

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





In April 2006, I was delighted to write a foreword to *Rights, Relationships and Recovery*, the report of the review of mental health nursing in Scotland. Among a range of recommendations, the review set out the case for a framework to govern the design and delivery of pre-registration mental health nursing programmes in Scotland. I am now equally delighted to be writing the foreword to that framework.

This new framework for pre-registration mental health nursing programmes endorses and builds on the values base outlined in *Rights, Relationships and Recovery*. It is a values base that reflects and supports the strong legislative and policy framework for mental health services that exists in Scotland and the direction of travel defined for nursing in *Delivering Care, Enabling Health*.

The framework sets in place the foundations for programmes from which mental health nurses who are attuned to patients' and carers' agendas will emerge. It builds on the strengths of the existing education model to drive a new approach that will ensure each pre-registration mental health nursing programme in Scotland is designed and delivered to meet the unique and diverse needs of individuals, communities and populations in local areas.

The framework sets out key principles that higher education institutions and service providers should address in delivering programmes together. It makes strong links with progressive initiatives such as the 10 Essential Shared Capabilities for Mental Health Practice and education approaches embedded in values-based practice and promoting recovery. It reflects wider issues permeating health and social care policy at all levels, such as addressing health inequalities and promoting health improvement. And it takes its place alongside other initiatives shaping the future of mental health services and nursing in Scotland, not least of which is our commitment to supporting the meaningful involvement of services users and their families and carers in all aspects of developing and delivering programmes.

The diverse experience, knowledge and talents of a wide range of people, brought together under facilitation from NHS Education for Scotland, have been instrumental in shaping the framework. I am grateful to all involved in the Framework Development Group for producing a document that will act as a blueprint for educators, practitioners and service users and their families and carers involved in designing pre-registration mental health programmes.

The ultimate aim of these programmes is to produce registered nurses who have the ability to improve the lives of service users, families and carers. They do this not only by working in partnership with fellow professionals, but also by working in genuine partnership with the service users, families and carers they encounter in their profession lives. I have no doubt that education programmes based on the values and principles set out in this framework will be best-placed to produce the professional nurses that users of mental health services and their families and carers need, and want.

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Why develop a national framework for pre-registration mental health nursing programmes in Scotland?

This national framework has been developed as an outcome of Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland (Scottish Executive, 2006a). It also responds to the direction of travel for the nursing profession in Scotland set out in Delivering Care, Enabling Health (Scottish Executive, 2006b) and the commitments and targets being defined in Scottish Government policy for the NHS through Delivering for Mental Health (Scottish Executive, 2006c).

This is an exciting time for mental health nursing in Scotland. The ingredients and opportunities are now in place to progress a new era of mental health practice and services. Mental health nurses will be central in enabling this to happen.

Currently, seven higher education institutions (HEIs) across Scotland provide the three-year programmes that prepare students to register as mental health nurses (see Box 1). A development group (Appendix 1) that included representatives from all the HEIs offering mental health programmes and service providers developed the framework on behalf of the Scottish Government. The group's activity was guided by an understanding that **pre-registration preparation is a shared responsibility between HEIs and service providers**.

The group consulted with a wide range of people as the framework was being developed. Crucially, the strong views of people with lived experience of mental health problems and their families and carers about what they want and need from mental health nurses – messages and views they have shared in the past and continue to restate – have shaped the framework.

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

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

Currently, seven universities across Scotland provide the programmes.

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

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

The first year of the programme is a "Common Foundation Programme" in which students on all nursing pre-registration courses study the same programme.

The second and third years are called the "Branch programme" and are focused on mental health nursing.

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

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

On completing the programmes, students generally have an academic qualification at either Diploma of Higher Education in Nursing or Ordinary Degree level;¹ they are also able to register as mental health nurses with the NMC.

What is the purpose of the framework?

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

The purpose of the national framework is to:

- provide programme and placement providers in HEIs and mental health services with *key principles and guidance*, informed by best practice, to assist in the development of programmes and to underpin their shared roles and responsibilities in programme delivery
- outline best practice competencies to guide the content and outcomes of pre-registration mental health nursing programmes in Scotland

¹ Some universities also provide an Honours degree

- explain the courses that prepare students to become mental health nurses to people who use mental health services and their friends, families and carers
- inform current and potential students about what they can expect from their programmes
- signpost other work necessary to support the development of the programmes
- inform the recruitment of lecturers and practice education staff who support delivery of the programmes.

What are the drivers for the framework?

Several key policies and pieces of legislation informed the mental health nursing review and this framework, in particular:

- The Mental Health (Care and Treatment) (Scotland) Act 2003
- Delivering Care, Enabling Health (Scottish Executive, 2006b)
- Delivering for Mental Health (Scottish Executive, 2006c)
- The National Programme for Mental Health and Well Being in Scotland



The framework is presented in two parts:

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

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

The Framework Development Group reviewed and amended the English competencies to make sure they reflected and complemented the distinctive policy and legislative context in Scotland and matched the core capabilities for mental health nurses identified in *Rights, Relationships and Recovery*. They also had the opportunity to revisit the original English framework in light of recently produced Essential Skills Clusters developed by the Nursing and Midwifery Council (NMC, 2007).

Other work that is not described in detail in this document, such as the creation of a national approach to mentor preparation and developments in Practice Education Facilitators' roles, is also being taken forward in Scotland to aid developments across pre-registration nursing programmes. This work has influenced the development of the framework, and links to relevant projects are provided in Appendix 2.

2. The Framework

It must be stressed that the standards, proficiencies and outcomes for pre-registration nursing programmes are prescribed by the Nursing and Midwifery Council (NMC). All programmes are approved and monitored to ensure they meet these standards (NMC, 2004). The NMC has also recently introduced Essential Skills Clusters that must be included in programmes (NMC, 2007).

While this framework presents the direction in which mental health pre-registration nursing programmes' planning and delivery should move in Scotland, meeting the requirements set by the NMC remains of paramount importance for HEIs, service providers and students. Only by achieving these requirements can students achieve registration as mental health nurses.

The framework complements this arrangement by building on the exciting and distinct agenda set out for mental health nursing and mental health care, treatment and services in Scotland.

The shared values base for mental health nursing programmes

Mental health nursing is fundamentally about caring, about spending time with people and about developing and sustaining therapeutic relationships with service users and their families and carers.

The framework endorses and builds on the values base outlined in *Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland* (Scottish Executive, 2006a). Mental health nurses, service users, carers, family members and other people representing organisations involved in driving the change agenda in mental health care (including the Mental Welfare Commission, the Scottish Recovery Network (SRN), NES and the Scottish Executive) developed this values statement together (see Box 2).

Box 2. The values base for mental health nursing (Scottish Executive, 2006a).

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

Pre-registration programmes must be designed to reflect the core principles outlined in the framework to make this values base a reality in practice.

The focus and emphasis of programmes

Areas in which students need to develop knowledge, skills and values are detailed in Part 2, Best Practice Competencies for Pre-registration Mental Health Nursing Programmes in Scotland. This should be used to guide the content of programmes and inform how students are assessed in both theory and practice.

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

Principle

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

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

The 10 Essential Shared Capabilities are:

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

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

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

NES developed a package of materials in 2007 to support teaching, learning and development in relation to the ESCs (NES 2007). These should become firmly embedded in pre-registration programmes in Scotland, and students' practice development in relation to the ESCs should be assessed in theory and practice.

Recovery-focused practice

Principle

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

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

The mental health nursing review and *Delivering for Mental Health* emphasise the importance of mental health nurses and other workers practising in a recovery-focused way. The starting point for recovery-focused practice is an understanding that recovery is possible and that service users and their families, friends and carers have a right to expect individualised mental health services that promote and foster recovery.

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

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

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

While this framework was being developed, the SRN and NES developed *Realising Recovery*, a framework identifying the knowledge, skills and values mental health workers need to work in a recovery-focused way (SRN/NES, 2007). This has influenced the principles outlined in this framework and the development of best practice competencies.

Relationships, communication and therapeutic interpersonal skills

Principle

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

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

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

Principle

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

Self-awareness is an important part of relationship building and is best measured and developed through interacting with other people. At the point of registration, mental health nurses must be able to apply their relationship and interpersonal skills across a range of therapeutic interventions. They therefore need opportunities to develop self confidence in the advanced communications skills that are the foundation of common interventions such as counselling and cognitive-behavioural therapy (CBT).

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

Health improvement, health promotion and tackling health inequalities

Principle

Programmes develop students' knowledge and skills in health improvement, health promotion and tackling health inequalities to enable them to promote the right of people who experience mental health problems to access mainstream services in the same way as everyone else.

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

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

All of this means that some people with mental health problems are at risk of poorer physical health and a lower life expectancy than the rest of the population. Yet studies have shown that mental health service users are rarely provided with health promotion information or offered physical health care checks in primary care settings (NES, 2007).

Students need to understand and be sensitive to these inequalities and must embed health improvement and health promotion activity in their practice.

Pre-registration nursing programmes should provide learning opportunities that equip students to develop a range of core (physical) nursing skills; these are detailed in Part 2.

Students also need to be able to understand and recognise the symptoms of common physical health problems and provide and facilitate access to core physical health care. They need to understand the limitations of their scope of practice in this area and support people in accessing the best-quality physical health care.

Principle

Pre-registration mental health nursing programmes prepare students to work effectively with key groups of service users, reflecting the demography and diversity of the population of Scotland.

Demographic projections for Scotland suggest there will be rising numbers of older people in the population over the next 20-30 years. *Delivering Care, Enabling Health* (Scottish Executive, 2006b) stresses that supporting older people is "core business" for nurses, regardless of their service setting. Yet for far too long, providing services to older people hasn't been accorded the value it deserves within the professions, with higher status being given to other areas of practice.

Principle

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

Similarly, support and protection of children and young people has been identified as a national priority. This is an issue for *all* mental health nurses, not just those who have specialised in the care of children and young people.

Embedding issues of protection of children and young people in practice is necessary not only in relation to ensuring their safety, but also because the principles of protection of children and young people can be applied to the support and protection of all people.

Evidence-based practice

Principle

Programmes support student nurses to develop the skills to critically analyse evidence from a range of sources to inform practice and to develop an evidence-based practice approach.

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

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

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

Approaches to programme design and delivery

Each HEI in Scotland has a strategy setting out principles to guide the way programmes are designed and delivered in the institution. Each programme team has experience and expertise in a range of learning, teaching and assessment styles.

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

Involvement and participation

Principle

The meaningful involvement of service users, carers and practitioners in programme design and delivery of pre-registration mental health nursing education continues, with existing models of good practice guiding developments nationally.

Direct service user and carer involvement in delivering education and training promotes a powerful experience for learners and is considered crucial in shaping and supporting values-based and recovery-focused practice. The action plan from the mental health nursing review requires that all programmes should include this type of involvement. Hearing service users and carers share their experiences can allow students to develop valuable insights and reflections. In addition, service users and carers should be offered the opportunity of having meaningful, non-tokenistic involvement in all stages of programme design and delivery.

Service users and carers need support, preparation and time to be meaningfully involved in nurse education. HEIs must provide this and also give consideration to appropriate remuneration for service users and carers involved. Benefit rules may prevent cash payments, so other means of payment may need to be explored.

Secondments of clinical staff to HEIs and the use of honorary lectureships to inform particular parts of programme design should continue to be expanded. The appointment of part-time or sessional lecturers should continue to be progressed as a means of enabling expert practitioners to contribute to programme design and delivery.

Principle

Lecturers in higher education settings maintain links with practice through, for example, undertaking clinical practice, supervising practitioners, supporting learning in practice and/or undertaking joint working for practice development.

The mental health nursing review calls on HEIs to establish mechanisms to enable lecturer involvement and participation in practice. In the future, direct involvement in practice should form part of lecturers' role descriptions, and protected time needs to be created to support newly recruited lecturers in maintaining direct involvement in practice.²

There is also a need to make sure academic teams that deliver pre-registration mental health nursing programmes reflect the diversity of local communities and populations and mirror the multidisciplinary, multi-agency nature of mental health work. The "capable teams" approach, while established as a method of developing practice teams, could be usefully employed to explore this (DOH, 2007).

The capable teams approach starts with identifying the specific needs and characteristics of particular communities or populations and building teams in such a way to provide a clearer understanding of:

- the needs of service, service users, carers, and students
- the existing capabilities within the team and any identified gaps
- the learning and development needs of the team

Multidisciplinary, multi-agency learning

Principle

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

Team working is essential for the effective operation of services, and the multidisciplinary, multi-agency team is at the core of service delivery. Mental health nurses work as part of multidisciplinary, multi-agency teams; indeed, mental health nurses share as much in common with other disciplines and agencies in mental health as they do with nurses from other branches.

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

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

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

Opportunities to share learning with nursing students from other branches should be taken where appropriate within pre-registration programmes, using the educational methods most likely to enable sharing and cross-fertilisation of ideas.

In the past, learning with students from other branches has often focused on the common foundation programme. This should be reconsidered, with programmes being designed to provide opportunities for joint learning once students have established and understood the professional identity and contribution particular to their chosen branch.

² Not all mental health lecturers enter their lecturing careers directly from practice. Some, for example, may enter lectureships from managerial roles in health and social care. Links with practice should be provided for this group and for others who have emerged from non-practice roles.

The student experience

Recruitment and selection

Principle

HEIs work in partnership with each other, service users, carers and practitioners to develop marketing, recruitment and selection practices for mental health nursing.

Evidence suggests the needs of the diverse range of people accessing mental health services in Scotland will be best met if the mental health nursing workforce reflects the diversity of the population. This needs to be addressed through future workforce planning and recruitment initiatives.

Marketing materials must reflect the diversity of the target student population. Where visual images are used, care must be taken to ensure they promote a positive message about mental health practice and mental health service users and their friends, families and carers. All marketing materials should be available in a variety of formats, including a range of languages.

While there are constant pressures to recruit adequate numbers of students to pre-registration programmes, the focus must be placed on recruiting the *right* people, with the *right* values base. People who have personal experience of mental health problems or who have supported family members or friends with mental health problems often fit this description.

Principle

Recruitment and selection procedures are developed using equal opportunity principles and comply with equality, diversity and anti-discrimination legislation.

Information about recruitment and selection procedures needs to be made available to candidates at each stage of the process. Constructive feedback must be given to all candidates, particularly those who have been unsuccessful. An appeal and complaints procedure should also be available. More than one person should make selection decisions, with service users and carers involved in the process having an equal say.

Principle

Service user, carer and practitioner involvement in the selection of candidates for pre-registration mental health nursing programmes is key to ensuring appropriate candidates are selected to enter programmes.

Service user, carer and practitioner involvement can take a variety of forms, including participation in interviews, forming of interview schedules and strategies, development of person specifications and questions and contributing to guidance on selection procedures.

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

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

Valuing and supporting students

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

- *involve* students meaningfully
- ensure that students are aware of their *rights* in relation to all aspects of the student journey
- *respect the diversity* of the students with whom they work;
- engage in *respectful relationships* that reflect the relationships students are expected to develop with services users, families and carers.

Principle

Lecturers and practitioners recognise and utilise the diversity of student experiences to enhance learning opportunities where appropriate.

It is important to recognise and make use of the experiences students bring to the programme. This may include direct experiences of mental distress, of using mental health services, or of supporting a friend or family member with mental health issues.

Systems need to be put in place to support all students, particularly in relation to early practice experiences. For some students, early practice experiences may challenge their preconceptions about mental health services and may be stressful. Students should be encouraged and supported to access wider university and practice placement-based support systems.

Principle

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

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

Principle

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

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

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

Work on developing 10 ESCs for educationalists is under way in England – this may usefully inform developments in the future.

Practice placements

Fifty percent of student learning in pre-registration programmes is delivered in practice placements.

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

Principle

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

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

Principle

Service providers and HEIs work together to procure appropriately supported and supervised practice placements for students which enable them to gain competency in areas defined in this framework.

Students need exposure to learning environments that:

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

Generic standards for approving and monitoring practice placements exist (NES, 2004) but need further development to reflect these issues. Information gained from tools such as the Scottish Recovery Index may be used in future to supplement existing practice placement standards (SRN, 2007).³

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

Assessment and awards

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

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

Principle

Programme teams ensure that a range of carefully considered assessment methods is included in the design of academic assessment strategies.

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

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

Programme teams need to identify robust academic support systems for all students, but particularly for those entering university from non-traditional backgrounds. HEIs must have mechanisms in place to allow the early identification of students who face particular challenges with academic work or who may have particular support needs.

³ The Scottish Recovery Index is currently being piloted and developed in Scotland. In the future, mental health nurses will be required to use such tools to measure and support the development of rights, recovery and socially inclusive practice.

Principle

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

Assessment of students' performance in practice is currently based on the generic NMC competencies and proficiencies. It is crucial to ensure students achieve these, but the mental health-specific values, skills and attitudes students need to develop must be clearly stated and rigorously assessable.

Each HEI currently designs its own practice assessments. In the future, NES will work with HEIs to develop a national framework for practice assessment. The best practice competencies identified for pre-registration programmes in Scotland offer a good starting point on this.

NES is also making progress in other areas of work, including the development of frameworks for older people's mental health and acute mental health care and, in partnership with the SRN, frameworks and resources to support recovery-focused practice. These will inform the next stages of development of the national framework for practice assessment.

Principle

Service users, carers and family members have opportunities to contribute to the assessment of students in theory and practice, supported by HEIs and their partners.

Service user and carer involvement in the assessment of professional practice is a fairly new idea, but lessons can be learned from the progress already made in this area in nursing and other professional programmes.

Principle

Appropriate exit awards reflecting the range of mental health care roles are in place for those for whom registration is not achieved.

Students may exit programmes early for a variety of reasons. All students exiting programmes early should be offered an exit interview to help them identify the knowledge and skills they have gained and allow them to explore how they might pursue career options in the mental health or other sectors. Information about the university career service should also be provided. Potential employers in the mental health sector should recognise and appropriately utilise the knowledge and skills accrued by people who exit the programmes early.

Principle

Students are provided with every opportunity to exit pre-registration mental health nursing programmes with a degree.

Students who exit programmes with a Diploma of Higher Education in Nursing should be given information and encouragement to consider various options for "topping up" their award to degree level.

3. The next stages

Pre-registration programmes are robustly quality-assured and are annually monitored by the NMC and the Scottish Government to ensure they meet regulatory requirements and match the policy direction in Scotland. Programme teams continually monitor and develop their programmes.

To support and enable the implementation of this framework:

Higher education institutions will work with key stakeholders to:

- review and develop their programmes in partnership with their key stakeholders in light of the principles set out in Part 1 and the best practice competencies for pre-registration programmes in Scotland in Part 2 **by the end of 2008**.

NHS Education for Scotland will work with key stakeholders to facilitate:

- the development of a national framework for practice assessment for pre-registration mental health branch programmes **by the end of 2008**;
- exploration and guidance for new models and approaches to providing practice placements in mental health branch programmes **by the end of 2008**;
- exploration and support to maximise service users', carers' and families' involvement in all aspects of programme design and delivery, including the recruitment of lecturers and students and the assessment of students in theory and practice;
- sharing existing models and examples of good practice in mental health nurse education to guide developments nationally **on an annual basis**.

NHS Scotland service providers will continue to work in partnership with HEIs to:

- develop practice placement learning experiences in light of the principles set out in Part 1 and the best practice competencies for pre-registration programmes in Scotland in Part 2;
- implement the NMC standards for learning and assessment in practice (NMC, 2006);
- implement the NES core curriculum framework for mentorship preparation (NES, 2007).

4. Best Practice Competencies for Pre-registration Mental Health Nursing Programmes in Scotland

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

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

- Rights, Relationships and Recovery: the Report of the National Review of Mental Health Nursing in Scotland (Scottish Executive, 2006a);
- The Mental Health (Care and Treatment) (Scotland) Act 2003;
- Delivering Care, Enabling Health (Scottish Executive, 2006b);
- Delivering for Mental Health (Scottish Executive, 2006c);
- The National Programme for Mental Health and Well Being in Scotland.

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

Key sources

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

- The 10 Essential Shared Capabilities (ESC) for Mental Health Practice (SCMH, 2004);
- The Standards of Proficiency for Pre-registration Nursing Education: First level nurses – nursing standards of education to achieve the NMC standards of proficiency (Standard 7) (NMC, 2004);
- National Occupational Standards and National Workforce Competencies;
- The Knowledge and Skills Framework (KSF);
- The core mental health nursing capability framework produced as part of Rights, Relationships and Recovery.
- Realising Recovery - a National Framework for Learning and Training in Recovery Focused Practice (NES, 2007a).

The 10 Essential Shared Capabilities (ESCs)

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

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

Standards of proficiency for pre-registration nursing education (NMC)

The Standards set out:

- the minimum mandatory requirements for entry to the programme;
- the nature and assessment of learning;
- the outcomes and competencies to be achieved to demonstrate proficiency necessary to enter the register.

Standard 7 sets out the outcomes to be achieved for entry to the branch programme and the proficiencies that must be demonstrated by its end. The proficiencies are generic, but must be achieved within the context of the relevant branch.

The NMC has also produced Essential Skills Clusters (NMC, 2007) that must be incorporated into all pre-registration nursing programmes. These have informed the development of this framework.

National Occupational Standards and National Workforce Competencies

The National Occupational Standards and National Workforce Competencies listed by Skills for Health are designed to offer a measurement of performance by providing detailed descriptions of the competencies required in providing services. They define performance criteria in terms of the knowledge, understanding and skills required to perform a task or to provide an intervention.

Various groups of National Occupational Standards and National Workforce Competencies contribute to the essential competencies for mental health nurses at the point of registration. These include frameworks for Mental Health, Allied Health Professions, Clinical Health Skills, Managing Work-Related Violence, General Health Care, Healthcare Science, Health and Social Care, Older People, Public Health Practice and the Drug and Alcohol National Occupational Standards (DANOS).

The Skills for Health workforce tools enable users to map competencies within a role profile or job description against the NHS Knowledge and Skills Framework.

The Knowledge and Skills Framework (KSF)

The KSF is another form of competency framework and a human resources tool. It was developed as part of the NHS Agenda for Change initiative and applies specifically to career progression and remuneration for NHS staff by mapping against pay bands to establish pay levels and salary increments.

KSF sets the context for a particular function, such as assessment of people's health and well-being, while the evidence that this function is being carried out effectively comes from the National Occupational Standards.

Core Capabilities for Mental Health Nurses in Scotland

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

Using the guidance

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

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

The competencies are detailed under three headings:

Knowledge criteria – the knowledge people need to develop their skills and values in meeting the competency. This should guide the theory content of the programmes and the additional learning people undertake in practice.

Performance criteria – how people should demonstrate they are competent in practice. These criteria should guide how students' practice is assessed.

Links to the NMC Standards for Proficiency in Nursing, set out in the Standards of Proficiency for Pre-registration Nursing Education (NMC, 2004).

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

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

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

Section 1. Rights, Values and Recovery-Focused Practice

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Practice in a way that protects people's rights, respects diversity and promotes recovery</p>	<p>Able to understand:</p> <p>1.1 the 10 Essential Shared Capabilities and how they relate to key areas in mental health work</p> <p>1.2 the importance of self-awareness and reflection in developing practice</p> <p>1.3 engagement processes designed to encourage and maximise service user, family and carer involvement in care and treatment</p> <p>1.4 factors that impact positively and negatively on mental health and well-being within the broad context of public health</p> <p>1.5 factors that make the process of recovery unique to each individual, recognising the role of hope and valuing and respecting the diversity, expertise and experiences of individuals, families, groups and communities</p> <p>1.6 the role that families, friends and carers play in service users' support networks</p>	<p><i>Works with individuals and colleagues to create an environment with an inclusive culture</i></p> <p><i>Demonstrates an ability to work effectively with a range of stakeholders to promote and increase the social inclusion of people with mental health problems</i></p> <p><i>Contributes to a culture of mental health and wellness that fosters self determination and resilience</i></p> <p><i>Supports and encourages a culture that respects and values the dignity of others</i></p> <p><i>Engages actively with service users, families and carers to enable their full involvement in the care/treatment process, on the basis of informed choice</i></p> <p><i>Engages and works with families and carers as partners in care</i></p>	<p>Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practice of individuals or groups</p> <p>Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences</p> <p>Evaluate and document the outcomes of nursing and other interventions</p> <p>Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</p> <p>Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team</p> <p>Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance knowledge, skills, values and attitudes necessary for safe and effective nursing practice</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Practice in a way that protects people's rights, respects diversity and promotes recovery (cont).</p>	<p>Able to understand:</p> <p>1.7 service user and carer involvement at individual, organisational and strategic levels</p> <p>1.8 how to access, review and evaluate information about valuing and respecting people, including reports and policies</p> <p>1.9 how culture, race, gender, sexual orientation, age, disability and lifestyle impact upon the needs of service users and carers</p> <p>1.10 how lifestyle choices (such as substance misuse) can impact on the needs of service users, families and carers</p> <p>1.11 the forms which discrimination may take, both positively and negatively, and the behaviours which may be expressions of these Presents positive views of people who experience mental health distress, valuing their life stories and life experiences</p> <p>1.12 the assumptions and oppressions underpinning inequalities, including environmental factors that act against the promotion of diversity</p> <p>1.13 the ways in which relationships between service providers and service users can sometimes become difficult</p> <p>1.14 how to challenge discrimination and oppressive behaviour</p> <p>1.15 human rights principles, the principles of the Mental Health (Care and Treatment) (Scotland) Act and the principles of the Adults with Incapacity (Scotland) Act 2000 and how they should guide practice</p> <p>1.16 how to apply the principles and processes of values-based practice to decision making in mental health practice</p>	<p><i>Demonstrates respect for all individuals, particularly those who may require additional support and protection (including children, older people and people with learning disability) and provides care that maintains their personal dignity at all times</i></p> <p><i>Provides information about individual and collective advocacy to service users, families and carers</i></p> <p><i>Identifies poor practice by self and others and seeks guidance on how to address this</i></p> <p><i>Challenges any practice, attitudes and behaviour that discriminates against an individual</i></p> <p><i>Uses supervision and support to resolve any conflicts and tensions that might arise generally and when dealing with specific situations</i></p> <p><i>Works within agreed organisational and professional frameworks</i></p> <p><i>Works in a way that recognises and values diversity and delivers culturally competent care</i></p> <p><i>Works in a way that demonstrates an ability to see the person and not just his or her symptoms</i></p> <p><i>Works in a way that demonstrates an ability to see the person as the expert in his or her experience.</i></p> <p><i>Works in a way that demonstrates respect for the contribution of families, friends and carers</i></p>	

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Practice in a way that protects people's rights, respects diversity and promotes recovery (cont)</p>	<p>Able to understand:</p> <p>1.17 how to recognise and challenge discrimination</p> <p>1.18 factors that promote social inclusion</p> <p>1.19 the potential impact of power imbalances between mental health workers and service users, particularly in situations involving compulsory power</p>	<p><i>Works in a way that demonstrates respect for the contribution of other professionals and agencies</i></p> <p><i>Works in a way that demonstrates respect for the social context of people's lives</i></p> <p><i>Works in a way that challenges the processes that lead to inequality and exclusion</i></p> <p><i>Discusses recovery with service users and their friends, families and carers and enables people to access resources that will help them learn about recovery</i></p> <p><i>Negotiates with service users the nature of involvement of independent advocates, friends, family members and carers</i></p> <p><i>Adopts assessments and interventions that are inclusion focused and service-user centred and led</i></p> <p><i>Promotes and supports people's engagement in social networks</i></p> <p><i>Supports people in maximising their income and managing personal finance</i></p> <p><i>Supports service users in exercising their rights</i></p> <p><i>Promotes the uptake of opportunities for employment, meaningful and purposeful activity, education and training and leisure and recreation activities</i></p> <p><i>Demonstrates an understanding of the importance of advanced statements and supports people in developing these</i></p>	

Section 2. Relationship, Communication and Therapeutic Interpersonal Skills

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care</p>	<p>Able to understand:</p> <p>2.1 the role of communication in establishing and maintaining helpful relationships</p> <p>2.2 the unique way that people make sense of their world, their experiences and their situation</p> <p>2.3 the different forms and range of effective communication, including verbal and non-verbal communication, touch, symbols and images</p> <p>2.4 how the use of ordinary, everyday or “social” talk promotes therapeutic relationships</p> <p>2.5 the importance of common courtesy and politeness in engaging with others</p> <p>2.6 the value of regularly acknowledging the presence of others</p> <p>2.7 the importance of giving constructive, positive feedback to others</p> <p>2.8 factors that can affect the communication skills, abilities and development of individuals</p> <p>2.9 the effect of culture on communication, such as when physical contact is appropriate and when it is not and how to address people, including issues arising from the gender of the practitioner</p> <p>2.10 how spoken and written language can empower or disempower people</p> <p>2.11 the range of resources available resources to enable effective communication</p>	<p><i>Is approachable, and makes an effort to spend time with people to explore, understand and support their interests, needs and concerns</i></p> <p><i>Maximises brief, positive greetings or acknowledgment of others to build rapport and relationships</i></p> <p><i>Uses ordinary, everyday conversation that avoids professional jargon</i></p> <p><i>Demonstrates a willingness to learn about and understand each person’s unique situation</i></p> <p><i>Maximises time to build relationships and challenges systems and cultures that detract from this</i></p> <p><i>Demonstrates the safe and effective use of interpersonal skills core to counselling such as active listening, responding, questioning and problem solving</i></p> <p><i>Displays warmth, positive regard and non-judgemental attitudes in interactions with people</i></p> <p><i>Gives constructive feedback to others that facilitates positive change, and receives and gives appropriate consideration to feedback from service users, carers and colleagues</i></p> <p><i>Uses non-verbal communication and active listening to encourage individuals to communicate</i></p> <p><i>Demonstrates an awareness of environmental factors on communication and effects appropriate changes to enhance communication</i></p> <p><i>Identifies and articulates own emotional and psychological responses to situations with colleagues in a professional manner</i></p>	<p>Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality</p> <p>Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills</p> <p>Create and utilise opportunities to promote the health and well-being of patients, clients and groups</p> <p>Formulate and document a plan of nursing care, where possible in partnership with patients, clients, their carers, family and friends, within a framework of informed consent</p> <p>Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences</p> <p>Evaluate and document the outcomes of nursing and other interventions</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care (cont)</p>	<p>Able to understand:</p> <p>2.12 why and how to arrange the environment to maximise communication</p> <p>2.13 theories that inform and enhance understanding of communication and the effective use of relationship and interpersonal skills</p> <p>2.14 the factors that impact upon the development and maintenance of effective communication of people with memory loss or learning difficulties</p> <p>2.15 the specific communication needs of people who have sensory impairments</p> <p>2.16 theories of reflective practice, including the principles of reflection and skills necessary for reflection</p> <p>2.17 how and where to access information and support that can inform knowledge and practice about communication and language</p> <p>2.18 legal and clinical requirements in maintaining accurate records</p> <p>2.19 legal and ethical practice in relation to confidentiality and communication of information</p> <p>2.20. how experiences such as hearing voices or having unusual or distressing thoughts can impact on communication and relationships</p> <p>2.21 the issues that require consideration when working with interpreters</p>	<p><i>Identifies and overcomes barriers to communication</i></p> <p><i>Recognises when relationships are unhelpful and takes steps to address this</i></p> <p><i>Communicates effectively with family and carers as partners in care</i></p> <p><i>Communicates with individuals in a manner, and at a level and pace, that gives consideration to their abilities, preferred form of communication, manner of expression and, personal beliefs and preferences, and is consistent with anti-discriminatory practice</i></p> <p><i>Enables people to access sources of information required to help them make informed choices</i></p> <p><i>Supports individuals to deal with the content of, and their reactions to, any communication</i></p> <p><i>Engages in giving people information and education as a process rather than a "one-off" event</i></p> <p><i>Negotiates mutually acceptable boundaries with individuals in relation to own and their behaviour</i></p> <p><i>Uses communication strategies that optimise health, well-being and quality of life for people who have sensory impairments</i></p> <p><i>Considers the potential consequences and impact of all forms of communication</i></p>	<p>Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Use a range of communication skills to establish and maintain relationships with individuals, their families and carers and key people involved in their care (cont)</p>		<p><i>Ensures all records are kept in line with local policy and procedures and are stored according to the legal and regulatory requirements of confidentiality and data protection</i></p> <p><i>Maintains factual, accurate, complete, comprehensive and up-to-date records of actions taken, supported by appropriate evidence, in accordance with legal, professional and organisational standards and requirements</i></p> <p><i>Writes clear and structured communications that reflect the needs and of individuals, as assessed and observed, together with any care and treatment administered</i></p> <p><i>Avoids the use of derogatory or judgemental statements in communications</i></p> <p><i>Whenever possible, works together with service users to complete documentation such as assessments and care plans that reflect people's own accounts, priorities and self-defined goals</i></p>	

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

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
Promote physical health and well-being for people with mental health problems	<p>Able to understand:</p> <p>3.1 basic science underpinning health and ill-health, including anatomy and physiology</p> <p>3.2 factors that influence physical health and promote health and well-being</p> <p>3.3 the relationship between mental health and physical health, and vice versa</p> <p>3.4 common physical illnesses and conditions</p> <p>3.5 physical health problems related to alcohol and drug misuse</p> <p>3.6 the physical health inequalities experienced by people with mental health problems</p> <p>3.7 the impact of psychiatric medications on physical health</p> <p>3.8 barriers to the detection and reporting of physical health problems</p> <p>3.9 the promotion of sexual health Identifies and assesses the physical health needs of individuals, accounting for different lifestyles</p> <p>3.10 the normal range of physiological measurements</p> <p>3.11 psychosocial concepts of pain and its management</p> <p>3.12 the principles of prevention of infection and control of infection</p> <p>3.13 the principles of managing physical emergencies and the interventions required in mental health settings</p>	<p><i>Assesses individuals' ability to maintain activities of living and offers personalised support</i></p> <p><i>Communicates with individuals, groups and communities about promoting their health and well-being</i></p> <p><i>Monitors and ensures adequate nutrition and fluid intake to maintain health, accounting for sensory and cognitive variations among, for example, older people and people with dementia</i></p> <p><i>Where necessary, assists individuals to attend to activities of living to maintain their physical health</i></p> <p><i>Promotes the benefits of activity to improve physical health and well-being</i></p> <p><i>Provides, in a way that is relevant to the individual, information, advice and guidance on health promotion activities to raise awareness of risks to health and well-being</i></p> <p><i>Works with service users in a way that enables people to take responsibility for their health care</i></p> <p><i>Works with service users in a way that makes them aware of any health risk associated with treatments</i></p> <p><i>Promotes sexual health in a way that is relevant to the individual</i></p> <p><i>Measures, interprets and appropriately responds to physiological measures of temperature, pulse, blood pressure, respirations, body/mass index, blood gases and blood sugar levels and relates these to common physical symptoms and health problems</i></p>	<p>Create and utilise opportunities to promote the health and well-being of patients, clients and groups</p> <p>Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities</p> <p>Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent</p> <p>Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Promote physical health and well-being for people with mental health problems (cont)</p>	<p>Able to understand:</p> <p>3.14 how to access advice for management of physical health problems and conditions</p> <p>3.15 health services available through primary care teams and liaison and referral to routine and specialist health and social care services</p> <p>3.16 the range of actions to take when individuals may be using substances and how to decide what action (including referral) is appropriate within an integrated care plan</p> <p>3.17 how nicotine and alcohol influence mental health and the principles of smoking cessation</p> <p>3.18 how body weight influences physical and mental health and well-being</p> <p>3.19 the core functions of the mental health nurse in health promotion and improvement</p>	<p><i>Obtains and tests specimens from individuals as appropriate</i></p> <p><i>Assesses pain using appropriate evidence-based tools and manages pain in collaboration with members of the team</i></p> <p><i>Demonstrates effective hand washing techniques as a means of reducing infection</i></p> <p><i>Applies standard precautions for infection control and other appropriate health and safety measures</i></p> <p><i>Provides treatments for lesions and wounds using aseptic techniques and applies dressings from evidence-based wound care formularies</i></p> <p><i>Undertakes agreed pressure area care</i></p> <p><i>Supports people to maintain continence and understands the common causes of incontinence</i></p> <p><i>Identifies people with allergies and previous adverse reactions and plans their care to promote safety</i></p> <p><i>Is able to support people who wish to stop smoking and reduce their weight</i></p> <p><i>Provides first aid, including basic life support, to an individual needing emergency assistance, including maintaining an airway, stemming bleeding, establishing the recovery position and responding to anaphylactic shock with appropriate interventions</i></p> <p><i>Manages seizures safely</i></p> <p><i>Demonstrates an ability to support people's access to physical health care and health screening in a socially inclusive way</i></p>	

Section 4. Person-centred Approaches and Interventions

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships</p>	<p>Able to understand:</p> <p>4.1 the importance of assessing, planning, implementing and evaluating care within a comprehensive care plan</p> <p>4.2 a range of person-centred planning and strengths-based approaches to assessment and care planning</p> <p>4.3 the biomedical, psychological and psychosocial theories and models that explain mental distress and inform practice and interventions</p> <p>4.4 the effects of stress and distress on health and well-being</p> <p>4.5 the principles of research and evaluations and their application to the evidence base for practice</p> <p>4.6 the incidence of mental health problems within defined populations and factors that contribute to the risk of developing mental health problems</p> <p>4.7 the principles and approaches used in prevention of mental health problems and anticipatory care for populations and groups at high-risk of developing mental health problems</p> <p>4.8 the role of evidence-based interpersonal and counselling skills in the therapeutic relationship and associated factors linked to positive outcomes</p> <p>4.9 evidence-based psychosocial interventions such as cognitive-behavioural therapy, behavioural activation, relapse prevention and psychosocial interventions</p> <p>4.10 psychological and psychosocial assessment and use of evidence-based assessment tools</p>	<p><i>Practices in a way that promotes people's central role in assessment of their own care needs and in planning and evaluating care</i></p> <p><i>Practices in a way that respects people, values their contributions and views, preserves their dignity and maximises individual choice</i></p> <p><i>Encourages people to retain or regain social networks, work, education and community connections</i></p> <p><i>Works with people in a way that builds on their strengths and aspirations, emphasising strengths rather than deficits or dysfunction</i></p> <p><i>Fosters partnerships between people who need support and people who provide support</i></p> <p><i>Works with others to assess the prevalence and nature of mental health needs among local populations</i></p> <p><i>Appropriately uses and responds to commonly used evidence-based psychometric assessment tools as part of a broader person-centred approach to assessment</i></p> <p><i>Uses assessment and interpersonal skills to conduct and understand the assessments that explore the relationship between people's thoughts, feelings and behaviours and how these impact on mental health</i></p> <p><i>Ensures service users and carers are able to participate fully in the assessment, planning, implementation, monitoring and evaluation of therapeutic interventions</i></p> <p><i>Ensures service-user and carer involvement in shared decision making</i></p>	<p>Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills</p> <p>Create and utilise opportunities to promote the health and well-being of patients, clients and groups</p> <p>Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities</p> <p>Formulate and document a plan of nursing care, where possible in partnership with patients, clients, carers, family and friends, within a framework of informed consent</p> <p>Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships (cont)</p>	<p>Able to understand:</p> <p>4.11 the theories and principles of group therapy and group work and the skills required to facilitate groups</p> <p>4.12 the nature, mode of use and effects of commonly used substances that influence mental health, including alcohol and drugs</p> <p>4.13 the range of different indications of substance use: physical, behavioural and information provided by the individual or from other sources</p> <p>4.14 the potential impact of substance use, including alcohol and other drug use, on health, social networks and relationships</p> <p>4.15 the approaches and agencies available to help people with mental health and substance use problems</p> <p>4.16 the role of self help and self management in recovery from mental health problems and a range of self-help and management approaches</p> <p>4.17 spiritual diversity and individual (sometimes communal, through faith communities) search for meaning in life</p> <p>4.18 how to provide care that is sensitive to the spiritual needs of the individual</p> <p>4.19 the principles of palliative care and when these should be applied to the care and treatment of people with mental health problems</p> <p>4.20 how to support individuals, carers and families through the process of dying</p>	<p><i>Works with people to set person-centred goals</i></p> <p><i>Participates in and facilitates group therapies and activities</i></p> <p><i>Works with people to identify and facilitate the use of effective and positive coping strategies to deal with mental distress</i></p> <p><i>Helps people explore solutions and solve problems using evidence-based approaches</i></p> <p><i>Ensures people have opportunities for active choices and participation in care and treatment</i></p> <p><i>Supports people to create and maintain mental well-being through guided self-management approaches</i></p> <p><i>Recognises indications of substance use and supports individuals to access and use services and facilities</i></p> <p><i>Supports people in gaining access to specialist support and interventions for substance use problems</i></p> <p><i>Contributes to the delivery of a range of short-term interventions and assisted self-help interventions</i></p> <p><i>Recognises, respects and supports the spiritual well-being of individuals</i></p> <p><i>Practises in a way that demonstrates a respect for diverse spirituality and search for individual meaning in life</i></p>	<p>Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences</p> <p>Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</p> <p>Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships (cont)</p>	<p>Able to understand:</p> <p>4.21 mental distress and health problems caused by distressing life transitions and events, traumas and physical health problems</p> <p>4.22 screening, assessment and diagnosis of people with, or at risk of developing, mental health problems</p> <p>4.23 early intervention and prevention strategies</p> <p>4.24 the principles of crisis intervention, supporting people in crisis and offering intensive support in people's own homes</p> <p>4.25 pharmacology and psychopharmacology, including pharmacokinetics and pharmacodynamics, side-effects, contra-indications and reactions to prescribed medication</p> <p>4.26 the interactions between prescribed medication and non-prescribed substances, alcohol and other drugs</p> <p>4.27 the use, advantages, disadvantages and administration of depot medication</p> <p>4.28 the rationale and theories underpinning the use of electro convulsive therapy (ECT) as a treatment</p>	<p><i>Contributes to discharge planning</i></p> <p><i>Recognises the health and social factors that precipitate acute relapse and crises</i></p> <p><i>Works with people to recognise and monitor early warning signs of relapse</i></p> <p><i>Works in partnership with service users, family and carers to identify individual relapse signatures and strategies and plans to manage relapse</i></p> <p><i>Contributes to supporting people in crisis and crisis resolution</i></p> <p><i>Is able to support people managing medication to make informed choices about medication.</i></p> <p><i>Responds to and makes records of any unwanted effects of medication experienced by service users</i></p> <p><i>Assesses the effectiveness of medication and intervenes to manage unwanted effects</i></p> <p><i>Demonstrates the safe administration of medication, including the safe use and storage of controlled drugs</i></p> <p><i>Takes account of advanced statement wishes in respect of medication and other treatments</i></p> <p><i>Accurately calculates medication dosage according to individual service user's prescribed medication regime</i></p> <p><i>Demonstrates effective assessment and monitoring of medication, including safety, symptoms and side-effects</i></p> <p><i>Supports people to administer their own medication wherever appropriate, with attention to their special and exceptional needs</i></p>	

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Promote mental health and well-being, enabling people to recover from periods of mental distress to achieve a fulfilling life, and support them to develop and maintain social networks and relationships (cont)</p>		<p><i>Demonstrates effective communication with service users and carers about medication and provides accurate evidence-based information on the use of medication as a treatment intervention</i></p> <p><i>Is able to administer intramuscular depot medication</i></p> <p><i>Is able to provide support and care for people prior to, during and after ECT</i></p>	

Section 5. Promoting Safety and Managing Risk Positively

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
Work with people with mental health problems to maintain health, safety and well-being	<p>Able to understand:</p> <p>5.1 national and local policies, guidelines and procedures for minimising risk and managing harm to self and others</p> <p>5.2 the principles and safeguards of the Mental Health Act in relation to safety and risk</p> <p>5.3 policies, legislation and procedures relating to people requiring support and protection from neglect, danger, harm or abuse, including children and older people</p> <p>5.4 the needs of people requiring support and protection and the systems and processes that protect people from neglect, danger, harm and abuse</p> <p>5.5 evidence-based interventions with the expressed goal of working with people to assess and positively manage risk and promote health, safety and well-being</p> <p>5.6 factors that result in neglect, harm, abuse or failure to protect, including early identification and prevention</p> <p>5.7 the nature and prevalence of behaviour that is harmful to others</p> <p>5.8 effective procedures for carrying out an evidence-based risk assessment</p> <p>5.9 the reasons for violence, aggression and abuse of an emotional, sexual and physical nature in childhood and adulthood</p>	<p><i>Demonstrates application of appropriate and ethical frameworks to support practice</i></p> <p><i>Supports the health and safety of self and individuals</i></p> <p><i>Demonstrates the ability to work in partnership with service users and carers to promote privacy and dignity, health, safety and well-being</i></p> <p><i>Works in partnership with people to enable them to communicate their fears and knowledge of potential and actual [neglect] danger, harm and abuse</i></p> <p><i>Promotes, monitors and maintains health, safety and security in the working environment, including in the service user's home and the inpatient unit</i></p> <p><i>Shares responsibility with service users for accessing and taking risks, attending to the possible consequences of actions</i></p> <p><i>Demonstrates an ability to use a range of levels of observation to maximise therapeutic effect and engagement</i></p> <p><i>Engages in observation in a way that maximises opportunities for support and intervention</i></p> <p><i>Contributes to and applies effective evidence-based interventions that minimise risk of harm to self or others through violence, self-neglect, substance misuse, self-harm or suicide</i></p> <p><i>Ensures all records are kept in line with local policy and procedures and are stored according to the legal and regulatory requirements of data protection</i></p>	<p>Manage oneself, one's practice, and that of others in accordance with the NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics, recognising one's own abilities and limitations</p> <p>Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities</p> <p>Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice</p> <p>Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences</p> <p>Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</p> <p>Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Work with people with mental health problems to maintain health, safety and well-being (cont)</p>	<p>Able to understand:</p> <p>5.10 measures for the recognition, prevention and reduction of violence, aggression and abuse of an emotional, sexual and physical nature</p> <p>5.11 the principles of conflict resolution</p> <p>5.12 the physiological and physical risks associated with the use of physical restraint and rapid tranquillisation</p> <p>5.13 the lessons learned from serious failures of service and practice</p> <p>5.14 models and methods of suicide prevention and interventions to reduce the risk of suicide and self-harm (equivalent to ASIST or STORM training programmes)</p> <p>5.15 the range of environmental risks to health, safety and well-being</p> <p>5.16 safe methods for using, storing and disposing of harmful materials</p>	<p><i>Works with service users and carers to enhance their understanding about the role, function and limitations of mental health services in relation to promoting safety and managing risk of harm</i></p> <p><i>Discusses implications and contraindications of all procedures with service users, their families and carers</i></p> <p><i>Obtains valid informed consent for all procedures, with attention to the special and exceptional needs of individuals with, for example, dementia</i></p> <p><i>Identifies risk factors and people at risk of harm and abuse and takes immediate and appropriate action to provide safeguards for people</i></p> <p><i>Recognises signs and circumstances associated with aggression and violence</i></p> <p><i>Demonstrates an awareness of prevention and risk-reduction strategies for aggression and violence</i></p> <p><i>Identifies risk categories and specific risk factors while recognising and acknowledging individual strengths and opportunities for positive risk taking</i></p> <p><i>Contributes to the prevention and management of abusive and aggressive behaviour</i></p> <p><i>Uses, under supervision, guidelines and best practice statements on effective methods of working with people whose behaviour is harmful to self or others</i></p> <p><i>Contributes, as a member of the therapeutic team, to the safe and effective assessment, management and reduction of any identified risks</i></p> <p><i>Demonstrates ability to work as a member of the therapeutic team in making a safe and effective contribution to the de-escalation and management of anger and violence</i></p> <p><i>Uses previous experience to prevent situations arising</i></p> <p><i>Participates in debriefing and critical incident reviews</i></p>	<p>Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Work with people with mental health problems to maintain health, safety and well-being (cont)</p>		<p><i>Uses reflection and clinical supervision to learn from experiences of involvement in incidents</i></p> <p><i>Supports service users post harm-prevention interventions, recognising the impact on those not directly involved</i></p> <p><i>Takes immediate action to reduce risk when there is a danger to an individual's health, safety and well-being</i></p> <p><i>Demonstrates an ability to work with people in managing risk using the least restrictive approaches</i></p> <p><i>Acts in accordance with relevant practice guidelines to reduce risks to an individual's health, safety or well-being</i></p> <p><i>Assesses older people's risk of falls and implements evidence-based interventions and individualised care plans</i></p> <p><i>Follows Standard Infection Control Precautions</i></p> <p><i>Maintains a safe, clean and welcoming environment and takes immediate action if aspects of the environment are unsafe, unclean and unwelcoming</i></p> <p><i>Uses correct personal protective equipment for roles and procedures, in line with organisational policy</i></p> <p><i>Takes correct precautions for safe handling of blood, body fluids, specimens and toxic or corrosive substances in line with Control of Substances Hazardous to Health risk assessments</i></p> <p><i>Identifies hazards that could result in serious harm to people at work or other person</i></p> <p><i>Takes relevant and timely corrective action to manage incidents or risks to health, safety and security</i></p> <p><i>Responds appropriately to environmental emergencies</i></p>	

Section 6. Multidisciplinary and Multi-agency Working

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Work in partnership with other disciplines and agencies in delivering care, supporting individuals to develop and maintain social networks and relationships</p>	<p>Able to understand:</p> <p>6.1 the contribution of professions and agencies in the statutory, non-statutory and voluntary sector in effective care delivery, including managing the complexities of care</p> <p>6.2 how effective leadership contributes to effective care delivery</p> <p>6.3 the evidence for effective working among professional groups</p> <p>6.4 the history and potential future direction of mental health services</p> <p>6.5 social policy in relation to mental health care</p> <p>6.6 the roles, tasks, systems, structures and processes essential for multidisciplinary, multi-agency team working</p>	<p><i>Encourages service users to engage with agencies involved in their care, communicating the role of other agencies and their benefits</i></p> <p><i>Works effectively and assertively in a team, contributing to the decision-making process and taking responsibility for delegated action associated with the assessment, planning implementation and evaluation of care</i></p> <p><i>Clarifies and confirms own role in the overall care programme and single-shared assessment process with those concerned</i></p> <p><i>Helps to co-ordinate the integration of care for individual service users, working with team members and other agencies who impact, directly or indirectly, on the health and social care of the individual</i></p> <p><i>Ensures contribution to the care programme approach and single-shared assessment process enables effective interventions to take place with efficient use of resources</i></p> <p><i>Engages with community agencies beyond traditional mental health services</i></p> <p><i>Modifies contribution to individualised programmes of care according to agreements reached by the team</i></p> <p><i>Demonstrates an ability to work in partnership with other agencies, including advocacy organisations and service users' and carers' groups and organisations</i></p> <p><i>Recognises professional roles and purposes and demonstrates an ability to flexibly negotiate these to provide individualised care</i></p>	<p>Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team</p> <p>Delegate duties to others, as appropriate, ensuring that they are supervised and monitored</p> <p>Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching</p>

Section 7. Personal and Professional Development

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice</p>	<p>Able to understand:</p> <p>7.1 the principles underpinning personal and professional development and reflective practice</p> <p>7.2 the impact of stress and conflict on organisational, individual and team performance</p> <p>7.3 the importance of self-awareness when monitoring own practice and the extent to which the individual recognises and works within personal, professional and organisational values and principles</p> <p>7.4 how self development and experience impact on practice</p> <p>7.5 the nature of networks and systems of supervision available, the support they give and how to access them</p> <p>7.6 own and others' development needs and strengths</p> <p>7.7 the evidence base on emotional intelligence/literacy and how this relates to mental health work</p> <p>7.8 how to give and receive feedback in a constructive manner and in a way that ensures that working relationships are maintained</p> <p>7.9 how people learn and the implications of this for planning learning activities</p> <p>7.10 the underpinning professional issues (NMC Code of Conduct) and responsibilities associated with the delegation of care</p>	<p><i>Uses supervision and support systems available</i></p> <p><i>Takes full responsibility for personal and professional development, seeking and accessing development opportunities to meet needs</i></p> <p><i>Uses reflective practice, supervision and support to facilitate ongoing insight into own values, beliefs and emotions and the impact of this on work with service users, colleagues and carers</i></p> <p><i>Sets professional goals that are realistic and achievable</i></p> <p><i>Clarifies the expected learning outcomes to be achieved when teaching others and how success is to be measured</i></p> <p><i>Gives constructive and timely feedback to others</i></p> <p><i>Demonstrates key skills including literacy, numeracy and information technology</i></p> <p><i>Exhibits a professional approach to practice, including exemplary personal behaviour, acceptance of accountability, ability to prioritise and reliability in time keeping, attendance and reporting absence</i></p> <p><i>Shows an ability to learn from others, including service users, families and carers</i></p> <p><i>Understands and responds to the support needs of others</i></p>	<p>Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts</p> <p>Delegate duties to others as appropriate, ensuring that they are supervised and monitored</p> <p>Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice</p> <p>Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching</p>

Competency	Knowledge criteria	Performance criteria	NMC Standards of proficiency for nursing
<p>Demonstrate a commitment to the need for continuing professional development and personal supervision activities to enhance the knowledge, skills, values and attitudes needed for safe and effective nursing practice (cont)</p>	<p>Able to understand:</p> <p>7.11 the importance of supervision and reflective practice in everyday practice</p> <p>7.12 the principles of managing people and the care environment</p> <p>7.13 leadership skills and strategies, including encouraging, enabling and motivating people</p>	<p><i>Enables other workers to reflect on their own values, priorities, interests and effectiveness</i></p> <p><i>Delegates care or associated tasks safely and appropriately</i></p> <p><i>Engages actively in peer supervision</i> <i>Manages available resources effectively</i></p> <p><i>Demonstrates leadership in appropriate situations</i></p>	

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Appendix 1. Framework Development Group Members

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Appendix 2. Other areas of work relevant to this framework

NHS Education for Scotland (2007) National Approach to Mentor Preparation Core Curriculum Framework Edinburgh: NES
www.nes.scot.nhs.uk/nursing/practice_education/developments/default.asp

NHS Education for Scotland – Practice Education Developments.
www.nes.scot.nhs.uk/nursing/practice%5Feducation/developments/

NHS Education for Scotland, NHS Quality Improvement Scotland, Care Commission Scotland Connect in Care – a resource to support learning and practice development in caring for older people
www.nes.scot.nhs.uk/nursing/olderpeople/

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