeutic interventions
- Pathway point 5: role support interventions
- Pathway point 6: family and carer interventions.

### Regulated qualifications framework components

- Level 1 Certificate in Introduction to Health, Social Care and Children's and Young People's Settings
- Level 3 Diploma in Health And Social Care (Adults) England
- Level 3 Diploma in Health And Social Care (Adults) England (Learning Disability)
- Level 4 Diploma in Diploma in Adult Care England.

# Subject 11: Mental health identification and assessment



Balancing Act Lee Chapman

## Introduction

Mental health is influenced by a broad and complex range of factors cutting across a range of different spheres of life – such as physical health, employment, housing, leisure and social networks – and therefore a comprehensive assessment which addresses needs holistically is paramount. People who experience social exclusion face particular barriers to acquiring information and advice and accessing support they need to access appropriate services.

A comprehensive assessment will give insight into the individual's cognitive functioning: what they are thinking, their emotions, their values and beliefs and most of all 'what they might do next'. This includes the use of biopsychosocial formulation - a recognised tool in psychiatry which can support identifying what aspects to consider when deciding on a *treatment plan* including biological, psychological and social factors (covered in more detail in Subject 12).

Assessment may discover any changes in the patient's family dynamics or lifestyle changes. It may reveal how the individual lives their life, including goals and aspirations. The individual and where appropriate their families and carers should be involved in the planning, development and delivery of care and treatment to the fullest possible extent – so that professionals seek to involve a person as fully as possible in their care and treatment in a sensitive way, and one which promotes their confidence and recovery.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

## Target audience

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem

**Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

**The learner will:**

- a) be aware of the possible causes of mental health problems
- b) be aware of the possible signs and symptoms that may indicate an individual is experiencing a mental health problem
- c) be aware of the way in which personal values and beliefs can lead to judgemental practice
- d) know about the nature and importance of biopsychosocial formulation
- e) be aware of treatments used to support individuals with mental health conditions

- f) be aware of the presenting signs and symptoms that may indicate the individual with a mental health problem may also be misusing drug and or alcohol misuse
- g) be aware of the various agencies who may be involved when individuals present with a mental illness
- h) know how voluntary and independent bodies can support people with mental health problems
- i) understand what a person can do to prepare for an assessment and therapy sessions in order to be a full partner in developing their own formulation, diagnoses and care plan decisions
- j) be able to appropriately refer individuals who have mental health problems to access specialist services and support networks.

### Tier 3

*Tier 2 learning outcomes plus the following:*

#### **The learner will:**

- a) be able to undertake a comprehensive mental health assessment using appropriate methods
- b) understand the nature, importance and uses of individual and multidisciplinary team (MDT) formulations
- c) understand the concept of co-production and how this can be used actively in practice
- d) understand issues pertaining to mental capacity and be able to use a structured approach to carrying out Mental Capacity assessments where necessary
- e) be aware of the potential impact of diagnostic errors
- f) be able to act on the findings in partnership with the individual experiencing a mental health problem and the MDT
- g) be aware of the experience of a person with mental health problems and their family and carers and be able to communicate with sensitivity about the diagnosis of mental health issue and related implications
- h) understand the particular impact of a diagnosis for:
  - individuals on the autistic spectrum
  - individuals with learning disabilities
  - black and minority ethnic (BME) communities
  - lesbian, gay, bisexual and transgendered (LGBT)
  - children and young people
  - individuals in the criminal justice system
- i) understand the importance of equal access to mental health assessment and diagnosis for people from diverse communities
- j) be able to document assessment and decisions.

### Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

#### **Guidance**

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 1 Know the key signs of mental illnesses and distress and be able to respond appropriately.*

*Principle 6 Deliver flexible and personalised care that reflects the individual's identity and preferences.*

- [Royal College of General Practitioners \(2016\): The RCGP Curriculum Clinical Modules 3.10 Care of People with Mental Health Problems](#)

## Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### Regulated qualifications framework components

- [CM A1 Obtain information to inform the assessment of an individual](#)
- [MH14.2013 Identify potential mental health needs and related issue](#)
- [MH21.2013 Support people with mental health needs in crisis situation](#)
- [MH63.2013 Work with people and significant others to develop services to improve their mental health](#)
- [CHS38 Plan assessment of an individual's health status](#)
- [CHS39 Assess an individual's health status](#)
- [CHS40 Establish a diagnosis of an individual's health condition](#)
- [CHS41 Determine a treatment plan for an individual](#)
- [CHS45 Agree courses of action following assessment to address health and wellbeing needs of individuals](#)
- [CHS48 Communicate significant news to individuals](#)
- [CHS52 Plan inter-disciplinary assessment of the health and well-being of individuals](#)
- [CHS84 Develop and agree care management plans with individuals diagnosed with long term conditions](#)
- [CHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)
- [CHS168 Obtain a patient/client history](#)
- [CHS230 Assess the need for intervention and present assessments of individuals' needs and related risks](#)
- [GEN112 Work with people to identify their needs for safety, support and engagement and how these needs can best be addressed](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.

### Regulated qualifications framework components

- Ref: R/602/0153 Level 3 Understand mental health interventions
- Ref: D/602/0172 Level 3 Effective team and joint working in mental health



## Subject 12: Biopsychosocial formulation in mental health

Seasons of my Mind Joanna Simms

### Introduction

Mental health care is a multi-professional endeavour. Biopsychosocial formulation, which includes diagnosis, is a recognised tool in psychiatry and other mental health disciplines. Working together, all mental health professions rely on diagnosis and biopsychosocial formulations to guide care. These formulations are attempts to describe why people are experiencing difficulties, what maintains them (predisposing, precipitating and perpetuating factors) and what might help. Because all these issues are highly personal, formulations are necessarily very individual, tailored for each person and their specific problems.

A multi-professional, co-produced, formulation is a joint effort by a person in distress and their loved-ones, with a single clinician or a team of mental health professionals to summarise their difficulties, to explain why they may be happening, how to make sense of them and what might help the person to feel better and recover. All professionals involved in drawing up a formulation will bring their relevant expertise, knowledge and theoretical understanding. A formulation may include past difficulties and experiences if these are relevant to the present, and should also acknowledge a person's individual goals, aspirations, strengths and resources.

A formulation is a hypothesis about the reasons for a person's difficulties, and thus, along with diagnosis forms the foundation of all mental health work. It links theory and practice, is based on personal meaning, and informs the intervention. Formulations are constructed collaboratively with individuals, families, and teams. Formulations may have another emphasis, for example, where there is serious and continuing risk, as well as the personal meanings of contributing factors to the individual. All professions bring their own areas of knowledge and expertise to the process of formulation, and all are involved in developing, implementing and revising multidisciplinary team formulations and supporting the implementation plans that arise from them.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem

**Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

#### The learner will:

- a) understand the importance that the individual has in the process of formulation
- b) understand the importance of a multi-professional approach which is co-produced in collaboration with the individual, families and carers
- c) understand the nature, importance and uses of individual and multidisciplinary team (MDT) formulations
- d) be able to contribute to the shared development of MDT formulations
- e) be able to support the implementation of intervention plans based on individual and MDT formulations.

### Tier 3

*Tier 2 learning outcomes plus the following:*

#### The learner will:

- a) be able to develop theory-based, integrated, multi-model formulations collaboratively with individuals, couples or families
- b) be able to develop theory-based, integrated, multi-model formulations collaboratively across organisations and agencies
- c) know about the use of different versions of formulation for different audiences and purposes
- d) be able to identify barriers to the use of biopsychosocial formulations
- e) be able to take a lead on formulation practice within a team
- f) be able to facilitate multidisciplinary team formulation meetings
- g) be able to write up and share MDT formulations appropriately for various purposes
- h) be able to review and revise MDT formulations as needed
- i) be able to oversee the implementation of team formulations within the team.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)  
*Principle 6 Deliver flexible and personalised care that reflects the individual's identity and preferences.*
- [The British Psychological Society \(2011\), Good Practice Guideline on the use of psychological formulation](#)

## Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH22.2013: Maintain active continuing contact with people with mental health needs and work alongside them in their recovery journey](#)
- [SCDHSC0332: Promote individuals' positive self-esteem and identity](#)
- [SCDHSC0234: Uphold the rights of individuals](#)
- [SCDHSC0414 Assess individual preferences and needs](#)
- [SCDHSC0415 Lead the service delivery planning process to achieve outcomes for individuals](#)
- [GEN111 Enable individuals, their family and friends to explore and manage change](#)
- [CHS233 Contribute to the assessment of needs and the planning, evaluation and review of individualised programmes of care for individuals](#)

### UK Core Skills Training Framework

- Clinical/Care Subject 3: Person-centred care

### Care Certificate Standards

- Standard 5: Work in a person-centred way

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it
- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

### Regulated qualifications framework components

- Ref: Y/602/0171 Level 3 Enable mental health service users and carers to manage change.



## Subject 13: Appropriate and effective use of medication in mental health care

### Introduction

There are a wide range of interventions and treatments to support individuals who experience mental health problems which may often include appropriate use of medication. Medication can play a role in treating many mental problems and conditions. Choosing the right treatment plan should be based on a person's individual needs and medical situation and be under a mental health professional's care. For some people, medicines are a short-term solution used to help people over an immediate crisis. For other people, medicines are an ongoing, long-term treatment that enables them to live with severe and enduring mental health problems and prevent relapse. Like any other type of treatment medication should be based on the understanding that each person is unique – that we are not the sum of our symptoms, but instead individuals who have a variety of aspects of ourselves that may need to be addressed in order to find achieve wellbeing i.e. treating the “whole” person rather than a predefined condition. Many people do not want to stay on medication for years, but it can help some people to lead the kind of lives they want to lead, reducing relapses and re-admissions to hospital.

Improving access to information about medication and shared decision making for essential medicines is a key component in strengthening access to effective mental health care services. Most medication will have side effects and people may have problems when they stop taking medication which should always be done in a planned manner. Abuse of a prescribed medication to treat a mental health problem can cause additional problems. Appropriate support should be available to individuals with a mental health problem in using, reducing or coming off medication safely, and monitoring side effects and where appropriate - a NICE guidance evidence base exists, exploring alternative therapies to medication.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word ‘individual/s’ to encompass, children, young people, working-age adults and older people.

### Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.



## Key learning outcomes

### Tier 2

#### The learner will:

- a) understand the concept of holistic treatment in mental health including the importance of maintaining good physical health through nutrition, exercise and a healthy life style that includes social engagement
- b) be aware of a range of treatments and interventions available to individuals who experience mental health problems
- c) know the importance of avoiding medicalising some mental health problems
- d) know the most common medications used to treat the symptoms of some mental health problems
- e) know the main benefits and risks (and side effects) of using antipsychotics, antidepressants, anxiolytics, anticonvulsants and cognitive enhancers
- f) understand the importance of recording and reporting side effects and/or adverse reactions to medication, including the use of recognised, standardised side effect measurement tools
- g) be able to administer and review medication safely and appropriately in consultation with individuals experiencing mental health problems, and where needed the wider multidisciplinary team, to make an informed decision
- h) be able to promote shared decision making to clarify treatment, management or self-management support goals, sharing information about options and preferred outcomes with the aim of reaching mutual agreement on the best course of action
- i) be aware of the challenges and risks of relapse, and other adverse outcomes associated with non-compliance with medication
- j) be aware of the negative attitudes and views of others towards individuals who decide not to comply with medication including other practitioners
- k) be aware of 'Non-Adherence Harm Reduction' approach to support individuals experience mental health problems who make this personal decision
- l) understand how medication can support the individual experiencing a mental health problem in staying well, particularly following instances where individuals have been non-adherent to medications
- m) be able to use tools such as a life-chart or a time-line to support individuals who experience a mental health problem in improving their understanding of where medication helps to keep them well.

### Tier 3

**The learner will:**

- a) understand processes for assessing and prescribing medication
- b) understand the range of medicines available to manage behavioural and psychological symptoms of mental health problems appropriately
- c) be aware of the evidence base for using medication to manage behavioural and psychological symptoms of mental health problems
- d) understand the ethical issues around medicines use when supporting individuals experiencing mental health problems
- e) understand contra-indications for prescribing psychiatric/ psychopharmacological treatment such as anxiolytics and antipsychotic medication
- f) be able to offer appropriate advice about other treatments and interventions available to individuals who experience mental health problems in addition to or as an alternative to medication, where appropriate for less severe forms of a condition;
- g) be aware of the potential interactions between prescribed medication and alcohol or non-prescribed/ illicit drugs including legal highs and herbal medicines
- h) understand the importance of smoking cessation support for smokers who may experience mental health problems
- i) be able to use effective interventions for reducing non-adherence to prescribed medication where appropriate
- j) support individuals who make the decision not to adhere to prescribed medication, in developing strategies to reduce the likelihood of harm and re-admission
- k) understand the range of medicines that address common physical health problems in individuals who experience mental health problems
- l) be aware of risks associated with other prescribed medicines
- m) understand the importance of regular reviews of prescribed medication, including physical health and other side effects, using standardised measurement tools and recording mechanisms
- n) be aware of new and emerging pharmacological interventions that can be used to enhance the well-being of individuals experiencing mental health problems
- o) understand where the presentation of an acute illness is related to an underlying chronic illness and recognise that an acute illness may be an acute exacerbation of a chronic disease
- p) understand the importance of the good management of specific physical illnesses including asthma, chest pain that could be cardiac in origin, stroke pathways, deep vein thrombosis when supporting an individual experiencing a mental health problem
- q) understand how age, gender, ethnicity and the presence of other conditions may alter the presentation of symptoms and signs of mental health illness and their treatment with medication.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [NICE guidelines \[MPG2\] \(2013\) Patient Group Directions](#)
- [NICE Guidance for managing medicines in care homes \(SC1\)](#)
- [NICE Quality Standard QS120 March 2106 Medicines optimisation](#)
- [Royal Pharmaceutical Society \(2013\), Medicines Optimisation: Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England](#)
- [Department for Education \(2015\), Supporting people at school with medical conditions](#)
- [National Union of Teachers \(2014\), Administration of medicines, NUT Health and Safety Briefing](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH23.2013 Review the effectiveness of therapeutic interventions with people with mental health needs](#)
- [MH18.2012 Identify the physical health needs of individuals with mental health needs](#)
- [CHS2 Assist in the administration of medication](#)
- [CHS3 Administer medication to individuals](#)
- [CM A7 Prescribe medication for individuals with a long term condition](#)
- [GEN135 Enable individuals to take their medication as prescribed](#)
- [SCDHSC3122 Support individuals to use medication in social care settings](#)

### Regulated qualifications framework components

- Ref: R/602/0153 Level 3 Understand mental health interventions.



## Subject 14: Using technology to promote positive mental health and deliver effective support

### Introduction

Technology plays an important role in promoting self-care and can support effective care. Online services provide an alternative for many individuals who experience mental health problems and who prefer to retain autonomy and anonymity in coping with difficulties and the easy access to internet resources and wide availability of online counselling education and advice make this a more palatable option for many. Virtual health spaces such as internet websites can be particularly useful for hard to reach groups who are reluctant to engage with the formal healthcare system or for patients who have stigmatising conditions as they provide a more anonymous and less threatening environment. They allow information to be disseminated to a wide audience and lay people to inform themselves about and evaluate symptoms to help trigger appropriate consultation and on-going management. Because of their interactive nature they give individuals who experience mental health problems the opportunity to become part of an on-line community of others with similar experiences. In addition, for practitioners supporting individuals the use of technology can encourage creative methods of recording, analysing and reporting information.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem.

### Key learning outcomes

#### Tier 2

**The learner will:**

- a) understand the importance of technology and how it can support mental well being
- b) understand the application of technologies, tools and techniques in supporting individuals experiencing mental health problems
- c) be able to use information and communications technology in observations and assessments in supporting individuals experiencing mental health problems
- d) be able to maintain a healthy and safe environment for individuals experiencing mental health problems and staff using on-line facilities
- e) be able to review information and communications technology knowledge and skills in own practice
- f) be able to promote e-safety and issues with regards to data protection.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to using technology to promote positive mental health and deliver effective mental health support are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Data Protection Act 1998](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [CHS239 Enable individuals to use assistive devices and assistive technology](#)
- [MH14.2013 Identify potential mental health needs and related issue](#)
- [MH90.2013 Support others to promote understanding and help to improve people's mental health](#)
- [SCDHSC0419 Provide advice and information to those who enquire about health and social care services](#)
- [SCDHSC0026 Support individuals to access information on services and facilities](#)
- [SCDHSC0330 Support individuals to use services and facilities](#)
- [CHS177 Advise on access to and use of services](#)

### Regulated qualifications framework components

- Ref: Y/602/6374 Level 1 Introduction to mental health
- Ref: J/602/0103 Level 3 Understand mental health problems
- Ref: F/602/0097 Level 3 Understand mental well-being and mental health promotion
- Ref: D/506/8163 Level 3 Promote rights and values in assistive technology in social care
- Ref: R/506/8161 Level 4 Promote assistive technology in social care
- Ref: H/601/5250 Level 5 Support the use of assistive technology.



## Subject 15: Equality, diversity and inclusion in mental health

Nurturing Life Savannah Johnson

### Introduction

Tackling health inequalities is a matter of social justice. Mental health, is a key area of health inequality – poor mental health is both a cause and a consequence of deprivation and social exclusion. Once mental health problems develop, they can often have a negative impact on employability, housing, household income, and opportunities to access services and social networks – potentially leading to severe economic deprivation and social isolation. Mental health problems can act as a major barrier to successful reintegration into society for excluded groups.

Addressing inequalities in mental health means acknowledging that there are inequalities in the distribution of mental health problems and mental illness and in the quality of life of individuals experiencing mental health problems and their families and carers. Furthermore, stigma and discrimination experienced by those using mental health services can be further compounded by age, race, ethnicity, culture, religion and belief, disability, class and sexual orientation. Stigma cannot be eradicated without attending to structural stigma; that is, the inequities and injustices that are woven into the policies and practices of institutional systems.

Historically, discriminatory services, albeit unintentional, have created barriers to service up take and use by certain groups of mental health service users. Certain groups in society appear to have a higher prevalence of mental health problems and do not seem well served, such as people in some black and minority ethnic (BME) communities. As well as poor access to treatment, they can also experience greater deprivation of liberty. Stigma is the biggest barrier to tackling mental ill-health; tackling it will require unprecedented and concerted effort to achieve the necessary cultural change. This necessitates practitioners to be more aware of and address factors, including personal values and beliefs, that impact on service take up and service outcome.

Promoting equality in accordance with the Equality Act 2010 and good practice requires that practitioners readily and fairly facilitate all people who need care and support to access appropriate mental health support as well as other social care they may be using. A human rights approach to mental health means affirming the full personhood of individuals who experience mental health problems by respecting their inherent dignity, their individual autonomy and independence, and their freedom to make their own choices.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word ‘individual/s’ to encompass, children, young people, working-age adults and older people.

### Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 2

#### The learner will:

- a) be aware of legislation relevant to equality, diversity and human rights
- b) be aware of the stigma, myths and stereotypes associated with mental health
- c) know the importance having a sense of personal awareness in order to promote positive mental health
- d) be aware of the disparities in mental health including an awareness of the unconscious bias
- e) be able to act as a role model, demonstrating non-judgemental, non-discriminatory practice
- f) be aware of cultural diversity and equality issues, and how they may impact on an individual experiencing mental health problems
- g) be able to adapt assessment and care planning taking account of equality issues (e.g. cultural diversity, class, disabilities, gender and sexual orientation)
- h) be aware that the impact of experiencing a mental health problem may be further compounded on an individual with a learning disability
- i) be aware that the impact of experiencing a mental health problem may be further compounded on an individual with an autistic spectrum
- j) be aware of individuals who may be more vulnerable or may need additional support when experiencing a mental health problem this may include:
  - individuals with chronic physical health problems
  - black and minority ethnic (BME) communities
  - lesbian, gay, bisexual, transgender and intersex (LGBTI)
  - children in the care system
  - individuals in the criminal justice system.
- k) understand how the interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities
- l) understand that individuals who experience mental health problems have high rates of smoking which may exacerbate health inequalities
- m) be aware of socio-cultural differences in the perception of the care giving role e.g. based on gender
- n) be aware that individuals who experience mental health problems who also misuse drugs and alcohol are frequently marginalised by society
- o) be able to actively challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety.

### Tier 3

*Tier 2 learning outcomes plus the following:*

#### The learner will:

- a) understand legislation relevant to equality, diversity and human rights
- b) understand the impact that discrimination and stigma may have on the individual experiencing mental health problem, their family and carers
- c) be able to lead practice and an organisational culture that values and respects the diversity of individuals
- d) be able to undertake actions to eliminate disparities including a focus on revealing and modifying unconscious biases

- e) be aware of the fact that ethnic minorities remain disproportionately represented in the mental health system and the impact of this
- f) understand the impact of own beliefs, ethical system and attitudes in supporting an individual experiencing mental health problems
- g) be aware of other beliefs, ethical systems and attitudes that the individual and their relatives and carers may hold
- h) understand the impact of the local community, including socio-economic factors, geography and culture, in equal access to mental health services
- i) understand the importance of offering prompt assessments and interventions that are appropriately adapted to the cultural, gender, age and other communication needs of the person.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)  
*Principle 4 Ensure equality and legal rights are upheld under the law, especially in relation to the Equality Act 2010 and Mental Capacity Act 2005.*
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Human Rights Act 1998](#)
- [Equality Act 2010](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [SS01 Foster people's equality, diversity and rights](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC3111 Promote the rights and diversity of individuals](#)
- [SCDHSC0452 Lead practice that promotes the rights, responsibilities, equality and diversity of individuals](#)

## **UK Core Skills Training Framework**

- Clinical/Care Subject 1: Equality, Diversity and Human Rights

## **Care Certificate Standards**

- Standard 4: Equality and diversity

## **Public mental health leadership and workforce development framework (PHE 2015)**

- Ambition 6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

## **Regulated qualifications framework components**

- Ref: H/602/3039 Level 2 Principles of diversity, equality and inclusion in adult social care settings
- Ref: M/602/3044 Level 3 Principles of Diversity, equality and inclusion in adult social care settings
- Ref: R/602/0167 Level 3 Understand care and support planning and risk management in mental health.



## Subject 16: Law, ethics and safeguarding in the context of mental health

Now Voyager David

### Introduction

Safeguarding vulnerable adults is a complex area of practice. The potential client group is extremely wide, ranging from adults who are incapable of looking after any aspect of their lives, to individuals experiencing a short period of illness or disability. Staff supporting individuals with a mental health problem must be fully aware of their duty of care, particularly where they may be required to make decisions in situations where people are unable to make decisions for themselves. Duty of care is about always acting in the best interests of others and not acting or failing to act in ways that result in harm. This subject explores;

- ethical, legal and professional implications of the care of individuals who have mental illness
- the implications of mental capacity legislation for practice
- mental health legislation relating to compulsory detention and treatment.

thus enabling health and care staff to recognise and address any areas of concern and have the confidence to speak out when required.

This subject is for all ages and aims to support a life course approach. Therefore, throughout this subject we will use the word 'individual/s' to encompass, children, young people, working-age adults and older people.

### Target audience

**Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem

**Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

### Key learning outcomes

#### Tier 2

**The learner will:**

- a) be aware of legislation relevant to mental health
- b) be able to uphold the rights of individuals who experience mental health problems
- c) understand the role of advocacy
- d) be aware of the various types of workers who are given authority in law
- e) understand how duty of care, and duty of candour contributes to safe practice
- f) understand the important differences between duty, responsibilities and treatment under the Mental Health Act 2007 and the Mental Capacity Act 2005
- g) understand the protocols regarding consent to treatment or care for individuals who may lack mental capacity

- h) be aware of dilemmas that may arise between the duty of care and an individual's rights and family and carers wishes
- i) be able to recognise a range of factors which may indicate neglect, abusive or exploitative practice
- j) know what to do if neglect, abusive or exploitative practice is suspected, including how to raise and escalate concerns within local safeguarding or whistle blowing procedures.

### **Tier 3**

*Tier 2 learning outcomes plus the following*

#### **The learner will:**

- a) understand the legal context of mental illness including legislation relevant to mental capacity, deprivation of liberty, equality and human rights
- b) understand the implications in legislation for the provision of care to an individual experiencing mental health problems
- c) understand legal provisions for individuals who are unable to make decisions for themselves due to experiencing mental health problems
- d) be aware of the legal issues around confidentiality and data protection in relation to individuals experiencing mental health problems
- e) understand how 'best interests' decisions may need to be made for those lacking capacity
- f) know how advance directives can be used to provide information about the wishes of an individual
- g) be able to respond to safeguarding alerts / referrals
- h) be aware of situations where confidentiality may need to be breached in order to raise safeguarding alerts
- i) understand the roles and responsibilities of the different agencies involved in investigating allegations of neglect or abuse
- j) understand the importance of sharing safeguarding information with the relevant agencies
- k) know the actions to take if there are barriers to alerting the relevant agencies.

### **Relevant guidance and/or legislation**

Sources of further guidance are shown in Appendix 1. Examples of national guidance or legislation with specific relevance to law, ethics and safeguarding in the context of mental health are shown below:

#### **Guidance**

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Common Core Principles to support good mental health and wellbeing in adult social care \(Skills for Care 2014\):](#)

*Principle 5 Maintain safety and safeguarding responsibilities by appropriately assessing risks and supporting where necessary.*

## Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [SCDHSC0024: Support the safeguarding of individuals](#)
- [SCDHSC0035: Promote the safeguarding of individuals](#)
- [SCDHSC0045: Lead practice that promotes the safeguarding of individuals](#)
- [SCDLMCB1 Lead and manage practice that promotes the safeguarding of individuals](#)
- [SCDHSC0234 Uphold the rights of individuals](#)
- [SCDHSC0395 Contribute to addressing situations where there is risk of danger, harm or abuse](#)
- [SCDHSC0430 Lead practice to reduce and prevent the risk of danger, harm and abuse](#)
- [SCDHSC0431 Support individuals who have experienced harm or abuse](#)
- [CHS167: Obtain valid consent or authorisation](#)
- [CHS229 Assess individuals' needs and circumstances and evaluate the risk of abuse, failure to protect and harm to self and others](#)
- [OP10 Create an environment to protect older people from abuse](#)

### UK Core Skills Training Framework

- Statutory/Mandatory Subject 8: Safeguarding Adults
- Statutory/Mandatory Subject 9: Safeguarding Children
- Clinical/Care Subject 2: Duty of care
- Clinical/Care Subject 5: Consent.

### Care Certificate Standards

- Standard 10: Safeguarding adults
- Standard 11: Safeguarding children.

### Regulated qualifications framework components

- Ref: J/602/0165 Level 3 Understand the legal, policy and service framework in mental health
- Ref: R/602/6194 Level 1 Awareness of protection and safeguarding in health and social care (adults and children and young people), early years and childcare
- Ref: A/601/8574 Level 2 Principles of safeguarding and protection in health and social care
- Ref: Y/602/2860UNIT Level 3 Understand safeguarding of children and young people (for those working in the adult sector)
- Ref: R/602/2856UNIT: Level 5 Safeguarding and protection of vulnerable adults.



## Subject 17: Research and evidence-based practice in mental health

Exploding Orchid Woody

### Introduction

The continuing development of mental health services and treatment requires on-going research and development of evidence-based practice. Evidence-based practice is a structured and systematic approach to using research based knowledge to improve outcomes for individuals who may experience mental health problem. Evidence of effectiveness is of crucial importance to all aspects of health and social policy and practice, the allocation of resources and the delivery of services. Drawing together, analysing and synthesising evidence from research is a central principle of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When individuals who experience mental health problems participate in research activities, this must be handled with due regard for the ethical issues involved.

### Target audience

- Tier 2:** staff that will have some regular contact with children, young people, working-age adults and older people experiencing a mental health problem
- Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

### Key learning outcomes

#### Tier 2

**The learner will:**

- understand the importance of evidence based practice
- be aware of the issues that may occur for an individual who is experiencing mental health problems their family or their carer if they are asked to engage in patient and public involvement (PPI) research
- understand how an individual who has experienced mental health problems may be involved in service evaluation and research
- understand the difference between service evaluation and research
- be able to participate in service evaluation and research in the workplace.

#### Tier 3

*Tier 2 learning outcomes plus the following*

**The learner will:**

- be aware of evidence-based research, innovations and developments in promoting positive mental health and appropriate interventions in care and support
- be able to disseminate and promote new and evidence-based practice and to challenge poor practice

- c) be able to plan care and support to promote the use of appropriate, specific, evidence based interventions
- d) understand systematic research methods to facilitate evidence-based practice
- e) understand the range of evidence including service user and carer perspectives that informs decision-making, care practice and service delivery
- f) understand approaches to evaluating services and measuring impact, including the use of outcomes reported by individuals who have experienced mental health problems
- g) understand the ethical issues related to conducting research with people who have experienced mental health problem including their right to withdraw informed consent and data protection
- h) understand the concepts of Quality Improvement and using a methodical approach, including audit and iterative improvement of services, using innovation where appropriate.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [NHS National Institute for Health Research](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)
- [Children and Families Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [R&D8 Conduct investigations in selected research and development topics](#)
- [R&D9 Collate and analyse data relating to research](#)
- [R&D10 Interpret results of research and development activities](#)
- [R&D11 Record conclusions and recommendations of research and development activities](#)
- [R&D12 Present findings of research and development activities in written form](#)
- [R&D13 Present findings of research and development activities orally](#)
- [R&D14 Translate research and development findings into practice](#)
- [R&D15 Evaluate and report on the application of research and development findings within practice](#)

### Regulated qualifications framework component

- Ref: J/602/3499 Level 5 Undertake a research project within services for health and social care or children and young people.



## Subject 18: Leadership in transforming mental health services

Untitled Chris Ridge

### Introduction

Mental health services have undergone a dramatic transformation over the past years, including the need to offer service models based on multidisciplinary team working and community-based care. The main challenges to effective service delivery and implementation require systemic change through sound leadership. Moving towards truly integrated services, in essence services must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered.

“Service-user leadership is fundamental to designing, delivering and checking services that support people to fulfil their potential. Only by transforming services in the way that the people who use them want us to can better outcomes be achieved at a time of real budget constraint.”

Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England<sup>13</sup>.

Increasingly, meaningful involvement of people who use — or have used — services is being recognised as an indispensable part of mental health service delivery. When people are equipped and supported to help commission, deliver and check the services they and their peers use, those services improve and the people involved gain in confidence and skills.

Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in meeting their objectives. This requires an understanding of the environment in which the organisation operates (e.g. national mental health strategy and policies) and an understanding of current research and developments in mental health care and treatment. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting person-centred approaches to care). As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team. Effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service.

### Target audience

**Tier 3:** staff supporting children, young people, working-age adults and older people experiencing a mental health problem.

## Key learning outcomes

### Tier 3

#### The learner will:

- a) understand the importance to improve well-being at work for everyone
- b) be able to recognise and articulate their own values and principles, understanding how these may differ from the individual experiencing mental health problems, their families, carers and friends
- c) understand the importance of bringing together the learned expertise of professionals with the lived experience of individuals, underpinning the emergence of concepts such as shared decision making and coproduction
- d) understand the importance of demonstrating leadership in delivering compassionate person-centred care and support
- e) understand the key drivers and policies which influence national mental health strategy and service development
- f) understand the importance of leaders as role models in particular when engineering operational changes to create a culture change
- g) be able to actively seek opportunities and challenge for personal learning and development
- h) understand the importance of promoting positive mental health and the potential negative impact of not promoting positive mental health in organisations
- i) understand the importance of a culture of cooperation and coordination between health, social care, public health, other local services and the third sector
- j) be able to develop a shared vision across health, public health, social care and local authorities working closely with providers in the public, voluntary and private sectors to improve local services; show system leadership
- k) be able to disseminate and promote new and evidence-based practice and to challenge poor practice
- l) understand the importance of:
  - quality assurance
  - service improvement
  - relevant regulatory bodies
- m) know how to ensure team members are educated, trained and supported to meet the needs of individuals who experience mental health problems
- n) understand the importance of collaborative working in the provision of support, care and services for individuals who experience mental health problems their families and carers
- o) understand the need to ensure organisational processes and procedures are in place to ensure safety and quality
- p) be able to provide clear leadership, demonstrating an understanding of the team approach to the support and care of an individual who may experience mental health problems
- q) understand the structure of the local health and social care system and its limitations
- r) understand the need to work in partnership with other professionals and organisations to contribute to positive mental health outcomes.

## Relevant guidance and/or legislation

Sources of further guidance are shown in Appendix 1. Examples of key relevant national guidance or legislation are shown below:

### Guidance

- [Department of Health \(2011\), No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#)
- [Department of Health \(2013\), Integrated Care: Our Shared Commitment](#)
- [NHS Leadership Academy](#)
- [Joint Commissioning Panel for Mental Health](#)
- [NHS Constitution](#)

### Legislation

- [Mental Health Act 2007](#)
- [Mental Capacity Act 2005](#)
- [Care Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- [MH66.2013 Assess how environments and practices can be maintained and improved to promote mental health](#)
- [MH67.2013 Encourage stakeholders to see the value of improving environments and practices to promote mental health](#)
- [MH68.2013 Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health](#)
- [MH69.2013 Work co-productively to implement action plans for improving environments and practices to promote mental health](#)

### Public mental health leadership and workforce development framework (PHE 2015)

- Ambition 1. Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.

### Regulated qualifications framework components

- Ref: D/602/0172 Level 3 Effective team and joint working in mental health
- Ref: F/504/2218 Level 5 Understand professional management and leadership in health and social care or children and young people's settings
- Level 4 Diploma in Adult Care (England)
- Level 5 Diplomas in Leadership In Health And Social Care And Children And Young People's Services.

## Appendix 1:

# Sources of further guidance and information

The following are sources of further guidance and information. Click on the links below to access the relevant web sites:

- [Anxiety UK](#)
- [Centre for Mental Health](#)
- [Choice and Medication](#)
- [College of Mental Health Pharmacy](#)
- [Crisis Care Concordat](#)
- [Health Education England \(HEE\)](#)
- [Mental health first aid \(MHFA\) England](#)
- [Mental Health Foundation](#)
- [Mind](#)
- [MindEd](#)
- [Mindset](#)
- [NICE](#)
- [NHS Choices Mental Health](#)
- [NHS Leadership Academy](#)
- [NHS England / Mental health](#)
- [Royal College of General Practitioners](#)
- [Royal College of Nursing](#)
- [Royal College of Psychiatrists](#)
- [Royal Pharmaceutical Society](#)
- [Social Care Institute for Excellence \(SCIE\)](#)
- [Skills for Care](#)
- [Skills for Health](#)
- [World Health Organisation \(WHO\) / Mental health](#)
- [Young Minds](#)

## Appendix 2: Related standards and frameworks

### National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding. NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

All national occupational standards are available from the [NOS Directory](#).

Competence search tools are also available from the [Skills for Health Tools web site](#).

### UK Core Skills Training Framework

Skills for Health has developed the UK Core Skills Training Framework which sets out the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

In order to access the UK Core Skills Training Framework, individuals must first register to use the Skills for Health Tools portal at: [http://tools.skillsforhealth.org.uk/login/core\\_skills\\_training\\_framework/](http://tools.skillsforhealth.org.uk/login/core_skills_training_framework/).

Once registered, it is possible to download the framework documents. A number of tools and resources are available from the web site to help organisations map their training to the framework.

### Care Certificate Standards

Following the Francis Inquiry, Camilla Cavendish was asked by the Secretary of State to review and make recommendations on the recruitment, learning and development, management and support of healthcare assistants and social care support workers. The resulting [report](#), published in July 2013, found that the preparation of healthcare assistants and social care support workers for their roles within care settings was inconsistent, and one of the recommendations was the development of the Care Certificate.

Skills for Health, Health Education England, and Skills for Care, have worked together to develop and pilot the draft Care Certificate documents.

The Care Certificate was formally launched in April 2015, replacing both the National Minimum Training Standards and the Common Induction Standards. Further information about the Care Certificate is available from [Skills for Health](#) and [Skills for Care](#).

## Appendix 3:

# Suggested standards for training delivery

The employing organisation should be assured that learning facilitators have the appropriate experience and background to deliver training to a satisfactory standard. For guidance, this may include the following:

- a current and thorough knowledge of the relevant subject
- experience of teaching and learning, including the ability to meet the competences expected for [LSILADD04 Plan and prepare specific learning and development opportunities](#).

The organisation should also ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

Where e-learning is used, the organisation must ensure the accuracy of the content and its coverage of the required learning outcomes.

[The Education Outcomes Framework \(Department of Health 2013\)](#) provides further guidance on the quality of training with a focus on improvements in patient care, health outcomes and addressing variation in standards.

[The Health Education England \(HEE\) Strategic Framework 15](#) provides the context and strategic direction for the education and training of the current and future healthcare workforce.

## Appendix 4:

# Proposed frequency of refresher training or assessment

Each organisation will determine any required refresher periods according to local needs and risk assessment, ensuring that any agreed training schedule is incorporated into local policy.

Refresher training will be indicated if staff changes role, there is a change in relevant legislation, national guidelines, organisational protocols or new technologies become available.

### **Assessment of competence**

- Where a staff member or learner can demonstrate through robust pre-assessment, including where relevant, practical assessment, the required level of current knowledge, understanding and practice, then this can be used as evidence that knowledge and skills have been maintained and the staff member may not need to repeat refresher training.
- Where a staff member or learner does not meet the required level of current knowledge and understanding and practice through pre-assessment, they should complete the refresher training and any associated assessments required.

## Appendix 5: Glossary of terms

Advocacy	<p>Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:</p> <ul style="list-style-type: none"> <li>• have their voice heard on issues that are important to them</li> <li>• defend and safeguard their rights</li> <li>• have their views and wishes genuinely considered when decisions are being made about their lives.</li> </ul>
Biological factor	Anything that affects the function and behavior of a living organism, according to Psychology Dictionary. These factors can be physical, physiological, chemical, neurological, or genetic.
Biopsychosocial formulation	A hypothesis about the reasons for a person's difficulties which attempts to describe why they have developed what maintains them and what might help. Because all these issues are highly personal, formulations are necessarily individualised, tailored to each person and their specific problems.
Carers (unpaid)	When we talk about carers we do not mean someone who is paid to provide care as part of a contract of employment - for example, a care worker or care staff. A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. A young carer is someone who is under the age of 18 and may be looking after his/her parents, brother or sister, grandparent or other relative who needs support.
Communication	This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may take place face to face, by telephone, email, text, via social networks, written reports and letters.
Comorbidities	Medical conditions existing simultaneously with and usually independently of another medical condition.
Co-production	Developing and delivering services in an equal and reciprocal relationship between professionals, people using services, their families and carers.
Cultural diversity	The existence of a multiplicity of sub-cultures and different value systems in a plural or multicultural society or other setting.
Diversity	Celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.

Dual diagnosis	The condition of experiencing a mental health problem and a comorbid alcohol and/or substance abuse problem.
Duty of care	The duty of a carers to provide high quality care to the best of their ability and say if there are any reasons why they may be unable to do so.
Equality	Being equal in status, rights, and opportunities.
Evidence-based practice (EBP)	Using the best, research-proven assessments and treatments in day-to-day care and service delivery. This means each clinician undertakes to stay in touch with the research literature and to use it as a part of their clinical decision making.
Evidence based research	It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
Human rights-based approach	When individuals and communities know their rights and are fully supported to participate in the development of policy and practices which affect their lives and to claim rights where necessary.
Inclusion	Ensuring that people are treated equally and fairly and are included as part of society.
Life-course approach	The long-term effects on later health or disease risk of physical or social exposures during pre-conception, pregnancy, childhood, adolescence, young adulthood, adulthood and later adult life. It offers a joined up approach with implications for long- term health gain and places emphasis on education (health promotion, prevention and recovery), and early intervention. It approaches health as an integrated continuum rather than as disconnected and unrelated stages.
Mental capacity	A person's ability to make their own choices and decisions. Someone's capacity is judged according to the specific decision to be made, so a person may have sufficient capacity to make simple decisions but not more complicated ones.
Mental disorder	A broad term covering mental illness, learning disability, personality disorder and substance misuse. It is more formally defined as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'.
Mental health	A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO <sup>14</sup> ).
Mental health condition	An umbrella terms to describe the full range of diagnosable mental illnesses and disorders.
Multidisciplinary team (MDT)	Multidisciplinary team (MDT) is composed of members from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations that facilitate quality patient care.
NICE- National Institute of Health and Care Excellence	An independent organisation that provides advice and guidelines on the Health and Clinical cost and effectiveness of drugs and treatments.

Perinatal mental illnesses	During pregnancy and in the year after birth women can be affected by a range of mental health problems, including anxiety, depression and postnatal psychotic disorders. These are collectively called perinatal mental illnesses.
Person-centred care	Takes into account service users' needs, preferences and strengths. People who use mental health services should have the opportunity to make informed decisions about their care and treatment, in partnership with their health and social care practitioners.
Psychological interventions	Methods used to facilitate change in an individual. Specifically they are activities used to modify an individual or group's behaviour, emotional state, or feelings.
Recovery	This term has developed a specific meaning in mental health that is not the same as, although it is related to, clinical recovery. It has been defined as: 'A deeply personal, unique process of changing one's attitudes, values, feelings, goals skills and/or roles. It is a way of living a satisfying, hopeful and contributing life, even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life' (DH 2011 <sup>15</sup> ).
Resilience	An important aspect of wellbeing and mental health: the ability to cope with adverse circumstances, either as an individual or in a community.
Safeguarding	Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
Self-care	This refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: "the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital." (Self care – A real choice: Self care support – A practical option, published by Department of Health, 2005).
Social factors	Things that affect lifestyle, such as religion, wealth or family.
Social Inclusion	Ensuring the marginalised and those living in poverty have greater participation in decision making which affects their lives, allowing them to improve their living standards and their overall well-being.
Stigma	Discrimination, based upon societies fear and ignorance about an illness or a problem. It causes peoples to be marginalized and mistreated, and therefore leads to social isolation, health inequalities and many forms of discrimination.
Well-being	A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment (DH 2011).
Whistleblowing	Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest' and may sometimes be referred to as 'escalating concerns.' For example, this might include reporting when someone's health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right .insurance); or covering up wrongdoing.

## Appendix 6: Reference list

The following are key references which informed the development of the Mental Health Core Skills Education and Training Framework.

### Key policy and guidance documents

Academy of Royal Colleges (2008) Managing Urgent Mental Health Needs in the Acute Trust: A guide by practitioners, for managers and commissioners in England and Wales.

<http://www.rcpsych.ac.uk/pdf/ManagingurgentMHneed.pdf>

Alleyne, J. & Jumaa, M.O., (2007). Building the capacity for evidence-based clinical nursing leadership: the role of executive co-coaching and group clinical supervision for quality patient services. *Journal of Nursing Management*, 15, 230-243.

Better health Briefing 33: The importance of promoting mental health in children and young people from black and minority ethnic communities- Paula Lavis on behalf of the Children and Young People's Mental Health Coalition A Race Equality Foundation Briefing Paper April 2014.

[http://cdn.basw.co.uk/upload/basw\\_114111-5.pdf](http://cdn.basw.co.uk/upload/basw_114111-5.pdf)

DH (2016), Improving the physical health of people with mental health problems: Actions for mental health nurses.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/524571/Improving\\_physical\\_health\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524571/Improving_physical_health_A.pdf)

DH (2014) Closing the gap: priorities for essential change in mental health.

<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

DH and Home Office (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis. <https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>

DH (2012) Impact Assessment supplementary note (The Education Not Discrimination project).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216871/Mental-Health-Implementation-Framework-Impact-Assessment-supplementary-note.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216871/Mental-Health-Implementation-Framework-Impact-Assessment-supplementary-note.pdf)

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