# 

**Foundation Competencies - Mental Health Curriculum**

Bottles in a laboratory Boy being treated by a doctor Patient being looked after by a paramedic

Person working in a laboratory Two people holding hands Doctors performing surgery

## About Maudsley Learning

Maudsley Learning is a mental health training centre within South London & Maudsley NHS Foundation Trust and the Institute of Psychiatry, Psychology and Neuroscience. Our mission is to produce the highest quality mental health and wellbeing education and training products.

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# Introduction

Psychiatry training in the Foundation Years programme enables trainees to develop psychiatric competencies that are transferable across all other specialties, as well as being a key opportunity to support trainees to choose careers in psychiatry.

Developing skills relating to mental health care is a key priority to promote the provision of holistic care to service users across all areas of care. The use of a standardised framework of core capabilities that relate to psychiatric practice can support the delivery of psychiatry training in the Foundation Years programme. This ensures that all trainees have transferable skills that are applicable to different medical specialties, as well as improving attitudes towards work in psychiatry.

## Purpose

This document maps the core capabilities of Foundation Year trainees related to psychiatric practice. This document may be of use to Foundation Trainees, supervisors, and educators in ensuring that trainees have the opportunity to develop these capabilities during the Foundation Programme.

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| 1. Clinical Skills | Interview and communication skills  * Manage a psychiatric consultation appropriately; explain purpose, gain consent, guide and signpost, explain options and advice, summarise, end appropriately and involve carers. * Use communication skills; build rapport, avoid jargon, handle and reflect on emotionally laden information, allow time for questions. * Communicate in challenging situations, for example with an agitated, distressed or withdrawn patient. * Modify a clinical interview as required for patients with intellectual disability, autism spectrum disorders (ASD) or dementia. |
| Elicit a psychiatric history  * To include psychiatric and medical aspects, current and previous medications and psychological treatments, as well as social and personal history. * Consider physical causes of psychiatric symptoms, and psychogenic causes of physical symptoms (somatisation). |
| Perform a mental state examination (MSE)  * Observe and enquire about the common signs and symptoms of psychopathology, and present the findings using the standard headings (appearance & behaviour, speech, etc), to cover all aspects of the MSE. |
| Perform a cognitive assessment  * Use a standardised screening assessment of cognitive function e.g. MMSE or ACE-R. * Consider the need for further cognitive testing, for example frontal lobe assessment. |
| Perform a psychiatric risk assessment  * With a focus on suicide risk; include relevant historical factors, e.g. history of suicide attempts, psychiatric history, life events, substance misuse, social isolation or recent separation, personality traits (e.g. impulsivity), recent attempts and current intention, protective factors. * Include other aspects of risk assessment; harm to others, vulnerability, harm or neglect to children, exploitation, harm to or neglect of physical health. * Be aware of when to escalate safeguarding concerns and know how to do so. |
| Perform physical examination in a mental health context  * Conduct full physical examination to include all systems, to identify possible organic causes of mental disturbance, and to assess overall physical health. * Perform focussed clinical examination in the context of presenting physical symptoms, including in patients with mental disturbance who may have difficulties understanding, communicating or cooperating. |
| Perform core procedures and request appropriate investigations  * Perform phlebotomy, intramuscular injections, urinalysis, urine drug screening, and perform and interpret ECGs. * Request further investigations or imaging, to assess aetiology of psychopathology e.g. brain imaging. * Consider need for specialist investigations or imaging as part of psychotropic medication monitoring, e.g. echocardiography. |
| Assess acutely unwell patients who have a mental health problem or who are in a mental health setting  * Obtain background information and take an appropriate clinical history. Use a collateral history if the patient is unable to give a history. * Perform a focussed physical examination and perform or request immediate investigations, using the Mental Capacity Act where appropriate. * Implement urgent treatment and escalate care when necessary including liaison with other clinical specialities and arrange transfer to an appropriate acute setting (e.g. A&E). |
| Prescribe safely in psychiatry  * Prescribe common psychiatric medication to include antipsychotics (including long-acting injections), antidepressants, lithium, and benzodiazepines. * Arrange and interpret drug plasma level monitoring where appropriate. * Prescribe rapid tranquilisation (oral and intramuscular) according to local guidelines. * Recognise and treat serious adverse effects of common psychotropic medications e.g. neuroleptic malignant syndrome, QTc prolongation, clozapine-associated agranulocytosis and lithium toxicity. * Consider medical comorbidities when prescribing psychiatric medication (e.g. diabetes, kidney disease, cardiac disease) and other factors including age, child-bearing potential or pregnancy. * Explain common psychotropic medications to a patient or carer. |
| Clinical documentation  * Document patient interactions clearly in the clinical notes, to include MSE and risk assessment, with succinct and accurate information. * Write admission and discharge summaries, and referral letters to specialist psychiatric or psychological services, or other specialties. |
| Assess capacity and use the Mental Capacity Act (MCA)  * Complete and document capacity assessments, for example when treating physical health conditions. * Complete capacity assessments in other contexts, such as decision-making regarding accommodation or finances. * In instances where capacity is lacking, use the MCA to treat patients in their best interests. |
| Use and demonstrate awareness of the Mental Health Act (MHA)  * Understand the indications and main restrictions of commonly used Sections of the MHA; Sections 2, 3, CTO, 136, 5(4) and 5(2). * Show awareness of procedures and requirements when caring for patients detained under the MHA; e.g. requirement for authorised leave. * Gain experience of using the MHA by assessing for and completing a Section 5(2) – (Foundation Year 2). |
| 2. Core Knowledge | Recognise and assess common mental disorders  * Understand the aetiology, clinical presentation, and main treatment options.   + Depression   + Bipolar Affective Disorder and mania   + Psychosis (including Paranoid Schizophrenia)   + Anxiety disorders (Generalised Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Post-traumatic Stress Disorder)   + Personality disorder (focus on EUPD and antisocial PD)   + Acute confusional state and dementia   + Eating disorders   + Drug and alcohol misuse   + Medically-unexplained symptoms   + Autism Spectrum Disorders (ASD) and ADHD   + Self-harm in children and adolescents |
| Be aware of common psychological therapies  * Understand the role of common psychological therapies, including cognitive behavioural therapy (CBT), psychodynamic psychotherapy, family therapy. |
| 3. Additional competencies | Appreciate multidisciplinary team working and experience working across services  * Understand the role of other professionals working in mental health services and have experience of working within a multidisciplinary team; mental health nurses (RMN), psychiatric liaison nurses (PLNs), clinical psychologists, occupational therapists, vocational support workers, mental health support workers. * Understand the structure of mental health services within the NHS (including primary care, secondary care, national specialist services, voluntary sector). |
|  | Reflective practice  * Understand the importance of reflective practice, particularly when working in difficult circumstances. * Consider starting/joining a Balint group. |