KNOWLEDGE OF, AND ABILITY TO OPERATE WITHIN, PROFESSIONAL AND ETHICAL GUIDELINES IN ACUTE MENTAL HEALTH INPATIENT SETTINGS

The standards of conduct set out in this document apply to all professionals as well as those who do not have a core profession (but who would be expected to adhere to the internal operating procedures of their organisation).

Knowledge

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 situations
An ability to draw on knowledge of mental health legislation relevant to professional practice
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 concerning:
capacity and consent
confidentiality
data protection

Autonomy

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

Ability to maintain appropriate standards of conduct

An ability to ensure that patients and their family and carers are treated with dignity, respect, kindness, and consideration
An ability for practitioners to maintain professional boundaries, for example, by:
ensuring that they do not abuse their position or role with the patient and their family and carers
maintaining clear and appropriate boundaries with patients and their family and carers
ensuring their boundaries are consistent with the wider staff team (for example, all staff taking the same approach to managing the patient's distress)
An ability to recognise the need to maintain standards of behaviour that conform to professional codes of conduct, both in and outside of work
An ability for practitioners to represent their qualifications, knowledge, skills, and experiences accurately

Ability to maintain standards of competence

An ability to draw on the best available evidence of effectiveness when employing interventions
An ability to keep up to date with current practice standards
An ability to maintain and update skills and knowledge through participation in continuing professional development
An ability to recognise when fitness-to-practise has been called into question and report this to the relevant parties, including both local management and the relevant registration body

Documentation

An ability to maintain accurate records for each patient, which:	
	is written promptly
	is concise, legible, and written in a style that is accessible to its intended readership
	identifies the practitioner who has entered the record (i.e., is signed and dated)
	incorporates detail on the patient's presenting issues, current risks, strengths and resources, and ongoing plan for care
	factual and non-judgmental
An ability to ensure that records are maintained accurately after each direct contact or with professionals connected with them	
An ability, where necessary, to update existing records in a clear manner that does not overwrite existing elements (for example, to correct a factual error)	
An ability to ensure records are stored securely, in line with local and national policy and guidance	

Ability 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 and/or support 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 patients and their family and carers

An ability to promote the health and wellbeing of patients and their family and carers, for example by:	
	actively encouraging them to raise their concerns as well as their hopes for their care/treatment
	involving them in plans for any intervention
	maintaining communication with colleagues involved in their care
An ability to draw on knowledge of local services to advocate for patients in relation to access to health and social care, information, and services	
An ability to encourage patients and their family and carers to engage with advocacy services	
An ability to inform patients and their family and carers about the informal and formal complaints procedures	
An ability to respond to complaints about care or treatment in a prompt, open and constructive fashion (including an ability to explain 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 process

An ability to facilitate shared decision making

An ability to draw on knowledge that shared decision making involves collaborative working between health care professionals, patients and their family and carers, placing the patient at the centre of decisions about their treatment and care
An ability to draw on knowledge that patients and their family and carers are experts in their personal experiences, and are well-positioned to make decisions about care
An ability to ensure patients and their family and carers are fully informed about the care offered in order to make decisions by:

giving detailed information about the available treatment options, their risks, and benefits
discussing options and giving them the opportunity to ask questions
being honest about the limitations of treatment decision making when they are under the care of the Mental Health Act (but aspire to implement shared decision making at all times)
collaboratively planning care and actioning the decisions made

An ability to follow whistleblowing procedures (and freedom to speak up)

An ability to identify incidents that require whistleblowing procedures to be adhered to, such as:
a criminal offence
a breach of legal obligation
a miscarriage of justice
danger to the health or safety of any individual
damage to the environment
safeguarding concerns
the deliberate covering up of wrongdoing in the above categories
An ability to follow local whistleblowing/freedom to speak up procedures in reporting an incident and seeking appropriate independent support

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 the patient or another colleague, at risk of harm by:
acting immediately to address the situation
reporting the incident to the relevant authorities
cooperating with internal and external investigators

If 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 or give them work beyond their capabilities

An ability to consult or collaborate with other professionals when it becomes clear that additional information or expertise is required to offer safe and appropriate treatment

ABILITY TO CONTRIBUTE TO SAFE INPATIENT CARE DELIVERY AND SUSTAIN A THERAPEUTIC MILIEU

An ability to draw on knowledge that a therapeutic milieu is one where the overall environment is thought to have therapeutic potential
An ability to draw on knowledge that (alongside interventions included in a care plan) a therapeutic milieu aims to help patient's practice new ways of coping through interactions with others (including peers and staff) in the context of having a sense of security and support, and is characterised by:
safe implementation of practical procedures in line with local policies (for example, infection control, ward security)
the ward as a social community
a clear structure with scheduled routines (for example daily activities, mealtimes, and free time), as well as staff-led input (both individual and group)
behavioural expectations that are not overly restrictive and whose rationale is clearly explained, including limits and boundaries that are consistently maintained (though balanced with individual need)
helping patients understand what will be expected of them and what they can expect from others
helping patients co-operate and support each other in making day-to-day decisions about ward functioning, and staff developing a sense of shared responsibility

An ability to draw on knowledge that an effective therapeutic milieu is dependent on a well-functioning and confident staff team
An ability to draw on knowledge that a well-functioning inpatient team:
can maintain a capacity to be self-reflective in the face of the challenges and intensity of inpatient work
can maintain a focus on the various tasks associated with inpatient work
are at risk of being drawn into unhelpful behaviours or attitudes that could adversely impact the patient or their family and carers and should put processes in place to mitigate this (for example, reflective practice, clinical supervision)
can respond constructively to negative feedback from patients, their family and carers and other parts of the statutory system (such as other agencies, referrers, or commissioners)

An ability to recognise signs that team working is becoming dysfunctional, for example, teams that:
adopt inflexible procedures that apply to all, without the capacity to adapt these to individual need
have difficulty working together and arriving at a coherent formulation focused on the patient, rather than on what can be offered by each professional/viewpoint (and so the professional organisation taking priority over the patient)
become preoccupied with internal team conflicts which they are unwilling to acknowledge and resolve
fail to implement a coherent team-based plan, with the result that individual members or subgroups of the team work independently of each other
avoid coming together to arrive at coherent plans because this reduces the likelihood of exposing team conflict
denigrate the input/efficacy of other agencies/systems and become an embattled and isolated unit (in tandem with an uncritical and idealised view of their own success)
become divided within themselves (for example, different members of the team 'taking sides' with either the patient or their family and carers, or becoming preoccupied with advancing their own ideas)

become focused on professional hierarchies, with separate agendas and chains of management

An ability to actively contribute to meetings on planning, coordinating, maintaining, and evaluating a patient's care or care plan
An ability to value the contribution of others but also to assert differences of view and to resolve issues or concerns through open dialogue

An ability to facilitate safe visits from the patient's family and carers by:
ensuring the patient is at no risk of harm from any visitor
ensuring the risks to any potential visitors are identified and appropriately managed
discussing the impact of their visit on the patient and offering appropriate support to both parties
identifying any suspicious or unusual behaviour and taking appropriate action
prioritising visits as they can play an important role in the patient's recovery

ABILITY TO RECOGNISE AND RESPOND TO CONCERNS ABOUT SAFEGUARDING

Knowledge

An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age
An ability to draw on knowledge of factors that make patients vulnerable, such as mental health or physical health difficulties, communication difficulties, or dependence on others
An ability to draw on knowledge of type of abuse and neglect that could trigger a safeguarding concern, such as:
physical abuse
domestic violence
psychological abuse
financial or material abuse or exploitation
sexual abuse or exploitation
neglect
abuse in an organisational context
bullying/cyber bullying
trafficking and slavery
female genital mutilation
forced marriage
An ability to draw on knowledge of national guidance and legal frameworks regarding your responsibility for acting on safeguarding concerns
An ability to act on knowledge of local agencies and local procedures for invoking, investigating, and acting on safeguarding concerns

Responding to a safeguarding concern

An ability to identify signs or indicators that could flag the need to initiate safeguarding procedures, keeping in mind the power imbalance and patients feeling unable to report events
An ability to approach the management of safeguarding procedures in a way that protects the patient's safety and does so in a manner that is compassionate, empathic, and supportive
An ability to follow local and national safeguarding procedures in order to protect the patient

ABILITY TO WORK WITH ISSUES OF CONFIDENTIALITY AND CONSENT

All professional codes relating to confidentiality make it clear that where there is evidence of imminent risk of serious harm to self or others, confidentiality can be breached and relevant practitioners and members of the patient's family and carers informed. Decisions about issues of confidentiality and consent may be influenced by judgements regarding the patient's capacity. Capacity is referred to in this section but is considered in more detail in the relevant section of this framework.

Knowledge of policies, legislation, and legal definitions of consent to care

- An ability to draw on knowledge of local and national policies on confidentiality, information sharing, and relevant legislation relating to legal capacity, specifically relating to confidentiality in multidisciplinary settings
- An ability to draw on knowledge that valid legal consent to care is composed of three elements:
  - the patient being invited to give consent must be capable of consenting (legally competent)
  - the consent must be freely given
  - the patient consenting must be suitably informed
- An ability to draw on knowledge that the Mental Health Act (MHA) allows for treatment without consent when there are significant concerns for the patient's safety or safety of others, but a thorough assessment by an approved doctor and mental health practitioner is required
- An ability to draw on knowledge that informally admitted patients have a right to withdraw or limit consent to treatment at any time and if there are continued concerns for their safety, further MHA assessment arrangements may be required

Ability to gain informed consent to care

- An ability to give patients the information they need to decide whether to proceed with a treatment or intervention, such as:
  - what the treatment or intervention involves
  - the potential benefits and risks of the proposed treatment or intervention
  - the alternatives available to them and what meaningful treatment or intervention choices they have
  - and an ability to understand the constraints of this under the MHA
- An ability to gain informed consent regarding the involvement of their family and carers in their care by providing them with information to make the decision, such as:
  - what their involvement may include
  - the benefits and risk of involving them
- An ability to ensure that information is provided in an accessible form (for example, using an interpreter, communication aids, or having simple written information)
- An ability to invite patients and their family and carers to actively respond to questions about the proposed care intervention and address any concerns or fears
- An ability to draw on knowledge that even when consent has been granted it is usual to revisit this regularly especially when introducing specific aspects of a treatment or intervention

Ability to draw on knowledge of confidentiality

- An ability to draw on knowledge that a duty of confidentiality is owed to:
  - the patient to whom the information relates to and anyone who has provided relevant information on the understanding it is to be kept confidential
- An ability to draw on knowledge that confidentiality is generally kept at the level of a team rather than at the level of an individual practitioner

An ability to draw on knowledge that confidentiality is breached when confidential information is shared outside the care team which has not been authorised by the patient
An ability to draw on knowledge that there is no breach of confidence if:
information was provided on the understanding 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

Sharing information to maintain safety

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:
place the patient or others (for example, family member, carers, fellow patients, or staff) 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

An ability to judge when it is in the best interest of the patient to disclose information, considering their wishes and views about sharing information, privacy and, holding in mind:
that disclosure is appropriate if it prevents serious harm to the patient who may lack capacity
the immediacy of any risk of harm to self or others (for example, the degree of planning, the type of suicide method planned or already attempted, circumstances such as being alone, refusing treatment, drinking heavily, or being under the influence of drugs)

An ability to draw on knowledge that the duty of confidentiality does not preclude listening to the views of the patient's family and carers or providing them with general information about managing a crisis or seeking support

An ability to ensure all relevant parties (for example, the patient, their family and carers and other staff) are informed about:
issues of confidentiality and information sharing
the limits of confidentiality and circumstances in which it may be breached (for example, when the patient is considered to be at risk)
local service policy on how information will be shared and to seek their consent to these procedures (for example, the ways information about the treatment will be shared with other services)

An ability to regularly review consent to share information if there is a significant change in the way the information is to be used (for example, if the patient becomes detained under the MHA)
An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality
An ability to gauge the patient'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
can understand and can consider the alternative courses of action open to them
express a personal view on the matter
are reasonably consistent in their view on the matter (i.e., not changing their mind frequently)

KNOWLEDGE OF, AND ABILITY TO ASSESS MENTAL CAPACITY

Knowledge of how capacity is defined

An ability to draw on knowledge that assessment of capacity refers to a specific issue at a specific point in time
An ability to draw on knowledge that relevant legislation on capacity applies to patients 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 when the patient is judged not to have capacity, any actions taken should:
be of benefit to them
be the least restrictive intervention
consider their wishes and feelings
consider 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 patients' lives (for example, risk taking, appraisal of their health needs)
an ability to draw on knowledge that capacity is not 'all or nothing' and may vary across time and specific areas of functioning
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 upon knowledge that if the patient does not have the capacity to consent to inpatient care a Mental Health Act assessment will be required
An ability to draw on knowledge that assessment of capacity is an essential component of a Mental Health Act assessment

Assessment of capacity

An ability to ensure that judgements regarding capacity consider any factors that make it hard for the patient to understand or receive communication, or for them to make themselves understood
an ability to identify ways to overcome barriers to communication (where possible)
An ability to maximise the likelihood that the patient understands the nature and consequences of any decisions they are being asked to make, for example, by:
speaking at the level and pace of their understanding and 'processing' speed
avoiding jargon
repeating and clarifying information, and asking them to repeat information
using 'open' questions (rather than 'closed' 'yes' or 'no' questions)
using visual aids
An ability to determine capacity if the patient has significant cognitive impairments and/or memory problems, for example:
if they can make a decision but unable to recall it after an interval, asking for the decision to be made again, using the consistency of their response as a guide
deciding when further formal assessment is required to determine the patient's capacity

ABILITY TO WORK WITH DIFFERENCE AND DIVERSITY IN THE ACUTE MENTAL HEALTH INPATIENT CONTEXT

A detailed description of the core competences for working with difference can be found in other frameworks (https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks). This section discusses issues specifically relevant to the acute mental health inpatient setting.

Knowledge of issues of difference specific to the acute mental health inpatient population

An ability to draw on knowledge that inpatients are more likely to have high rates of social disadvantage and ongoing stress, such as:
adverse life events, trauma, and abuse
housing difficulties or poor-quality housing
financial problems or limited financial resources
living in socially deprived neighbourhoods
experiences of stigma, discrimination, racism, and exclusion
social isolation, relationship breakdowns, loneliness, or limited social support
An ability to draw on knowledge that social disadvantage is associated with higher levels of mental health crisis and clinical risk, particularly self-harm, and suicide
An ability to draw on knowledge that patients from ethnic minority backgrounds, particularly black African and black Caribbean backgrounds, are over-represented in inpatient care and more likely to experience restrictive practices, and that experiences of racism and discrimination contribute to this
An ability to draw on knowledge that patients may draw on spiritual or religious frameworks to understand and cope with their mental health crisis
An ability to draw on knowledge that marginalised groups experience barriers to accessing timely mental health support, and that inpatient admissions are consequent of this

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

An ability to maintain an awareness of social and cultural variation across a range of domains (for example, ethnicity, culture, gender and gender identity, religion and belief, sexual orientation, socioeconomic deprivation, class, age, and disability), and an ability to ensure these are considered when delivering inpatient care
An ability to understand the potential impact of social and cultural factors on the effectiveness and acceptability of any treatment or intervention

An ability to adapt care to meet the needs of people with protected characteristics (for example those who are transgender or have specific religious or cultural needs) by:
incorporating their specific needs into their assessment, formulation, and care/risk plan
ensuring access to appropriate safe physical spaces, for example, space for prayer

ABILITY TO ENGAGE IN REFLECTIVE SUPERVISION

'Supervision' is an activity that allows practitioners to review and reflect on their clinical practice. This includes talking about areas that the practitioner finds difficult or distressing. Usually, supervisors will be more senior or experienced practitioners though peer supervision can also be effective. This definition distinguishes supervision from operational management. This section also includes competences for other forms of supervision, for example, peer supervision and interdisciplinary group supervision.

Knowledge of supervision

An ability to draw on knowledge that a primary purpose of supervision and learning is to enhance the quality of the care received by patients
An ability to draw on knowledge that supervision plays a crucial role in inpatient care by supporting practitioners in:
managing high levels of risk and emotional distress
bringing about cultural change and maintaining a healthy culture
challenging dominant but unhelpful practices
reflecting upon challenging cases
ensuring fidelity to best-practice guidelines

Ability to work collaboratively with the supervisor

An ability to work with a supervisor to generate an explicit agreement about the parameters of supervision (for example, frequency, setting an agenda, goals of supervision)
An ability to present an honest and open account of the work being undertaken and help the supervisor be aware of one's current competence and any training needs
An ability to discuss work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive
An ability to present material to the supervisor in a focussed manner, and prioritise the most relevant issues
An ability to ensure that supervision is a confidential space unless issues are raised where confidentiality can be breached (see confidentiality section)

Capacity for self-appraisal and reflection

An ability to be reflective and to:
take on board feedback and to apply these in future work
be open and realistic about one's capabilities and share this within supervision
use supervision feedback to further develop a capacity for accurate self-appraisal

Capacity for active learning

An ability to facilitate learning by:
acting on suggestions made by the supervisor, and incorporating this into practice
taking the initiative and identifying relevant reading, and incorporating this into practice
reflecting on developing personal and professional roles
discussing the personal impacts of work, especially when recognising this enhances clinical effectiveness
reflecting on the impact of the work in relation to professional development

Ability to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole and (in accordance with national and professional guidelines) to seek advice from others where:
there is concern that supervision is below an acceptable standard

the supervisor’s recommendations deviate from acceptable practice
there is a breach national and professional guidance (for example, abuses of power)

ABILITY TO IDENTIFY OWN WELL-BEING NEEDS

Knowledge

An ability to draw on knowledge that inpatient hospitals can be highly challenging work environments with high levels of burnout and stress, and have the highest number of staff sick days compared to other mental health settings

An ability to draw on knowledge of relevant local policies and procedures relevant to staff well-being (for example, sickness/absence policy, staff well-being, bullying/harassment, and freedom to speak up)

An ability to draw on knowledge that the primary causes of work-related burnout and stress are:
emotional labour and intense emotional demands due to working with a patient group with high risk and complex needs
risk of violence and aggression
challenging working conditions
bullying, harassment, racism, and discrimination

Identifying your own needs

An ability to identify signs of stress or burnout in response to working in a highly challenging environment, such as:
experiencing your job role as increasingly stressful and frustrating
feeling increasingly detached or distanced from your duties
physical symptoms such as headaches and palpitations
emotional and physical exhaustion
reduced performance within and outside of work
reduced ability to feel empathic and offer compassionate care to patients

An ability to understand that difficult events (such as the death of patients by suicide or serious incidents) may cause emotional distress and notice when you might be feeling impacted by such events
an ability to understand that grief responses, such as self-blame, anger, guilt, sadness, and anxiety, are a normal response to the death of a patient

When one is struggling with work-related (dis)stress, an ability to seek support from supervisors, managers, peers, or employment support services, and utilise self-care strategies

ABILITY TO WORK IN PARTERNSHIP WITH OTHER SERVICES

This section relates to working with other NHS services and those external to it, including social services and third sector organisations.

Knowledge of the responsibilities of other services and rationale for working across services

An ability to draw on knowledge of local pathways of care, referral criteria and service functions	
An ability to draw on knowledge that the principal reason for working across services is to improve care for the patient and support safe discharge	
An ability to draw on knowledge of the importance of collaborating with:	
	services who are already involved with the care of the patient and their family and carers
	services whose involvement is important or critical to the welfare and wellbeing of the patient and their family and carers
An ability to draw on knowledge that because periods of transition or moving to a different service are associated with peaks in risk, these transitions need to be well-managed and should include some continuity of care (for example, shared care planning and joint working)	

Coordinating work and sharing information with other services

An ability to make an active contribution to meetings at which work across services is planned and coordinated
An ability to identify and agree shared aims, objectives, and timeframes for each service's assessment and/or intervention
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 collate and record relevant information gathered from other services
An ability to effectively share information in multiple forms (for example, verbally, written reports) with other services, considering issues of confidentiality and consent
An ability to ensure that information sharing is necessary, proportionate, relevant, accurate, timely and secure, and know when the sharing of information is not necessary and/or when requests for sharing information should be refused

Recognising challenges to work across services

An ability to recognise when collaborative working across services is compromised and to identify the reasons for this (for example, institutional/systemic factors, conflicts of interest or lack of clarity)
An ability to recognise when another service 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