

The National Framework for
**Pre-registration Mental Health
Nursing Field Programmes**
in Scotland 2012

The National Framework for Pre-registration Mental Health Nursing Field Programmes in Scotland 2012

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1. Introduction and Background

The National Framework for Pre Registration Mental Health Mental Health Nursing Programmes in Scotland was originally developed in 2008 as an outcome of *Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland* (Scottish Executive, 2006a). It also responded to the direction of travel for the nursing profession in Scotland set out in wider mental health policy at that time.

This 2012 version has been produced to modernise the 2008 version in response to the Nursing and Midwifery Council (NMC) Standards for Pre Registration Nursing Programmes, set in 2010.

Importantly the 2012 Framework also enables us to set out the further direction of travel for pre registration mental health nursing education in our distinctive Scottish policy and legislative context. It builds on the successes of *Rights, Relationships and Recovery* and the implementation of the 2008 framework.

Currently, the Scottish Government commissions 6 universities in Scotland to deliver mental health nursing programmes, with one additional non commissioned provider (see Box 1).

A development group (Appendix 1) that included representatives from commissioned universities offering mental health programmes and service providers developed this updated framework on behalf of the Scottish Government. The group's activity was guided by an understanding that **pre-registration preparation is a shared responsibility between university and service providers.**

Box 1. General information about pre-registration mental health nursing field programmes.

The standards, and competencies for pre-registration nursing programmes are set by the Nursing and Midwifery Council (NMC); all programmes are approved and monitored to ensure they meet these standards.

Currently, seven universities across Scotland provide mental health field programmes.

The programmes are three years duration; most students study full time, although part-time options are available.

Students are required to study and practice for 45 weeks per year, more than students on most other university programmes.

The programmes combine generic and mental health field specific learning throughout the 3 years with the field specific learning increasing over the 3 years of the programme.

Programmes consist of are 50% theory (university study) and 50% practice (when students work in NHS and other mental health care settings).

Programmes are structured to provide a mixture of theory and practice each year; how this is organised and the length of placements varies across the universities.

On completing the programmes, students have an academic qualification at Ordinary Degree level;¹ they are also able to register as nurses with the NMC.

¹ Some universities also provide an Honours degree.

The purpose of the framework

Each pre-registration mental health nursing programme in Scotland needs to be designed and delivered in a way that meets the unique and diverse needs of individuals, communities and populations in local areas. The framework is not about proposing a national curriculum, rather, it sets out key principles that HEIs and service providers should address in delivering the programmes together.

The purpose of the national framework is to:

- provide programme and practice learning providers in universities and mental health services with *key principles and guidance*, informed by evidence and best practice, to assist in the development of programmes and to underpin their shared roles and responsibilities in programme delivery;
- outline best practice capabilities to guide the nature and outcomes of pre-registration mental health nursing programmes in Scotland;
- explain the courses that prepare students to become mental health nurses to people who use mental health services and their friends, families and carers;
- inform current and potential students about what they can expect from their programmes;
- Inform the recruitment of lecturers and practice education staff who support delivery of the programmes.

The drivers for the framework

Several key policies and pieces of legislation inform this framework:

- Rights, Relationships and Recovery- the Report of the National Review of Mental Health Nursing In Scotland (SE, 2006, SG 2009)
- The HealthCare Quality Strategy for Scotland
- Scotland's National Dementia Strategy (SG, 2010)
- The Mental Health (Care and Treatment) (Scotland) Act 2003;

The framework is presented in two parts:

- **Part 1:** which outlines the principles that should guide the design and delivery of programmes;
- **Part 2:** which details *Best Practice Capabilities for Pre-registration Mental Health Nursing Programmes in Scotland*, which should be used to guide programme content and assessments to ensure students gain the knowledge, skills and values they need to become registered mental health nurses.

The *Best Practice Capabilities* are based on work completed as part of the Chief Nursing Officer's review of mental health nursing in England, which involved an expert group reviewing and synthesising a number of existing frameworks (DoH, 2006)².

For the 2008 version of the Framework the Development Group reviewed and adapted the English competencies to make sure they reflected and complemented the distinctive policy and legislative context in Scotland and matched the core capabilities for mental health nurses identified in *Rights, Relationships and Recovery*. For the 2012 version we have further updated these and mapped them to the NMC competencies that were published in 2010.

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4135647

2. The Framework

Mental Health Field Nursing Programmes in Scotland are delivered in partnership between provider universities, NHS Scotland and wider service partners. This joint approach to delivery underpins the principles set out in this section.

The standards, for pre-registration nursing programmes are prescribed by the Nursing and Midwifery Council (NMC). In 2010 the NMC published new standards and generic and mental health field specific competencies for the nursing programmes. All programmes are approved and monitored by the NMC to ensure they meet these standards.

The framework complements this arrangement by building on the distinct agenda set out for mental health nursing and mental health care, treatment and services in Scotland. Meeting the standards set by the NMC remains of paramount importance for universities, service provider partners and students. Only by achieving these requirements can students achieve registration as mental health nurses.

The shared values base for mental health nursing programmes

Mental health nursing is fundamentally about working alongside people to promote their mental health and wellbeing and recovery from mental health problems. Developing and sustaining therapeutic relationships with service users and their families and carers is a the core of mental health nursing and the foundation for the delivery of person centred, safe and effective care, support and interventions.

This revised framework continues to build on the values base outlined in *Rights, Relationships and Recovery*.

Box 2. Rights, Relationships and Recovery The values base for mental health nursing

Relationships	Putting positive working relationships supported by good communication skills at the heart of practice. Maximising time to build relationships and challenging systems that detract from this. Recognising when relationships are unhelpful and taking steps to address this.
Rights	Based on principles in legislation, safeguards and codes of conduct.
Respect	For diversity of values and placing the values of individual users at the centre of practice. Listening to what people say and not basing practice on assumptions about what people need. Seeing the whole person and not just his or her symptoms. Seeing the person as the 'expert' in his or her experience. For the contribution of families and carers. For the contribution of other professionals and agencies. For the social context of people's lives.
Recovery	Promoting recovery and inspiring hope – building on people's strengths and aspirations. Increasing capacity and capability to maximise choice.
Reaching out	To make best use of resources available in the wider community. To other agencies involved in mental health care. Being proactive about opportunities for change and mobilising opportunities to work with others to bring about change.
Responsibility	At corporate, individual and shared levels to translate the vision and values into practice by evolving current frameworks for practice and challenging and shaping institutional systems and procedures to accommodate this.

The Mental Health Field programmes must continue to be designed and delivered in a way that reflects the core principles outlined in the framework to make this values base a reality in education and practice.

The focus and emphasis of programmes

Areas in which students need to develop knowledge, skills and values are detailed in Part 3, *Best Practice Capabilities for Pre-registration Mental Health Nursing Field Programmes in Scotland*. This should be used to guide the content of programmes and inform how students are assessed in both theory and practice.

In this section, principles that should be central to the field programmes and which should underpin all learning, in university and in practice learning, are outlined.

Principle

Programmes must have a strong focus on promoting students' ability to practice in a way that emphasises promoting and protecting human rights and addressing the needs of people requiring additional support and protection.

Rights, principles and values-based practice

Scotland has a range of rights and principled based legislation designed to protect and support people who may be vulnerable or at risk including the Equality Act, the Mental Health (Care and Treatment) (Scotland) Act; the Adults with Incapacity Act; and the Adult Support and Protection Act.

Students need to develop the knowledge, skills and abilities to apply the principles of legislation and safeguards provided to support those people most at risk.

Principle

Pre-registration mental health nursing programmes must enable students to develop into practitioners whose practice embodies the 10 Essential Shared Capabilities.

The 10 Essential Shared Capabilities (ESCs) were originally developed by the Sainsbury Centre for Mental Health in 2004 (SCMH, 2004). Their development was driven by people who use services and reflect the elements they saw as being most important in service delivery, and which they felt were sometimes absent in the care they received.

The 10 Essential Shared Capabilities are:

- Working in Partnership
- Respecting Diversity
- Practising Ethically
- Challenging Inequality
- Promoting Recovery
- Identifying People's Needs and Strengths
- Providing Service User-centred Care
- Making a Difference
- Promoting Safety and Positive Risk Taking
- Personal Development and Learning.

The 10 ESCs detail core capabilities for all mental health workers, taking account of rights and values-based practice, recovery-focused practice and person-centred care. They are the foundation on which good mental health practice is based and mirror and complement the principles underpinning the Mental Health (Care and Treatment) (Scotland) Act 2003, which are:

1. Non-discrimination
2. Equality
3. Respect for diversity
4. Reciprocity
5. Informal care
6. Participation
7. Respect for carers
8. Least restrictive alternative
9. Benefit
10. Child welfare.

NES originally developed a package of materials in 2007 to support teaching, learning and development in relation to the ESCs. A second edition of the learning materials were published in 2011 (NES, 2011) The ESC learning should continue to be central to the Mental Health Field

Programmes in Scotland, and students' practice development in relation to the ESCs should be assessed in theory and practice throughout the programmes.

Recovery-focused practice

Principle

Recovery-focused practice must be embedded within the theory and practice elements of learning undertaken by students within pre-registration mental health nursing programmes.

Recovery-focused practice builds on the foundation set by the 10 ESCs.

The starting point for recovery-focused practice is an understanding that recovery is possible and that service users and their families, friends and carers have a right to expect person centred mental health services that promote and foster recovery.

But recovery is not just about mental health services. There is a need for mental health workers to recognise the wide range of services, resources and people that may contribute to an individual's recovery journey. This has special relevance in relation to practice learning experiences in programmes.

Historically, mental health nurses (and other mental health workers) were perceived as “doing to” people who use services. The emphasis has shifted to a desire to “do with” people who use services. Within recovery-focused practice, the challenge for mental health nurses and other workers is to “*be alongside*” as service users take the lead in creating their own recovery journey.

The role of mental health nurse therefore becomes that of “facilitator”, a resource person capable of providing information and support to enable service users to identify their own goals and take steps to achieve them, recognising that this may be more difficult at some times than at others.

Building on the 10 ESCs Learning resource The Scottish Recovery Network (SRN) and NES developed the *Realising Recovery Learning Materials* (NES/SRN 2009) to support values, knowledge and skills development in recovery focussed practice. The Realising Recovery learning should be embedded in the Mental Health Field Programmes in Scotland, and students’ practice development in relation to recovery focussed practice should be assessed in theory and practice throughout the programmes.

Relationships, communication and therapeutic interpersonal skills

Principle

Enabling students to develop relationship, communication and interpersonal therapeutic skills should be a major emphasis of both the theoretical and practice components of pre-registration mental health field programmes.

The relationship between the mental health nurse and the person requiring support is what service users say they value most. It goes beyond the important level of the nurse merely being “someone nice to talk to”. In developing positive, therapeutic relationships with service users, the nurse requires:

- self-awareness;
- emotional intelligence
- engagement skills;
- advanced interpersonal skills;
- an ability to listen actively;
- skills in reflecting, paraphrasing and providing feedback;
- an ability to convey compassion, empathy and acceptance;
- an ability to support people as they identify problems and explore potential solutions, maximising individuals’ strengths and working towards the goals they define as important to them;
- an ability to reflect on his or her practice and engage in supervision to constantly learn and develop.

Principle

Building a strong foundation in relationship, communication and therapeutic skills is key to ensuring pre-registration programmes prepare students to support the development of mental health nursings' contribution to increasing people's choice of, and access to, psychological and psychosocial interventions and therapies.

Self-awareness, emotional intelligence and psychological literacy are crucial to developing and sustaining therapeutic and recovery focussed relationships. At the point of registration, mental health nurses must be able to apply their relationship and interpersonal skills across a range of therapeutic interventions. They therefore need opportunities to develop self confidence in the advanced communications skills that are the foundation of common interventions such as counselling and cognitive-behavioural therapy (CBT).

It is essential that students have opportunities in theory and, importantly, in practice to develop, reflect on and be supervised in using skills that increase in complexity as their programme progresses.

Health improvement, health promotion and tackling health inequalities

Principle

Programmes develop students' knowledge and skills in the determinants of health, health improvement and promotion and tackling health inequalities to enable them to promote the rights of people who experience mental health problems to support their access mainstream health services.

People with mental health problems can experience multiple inequalities that have a negative impact on their physical and mental health. These can include:

- social deprivation, exclusion and poverty linked to poor nutrition, obesity, higher levels of smoking, heavy alcohol use and lack of physical activity;
- discrimination from health care providers - people with mental health problems report that their physical illnesses are not taken seriously, or that an assumption is made that physical problems are linked to their mental health problems;
- unwanted effects from treatments and medicine;
- issues with confidence and self esteem acting as a barrier to seeking health care.

All of this means that some people with mental health problems are at risk of poorer physical health and a lower life expectancy than the rest of the population. Students need to understand and be sensitive to these inequalities and must embed asset based approaches, health

improvement and health promotion activity in their practice.

Students also need to be able to understand and recognise the symptoms of common physical health problems and provide and facilitate access to core physical health care. They need to understand the limitations of their scope of practice in this area and support people in accessing the best-quality physical health care. The Mental Health Field Programme should provide learning opportunities that equip students to develop a range of core (physical) nursing skills; these are detailed in Section 3.

Principle

Pre-registration mental health nursing field programmes prepare students to work effectively with people across the lifespan, reflecting the demography and diversity of the population of Scotland and public mental health priorities.

Demographic projections for Scotland suggest there will be rising numbers of older people in the population over the next 20-30 years.

Supporting older people is “core business” for nurses, regardless of their service setting. Yet for far too long, providing services to older people hasn’t been accorded the value it deserves within the professions, with higher status being given to other areas of practice.

Similarly, understanding the principles and core theory underpinning children and young peoples mental health work (including child protection issues) and attaining core skills in working with for children and young people at risk of, or experiencing mental health problems is an issue for *all* mental health nurses, not just those who have specialised in the care of children and young people.

Principle

Pre-registration mental health nursing programmes promote caring for people with dementia as a positive and rewarding experience in both the theory and practice learning elements of the programme.

Programmes must be designed to enable student to attain the knowledge and skills set out in ‘Promoting Excellence’ at the Dementia Skilled level as a minimum.

Dementia has been a national clinical priority in Scotland since 2007. Currently there are approximately 82,000 people with dementia in Scotland and this number is expected to double over the next 25 years.

Scotland’s National Dementia Strategy was launched in June 2010³ and outlined a number of key challenges and change actions that require a significant change in the way Health and Social Services in Scotland respond to Dementia.

In June 2011 ‘Standards of Care for Dementia in Scotland,’⁴ and ‘Promoting Excellence - a framework for health and social services staff working with people with dementia, their families and carers’ were launched⁵.

Providing, rights based, person centred, safe and effective care and treatment for people with dementia is a significant priority and focus of the role of mental health nursing.

³ <http://www.scotland.gov.uk/Resource/Doc/324377/0104420.pdf>

⁴ <http://www.scotland.gov.uk/Publications/2011/05/31085414/0>

⁵ <http://www.scotland.gov.uk/Publications/2011/05/31085332/0>

Evidence-based Practice

Principle

Programmes develop students to be information and knowledge literate and have the skills to critically analyse and use evidence from a range of sources to inform and develop their practice to enable delivery of person centred, safe and effective care and interventions.

Students need to develop skills and knowledge in analysing and using evidence to inform their practice. Programme content must be constantly developed and adapted in response to evidence-based clinical guidelines and best practice statements as they emerge.

'Evidence' in this instance needs to be regarded in its widest sense. Evidence from scientifically conducted research such as clinical trials is crucial, but it is also important to value other types of evidence, including service users', families' and carers' accounts and experiences and professional experience and expertise.

There can be contradictions and tensions between different types of evidence and between notions of evidence-based practice and values and recovery- focused practice and these need to be examined and explored in the programmes.

Approaches to programme design and delivery

Each university in Scotland and their service partners who are involved in delivering the Mental Health Field Programme has a strategy setting out principles to guide the way programmes are designed and delivered. Each programme team has experience and expertise in a range of learning, teaching and assessment styles.

In this section, overarching principles that should guide the design of learning, teaching and assessment in the programmes are outlined.

Involvement and participation

Principle

There should be meaningful partnership involvement in programme design and delivery including public and practitioner involvement underpinned by a strong cross university and service provider approach to enabling this.

We know that direct involvement of people with lived experience of mental health problems, and family members and informal carers, in delivering education and training, promotes a powerful experience for learners and is considered crucial in shaping and supporting values-based and recovery-focused practice.

The action plan from the mental health nursing review and the 2010 NMC standards requires that all programmes should include this type

of involvement. People sharing their experiences of mental health issues and mental health services enables students to develop valuable insights and reflections. In addition, people should be offered the opportunity of having meaningful, non-tokenistic involvement in all stages of programme design and delivery, including involvement in both theory and practice assessment.

Members of the public representing the views and experiences of people with lived experience of mental health problems need support, preparation and time to be meaningfully involved in nurse education. Universities must provide this and also give consideration to appropriate remuneration.

Thinking about public involvement has moved on to open up new opportunities and approaches centred on around concepts like co-production and community capacity building. These approaches should also inform approaches to public involvement in the programmes.

Principle

Academic teams within the university sector will maintain meaningful links with practice through collaboration in clinical-academic partnerships and participation in a range of strategic practice initiatives.

Teams should consider their members with regard to expertise and skill mix and encourage collaborative engagement working alongside practitioners and people with lived experience of mental health problems and families/carers, to ensure that they meet contemporary challenges.

Opportunities such as clinical supervision, liaison meetings, recruitment and selection should be considered to help maintain partnerships between education and practice.

Secondments of clinical staff to Universities and secondment of university staff to service (and other partner organisations) through the use of honorary contracts to inform particular parts of programme design and service and practice development should continue to be expanded, along side other opportunities for clinical academic careers.

Future appointments and ways of working should recognise the added value of encouraging clinical academic careers as a strategy for maintaining competencies that enable practice and education to develop in partnership.

Multidisciplinary, multi-agency learning

Principle

Pre-registration education reflects the multi-disciplinary, multi-agency and integrated nature of mental health and social services by maximising opportunities for learning with other disciplines and agencies involved in mental health care.

Team working is essential for the effective operation of services, and the multidisciplinary, multi-agency team is at the core of service delivery.

Mental health nurses work as part of multidisciplinary, multi-agency teams; indeed, mental health nurses share as much in common with other disciplines and agencies in mental health as they do with nurses from other fields.

Multidisciplinary, multi-agency education is a strong underpinning element that supports the development of effective, capable teams. Mental health nurses should learn not only alongside fellow mental health professionals, but also with social services staff, people from the voluntary sector, service users, families and carers.

Providing this sort of learning will be more challenging for some universities than others and is dependent on the programmes offered and existing links with other organisations. But there are real opportunities in the future for universities to progress the idea of multidisciplinary, multi-agency education by working together to explore cross-institutional learning opportunities.

Meaningful multidisciplinary, multi-agency learning is not likely to be achieved in large groups or by students of different disciplines simply attending the same lecture. Students on different programmes need opportunities to come together in small interactive sessions in which they can focus on exploring and understanding issues from their different perspectives.

The student experience

Recruitment and selection

Principle

The involvement of people with lived experiences of mental health problems, families and carers and practitioners in the selection of students for pre-registration mental health nursing programmes is key to ensuring appropriate candidates are selected to enter programmes.

The involvement of people with lived experiences of mental health problems, families, carers and practitioners in student selection can take a variety of forms, including participation in interviews, forming of interview schedules and strategies, development of person specifications and questions and contributing to guidance on selection procedures.

Everyone involved in selecting students needs to have training and support to fulfil this role. Universities need to ensure training includes:

- the principles of equal opportunities recruitment and selection;
- the recruitment and selection process being used;
- how to conduct interviews;
- how to develop equal opportunity questions and assessments;
- how to manage sensitive material and the need for confidentiality;
- procedures for dealing with disagreement among selectors;
- how to gather and offer constructive feedback.

Valuing and supporting students

The same values that guide the pre-registration programmes can guide the overall commitment to the experiences of students. Education and service providers therefore need to be mindful of the need to:

- *involve* students meaningfully;
- ensure that students are aware of their *rights and responsibilities* in relation to all aspects of the student journey;
- *respect the diversity* of the students with whom they work;
- engage in *respectful relationships* that reflect the relationships students are expected to develop with services users, families and carers and other mental health professionals and workers.
- Lecturers and practitioners recognise and utilise the diversity of student experiences to enhance learning opportunities where appropriate.

Principle

Students are meaningfully involved in all aspects of learning, including the design, delivery and evaluation of programmes.

Strong student involvement with programme teams should be encouraged, with explicit links being made between students' involvement in their own education and service-user involvement in care and treatment.

Principle

The nature of lecturers' and mentors' relationships with students stands as a model for the professional practice, values, attitudes and skills the programmes aim to promote in students.

Pre-registration programmes are delivered through a range of methods and media, utilising different teaching methods. In the field of pre-registration mental health nursing programmes, regular face-to-face contact between lecturers and students, small-group sessions, experiential learning and guided reflection are considered essential.

The 10 ESCs have been described as the foundation for rights, values and recovery-focused practice. They should act as the touchstone for lecturer and practitioner relationships with students. Modelling the ESCs through the way lecturers, practitioners and students relate to each other in university and practice settings provides real opportunities for developing and reinforcing this learning.

Practice Learning Experiences

Fifty percent of student learning in pre-registration programmes is practice based learning

Students need the right practice learning experiences to ensure access to appropriate learning experiences, role models and supervision on which they can base values and develop competence and capability.

Principle

Practice learning experiences in pre-registration programmes reflect the range of services, resources and people who contribute to mental health care and support, most of which are located in people's communities.

The way health services are delivered in Scotland is changing and will continue to change. Services in the future will be embedded in local communities and be based on local community need, with increasing alternatives to hospital care being offered. Practice experiences need to reflect this changing reality, and new models of providing placements must be developed for the future.

Principle

Service providers and universities work together to provide appropriately supported and supervised practice learning experiences for students which enable them to gain competency in areas defined in this framework and create a culture which embraces learning and development as part of a continuous endeavour to improve.

Students need exposure to learning environments that:

- reflect rights, values and recovery-focused practice;
- offer opportunities for students to learn about and be supervised in applying therapeutic interpersonal skills;
- value diversity and address inequalities;
- have appropriately qualified and developed staff providing support and supervision.

Generic standards for approving and monitoring practice placements exist (NES, 2008) additionally information gained from tools such as the Scottish Recovery Indicator (SRI-2) may be increasingly used in future to supplement existing practice placement standards (SRN, 2011).

Practice learning in pre-registration mental health nursing programmes must be valued and accredited in the same way as the theoretical learning elements. Programme designs must allow students to immerse themselves in practice without the pressures of undertaking simultaneous academic assessments.

Assessment

Student nurses are assessed in both the theory and practice parts of their programmes. Nursing programmes are demanding, and professional requirements mean that nursing students must complete considerably more hours of study and practice than their peers on many other university programmes.

Some mental health nursing students enter their programme via non-traditional routes, such as through practice and study as a health or social care support worker. They may also have to juggle family and other commitments while completing a demanding programme of study.

Principle

Programme teams⁶ ensure that a range of carefully considered assessment methods are included in the design of assessment strategies that equally consider the assessment of academic knowledge, interpersonal skills and values and attitudes.

Assessment strategies should include a range of methods that allow students to demonstrate new learning in a variety of ways while enabling them to develop their skills in different assessment approaches.

The theory and practice assessment strategy should assess the development of interpersonal skills at individual and group level. Strategies should also pay careful and as *much* attention to the assessment of people's values and attitudes as to their knowledge and skills. Universities should work with their partners to maximise opportunities for practitioner, service user and carer involvement in this part of assessment.

Principle

Practice learning assessments ensure the mental health-specific values; skills and attitudes students are required to achieve are clearly stated and can be objectively assessed.

⁶ The term 'Programme Team' includes university, service providers and service users and carers

Assessment of students' performance in practice is based on the generic and mental health field NMC competencies and Essential Skills Clusters. The best practice competencies for the pre registration mental health field programmes in Scotland outlined in part 2 further detail these. *It is crucial to ensure students achieve these.*

In 2011 NES published guidance on a national approach to practice assessment which was developed in partnership with all the universities providing pre registration nursing programme. The design of practice assessment should be guided by the core components outlined in this guidance⁷.

⁷ http://www.nes.scot.nhs.uk/media/233571/national_approach_to_assessment_docs_on_pre-reg_nursing_progs_may_2011.pdf

3. Best Practice Capabilities for Pre-registration Mental Health Nursing Field Programmes in Scotland

This part identifies the core capabilities, including knowledge and performance criteria, essential for mental health nurses at the point of registration in Scotland.

The capabilities are based on the *Best Practice Competencies and Capabilities for Pre-registration Mental Health Nurses in England* (DoH, 2006) originally produced as part of the Chief Nursing Officer's review of mental health nursing in England. These have been amended and developed to reflect Scotland's distinctive policy, legislative and service context.

Further capabilities are likely to be identified at local level as education programmes that respond to local needs are developed.

Key sources

A number of frameworks have been referred to in the development of this document. These include:

- *The Standards and Competencies for Pre-registration Nursing Education*: (NMC, 2010);
- The 10 Essential Shared Capabilities (ESC) for Mental Health Practice (SCMH, 2004);
- National Occupational Standards and National Workforce Competencies;
- The Knowledge and Skills Framework (KSF);
- The core mental health nursing capability framework produced as part of *Rights, Relationships and Recovery*.
- *Realising Recovery - a National Framework for Learning and Training in Recovery Focused Practice* (NES, 2007a).

- *Promoting Excellence – a framework for all health and social services staff working with people with dementia and their families and carers*

The 10 Essential Shared Capabilities (ESCs)

The purpose of the 10 ESCs is to set out the minimum requirements or capabilities that all staff working in mental health services across all sectors should possess. The ESCs were produced specifically for mental health services across health and social care sectors to support staff development.

The 10 Essential Shared Capabilities for Mental Health Practice: Learning Materials (Scotland) were published in 2007 with a second edition produced in 2011. The learning materials will support the development of many of the competencies outlined in this document and must be integrated into pre-registration mental health programmes in Scotland.

Core Capabilities for Mental Health Nurses in Scotland

As part of *Rights, Relationships and Recovery*, the core functions and capabilities of mental health nurses have been identified and matched to services tiers. These have been incorporated into this framework.

Promoting Excellence – a framework for all health and social services staff working with people with dementia and their families and carers

This framework was produced as part of Scotland's National Dementia Strategy and outlines 4 levels of knowledge and skills that health or social services workers should have depending on the role that they have in working with people with dementia and their families and carers. **For mental health nurses exiting pre registration programmes this should be as a minimum the 'Dementia Skilled' level of 'Promoting Excellence'.**

Using the guidance

This part provides a tool for review of the content and outcomes of pre-registration mental health nursing programmes.

Education providers, together with representatives from students, mentors, service providers, service users, families and carers, are key to such reviews taking place.

The competencies are detailed under three headings:

- *Knowledge criteria* – the knowledge people need to develop their skills and values in meeting the capability. This should guide the theory content of the programmes and the additional learning people undertake in practice.
- *Performance criteria* – how people should demonstrate they are competent in practice. These criteria should guide how students' practice is assessed.
- *Links to the 2010 NMC Competencies.*

These best practice capabilities for mental health nursing *complement, but do not replace*, the NMC competencies.

The NMCs Standards are mandatory and will continue to form the baseline requirements for all pre-registration nursing programmes. The regular review of programmes undertaken by programme providers in higher education provides an opportunity to incorporate the essential competencies and capabilities into pre-registration programmes, thereby setting out clear expectations of what a mental health nurse must know and be able to do at the point of registration.

The capabilities identified in this document only constitute the core requirements for all mental health nurses. Further competencies and capabilities are likely to be identified at local level when developing education programmes.

Section 1. Rights, Values and Recovery-Focused Practice

Capability	Knowledge criteria	Performance criteria	NMC Competency
Practice in a way that protects people's rights, respects diversity and promotes recovery	<p>Able to understand:</p> <p>1.1 the 10 Essential Shared Capabilities and how they relate to key areas in mental health work</p> <p>1.2 the importance of self-awareness and reflection in developing practice</p> <p>1.3 engagement processes designed to encourage and maximise service user, family and carer involvement in care and treatment</p> <p>1.4 factors that impact positively and negatively on mental health and well-being within the broad context of public health</p> <p>1.5 factors that make the process of recovery unique to each individual, recognising the role of hope and valuing and respecting the diversity, expertise and experiences of individuals, families, groups and communities</p>	<p><i>Works with individuals and colleagues to create an environment with an inclusive culture</i></p> <p><i>Demonstrates an ability to work effectively with a range of stakeholders to promote and increase the social inclusion of people with mental health problems</i></p> <p><i>Contributes to a culture of mental health and wellness that fosters self determination and resilience</i></p> <p><i>Supports and encourages a culture that respects and values the dignity of others</i></p> <p><i>Engages actively with service users, families and carers to enable their full involvement in the care/ treatment process, on the basis of informed choice</i></p>	<p>Domain 1: Generic standard</p> <p>Domain 1: Field standard</p> <p>Domain 1: 1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2</p> <p>Domain 1: 2.1</p> <p>Domain 1: 3</p> <p>Domain 1: 3.1</p> <p>Domain 1: 4</p> <p>Domain 1: 4.1</p> <p>Domain 1: 7</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 3: 1.1</p> <p>Domain 3: 5</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Practice in a way that protects people's rights, respects diversity and promotes recovery	<p>Able to understand:</p> <p>1.6 the role that families, friends and carers play in service users' support networks</p> <p>1.7 service user and carer involvement at individual, organisational and strategic levels</p> <p>1.8 how to access, review and evaluate information about valuing and respecting people, including reports and policies</p> <p>1.9 how culture, race, gender, sexual orientation, age, disability and lifestyle impact upon the needs of service users and carers</p> <p>1.10 how lifestyle choices (such as substance use) can impact on the needs of service users, families and carers</p> <p>1.11 the forms which discrimination may take, both positively and negatively, and the behaviours which may be expressions of these</p>	<p><i>Engages and works with families and carers as partners in care</i></p> <p><i>Presents positive views of people who experience mental health distress, valuing their life stories and life experiences</i></p> <p><i>Demonstrates respect for all individuals, particularly those who may require additional support and protection (including children, older people and people with learning disability) and provides care that maintains their personal dignity at all times</i></p> <p><i>Provides information about individual and collective advocacy to service users, families and carers</i></p> <p><i>Identifies poor practice by self and others and seeks guidance on how to address this</i></p> <p><i>Challenges any practice, attitudes and behaviour that discriminates against an individual</i></p>	<p>Domain 1: Generic standard</p> <p>Domain 1: Field standard</p> <p>Domain 1: 1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2</p> <p>Domain 1: 2.1</p> <p>Domain 1: 3</p> <p>Domain 1: 3.1</p> <p>Domain 1: 4</p> <p>Domain 1: 4.1</p> <p>Domain 1: 7</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 3: 1.1</p> <p>Domain 3: 5</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Practice in a way that protects people's rights, respects diversity and promotes recovery	<p>Able to understand:</p> <p>1.12 the assumptions and oppressions underpinning inequalities, including environmental factors that act against the promotion of diversity</p> <p>1.13 the ways in which relationships between service providers and service users can sometimes become difficult</p> <p>1.14 how to challenge discrimination and oppressive behaviour</p> <p>1.15 human rights principles, the principles of the Equality Act, Mental Health (Care and Treatment) (Scotland) Act the Adults with Incapacity (Scotland) Act 2000 and the Adult Support and protection Act and how they should guide practice</p> <p>1.16 how to apply the principles and processes of values-based practice to decision making in mental health practice</p> <p>1.17 how to recognise and challenge discrimination</p> <p>1.18 factors that promote social inclusion</p>	<p><i>Uses supervision and support to resolve any conflicts and tensions that might arise generally and when dealing with specific situations</i></p> <p><i>Works within agreed organisational and professional frameworks</i></p> <p><i>Works in a way that recognises and values diversity and delivers culturally competent care</i></p> <p><i>Works in a way that demonstrates an ability to see the person and not just his or her symptoms</i></p> <p><i>Works in a way that demonstrates an ability to see the person as the expert in his or her experience.</i></p> <p><i>Works in a way that demonstrates respect for the contribution of families, friends and carers</i></p> <p><i>Works in a way that demonstrates respect for the contribution of other professionals and agencies</i></p> <p><i>Works in a way that demonstrates respect for the social context of people's lives</i></p>	<p>Domain 1: Generic standard</p> <p>Domain 1: Field standard</p> <p>Domain 1: 1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2</p> <p>Domain 1: 2.1</p> <p>Domain 1: 3</p> <p>Domain 1: 3.1</p> <p>Domain 1: 4</p> <p>Domain 1: 4.1</p> <p>Domain 1: 7</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 3: 1.1</p> <p>Domain 3: 5</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Practice in a way that protects people's rights, respects diversity and promotes recovery	<p>Able to understand:</p> <p>1.19 the potential impact of power imbalances between mental health workers and service users, particularly in situations involving compulsory power</p> <p>1.20 How to contribute to evaluating and developing services and practices using the Scottish Recovery Indicator -2</p>	<p><i>Works in a way that challenges the processes that lead to inequality and exclusion</i></p> <p><i>Discusses recovery with service users and their friends, families and carers and enables people to access resources that will help them learn about recovery</i></p> <p><i>Negotiates with service users the nature of involvement of independent advocates, friends, family members and carers</i></p> <p><i>Adopts assessments and interventions that are inclusion focused and service-user centred and led</i></p> <p><i>Promotes and supports people's engagement in social networks</i></p> <p><i>Supports people in maximising their income and managing personal finance</i></p> <p><i>Supports service users and families/carers in exercising their rights</i></p> <p><i>Promotes the uptake of opportunities for employment, meaningful and purposeful activity, education and training and leisure and recreation activities</i></p> <p><i>Demonstrates an understanding of the importance of advance statements and supports people in developing these</i></p> <p><i>Contributes to evaluating and developing services and practices using the Scottish Recovery Indicator -2</i></p>	<p>Domain 1: Generic standard</p> <p>Domain 1: Field standard</p> <p>Domain 1: 1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2</p> <p>Domain 1: 2.1</p> <p>Domain 1: 3</p> <p>Domain 1: 3.1</p> <p>Domain 1: 4</p> <p>Domain 1: 4.1</p> <p>Domain 1: 7</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 3: 1.1</p> <p>Domain 3: 5</p>

Section 2. Relationship, Communication and Therapeutic Interpersonal Skills

Capability	Knowledge criteria	Performance criteria	NMC Competency
Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care	Able to understand:		Domain 1: Generic standard Domain 1: 1 Domain 1: 8
	2.1.the role of communication in establishing, maintaining and disengaging helpful relationships	<i>Is approachable, and makes an effort to spend time with people to explore, understand and support their interests, needs and concerns</i>	Domain 2: Generic standard Domain 2: Field standard Domain 2: 1 Domain 2: 1.1 Domain 2: 1.2 Domain 2: 2 Domain 2: 3 Domain 2: 4 Domain 2: 4.1 Domain 2: 5 Domain 2: 5.1 Domain 2: 6.1 Domain 2: 7 Domain 2: 8
	2.2 the unique way that people make sense of their world, their experiences and their situation	<i>Maximises brief, positive greetings or acknowledgment of others to build rapport and relationships</i>	
	2.3 the different forms and range of effective communication, including verbal and non-verbal communication, touch, symbols and images	<i>Uses ordinary, everyday conversation that avoids professional jargon</i>	
	2.4 how the use of ordinary, everyday or “social” talk promotes therapeutic relationships	<i>Demonstrates a willingness to learn about and understand each person’s unique situation</i>	
	2.5 the importance of common courtesy and politeness in engaging with others	<i>Maximises time to build relationships and challenges systems and cultures that detract from this</i>	
	2.6 the value of regularly acknowledging the presence of others	<i>Demonstrates the safe and effective use of interpersonal skills core to counselling such as active listening, responding, questioning and problem solving</i>	
	2.7 the importance of giving constructive, positive feedback to others	<i>Communicates with people in a way that takes account of their individual strengths and needs</i>	
2.8 factors that can affect the communication skills, abilities and development of individuals	<i>Displays warmth, positive regard and non-judgemental attitudes in interactions with people</i> <i>Gives constructive feedback to others that facilitates positive change, and receives and gives appropriate consideration to feedback from service users, carers and colleagues</i>		

Capability	Knowledge criteria	Performance criteria	NMC Competency
Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care	<p>Able to understand:</p> <p>2.9 the effect of culture on communication, such as when physical contact is appropriate and when it is not and how to address people, including issues arising from the gender of the practitioner</p> <p>2.10 The impact of abuse and trauma on people' wellbeing and mental health and how this can influence communication and relationship building</p> <p>2.11 How to practice in a way that focuses on the therapeutic use of self</p> <p>2.12 how spoken and written language can empower or disempower people</p> <p>2.13 the range of resources available resources to enable effective communication</p> <p>2.14 why and how to arrange the environment to maximise communication</p> <p>2.15 theories that inform and enhance understanding of communication and the effective use of relationship and interpersonal skills</p>	<p><i>Uses non-verbal communication and active listening to encourage individuals to communicate</i></p> <p><i>Demonstrates an awareness of environmental factors on communication and effects appropriate changes to enhance communication</i></p> <p><i>Demonstrates an awareness of the impact of abuse and trauma on people' wellbeing and mental health and effects appropriate changes to enhance communication and relationship building</i></p> <p><i>Demonstrates an ability to share aspects of their own life to support recovery and inspire hope while maintaining professional boundaries</i></p> <p><i>Identifies and articulates own emotional and psychological responses to situations with colleagues in a professional manner</i></p> <p><i>Identifies and overcomes barriers to communication</i></p> <p><i>Recognises when relationships are unhelpful and takes steps to address this</i></p> <p><i>Demonstrates clear, concise communication with all mental health stakeholders</i></p>	<p>Domain 1: Generic standard Domain 1: 1 Domain 1: 8</p> <p>Domain 2: Generic standard Domain 2: Field standard Domain 2: 1 Domain 2: 1.1 Domain 2: 1.2 Domain 2: 2 Domain 2: 3 Domain 2: 4 Domain 2: 4.1 Domain 2: 5 Domain 2: 5.1 Domain 2: 6.1 Domain 2: 7 Domain 2: 8</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
	<p>2.16 the factors that impact upon the development and maintenance of effective communication of people with memory loss or learning difficulties</p> <p>2.17 the specific communication needs of people who have cognitive and sensory impairments</p>	<p><i>Communicates effectively with family and carers as partners in care</i></p> <p><i>Uses communication strategies that optimise health well-being and quality of life for people who have cognitive and sensory impairments</i></p> <p><i>Communicates with individuals in a manner, and at a level and pace, that gives consideration to their abilities, preferred form of communication, manner of expression and, personal beliefs and preferences, and is consistent with anti-discriminatory practice</i></p> <p><i>Ensure people receive the information they need in a language, form and manner that enables them to make informed choices</i></p>	

Capability	Knowledge criteria	Performance criteria	NMC Competency
Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care	<p>Able to understand:</p> <p>2.18 theories of reflective practice, including the principles of reflection and skills necessary for reflection</p> <p>2.19 how and where to access information and support that can inform knowledge and practice about communication and language</p> <p>2.20 legal and clinical requirements in maintaining accurate records</p> <p>2.21 legal and ethical practice in relation to confidentiality and communication of information</p>	<p><i>Supports people to deal with the content of, and their reactions to, any communication</i></p> <p><i>Engages in giving people information and education as a process rather than a “one-off” event</i></p> <p><i>Negotiates mutually acceptable boundaries with individuals in relation to own and their behaviour</i></p> <p><i>Ensures all records are kept in line with local policy and procedures and are stored according to the legal and regulatory requirements of confidentiality and data protection</i></p> <p><i>Maintains factual, accurate, complete, comprehensive and up-to-date records of actions taken, supported by appropriate evidence, in accordance with legal, professional and organisational standards and requirements</i></p> <p><i>Writes clear and structured communications that reflect the needs and of individuals, as assessed and observed, together with any care and treatment administered</i></p> <p><i>Avoids the use of derogatory or judgemental statements in communications</i></p> <p><i>Whenever possible, works together with service users to complete documentation such as assessments and care plans that reflect people’s own accounts, priorities and self-defined goals</i></p>	<p>Domain 1: Generic standard Domain 1: 1 Domain 1: 8</p> <p>Domain 2: Generic standard Domain 2: Field standard Domain 2: 1 Domain 2: 1.1 Domain 2: 1.2 Domain 2: 2 Domain 2: 3 Domain 2: 4 Domain 2: 4.1 Domain 2: 5 Domain 2: 5.1 Domain 2: 6.1 Domain 2: 7 Domain 2: 8</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
	<p>2.22. how experiences such as hearing voices, having unusual or distressing thoughts and other perceptual experiences can impact on communication and relationships</p> <p>2.23 the issues that require consideration when working with interpreters</p>	<p><i>Considers the potential consequences and impact of all forms of communication</i></p>	

Section 3. Health Improvement, Health Promotion and Tackling Health Inequalities

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote health and well-being for people with mental health problems	<p>Able to understand:</p> <p>3.1 life science underpinning physical health and ill-health, including anatomy and physiology</p> <p>3.2 health determinants and the social and personal factors that contribute to health and well-being</p> <p>3.3 The principles and practice of mental health promotion</p> <p>3.3 the relationship between mental health and physical health, and vice versa</p> <p>3.4 common physical illnesses and conditions</p> <p>3.5 physical health problems related to alcohol and drug use</p> <p>3.6 the physical health inequalities experienced by people with mental health problems</p> <p>3,7 assessment of physical health needs taking account of the unique circumstances of the individual</p>	<p><i>Identifies and assesses the physical health needs of individuals, accounting for different lifestyles</i></p> <p><i>Assesses people's ability to maintain activities of living and offers personalised support</i></p> <p><i>Works in partnership with people on health promoting activities in a way that facilitates self determination</i></p> <p><i>Works with individuals, groups and communities to promote health and well-being</i></p> <p><i>Monitors and ensures adequate nutrition and fluid intake to maintain health, accounting for sensory and cognitive variations among, for example, older people and people with dementia</i></p> <p><i>Where necessary, assists individuals to attend to activities of living to maintain their physical health</i></p> <p><i>Promotes the benefits of activity to improve physical health and well-being</i></p> <p><i>Provides, in a way that is relevant to the individual, information, advice and guidance on health promotion activities to raise awareness of risks to health and well-being</i></p> <p><i>Works with service users in a way that enables people to take responsibility for their health care</i></p>	<p>Domain 1: 3 Domain 1: 3.1 Domain 1: 9</p> <p>Domain 2: 6</p> <p>Domain 3: Generic standard Domain 3: Field standard Domain 3: 1 Domain 3: 1.1 Domain 3: 2 Domain 3: 3.1 Domain 3: 5 Domain 3: 6 Domain 3: 7 Domain 3: 8</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote health and well-being for people with mental health problems	<p>Able to understand:</p> <p>3.8 the impact of psychiatric medicines and other treatments on physical health</p> <p>3.9 barriers to the detection and reporting of physical health problems</p> <p>3.10 the principles and practices underpinning the promotion of sexual health</p> <p>3.11 the normal range of physiological measurements</p> <p>3.12 How to carry out physical health assessments using a range of approaches and tools</p> <p>3.13 psychosocial concepts of pain and its management</p> <p>3.14 the principles of prevention of infection and control of infection</p> <p>3.15 the principles of managing physical health emergencies and the interventions required in mental health settings</p> <p>3.16 how to access advice for management of physical health problems and conditions</p>	<p><i>Works with service users in a way that makes them aware of any physical health related issues associated with treatments and ensure access to regular physical health screening</i></p> <p><i>Promotes sexual health in a way that is relevant to the individual</i></p> <p><i>Measures, interprets and appropriately responds to physiological measures of temperature, pulse, blood pressure, respirations, body/mass index, blood gases and blood sugar levels and relates these to common physical symptoms and health problems</i></p> <p><i>Obtains and tests specimens as appropriate</i></p> <p><i>Assesses pain using appropriate evidence-based tools and manages pain in collaboration with members of the team</i></p> <p><i>Demonstrates effective hand washing techniques as a means of reducing infection</i></p> <p><i>Applies standard precautions for infection control and other appropriate health and safety measures in line with national guidance for cleanliness and HAI prevention</i></p> <p><i>Manages physical health emergencies in line with national and local guidance</i></p>	<p>Domain 1: 3 Domain 1: 3.1 Domain 1: 9</p> <p>Domain 2: 6</p> <p>Domain 3: Generic standard Domain 3: Field standard</p> <p>Domain 3: 1 Domain 3: 1.1 Domain 3: 2 Domain 3: 3.1 Domain 3: 5 Domain 3: 6 Domain 3: 7 Domain 3: 8</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
	<p>3.17 health services available through primary care teams and liaison and referral to routine and specialist health and social care services</p> <p>3.18 the range of actions to take when individuals may be using substances and how to decide what action (including referral) is appropriate within an integrated care plan</p>		

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promotes health and well-being for people with mental health problems	<p>able to understand:</p> <p>3.19 How nicotine and alcohol influence mental health and the principles of smoking cessation</p> <p>3.20 How body weight influences physical and mental health and well-being</p> <p>3.21 The core functions of the mental health nurse in physical health promotion, improvement and interventions</p> <p>3.20 The importance of social inclusive approaches to promoting physical health</p>	<p><i>Is able to support people who wish to improve their physical health including smoking cessation and weight reduction</i></p> <p><i>Provides treatments for lesions and wounds using aseptic techniques and applies dressings from evidence-based wound care formularies</i></p> <p><i>Undertakes agreed skin and pressure area care</i></p> <p><i>Supports people to maintain continence and understands the common causes of incontinence</i></p> <p><i>Identifies people with allergies and previous adverse reactions and plans their care to promote safety</i></p> <p><i>Provides first aid, including basic life support, to an individual needing emergency assistance, including maintaining an airway, stemming bleeding, establishing the recovery position and responding to anaphylactic shock with appropriate interventions</i></p> <p><i>Manages seizures safely</i></p> <p><i>Demonstrates an ability to support people's access to physical health care and health screening in a socially inclusive way</i></p>	<p>Domain 1: 3 Domain 1: 3.1 Domain 1: 9</p> <p>Domain 2: 6</p> <p>Domain 3: Generic standard Domain 3: Field standard Domain 3: 1 Domain 3: 1.1 Domain 3: 2 Domain 3: 3.1 Domain 3: 5 Domain 3: 6 Domain 3: 7 Domain 3: 8</p>

Section 4. Person-centred Approaches and Interventions

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships	Able to understand:		Domain 1: Generic standard Domain 1: 3.1 Domain 1: 4.1 Domain 1: 9
	4.1 the importance of assessing, planning, implementing and evaluating care within a comprehensive care plan	<i>Practices in a way that promotes people's central role in assessment of their own care needs and in planning and evaluating care</i>	Domain 2: 4 Domain 2: 5.1 Domain 2: 7
	4.2 a range of person-centred planning and strengths-based approaches to assessment and care planning	<i>Practices in a way that respects people, values their contributions and views, preserves their dignity and maximises individual choice</i>	Domain 3: Field standard Domain 3: 1 Domain 3: 2 Domain 3: 3 Domain 3: 3.1 Domain 3: 4 Domain 3: 4.1 Domain 3: 6 Domain 3: 6.1 Domain 3: 7.1 Domain 3: 8 Domain 3: 9.1 Domain 3: 10
	4.3 the biomedical, psychological, social and psychosocial theories and models that explain mental distress and inform practice and interventions	<i>Works with people in a way that values, respects and explores the meaning of their lived experience of mental health problems to provide person centred and recovery focussed support</i>	
	4.4 the effects of stress and distress on health and well-being	<i>Encourages people to retain or regain social networks, work, education and community connections</i>	
	4.5 the principles of research and evaluations and their application to the evidence base for practice	<i>Works with people in a way that builds on their strengths and aspirations, emphasising strengths rather than deficits or dysfunction</i>	
	4.6 the incidence of mental health problems within defined populations and factors that contribute to the risk of developing mental health problems	<i>Fosters partnerships between people who need support and people who provide support</i>	Domain 4: 2
4.7 the principles and approaches used in prevention of mental health problems and anticipatory care for populations and groups at high-risk of developing mental health problems.	<i>Works with others to assess the prevalence and nature of mental health needs among local populations</i>		

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships	<p>Able to understand:</p> <p>4.8 the role of evidence-based interpersonal and counselling skills in the therapeutic relationship and associated factors linked to positive outcomes</p> <p>4.9 evidence-based psychosocial interventions such as cognitive-behavioural therapy, behavioural activation, relapse prevention and psychosocial interventions</p> <p>4.10 psychological and psychosocial assessment and use of evidence-based assessment tools</p> <p>4.11 the theories and principles of group therapy and group work and the skills required to facilitate groups</p> <p>4.12 the nature, mode of use and effects of commonly used substances that influence mental health, including alcohol and drugs</p> <p>4.13 the range of different indications of substance use: physical, behavioural and information provided by the individual or from other sources</p>	<p><i>Appropriately uses and responds to commonly used evidence-based psychometric assessment tools as part of a broader person-centred approach to assessment</i></p> <p><i>Uses assessment and interpersonal skills to conduct and understand the assessments that explore the relationship between people's thoughts, feelings and behaviours and how these impact on mental health</i></p> <p><i>Ensures service users and carers are able to participate fully in the assessment, planning, implementation, monitoring and evaluation of therapeutic interventions</i></p> <p><i>Participates in and facilitates group therapies and activities</i></p> <p><i>Ensures service-user and carer involvement in shared decision making</i></p> <p><i>Works with people to set person-centred goals</i></p> <p><i>Works with people to identify and facilitate the use of effective and positive coping strategies to deal with mental distress</i></p>	<p>Domain 1: Generic standard Domain 1: 3.1 Domain 1: 4.1 Domain 1: 9</p> <p>Domain 2: 4 Domain 2: 5.1 Domain 2: 7</p> <p>Domain 3: Field standard Domain 3: 1 Domain 3: 2 Domain 3: 3 Domain 3: 3.1 Domain 3: 4 Domain 3: 4.1 Domain 3: 6 Domain 3: 6.1 Domain 3: 7.1 Domain 3: 8 Domain 3: 9.1 Domain 3: 10</p> <p>Domain 4: 2</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships	<p>Able to understand:</p> <p>4.14 the potential impact of substance use, including alcohol and other drug use, on health, social networks and relationships</p> <p>4.15 the approaches and agencies available to help people with mental health and substance use problems</p> <p>4.16 the role of self help and self management in recovery from mental health problems and a range of self-help and management approaches</p> <p>4.17 spiritual diversity and individual (sometimes communal, through faith communities) search for meaning in life</p> <p>4.18 how to provide care that is sensitive to the spiritual needs of the individual</p> <p>4.19 the principles of palliative care and when these should be applied to the care and treatment of people with mental health problems</p> <p>4.20 how to support individuals, carers and families through the process of dying</p>	<p><i>Helps people explore solutions and solve problems using evidence-based approaches</i></p> <p><i>Ensures people have opportunities for active choices and participation in care and treatment</i></p> <p><i>Supports people to create and maintain mental well-being through guided self-management approaches</i></p> <p><i>Recognises indications of substance use and supports individuals to access and use services and facilities</i></p> <p><i>Supports people in gaining access to specialist support and interventions for substance use problems</i></p> <p><i>Contributes to the delivery of a range of short-term interventions and assisted self-help interventions</i></p> <p><i>Recognises, respects and supports the spiritual well-being of individuals</i></p> <p><i>Practises in a way that demonstrates a respect for diverse spirituality and search for individual meaning in life</i></p>	<p>Domain 1: Generic standard Domain 1: 3.1 Domain 1: 4.1 Domain 1: 9</p> <p>Domain 2: 4 Domain 2: 5.1 Domain 2: 7</p> <p>Domain 3: Field standard Domain 3: 1 Domain 3: 2 Domain 3: 3 Domain 3: 3.1 Domain 3: 4 Domain 3: 4.1 Domain 3: 6 Domain 3: 6.1 Domain 3: 7.1 Domain 3: 8 Domain 3: 9.1 Domain 3: 10</p> <p>Domain 4: 2</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships	<p>Able to understand:</p> <p>4.21 mental distress and health problems caused by distressing life transitions and events, traumas and physical health problems</p> <p>4.22 principles of developmental theories and the relationship between mental distress and stages of development across the life span</p> <p>4.23 the diverse needs of people with a learning disability experiencing mental health problems</p> <p>4.22 screening, assessment and diagnosis of people with, or at risk of developing, mental health problems</p> <p>4.23 early intervention and prevention strategies</p> <p>4.24 the principles of crisis intervention, supporting people in crisis and offering intensive support in people's own homes</p> <p>4.25 pharmacology and psychopharmacology, including pharmacokinetics and pharmacodynamics, side-effects, contra-indications and reactions to prescribed medicine</p> <p>4.26 the interactions between prescribed medicine and non-prescribed substances, alcohol and other drugs</p>	<p><i>Works with people across the life span adapting care and interventions to meet their particular development needs</i></p> <p><i>Recognises the health and social factors that precipitate acute relapse and crises</i></p> <p><i>Works with people to recognise and monitor early warning signs of relapse</i></p> <p><i>Works in partnership with service users, family and carers to identify individual relapse signatures and strategies and plans to manage relapse</i></p> <p><i>Contributes to supporting people in crisis and crisis resolution</i></p> <p><i>Is able to support people managing medicine to make informed choices about medicine.</i></p> <p><i>Responds to and makes records of any unwanted effects of medicine experienced by service users</i></p> <p><i>Assesses the effectiveness of medicine and intervenes to manage unwanted effects</i></p>	<p>Domain 1: Generic standard Domain 1: 3.1 Domain 1: 4.1 Domain 1: 9</p> <p>Domain 2: 4 Domain 2: 5.1 Domain 2: 7</p> <p>Domain 3: Field standard Domain 3: 1 Domain 3: 2 Domain 3: 3 Domain 3: 3.1 Domain 3: 4 Domain 3: 4.1 Domain 3: 6 Domain 3: 6.1 Domain 3: 7.1 Domain 3: 8 Domain 3: 9.1 Domain 3: 10</p> <p>Domain 4: 2</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
	<p>4.27 the use, advantages, disadvantages and administration of depot medicine</p> <p>4.28 the rationale and theories underpinning the use of electro convulsive therapy (ECT) as a treatment</p> <p>4.28 understanding the principles and guidance underpinning rapid tranquilisation</p>	<p><i>Demonstrates the safe administration of medicine, including the safe use and storage of controlled drugs</i></p> <p><i>Takes account of advance statement wishes in respect of medicine and other treatments</i></p> <p><i>Accurately calculates medicine dosage according to individual service user's prescribed medicine regime</i></p> <p><i>Demonstrates effective assessment and monitoring of medicine, including safety, symptoms and side-effects</i></p> <p><i>Supports people to administer their own medicine wherever appropriate, with attention to their special and exceptional needs</i></p> <p><i>Demonstrates effective communication with service users and carers about medicine and provides accurate evidence-based information on the use of medicine as a treatment intervention</i></p> <p><i>Is able to administer intramuscular depot medicine</i></p> <p><i>Is able to provide support and care for people prior to, during and after ECT</i></p>	

Section 5. Promoting Safety and Managing Risk Positively

Capability	Knowledge criteria	Performance criteria	NMC Competency
Work with people with mental health problems to maintain health, safety and well-being	<p>Able to understand:</p> <p>5.1 national and local policies, guidelines and procedures for minimising risk and managing harm to self and others</p> <p>5.2 the principles and safeguards of the Mental Health Act and other legislation in relation to safety and risk</p> <p>5.3 policies, legislation and procedures relating to people requiring support and protection from neglect, danger, harm or abuse, including children and older people</p> <p>5.4 the needs of people requiring support and protection and the systems and processes that protect people from neglect, danger, harm and abuse</p> <p>5.5 evidence-based interventions with the expressed goal of working with people to assess and positively manage risk and promote health, safety and well-being</p>	<p><i>Demonstrates application of appropriate and ethical frameworks to support practice</i></p> <p><i>Supports the health and safety of self and others</i></p> <p><i>Demonstrates the ability to work in partnership with service users and carers to promote privacy and dignity, health, safety and well-being</i></p> <p><i>Works in partnership with people to enable them to communicate their fears and knowledge of potential and actual [neglect] danger, harm and abuse</i></p> <p><i>Promotes, monitors and maintains health, safety and security in the working environment, including in the service user's home and the inpatient unit</i></p> <p><i>Shares responsibility with service users for accessing and taking risks, attending to the possible consequences of actions</i></p> <p><i>Demonstrates an ability to use a range of levels of observation to maximise therapeutic effect and engagement</i></p>	<p>Domain 1:1 Domain 1: 1.1 Domain 1: 2.1 Domain 1: 8 Domain 1: 8.1 Domain 1: 9</p> <p>Domain 2: 4 Domain 2: 4.1 Domain 2: 6 Domain 2: 6.1</p> <p>Domain 3: 7.2 Domain 3: 9 Domain 3: 9.1</p> <p>Domain 4: 4.1</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Work with people with mental health problems to maintain health, safety and well-being	<p>Able to understand:</p> <p>5.6 factors that result in neglect, harm, abuse or failure to protect, including early identification and prevention</p> <p>5.7 the nature and prevalence of behaviour that is harmful to self and others</p> <p>5.8 effective procedures for carrying out an evidence-based risk assessment</p> <p>5.9 the reasons for violence, aggression and abuse of an emotional, sexual and physical nature in childhood and adulthood</p> <p>5.10 measures for the recognition, prevention and reduction of violence, aggression and abuse of an emotional, sexual and physical nature</p> <p>5.11 the principles of conflict resolution</p> <p>5.12 the physiological, emotional and physical risks associated with the use of physical restraint and rapid tranquillisation.</p>	<p><i>Engages in observation in a way that maximises opportunities for therapeutic support and intervention</i></p> <p><i>Contributes to and applies effective evidence-based interventions that minimise risk of harm to self or others through violence, self-neglect, substance misuse, self-harm or suicide</i></p> <p><i>Ensures all records are kept in line with local policy and procedures and are stored according to the legal and regulatory requirements of data protection</i></p> <p><i>Works with service users and carers to enhance their understanding about the role, function and limitations of mental health services in relation to promoting safety and managing risk of harm</i></p> <p><i>Discusses implications and contraindications of all procedures with service users, their families and carers</i></p>	<p>Domain 1:1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2.1</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 1: 9</p> <p>Domain 2: 4</p> <p>Domain 2: 4.1</p> <p>Domain 2: 6</p> <p>Domain 2: 6.1</p> <p>Domain 3: 7.2</p> <p>Domain 3: 9</p> <p>Domain 3: 9.1</p> <p>Domain 4: 4.1</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Work with people with mental health problems to maintain health, safety and well-being	<p>Able to understand:</p> <p>5.13 the lessons learned from serious failures of service and practice</p> <p>5.14 models and methods of suicide prevention and interventions to reduce the risk of suicide and self-harm (equivalent to ASIST or STORM training programmes)</p> <p>5.15 the range of environmental risks to health, safety and well-being</p> <p>5.16 safe methods for using, storing and disposing of harmful materials</p>	<p><i>Identifies risk factors and people at risk of harm and abuse and takes immediate and appropriate action to provide safeguards for people</i></p> <p><i>Obtains valid informed consent for all procedures, with attention to the special and exceptional needs of individuals with, for example, dementia</i></p> <p><i>Recognises signs and circumstances associated with aggression and violence</i></p> <p><i>Demonstrates an awareness of prevention and risk-reduction strategies for aggression and violence</i></p> <p><i>Identifies risk categories and specific risk factors while recognising and acknowledging individual strengths and opportunities for positive risk taking</i></p> <p><i>Uses, under supervision, guidelines and best practice statements on effective methods of working with people whose behaviour is harmful to self or others.</i></p> <p><i>Contributes, as a member of the therapeutic team, to the safe and effective assessment, management and reduction of any identified risks</i></p> <p><i>Demonstrates ability to work as a member of the therapeutic team in making a safe and effective contribution to the de-escalation and management of anger and violence</i></p> <p><i>Uses previous experience to prevent situations arising</i></p> <p><i>Participates in debriefing and critical incident reviews</i></p>	<p>Domain 1:1</p> <p>Domain 1: 1.1</p> <p>Domain 1: 2.1</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 1: 9</p> <p>Domain 2: 4</p> <p>Domain 2: 4.1</p> <p>Domain 2: 6</p> <p>Domain 2: 6.1</p> <p>Domain 3: 7.2</p> <p>Domain 3: 9</p> <p>Domain 3: 9.1</p> <p>Domain 4: 4.1</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
		<p><i>Uses reflection and clinical supervision to learn from experiences of involvement in incidents</i></p> <p><i>Supports service users post harm-prevention interventions, recognising the impact on those not directly involved</i></p> <p><i>Takes immediate action to reduce risk when there is a danger to an individual's health, safety and well-being</i></p> <p><i>Demonstrates an ability to work with people in managing risk using the least restrictive approaches</i></p> <p><i>Acts in accordance with relevant practice guidelines to reduce risks to an individual's health, safety or well-being</i></p>	

Capability	Knowledge criteria	Performance criteria	NMC Competency
<p>Work with people with mental health problems to maintain health, safety and well-being</p>		<p><i>Assesses people's risk of falls and implements evidence-based interventions and individualised care plans</i></p> <p><i>Follows Standard Infection Control Precautions</i></p> <p><i>Maintains a safe, clean and welcoming environment and takes immediate action if aspects of the environment are unsafe, unclean and unwelcoming</i></p> <p><i>Uses correct personal protective equipment for roles and procedures, in line with organisational policy</i></p> <p><i>Takes correct precautions for safe handling of blood, body fluids, specimens and toxic or corrosive substances in line with Control of Substances Hazardous to Health risk assessments</i></p> <p><i>Identifies hazards that could result in serious harm to people at work or other person</i></p> <p><i>Takes relevant and timely corrective action to manage incidents or risks to health, safety and security</i></p> <p><i>Responds appropriately to environmental emergencies</i></p>	

Section 6. Multidisciplinary and Multi-agency Working

Capability	Knowledge criteria	Performance criteria	NMC Competency
Work in partnership with other disciplines and agencies in delivering care, supporting individuals to develop and maintain social networks and relationships	<p>Able to understand:</p> <p>6.1 the contribution of professions and agencies in the statutory, non-statutory and voluntary sector in effective care delivery, including managing the complexities of care</p> <p>6.2 how effective leadership contributes to effective care delivery</p> <p>6.3 the evidence for effective working among professional groups</p> <p>6.4 the history and potential future direction of mental health services</p> <p>6.5 social policy in relation to mental health care</p>	<p><i>Encourages service users to engage with agencies involved in their care, communicating the role of other agencies and their benefits</i></p> <p><i>Works effectively and assertively in a team, contributing to the decision-making process and taking responsibility for delegated action associated with the assessment, planning implementation and evaluation of care</i></p> <p><i>Clarifies and confirms own role in the overall care programme and single-shared assessment process with those concerned</i></p> <p><i>Helps to co-ordinate the integration of care for individual service users, working with team members and other agencies who impact, directly or indirectly, on the health and social care of the individual</i></p> <p><i>Ensures contribution to the care programme approach and single-shared assessment process enables effective interventions to take place with efficient use of resources</i></p>	<p>Domain 1: Generic standard Domain 1: 5 Domain 1: 6</p> <p>Domain 4: Field standard Domain 4: 1 Domain 4: 5.1 Domain 4: 6 Domain 4: 7</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Work in partnership with other disciplines and agencies in delivering care, supporting individuals to develop and maintain social networks and relationships	<p>Able to understand:</p> <p>6.6 the roles, tasks, systems, structures and processes essential for multidisciplinary, multi-agency team working</p>	<p><i>Engages with community agencies beyond traditional mental health services</i></p> <p><i>Modifies contribution to individualised programmes of care according to agreements reached by the team</i></p> <p><i>Demonstrates an ability to work in partnership with other agencies, including advocacy organisations and service users' and carers' groups and organisations</i></p> <p><i>Recognises professional roles and purposes and demonstrates an ability to flexibly negotiate these to provide individualised care</i></p>	<p>Domain 1: Generic standard Domain 1: 5 Domain 1: 6</p> <p>Domain 4: Field standard Domain 4: 1 Domain 4: 5.1 Domain 4: 6 Domain 4: 7</p>

Section 7. Personal and Professional Development

Capability	Knowledge criteria	Performance criteria	NMC Competency
Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice	<p>Able to understand:</p> <p>7.1 the principles underpinning personal and professional development and reflective practice</p> <p>7.2 the impact of stress and conflict on organisational, individual and team performance</p> <p>7.3 the importance of self-awareness when monitoring own practice and the extent to which the individual recognises and works within personal, professional and organisational values and principles</p> <p>7.4 how self development and experience impact on practice</p> <p>7.5 the nature of networks and systems of supervision available, the support they give and how to access them</p>	<p><i>Uses supervision and support systems available</i></p> <p><i>Takes full responsibility for personal and professional development, seeking and accessing development opportunities to meet needs</i></p> <p><i>Uses reflective practice, supervision and support to facilitate ongoing insight into own values, beliefs and emotions and the impact of this on work with service users, colleagues and carers</i></p> <p><i>Sets professional goals that are realistic and achievable</i></p> <p><i>Clarifies the expected learning outcomes to be achieved when teaching others and how success is to be measured</i></p> <p><i>Gives constructive and timely feedback to others</i></p> <p><i>Demonstrates key skills including literacy, numeracy and information technology</i></p>	<p>Domain 1: Generic standard</p> <p>Domain 1: 1</p> <p>Domain 1: 7</p> <p>Domain 1: 8</p> <p>Domain 1: 8.1</p> <p>Domain 1: 9</p> <p>Domain 4: Generic standard</p> <p>Domain 4: Field standard</p> <p>Domain 4: 3</p> <p>Domain 4: 4</p> <p>Domain 4: 4.1</p> <p>Domain 4: 5</p> <p>Domain 4: 5.1</p> <p>Domain 4: 6</p> <p>Domain 4: 6.1</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice.	<p>Able to understand:</p> <p>7.6 own and others' development needs and strengths</p> <p>7.7 the evidence base on emotional intelligence/literacy and how this relates to mental health work</p> <p>7.8 how to give and receive feedback in a constructive manner and in a way that ensures that working relationships are maintained</p> <p>7.9 how people learn and the implications of this for planning learning activities</p> <p>7.10 How to develop clear and concise learning objectives for self and others</p> <p>7.11 The principles of change management – including continuous quality improvement</p> <p>7.12 the underpinning professional issues (NMC Code of Conduct) and responsibilities associated with the delegation of care</p>	<p><i>Exhibits a professional approach to practice, including exemplary personal behaviour, acceptance of accountability, ability to prioritise and reliability in time keeping, attendance and reporting absence</i></p> <p><i>Shows an ability to learn from others, including service users, families and carers</i></p> <p><i>Understands and responds to the support needs of others</i></p> <p><i>Enables other workers to reflect on their own values, priorities, interests and effectiveness</i></p> <p><i>Contributes to quality improvement activities including practice developments, audits and evaluations</i></p> <p><i>Delegates care or associated tasks safely and appropriately</i></p>	<p>Domain 1: Generic standard Domain 1: 1 Domain 1: 7 Domain 1: 8 Domain 1: 8.1 Domain 1: 9</p> <p>Domain 4: Generic standard Domain 4: Field standard Domain 4: 3 Domain 4: 4 Domain 4: 4.1 Domain 4: 5 Domain 4: 5.1 Domain 4: 6 Domain 4: 6.1</p>

Capability	Knowledge criteria	Performance criteria	NMC Competency
Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice*	<p>Able to understand:</p> <p>7.13 The importance of promoting and participating in clinical supervision and reflection within a values based mental health framework</p> <p>7.14 The importance of an awareness of their own mental health and wellbeing</p> <p>7.15 Their professional accountability for keeping their knowledge and skills up to date</p> <p>7.16 the principles of managing people and the care environment</p> <p>7.17 leadership skills and strategies, including encouraging, enabling and motivating people</p>	<p><i>Participates in clinical supervision and reflection within a values based mental health framework to explore the emotional impact of working in mental health</i></p> <p><i>Participates in clinical supervision to explore how own practice aligns with mental health legislation and values and rights based frameworks</i></p> <p><i>Participates in clinical supervision and reflection within a values based mental health framework to explore how personal values, beliefs and emotions impact on practice</i></p> <p><i>Manages available resources effectively</i></p> <p><i>Demonstrates leadership in appropriate situations</i></p>	<p>Domain 1: Generic standard Domain 1: 1 Domain 1: 7 Domain 1: 8 Domain 1: 8.1 Domain 1: 9</p> <p>Domain 4: Generic standard Domain 4: Field standard Domain 4: 3 Domain 4: 4 Domain 4: 4.1 Domain 4: 5 Domain 4: 5.1 Domain 4: 6 Domain 4: 6.1</p>

Appendix 1.

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Appendix 2.

Other Key Resources to Support Mental Health Programme Design and Content

CAMHS Competence Framework

The competence framework defines the clinical knowledge and skills underpinning various clinical activities. It is aimed primarily at staff working in specialist child and adolescent mental health services (CAMHS) at tier 2-4 levels. However, specific sections of the framework may be of relevance to the wider children's and mental health services workforce

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/the-camhs-competence-framework.aspx>

Dementia Managed Knowledge Network

Anyone with an interest in the health and social care of people with dementia may join this network, which offers information, resources and opportunities for discussion.

<http://www.knowledge.scot.nhs.uk/dementia.aspx>

Matrix- A Guide to Delivering Evidence-based Psychological Therapies in Scotland

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/matrix.aspx>

Mental Health Act Learning Resource

An interactive training resource to help prepare frontline staff in Scotland to understand and work safely and effectively within the Mental Health (Care and Treatment) (Scotland) Act 2003.

http://www.nes.scot.nhs.uk/media/350773/interactive_mental_health_act_resource_april_2011.pdf

Promoting Excellence a Framework for all Health and Social Services Staff Working with People with Dementia and their families and carers

<http://www.scotland.gov.uk/Publications/2011/05/31085332/0>

Promoting Excellence a Framework for all Health and Social Services Staff Working with People with Dementia and their families and carers – information for educators and trainers

This guideline has been developed to support education providers to adopt a standardised approach to dementia education in all undergraduate and postgraduate health and social services professionals' educational preparation.

<http://www.knowledge.scot.nhs.uk/dementia/promoting-excellence/information-for-educators-and-trainers.aspx>

Realising Recovery Learning Materials

http://www.nes.scot.nhs.uk/media/376420/13875-nes-mental_health_all_modules.pdf

Respecting and Protecting Adults at Risk in Scotland - legislation and practice

A learning resource to support and prepare health and social care practitioners in the practical application of the provisions of The Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment)(Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007

http://www.nes.scot.nhs.uk/media/351190/respecting_and_protecting_adults_at_risk_in_scotland_2011.pdf

The 10 Essential Shared Capabilities for Mental Health Practice – Learning Resource (Scotland)

http://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf

Working with People who have a Learning Disability and Complex Needs

http://www.nes.scot.nhs.uk/media/579631/complex_needs_final.pdf

Published Spring 2012

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for
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