

## **Knowledge of the range of presenting issues and diagnostic criteria in in people with psychosis and bipolar disorder**

An ability to draw on knowledge of the social, psychological, family and biological factors associated with the development and maintenance of mental health problems.

An ability to draw on knowledge of the diagnostic criteria for psychosis and for bipolar disorder specified in the main classification systems (i.e. the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))

an ability to draw on knowledge of problems which commonly co-occur with psychosis and Bipolar disorder (e.g. depression, anxiety, substance abuse, personality disorder, trauma)

An ability to draw on knowledge of the incidence and prevalence of psychosis and bipolar disorder across different cultures/ethnicities/social classes.

An ability to draw on knowledge of the ways in which psychosis and bipolar disorder presents in children/young people and in adults.

An ability to draw on knowledge of the ways in which mental health problems can impact on functioning and individual development (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study)

an ability to draw on knowledge of the ways in which the problems of people with psychosis and bipolar disorder can impact on family functioning.

An ability to draw on knowledge of the ways in which mental health problems can manifest interpersonally, so as to avoid escalating or compounding difficult or problematic behaviour that is directly attributable to the client's mental health condition

An ability to draw on knowledge of factors that promote well-being and emotional resilience (e.g. good physical health, high self-esteem, secure attachment to caregiver, higher levels of social support)

## **Knowledge of legal issues relevant to working with people with psychosis and bipolar disorder**

An ability to draw on knowledge that clinical work with people with serious and long-term mental health problems is underpinned by a legal framework

An ability to draw on knowledge that the sources and details of law may vary across the four home nations of the UK

an ability to draw on knowledge of the relevant legislation and policies that apply to the settings in which interventions take place.

### **Mental health**

An ability to draw on knowledge of mental health legislation.

### **Capacity and informed consent**

An ability to draw on knowledge of the legal framework which determines the criteria for capacity and informed consent

### **Data protection**

An ability to draw on knowledge of legislation which addresses issues of data protection and the disclosure of information.

### **Equality**

An ability to draw on knowledge of equality legislation designed to protect people from discrimination when accessing services (including the statutory requirement for service providers to make reasonable adjustments for disabled service users).

## **Resources**

All relevant legal Acts can be accessed in full at: [www.opsi.gov.uk/legislation/uk](http://www.opsi.gov.uk/legislation/uk)

### **Mental Health Legislation**

Summary documents and guides to legislation can be found at

Mental Health Act (1983): an outline guide at:

[www.mind.org.uk/help/rights\\_and\\_legislation/mental\\_health\\_act\\_1983\\_an\\_outline\\_guide](http://www.mind.org.uk/help/rights_and_legislation/mental_health_act_1983_an_outline_guide)

The Mental Health (Care and Treatment) (Scotland) Act 2003 at:

[www.scotland.gov.uk/Resource/Doc/196881/0052725.pdf](http://www.scotland.gov.uk/Resource/Doc/196881/0052725.pdf)

## **Capacity and Consent**

The Mental Capacity Act (England/Wales) (2005)

Summary Document available at:

[www.dca.gov.uk/legal-policy/mental-capacity/mca-summary.pdf](http://www.dca.gov.uk/legal-policy/mental-capacity/mca-summary.pdf)

The Scottish Government (2005) The New Mental Health Act: What's it all about - A Short Introduction at [www.scotland.gov.uk/Publications/2005/07/22145851/58527](http://www.scotland.gov.uk/Publications/2005/07/22145851/58527)

Mental Welfare Commission for Scotland: About mental health law at:

[www.mwscot.org.uk/advice\\_and\\_information/about\\_mental\\_health\\_law/about\\_mh\\_law\\_in\\_Scotland.asp](http://www.mwscot.org.uk/advice_and_information/about_mental_health_law/about_mh_law_in_Scotland.asp)

Age of Legal Capacity (Scotland) Act 1991 at:

[www.opsi.gov.uk/legislation/uk](http://www.opsi.gov.uk/legislation/uk)

## **Confidentiality**

Department of Health, Confidentiality: NHS Code of Practice, November 2003

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253)

## **Data Protection**

Data Protection Act 1998 at:

[www.opsi.gov.uk/legislation/uk](http://www.opsi.gov.uk/legislation/uk)

## **Equality**

The Equality Act 2010 at:

[www.opsi.gov.uk/legislation/uk](http://www.opsi.gov.uk/legislation/uk)

## **Human rights**

Human Rights Act 1998 at: [psi.gov.uk/legislation/uk](http://psi.gov.uk/legislation/uk)

[www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/index.htm](http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/index.htm) n Rights

## Knowledge of, and ability to operate within, professional and ethical guidelines

There are a range of professions engaged in work with people with psychosis and bipolar disorder, each with a code of practice and ethics within which their respective practitioners are expected to operate. While some aspects of these codes are profession-specific, many aspects are common and describe standards of conduct expected of all practitioners.

The following competencies have been extracted from the standards set out by the Health Professions Council and from profession-specific codes:

- General Medical Council
- Speech & Language therapy
- Occupational therapy
- Clinical Psychology
- Nursing

An ability to draw on knowledge that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique clinical situations
An ability to draw on knowledge of mental health legislation relevant to professional practice in a clinical setting
An ability to draw on knowledge of the relevant codes of ethics and conduct that apply to all professions, and to the profession of which the worker is a member
An ability to draw on knowledge of local and national policies in relation to:
capacity and consent
confidentiality
data protection

### **Autonomy**

An ability for professionals to recognise the boundaries of their own competence and not attempt to practise an intervention for which they do not have appropriate training or (where applicable) specialist qualification
An ability for professionals to recognise the limits of their competence, and at such points:
an ability to refer to colleagues or services with the appropriate level of training and/or skill
an ability for professionals to inform service users when the task moves beyond their competence in a manner that maintains their confidence and engagement with services

### **Ability to identify and minimise the potential for harm**

An ability to respond promptly when there is evidence that the actions of a colleague put a service user, or another colleague, at risk of harm by:
acting immediately to correct the situation, if this is possible
reporting the incident to the relevant authorities
cooperating with internal and external investigators
When supervising colleagues, an ability to take reasonable steps to ensure that they recognise the limits of their competence and do not attempt to practise beyond them.
An ability to consult or collaborate with other professionals when additional information or expertise is required.

### **Ability to gain consent from service users**

An ability to help service users make an informed choice about a proposed intervention by setting out its benefits and its risks, along with providing this information in relation to any alternative interventions .
An ability to ensure that the service user grants explicit consent to proceeding with an intervention.
In the event of consent being declined or withdrawn, and where the nature of their presentation means intervention in the absence of consent is not warranted, an ability to respect the individual's right to make this decision.
In the cases where an individual withholds consent but the nature of their presentation warrants an immediate intervention:
an ability to evaluate the risk of the intervention and, where appropriate , proceed as required
an ability to attempt to obtain consent, although this may not be possible
an ability to ensure the service user is fully safeguarded

### **Ability to maintain confidentiality**

An ability to ensure that information about service users is treated as confidential and used only for the purposes for which it was provided.
When communicating with other parties:
an ability to identify the parties with whom it is appropriate to communicate
an ability to restrict information to that needed in order to act appropriately
An ability to manage requests for information that are inappropriate (e.g. from estranged family members)
An ability to ensure that clients are informed when and with whom their information may be shared
An ability to restrict the use of personal data:
for the purpose of caring for the service user
to those tasks for which permission has been given by the service user.
An ability to ensure that data is stored and managed in line with the provisions of Data Protection legislation

### **Ability to maintain appropriate standards of conduct**

An ability to ensure that clients are treated with dignity, respect, kindness and consideration
An ability for professionals to maintain professional boundaries e.g. by:
ensuring that they do not use their position and/or role in relation to the client to further their own ends
not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment
maintaining clear and appropriate personal and sexual boundaries with service users, their families and carers
An ability for professionals to recognise the need to maintain standards of behaviour , that conform with professional codes both in and outside the work context
An ability for professionals to represent accurately their qualifications knowledge, skills and experience

### **Ability to maintain standards of competence**

An ability to have regard to best available evidence of effectiveness when employing therapeutic approaches
An ability to maintain and update skills and knowledge through participation in continuing professional development
An ability to recognise when fitness to practice has been called into question and report this to the relevant parties (including both local management and the registration body).

### **Record keeping**

An ability to maintain a record for each service user which:
is written promptly
is concise, legible and written in a style that is accessible to its intended readership
identifies the person who has entered the record (i.e. is signed and dated)
An ability to ensure that records are maintained after each contact with service users or with professionals connected with the service user.
An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (e.g. in order to correct a factual error)
An ability to ensure records are stored securely, in line with local and national policy and guidance

### **Ability to communicate**

An ability to communicate clearly and effectively with service users and other practitioners and services.
An ability to share knowledge and expertise with professional colleagues for the benefit of the service user

### **Ability appropriately to delegate tasks**

When delegating tasks, an ability to ensure that these are:
delegated to individuals with the necessary level of competence and experience to complete the task safely, effectively and to a satisfactory level
completed to the necessary standard by monitoring progress and outcome
An ability to provide appropriate supervision to the individual to whom the task has been delegated

An ability to respect the decision of any individual who feels they are unable to fulfil the delegated task through lack of skill or competence

**Ability to advocate for service users**

An ability to work with others to promote the health and well-being of service users, their families and carers in the wider community by e.g.:

listening to the concerns of service users

involving service users in their care planning

maintaining communication with colleagues involved in their care

An ability to draw on knowledge of local services to advocate for the client in relation to access to health and social care, information and services

An ability to respond to client's complains about their care or treatment in a prompt, open and constructive fashion (including an ability to offer an explanation and, if appropriate, an apology, and/or to follow local complaints procedures)

an ability to ensure that any subsequent care is not delayed or adversely affected by the complaint or complaint procedure

**Sources**

British Psychological Society (2009) *Code of Ethics and Conduct: Guidance published by the Ethics Committee of the British Psychological Society*

*Chartered Society of Physiotherapy (2002) Rules of Professional Conduct for chartered physiotherapists*

College of Occupational Therapists (2010) *Code of Ethics And Professional Conduct*

General Medical Council (2005 to 2009) *Guidance on Good practice*

Health Professions Council (2008) *Standards of conduct, performance & ethics*

Nursing & Midwifery Council (2008) *The code: Standards of conduct, performance and ethics for nurses and midwives*

## Knowledge of, and ability to work with, issues of confidentiality and consent

Decisions about issues of confidentiality and consent may be influenced by judgments regarding the individual's capacity. Capacity is referred to in this document, but considered in more detail in the relevant section of this framework

### Knowledge of policies and legislation

An ability to draw on knowledge of local policies on confidentiality and information sharing both within and between teams or agencies.

An ability to draw on knowledge of the principles of the relevant legislation relating to legal capacity

### Knowledge of legal definitions of consent to an intervention

An ability to draw on knowledge that valid legal consent to an intervention is composed of three elements:

the person being invited to give consent must be capable of consenting (legally competent)

the consent must be freely given

the person consenting must be suitably informed

An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time.

### Knowledge of capacity\*

An ability to draw on knowledge relevant to the capacity of individuals to give consent to an intervention:

\*competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework

### Ability to gain informed consent to an intervention from service users and their carers

An ability to give clients the information they need to decide whether to proceed with an intervention e.g.:

what the intervention involves

the potential benefits and risks of the proposed intervention

what alternatives are available to them

An ability to use an interpreter where the client's first language is not that used by the practitioner and their language skills indicate that this is necessary

Where client's have a disability, an ability to ensure that information is provided in an accessible form (e.g. using an interpreter for people with hearing-impairments)

An ability to invite and to actively respond to questions regarding the proposed intervention

An ability to address any concerns or fears regarding the proposed intervention

An ability to draw on knowledge that even where consent has been granted it is usual to revisit this issue when introducing specific aspects of an assessment or intervention



### **Ability to draw on knowledge of confidentiality and information sharing**

An ability to draw on knowledge that a duty of confidentiality is owed:
to the client to whom the information relates
to any individuals who have provided relevant information on the understanding it is to be kept confidential
An ability to draw on knowledge that confidence is breached where the sharing of confidential information is not authorised by those individuals who provided it or to whom it relates
An ability to draw on knowledge that there is no breach of confidence if:
information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in accordance with that understanding
there is explicit consent to the sharing
An ability to maintain the client's right to confidentiality even when a carer or other professional requests information
An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
place a person (e.g.family members, the therapist, or a third party) at risk of significant harm
prejudice the prevention, detection or prosecution of a serious crime
lead to an unjustified delay in making enquiries about allegations of significant harm to others

### **Ability to inform all relevant parties about issues of confidentiality and information sharing**

An ability to explain to all relevant parties (e.g. clients carers and other professionals) the limits of confidentiality and circumstances in which it may be breached e.g. when a client is considered to be at risk
An ability to inform all relevant parties about local service policy on how information will be shared, and to seek their consent to these procedures (e.g. the ways information about the assessment and intervention will be shared with referrers).
An ability to revisit consent to share information if:
there is significant change in the way the information is to be used.
there is a change in the relationship between the agency and the individual
there is a need for a referral to another agency who may provide further assessment or intervention.
An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

### **Ability to assess the client's capacity to consent to information sharing\***

An ability to gauge the client's capacity to give consent by assessing whether they:
have a reasonable understanding of what information might be shared, the main reason(s) for sharing it and the implications of sharing or not sharing the information
appreciate and can consider the alternative courses of action open to them
express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do)
are reasonably consistent in their view on the matter (i.e. are not changing their mind frequently)

\*competences relevant to the assessment of capacity are detailed elsewhere in the relevant section of this framework

### **Ability to share information appropriately and securely**

An ability to ensure that when decisions are made to share information the practitioner draws on knowledge of information sharing and guidance at national and local level, and:

shares it only with the person or people who need to know

ensures that it is necessary for the purposes for which it is being shared

check that it is accurate and up-to-date

distinguishes fact from opinion

understand the limits of any consent given (especially if the information has been provided by a third party)

establishes whether the recipient intends to pass it on to other people, and ensure the recipient understands the limits of any consent that has been given;

ensures that the person to whom the information relates (or the person who provided the information) is informed that information is being shared, where it is safe to do so

An ability to ensure that information is shared in a secure way and in line with NHS and/or local authority policies

### **Sources**

Department of Health (2003) *Confidentiality: NHS Code of Practice*,  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253)

Department of Health (2007) *Mental Capacity Act (2005) Summary Document*  
<http://webarchive.nationalarchives.gov.uk/+/http://www.dca.gov.uk/legal-policy/mental-capacity/mca-summary.pdf>

Mental Capacity Act in England and Wales (2005) at:  
<http://www.opsi.gov.uk/legislation/uk>

Scottish Executive Health Department (2006) *A Good Practice Guide on Consent for Health Professionals in NHS Scotland*.

## Knowledge of, and ability to assess, capacity

### Knowledge of how capacity is defined

An ability to draw on knowledge that relevant legislation on capacity applies to adults over the age of 16 who (by reason of mental health problems or because of an inability to communicate because of physical disability) may be deemed to lack capacity if they meet one or more of the following criteria, and are incapable of:
acting, or
making decisions, or
communicating decisions, or
understanding decisions, or
retaining the memory of decisions
An ability to draw on knowledge that where an individual is judged not to have capacity, any actions taken should:
be of benefit to them
be the least restrictive intervention
take account of their wishes and feelings
take account of the views of relevant others
encourage independence
An ability to draw on knowledge that capacity should be assessed in relation to major decisions that affect peoples' lives (e.g. finance (e.g. managing day-to-day finances), safety/risk taking, appraisal of their health needs)
an ability to draw on knowledge that capacity is not 'all or nothing' and may vary across specific areas of functioning, (e.g. a person with dementia may be able to give informed consent about management of a health condition but be unable to manage their finances)
An ability to draw on knowledge that incapacity can be temporary, indefinite, permanent or fluctuating, and that it is important to consider the likely duration and nature of the incapacity
An ability to draw on knowledge that diagnosis alone cannot be used to make assumptions about capacity

### Assessment of capacity

An ability to ensure that judgments regarding capacity take into account any factors that make it hard for the client to understand or receive communication, or for them to make themselves understood
an ability (where possible) to identify ways to overcome barriers to communication
An ability to maximise the likelihood that the person understands the nature and consequences of any decisions they are being asked to make, for example, by:
speaking at the level and pace of the person's understanding, and 'processing' speed
avoiding jargon
repeating and clarifying information, and asking the person to repeat information in their own words
using 'open' questions (rather than 'closed' questions to which the answer

could be yes or no)

using visual aids

An ability to determine capacity where the person has significant cognitive impairments and/or memory problems e.g.:

where a person is able to make a decision but is unable to recall it after an interval, asking for the decision to be made again, using the consistency of their response as a guide to capacity

deciding when further formal assessment is required in order to determine the person's capacity

## Ability to work with difference (working in a “culturally competent” manner)

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar, since they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which service users may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

There are of course many ways in which both clinicians and those with whom they work may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to their erroneous assumption that they do not exist. It is also the case that it is the individual’s sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any therapeutic encounter requires the clinician carefully to consider potential issues relating to specific beliefs, practices and lifestyles, and relevance to the intervention being offered.

Finally, it is worth bearing in mind that (because issues of specific beliefs, practices and lifestyles often relate to differences in power and to inequalities) clinicians need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and when working with clients and their families/ carers

### Basic stance

An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic, rather than any specific beliefs, practices and lifestyles in clients or their carers and families, and hence:

workers should equally value all people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others.

there is no normative state from which people and families may deviate, and hence no implication that the normative state is preferred and other states problematic

**Knowledge of the significance for practice of specific beliefs, practices and lifestyles**

An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices which is critical
An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
An ability to draw on knowledge that a service user will often be a member of more than one "group" (for example, a gay man from a minority ethnic community), and that as such, the implications of combinations of lifestyle factors needs to be held in mind by clinicians

An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
ethnicity
culture
gender and gender identity
religion/ belief
sexual orientation
socio-economic deprivation
class
age
disability
For all clients with whom the clinician works, an ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

**Knowledge of social and cultural factors which may impact on access to the service**

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:
language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
the range of cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support via community contacts/ contexts rather than through 'conventional' referral routes (such as the GP)

An ability to draw on knowledge of the potential impact of socio-economic status on access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities impact on development and on mental health in clients and/or their carers/ families
An ability to draw on knowledge of the impact of factors such as socio-economic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g. transport difficulties, poor health)

**Ability to communicate respect and valuing of clients, carers and families**

Where clients from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)
An ability to take an active interest in the social and cultural background of clients, and hence to demonstrate a willingness to learn about the client's socio/cultural perspective(s) and world view

**Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles.**

An ability to work collaboratively with the client and their families/ carers in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations for the therapeutic relationship and the ways in which problems are described and presented			
<table border="1"> <tr> <td>an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant</td> </tr> <tr> <td>an ability to apply this knowledge in a manner that is sensitive to the ways in which service users interpret their own culture (and hence recognises the risk of culture-related stereotyping)</td> </tr> </table>	an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant	an ability to apply this knowledge in a manner that is sensitive to the ways in which service users interpret their own culture (and hence recognises the risk of culture-related stereotyping)	
an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant			
an ability to apply this knowledge in a manner that is sensitive to the ways in which service users interpret their own culture (and hence recognises the risk of culture-related stereotyping)			
An ability to take an active and explicit interest in the client's experience of the beliefs, practices and lifestyles pertinent to their community:			
<table border="1"> <tr> <td>to help them to discuss and reflect on their experience</td> </tr> <tr> <td>to identify whether and how this experience has shaped the development and maintenance of their presenting problems</td> </tr> <tr> <td>to identify how they locate themselves if they 'straddle' cultures</td> </tr> </table>	to help them to discuss and reflect on their experience	to identify whether and how this experience has shaped the development and maintenance of their presenting problems	to identify how they locate themselves if they 'straddle' cultures
to help them to discuss and reflect on their experience			
to identify whether and how this experience has shaped the development and maintenance of their presenting problems			
to identify how they locate themselves if they 'straddle' cultures			
An ability to discuss with the client and their family/carers the ways in which individual and family relationships are represented in their culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of the intervention			

### **Ability to adapt communication**

Where the clinician does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the assessment or intervention

where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client

An ability to adapt communication with service users with a disability (e.g. using communication aides or by altering the language, pace, and content of sessions)

### **Ability to employ and interpret standardised assessments/measures**

An ability to ensure that standardised assessments/ measures are employed and interpreted in a manner which takes into account the demographic membership of the client and their carers e.g.:

if the measure is not available in the client's first language, an ability to take into account the implications of this when interpreting results

if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed

if standardisation data (norms) is not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

### **Ability to adapt interventions**

An ability to draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions

Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit to the client

An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:

if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community

if there is evidence that clients from a given community respond poorly to certain evidence-based approaches

### **Ability to demonstrate awareness of the effects of clinician's own background**

An ability for clinicians of all backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the client, the client's problem, and the therapeutic relationship

An ability for clinicians to reflect on power differences between themselves and clients .



**Ability to identify and to challenge inequality**

An ability to identify inequalities in access to services and take steps to overcome these:

an ability to consider ways in which access to, and use of, services may need to be facilitated for individual clients with whom the clinician is working (e.g. home visiting, flexible working, linking families with community resources)

where it is within the remit/role of the clinician, an ability to identify client groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions

## Ability to operate within and across organisations

Effective delivery of competences relating to work with and within organisations depends on their integration with the other core competences and in particular those relating to confidentiality and consent.

Similar principles apply when working with fellow-professional from within an organisation, and when working with professionals from other organisations.

### Knowledge of the responsibilities of each discipline and of other agencies

An ability for workers to draw on knowledge of the specific areas for which they and members of their own agency are responsible (in relation to assessment, planning, intervention, and review).

An ability to draw on knowledge of the roles, responsibilities, culture and practice of professionals from other agencies.

An ability to draw on knowledge of the range of agencies who may work with clients and their families/carers, including community resources.

### Knowledge of the rationale for working across organisations

An ability to draw on knowledge that the principal reason for working across organisations is when there are indications that working in this way will benefit the welfare of the client

an ability to determine when work across agencies is an appropriate response to the needs of the client

An ability to draw on knowledge of the importance of collaborating:

with agencies who are already involved with the care of client and their families/carers

with agencies whose involvement is important or critical to the welfare and well-being of the client and (where relevant) their families/carers

An ability to draw on knowledge of the benefits of communicating with colleagues from other agencies at an early stage, before problems have escalated

### Knowledge of local policies and of relevant legislation

An ability to draw on knowledge of local policies on confidentiality and information sharing both within the multidisciplinary team and between different agencies.

In relation to work that involves children, an ability to draw on knowledge of national and local child protection standards, policies and procedures

An ability to draw on knowledge of national and local policies and procedures regarding the assessment and management of clinical risk

An ability to draw on knowledge of local procedures when clients fail to attend appointments, and where this has implications for treatment planning across agencies

### **Knowledge of interagency procedures**

An ability to draw on knowledge of procedures for raising concerns when a client is at risk of harm or there are indicators that they are not achieving their potential.(e.g. in emotional/social domains), including:

procedures for making a referral to other agencies

procedures for sharing concerns with other agencies

An ability to draw on knowledge of common recording procedures across agencies (e.g. shared IT systems/databases).

### **Information sharing within and across agencies**

An ability to judge on a case-by-case basis the benefits and risks of sharing information against the benefits and risks of not sharing information.

An ability to discuss issues of consent and confidentiality with the client and their family/carers\*:

in relation to sharing information across agencies

to secure and record their consent to share information

An ability to draw on knowledge of when it is appropriate to share information without the consent of the client or their family/carer.

An ability to collate relevant information gathered from other agencies and enter this into the paper or electronic record

An ability to evaluate information received from other agencies, including:

distinguishing observation from opinion

identifying any significant gaps in information

An ability to share relevant information with the appropriate agencies (based on the principle of a “need to know”)

an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused

An ability to ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure.

An ability to record what has been shared, with whom and for what purpose.

An ability to seek advice when in doubt about sharing information

\* detailed consideration of consent and confidentiality can be found in the relevant section of the competence framework

### **Communication with other agencies**

An ability to assure effective communication with professionals in other agencies by:

ensuring that their perspectives and concerns are listened to

ensuring that one’s own perspective and concerns are listened to

explicitly acknowledging those areas where there are common perspectives and concerns, and where there are differences

where there are differences in perspective or concern, identifying and acting on any implications for the delivery of an effective intervention

An ability to provide timely written and verbal communication:

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

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

### **Coordinating work with other agencies**

An ability to contribute to interagency meetings at which work across agencies is planned and co-ordinated.
An ability to agree aims, objectives and timeframes for each agencies' assessment and/or intervention
An ability to explain to workers in other agencies:
the model being applied
any assumptions that are made by the model, and that may not be obvious to, or shared with, workers in other agencies
An ability regularly to review the outcomes for the client in relation to specified objectives.

### **Recognising challenges to interagency working**

An ability to recognise when effective inter-agency working is compromised and to identify the reasons for this, for example:
institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
conflicts of interest
lack of trust between professionals (especially where this reflects the 'legacy' of previous contacts)
lack of clarity about who takes responsibility in each agency.
An ability to recognise when another agency has failed to respond appropriately to a request, referral, or concern, and to address this directly
An ability to recognise when one is at risk of working beyond the boundaries of one's professional reach.

## Ability to engage and to work with families and carers

In this section the word 'family' can be used to describe biological families, partners, or carers who come together to take an active role in a client's care

### Ability to facilitate contact with the family and carers

An ability to begin the process of engagement prior to the initial appointment by providing information about the service and the nature of the initial appointment (e.g. by sending service information leaflets), with the aim of reducing anxiety about the appointment.

An ability to consider information from the referral and from the family itself to identify whether the appointment venue will impact on engagement (e.g. families who find it difficult to travel because of physical and/or sensory impairments or poor health).

where feasible, an ability to offer families who may face barriers to access, a choice of appointment venue.

### Ability to engage all family members

An ability to engage all members of the family attending the session in an empathic, respectful and even-handed way:

an ability to give each member of the family the opportunity to communicate/participate.

an ability to show an interest in all communications, including the behaviour, drawings and play interactions of any younger children who are present.

An ability to make explicit and value the unique perspective of each individual on the functioning of the family.

An ability to facilitate the involvement of individuals who have a restricted capacity to participate (e.g. through developmental, sensory or emotional problems).

### Ability to communicate with family members

An ability to tailor the language, pace and content of the session to match the strengths, abilities and capacities of the family.

An ability to decide whether to involve an interpreter (e.g. when the first language of some or all members of the family is different from that of the professional working with them).

An ability to work with an interpreter, for example:

meeting with the interpreter before sessions to agree how they will operate, and to identify any key issues, e.g.:

identifying those members of the family for whom the interpreter's services are required

discussing issues relating to confidentiality

checking that the interpreter understands technical terms and/or concepts and can communicate these accurately (and agreeing a process for checking that these have been understood by the family (including any children or young people)

self-monitoring during sessions to ensure that the language used can be interpreted accurately (e.g. speaking slowly and clearly and using short, unambiguous phrases, avoiding jargon, clarifying any terminology that the interpreter does not understand)

An ability to check regularly that the family understand what is being said to them.
An ability to summarise information the family has conveyed in order to check that this has been understood accurately.
An ability to help the family feel comfortable and confident to ask questions when they are uncertain or confused (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting them to ask questions).
An ability to provide answers to questions in an honest and straightforward manner
an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source.

**Ability to develop a positive alliance**

An ability to draw on knowledge of therapist factors which help develop a positive alliance (e.g. being respectful, warm, friendly, open and affirming).
An ability to maintain a non-judgemental, non-blaming stance.
An ability to work in a culturally sensitive manner.
an ability to be respectful and valuing of diversity and difference of experiences, approaches and opinions.

**Ability to use and respond to humour and play**

An ability to use humour as an aid to help clients (e.g. to normalise their experience or to reduce tension), but also recognising its risks (e.g. of invalidating feelings, acting as a distraction to/ avoidance of feelings, or creating “boundary violations”)
An ability to respond to clients’ humour in a manner that is congruent with its intent, and responsive to any implied meanings

**Ability to promote understanding about the service/interventions on offer**

An ability to explore the family’s expectations of their involvement with the service and to identify any concerns they may have about engaging with the service.
An ability to generate a sense of hope for positive change, by for example providing information on the service and intervention/service options.
An ability to ensure that all family members understand:
how the service will manage confidentiality.
when and how information will be communicated to other agencies.

### **Ability to work in partnership with the family.**

An ability to work in a manner that is collaborative and aims to empower families by:
helping each family member to identify their goals and objectives.
translating technical concepts into “plain” language that families can understand and follow.
sharing responsibility for agendas and session content.
promoting joint formulation and problem-solving.
acknowledging that the clinician and the family bring different but complementary expertise.
reinforcing and validating insights of family members.

### **Ability to manage challenges to engagement**

An ability to monitor the level of engagement throughout the intervention.
An ability to identify threats to engagement which arise from:
in-session issues (e.g. family members withdrawing from the intervention because they feel guilty or blamed).
practical issues (e.g. the family's transport to the service, parent/carer's working hours).
social issues (e.g. the stigma of mental health problems, and fear of discrimination).
An ability to recognise and explore any impacts of the family's previous experiences of mental health services and other statutory services on their current engagement.
An ability to detect and manage the impact of psychological factors that might impact on the family's capacity to attend sessions, process information and learn new skills (e.g. family illness /substance misuse or the carer's attachment history).
an ability to manage these factors (e.g. by sequential or parallel interventions)
An ability for the clinician to use supervision to reflect and act on any threats to engagement that arise from their own behaviours.

### **Ability to engage the family in routine service user participation**

An ability to engage the family in routine service user participation by working in a collaborative manner which involves the family in decisions about their care.
An ability to involve the family in the routine evaluation of interventions/services.
An ability to involve the family in the planning of service developments where appropriate.

## **Knowledge of psychopharmacology when working with people with psychosis and bipolar disorder**

### **Knowledge and skills required by the whole team providing pharmacological treatment for people with psychosis or bipolar disorder**

An ability for psychiatrists and pharmacists within a team to act as a resource to their colleagues (e.g. acting as sources of advice or consultation, or offering relevant training in psychopharmacology)
---

An ability to draw on knowledge of the role of medication in the treatment of psychosis or bipolar disorder
---

An ability to draw on knowledge that arrangements for prescribing and monitoring medication may have varying intensities and time-courses, depending on the complexity, associated co-morbidities and chronicity of the condition treated
---

An ability to draw on knowledge of evidence for the benefits both of medication-alone and medication offered in combination with psychological interventions
--

An ability to draw on knowledge of medications commonly prescribed in psychosis or bipolar disorder, and the conditions for which they are employed
---

An ability to draw on knowledge that medications have benefits and harms including: the likely benefits on symptomatology and personal functioning
--

the commonly experienced side effects such as weight gain, sedation and endocrine dysfunction
---

the risks associated with medication(s) (e.g. the risk that introducing antidepressants for bipolar patients in a depressed phase may trigger a manic episode for those clients not on anti-manic medication)
---

the onset, duration and magnitude of any benefits, risks or side effects
--

### **Implementing knowledge of psychopharmacology when working with psychosis and bipolar disorder**

An ability to draw on knowledge of national guidance for treatment of psychosis and bipolar disorder that include recommendations on the role of medication and its safe and effective use (e.g. NICE or SIGN guidelines)
---

An ability to draw on knowledge of the use of medications for the treatment of the symptoms of psychosis and bipolar disorder and coexisting disorders and presentations
--

An ability to draw on knowledge of the ways in which medication should be combined with psychological or other interventions in order to maximise the benefits of both interventions
--

An ability to draw on knowledge of common concerns/controversies regarding the use of psychotropic medication for people with psychosis and bipolar disorder while retaining a balanced view of the need to weigh-up benefits versus harms for the individual, both in the short and long term
--

### **Working with clients**

An ability to discuss with clients and, where appropriate, their families:
--

the potential benefits of medication(s) in their treatment programme
--

the potential side-effects of medication(s)
---



any concerns the client (or family) may have about medication(s) and provide advice or to refer on for further advice
An ability to recognise significant side-effects, to discuss these with the client and to take appropriate action (e.g. to refer to a psychiatrist or medical practitioner)
An ability to support the client in managing their medication e.g.:
reviewing and addressing any concerns the client has about the benefits or harms of the medication
an awareness of the impact of side effects on the implementation of any psychological intervention (e.g. significant weight gain in a socially anxious person)
supporting the client in interventions designed to counteract the effects of weight gain associated with medication (e.g. by discussing dietary issues)

## Knowledge of common physical health problems in people with psychosis and BD, and their management

### Knowledge of physical health problems

An ability to draw on knowledge that, contrasted to the general population, people with psychosis and bipolar disorder have:
--

a higher risk of developing physical illnesses
--

a higher relative risk of premature death (on average dying 10 years earlier)
---

an ability to draw on knowledge that approximately half of excess mortality rates result from 'unnatural' causes (suicide or accident)
--

An ability to draw on knowledge of the elevated risk factors for poorer physical health associated with lifestyle factors such as:
--

unemployment
--------------

poorer financial resources and poverty
--

diet (specifically a diet high in fat and low in fibre and/or vegetables)
---

low rates of physical activity
--------------------------------

smoking
---------

alcohol and substance misuse
------------------------------

An ability to draw on knowledge that patients with psychosis or bipolar disorder are more vulnerable to a range of physical health conditions, e.g.:
--

obesity
---------

diabetes
----------

cardiovascular disease
------------------------

hypertension
--------------

chronic obstructive pulmonary disease (COPD)
--

An ability to draw on knowledge that many physical health problems will usually result from a convergence of a number of factors rather than from a single cause
--

An ability to draw on knowledge of side-effects from antipsychotic medication that can contribute to physical health problems, e.g.:
--

extrapyramidal side effects including tremor and rigidity, akathisia (restlessness) and dystonia (muscle contractions)
--

increased weight gain
-----------------------

elevated blood glucose and increased risk of developing diabetes
--

elevated blood lipids
-----------------------

cardiovascular problems (such as postural hypotension, tachycardia, and Q-T prolongation)
---

metabolic syndrome
--------------------

raised prolactin levels leading to possible infertility and reduced libido, and to osteoporosis)
--

### **Management of physical health problems**

An ability to draw on knowledge of areas where support for improving physical health may be targeted, e.g.:
education about the potential impacts of lifestyle choices
support for smoking cessation/ reduction
reduction or cessation of drug or alcohol misuse
promotion of increased exercise
education about diet and healthier food choices
helping clients to take advantage of physical healthcare interventions including:
regular annual healthcare checks (usually in primary but also in secondary care), that monitors key indicators such as cardiovascular status, weight, and blood glucose and lipids ,
treatment interventions for the care of both acute and chronic physical health problems
An ability to draw on knowledge of potential links between symptoms of psychosis, lifestyle choices and physical health issues, and to use this to formulate potential pathways for intervention, e.g.
apathy/ low motivation and limited financial resources leading to obesity through limited physical activity,, side effects of medication and a poor diet