

## **ABILITY TO COMMUNICATE WITH PATIENTS IN ACUTE MENTAL HEALTH CRISIS AND THEIR FAMILY AND CARERS**

### **Knowledge**

An ability to draw on knowledge of the value of basic communication skills such as:
they help patients, their family and carers feel supported by a practitioner who is focused on their concerns and needs
a way for the practitioner to gain an accurate sense of the concerns and needs of the patient, their family, and carers

An ability to draw on knowledge that patients may have specific communication difficulties such as:

difficulty understanding abstract concepts
unclear speech
needing more time to process and retrieve information
difficulty with concentration or memory

An ability to draw on knowledge that patients may struggle to communicate their needs and consequently they may be expressed through an escalation of risky and challenging behaviour or withdrawal

An ability to draw on knowledge that talking about suicidal feelings and/or intent does not increase the risk that these will be acted on

### **Application**

An ability to deploy communication skills that help the patient, and their family and carers, to engage in a collaborative discussion of their current difficulties, for example by:

attentively and actively listening, being sensitive, and allowing for silences, and understanding their perspective
maintaining an awareness of one's own biases and frame of reference and identify when there is a mismatch
using strategies such as paraphrasing, using lay language, and non-verbal prompts
asking them for feedback and opinions on topics discussed and any decisions made
checking whether key issues have been sufficiently discussed and understood

An ability to address any difficulties the patient and their family and carers have communicated by making appropriate adjustments, such as:

listening carefully and seeking clarification if it is hard to understand
using simple, straightforward, jargon-free, everyday language
using concrete examples (rather than abstract ideas)
asking short, simple either/or questions (but taking care to avoid leading questions)
attending to communication that may on the surface be nonsensical but may have thematic meaning and be a communication of something important
being aware that they may be experiencing distressing feelings and giving space/time

An ability to make use of a range of communication strategies where this is indicated and if verbal communication is challenging for the patient or their family and carers, use alternative forms of communication (for example, writing, visual prompts)

An ability to know when and what information is appropriate to communicate to the patient's family and carers, for example, in line with patient consent, and named "nearest relative" under the Mental Health Act

**Ability to adapt communication**

When staff do not share the patient or their family and carers' language, an ability to identify appropriate strategies to enable communication and ensure full participation throughout hospital care and discharge planning

where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies that need to be in place for them to work effectively and in the patient's interests

An ability to adapt communication with patients and their family and carers who have a disability, cognitive or memory difficulties (for example, using communication aids or by altering the language pace and content of sessions), and ensure this available throughout their hospital stay and for discharge planning

## **ABILITY TO COMMUNICATE WITH PROFESSIONAL COLLEAGUES**

### **Knowledge**

An ability to draw on knowledge that effective communication with multidisciplinary professional colleagues (including those from external services such as third sector organisations and social services) is crucial to the delivery of effective inpatient care

### **Application**

An ability to assure effective communication with professional colleagues by:

- building mutually respectful relationships
- listening to their perspectives and concerns
- explicitly acknowledging those areas where there are common perspectives, and where there are differences
- addressing any implications of differences in perspective or concerns for the delivery of care

An ability to provide timely written and verbal communication:

- an ability to hold in mind the fact that professional terms, abbreviations, and acronyms may not be understood or interpreted in the same way by different professional groups

An ability to communicate effectively in a variety of settings and modalities, and adapt communication appropriately, such as:

- ward rounds
- professionals meetings
- multi-disciplinary handovers

An ability to identify potential barriers to effective communication and, where possible, to develop strategies to overcome these

An ability to share knowledge and expertise with all colleagues involved in the patient's care for the benefit of the patient

## **SIGNPOSTING, ENABLING AND REFERRING**

'Signposting' is a form of self-help in which patients, and their family and carers are given information about accessing services that are relevant to their needs. Referring is where the staff member requests that the patient is seen by an appropriate service. Taking steps to make it likely that patients, their family, and carers will actually access these services is an important part of the process.

### **Knowledge**

An ability to draw on knowledge that signposting and referring aim to help the patient and their family and carers, access sources of support that are relevant to their circumstances and of which they may not be aware

An ability to draw on knowledge that signposting should be offered alongside onward (formal) referral

### **Delivering signposting, enabling, and referring**

An ability to judge when the patient and their family and carers may need support to access services by identifying any potential barriers to uptake and collaboratively problem solve and manage these obstacles

An ability to draw on knowledge of the available services the patient and their family and carers can be 'signposted' or referred to and ensure that information about these sources of support:

- is up to date
- accurately characterises the level of support on offer
- includes information on their eligibility criteria

An ability to draw on knowledge of the types of services (NHS and third sector) that may be most appropriate for the patient and their family and carers, such as:

- talking therapies and counselling
- care agencies
- occupational therapies
- peer-led support groups
- mental health groups
- addiction/substance misuse groups
- carers support groups and organisations
- charity organisations for trauma survivors, refugees, and asylum seekers
- vocational and educational organisations
- LGBTQ+ mental health services

An ability to judge the type of service most relevant to the patient and their family and carers, and collaboratively decide which may be most suitable

An ability to identify services that are accessible to the patient and their family and carers (for example, considering any disabilities that may make it difficult to travel or to make use of the service)

An ability to convey information about the service

- If known, an ability to be honest and transparent about potential delays or waiting times

An ability to pass on contact information in a form that makes it likely to be retained and so used, for example:

- in written rather than verbal form
- using the medium most likely to be accessed (for example, electronically, via social media or an app, or 'paper and pencil')

An ability to judge the type of support that matches the patient and their family and carer's needs and situation (i.e., when access to self-help and/or non-professional services is suitable, and when signposting to statutory services is more appropriate) based on:

the nature and severity of their distress and current and past behaviour
their expressed preferences and willingness to access services
the service's eligibility criteria