

Older People's Mental Health Competency Framework



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Glossary of terms

Competency – Competencies describe what people need to do to perform a job/operate in a specific context and the behaviours that lie behind competent performance, such as critical thinking or analytical skills. They also describe behaviours and actions that are valued and recognised as effective in a specific context.

Competency framework – A 'competency framework' is a structure that sets out and defines each individual competency, such as tasks and skills, required by individuals working in an organisation or generally operating in a specific context. It should inform personal development and training requirements to ensure staff have the right competencies and aid them in identifying knowledge and skills gaps.

Domain – A domain is a set of competencies which relate to an outcome area.

HEE – Health Education England.

OPMH – Older People's Mental Health.

SMI – Serious mental illness.

Tier – Tiers are levels for competencies, which show what an individual at that particular level should be aware of/understand/know/be able to do.

Acknowledgements

This Framework was commissioned and funded by the Department of Health and Social Care (DHSC) and developed by Health Education England (HEE).

Development of the Framework was guided by an expert advisory group chaired by Professor Alistair Burns, National Clinical Director for Older People's Mental Health and Dementia at NHS England and NHS Improvement.

We are extremely grateful for the guidance, expertise and support of the members of the expert advisory group during the development process of this Framework.

The expert advisory group included representatives from the following organisations:

- Age UK;
- British Association for Counselling and Psychotherapy;
- British Psychological Society;
- Health Education England;
- NHS England;
- NHS Improvement;
- Public Health England;
- Royal College of Nursing; and
- Royal College of Psychiatrists.

We would also like to thank the numerous stakeholders who offered their time, experience and input during the consultation process, and the people who provided feedback on drafts of this document during its development.

Foreword

Alistair Burns

The Older People's Mental Health Competency Framework is the result of a fruitful partnership between Health Education England (HEE), NHS England and NHS Improvement's Older People's Mental Health Expert Advisory Group. It details the essential skills, knowledge and abilities required right across the health and social care spectrum to address the needs of older people with mental health problems. Consistent with both the Dementia and Frailty Frameworks, as well as other key documents, specifically the Mental Health Implementation Plan, this Competency Framework operates over three tiers; 1 – awareness, which everyone should have, 2 – basic skills, which are relevant to all staff in settings where people with mental health problems are likely to appear, and 3 – leadership.

Work began on this Framework in 2018 and the list of contributors and those consulted over the extensive development period is long, as well as being notable, authoritative and well informed. The result is a very helpful resource that will complement the Dementia and Frailty Frameworks and 'close the loop' in providing key educational resources to support our skilled, committed and increasingly knowledgeable health and social care workforce, including those working in education settings, in ensuring the delivery of excellent care to older people and effective support to their families and carers.

Alistair Burns, CBE, FRCP, FRCPsych., National Clinical Director for Dementia, NHS England/Improvement and Professor of Old Age Psychiatry, University of Manchester; Chair of NHS England and NHS Improvement's Older People's Mental Health Expert Advisory Group.

Mark Radford

I am pleased to introduce the Older People's Mental Health Competency Framework, a collaboration between Health Education England's National Mental Health Programme and NHS England and NHS Improvement's Older People's Mental Health Expert Advisory Group. HEE is committed to developing the workforce and ensuring patient safety and high-quality care is at the centre of our policies and programmes.

This Framework, developed with the input of key subject matter experts and clinicians, will function in close alignment with other initiatives and educational resources, such as the Dementia Training Standards Framework (HEE, 2018), Frailty Core Capabilities Framework (HEE, NHSE, 2018) and the Physical Health Competency Framework for Mental Health and Learning Disability Settings (HEE, 2020).

I would like to extend my gratitude to all of our partners who have been instrumental in producing this new core Competency Framework and I know that it will become an essential resource for employers, clinicians, educators, trainers and all other members of the workforce involved in the care of older people.

Mark Radford, Chief Nurse, Health Education England.

Introduction

Background

There are over 12 million¹ people aged 65 and over in the United Kingdom and the number is growing rapidly.² At the same time, there is an increased awareness of, and demand for, mental health services, in a context of unprecedented prioritisation of mental health in the NHS. The assessment of mental health problems in older people requires bespoke competencies that are not always available in general adult psychiatric services.

Approaching mental health conditions is a complex and diverse task, especially with older people with mental health needs. It requires collaborative and holistic care, often involving a range of professionals across a variety of healthcare and community settings.³

The stigma of ageing may be compounded by wider stigma around mental health issues, meaning that older people's mental health (OPMH) needs are unmet, underdiagnosed and undertreated. This can be due to older people themselves not identifying, and seeking help for, their mental health problems; within the health service, some frontline professionals may consider mental health problems as an 'inevitable' part of ageing and may not consider treatments effective for this population. In some cases, staff do not feel equipped to meet the specific, complex needs of older people with mental health problems. Staff supporting older people with or without existing mental health needs should be aware of forms of effective and person-centred treatment. Training and professional development in the field of OPMH should also be on offer.

A diverse population, older people are from those aged 65 who may still be active and in full employment, to those aged 85 who may have experienced a major bereavement and those who require end of life care. Each competency within this Framework at every tier, must consider the similarities and, more importantly, the differences between these groups of older people. What is suitable and helpful for bereaved, active older people may not be suitable for individuals living with disabilities, frailty and/or dementia. It is important that this Framework highlights this diversity and guides the reader to understand the key themes that cut across the provision of care, and the care they provide for older people with mental health needs.

The complex interaction between physical health, mental health and social problems experienced in older age requires close collaboration between a range of professionals. A wide spectrum of disorders

¹ *Low population variant, UK population in age groups 2018* [online]. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablei21lowpopulationvariantukpopulationinagegroups> [Accessed 5 November 2019]. OFFICE FOR NATIONAL STATISTICS (2018).

² *Later Life in the United Kingdom 2019* [online]. Factsheet. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf [Accessed 5 November 2019]. AGE CONCERN (2019).

³ *Old Age* [online] Available at: <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/old-age?searchTerms=old%20age> [Accessed 5 November 2019]. ROYAL COLLEGE OF PSYCHIATRISTS (2019).

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fall under the remit of mental health services for older people. This excludes dementia care, which has its own education and skills training framework.⁴

Scope

The aim of the Framework is to support the delivery of excellent services across disciplines which are directly or indirectly involved in supporting and promoting OPMH. This ensures that the workforce of today and tomorrow has the right skills, values and behaviours to provide high quality and effective care to this population.

This Framework:

- Informs a consistent, person-centred approach to delivering education and training to those engaging and working with older people with mental health needs, across health, social care, community and voluntary sector settings. This includes older people who are affected by mental ill-health, their families and carers.
- Provides a valuable addition to other HEE frameworks, ensuring a competent and skilled workforce is in place and will help deliver on the ambitions of the NHS Long Term Plan. It focuses on the core competencies, promoting an evidence-based holistic response, grounded in best practice multidisciplinary evidence.
- Does not duplicate these documents and seeks to highlight the competencies critical to supporting an older person specifically with their mental health needs. Neither does it replace or duplicate role-specific professional standards, NICE guidance and standards or best practice guidance.
- Excludes dementia-related skills and competencies to avoid duplication, but it is important to note that dementia is one of the most common conditions supported by specialist OPMH services.
- Is intended to be a living document that will be shaped by feedback and continue to evolve. To provide feedback please contact HEE.

This Framework is part of a suite of frameworks commissioned by HEE and NHSE, including:

- Person-Centred Approaches – A Core Skills Education and Training Framework⁵
- The Care Standard Certificate
- The Dementia Core Skills Education and Training Framework
- The End of Life Care Core Skills Education and Training Framework
- The Frailty Core Capabilities Framework
- The Learning Disabilities Core Skills Education and Training Framework
- The Mental Health Core Skills Education and Training Framework
- The Multi-Professional Framework for Advanced Clinical Practice in England

⁴ *Dementia Training Standards Framework* [pdf] Available at: <https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework?highlight=WyJkZW1lbnRpYSIsIldkZW1lbnRpYSJd> [Accessed 5 Nov. 2020]. SKILLS FOR HEALTH (2018).

⁵ *Person Centred Approaches* [pdf] Available at <https://www.skillsforhealth.org.uk/images/pdf/Person-Centred-Approaches-Framework.pdf?s=form> [Accessed 5 November 2019]. SKILLS FOR HEALTH (2017).

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Other frameworks, clinical standards and best practice guidance are referenced at the end of each domain, and a list of the documentation that provide context and greater detail to sit alongside this Framework can be found in Appendix 9 – Frameworks, guidance and legislation bibliography. This includes the General Medical Council approved Royal College of General Practitioner's curriculum,⁶ which details required core capabilities for GPs and contains chapters on the care of older people and of people with mental health problems.

⁶ *The RGCP Curriculum* [online]. Available at https://www.gmc-uk.org/-/media/documents/gp-curriculum-2019-20191127-_pdf-79017777.pdf [Accessed 5 November 2020]. ROYAL COLLEGE OF GENERAL PRACTITIONERS (2019).

Overview of the Framework

Development and structure

Development of the Framework was guided by an expert advisory group encompassing key stakeholders and representatives of several organisations, including relevant Royal Colleges, and the health, social care, voluntary and education sectors.

The first phase of the project focused on desktop research to identify and review existing resources, including related frameworks and best practice guidance. Stakeholders from across service user groups, health, social care and voluntary sectors were also identified and involved.

The second phase of the project involved engaging with stakeholders to identify key domains and values that aligned across sectors. This engagement took the form of in-depth interviews, surveys and focus groups.

The resulting Framework has been reviewed and refined to provide clear practical guidance on the competencies required in delivering support to older people with mental health needs.

Who is this Framework for?

The diverse audience for this Framework includes people from social care, physical and mental health services, community and voluntary sectors, and the independent sector, particularly when they are providing NHS care. It is intended to be concise in its outlook, to provide support and guidance to individuals and teams who come into contact with older people but may not be aware of, or consider themselves capable of, supporting an older person with mental health needs. In that respect, it is intended to increase awareness of OPMH needs across a wide range of specialties and professions.

This Framework provides essential competencies, namely, the knowledge, skills and behaviours expected for the delivery of effective support, care and services for older people with mental health needs. Additionally, it supports the increasing integration of services and their respective workforces, with respect to improved communication, shared goals and the opportunity for joint education and training.

Utilisation

- **Older people with mental health needs, their family, friends and carers**

Provides information to those receiving support or care on the skills, behaviours and knowledge of those professionals involved in support and care of OPMH. This Framework highlights that people living with mental health needs must be able to make informed choices about effective care and support. It also emphasises key elements to enable people to achieve mental wellbeing.

- **Practitioners – individuals and teams**

Sets out clear expectations for learners with respect to the core competencies an individual or team is

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expected to demonstrate in each tier. These competencies are not role- or setting-specific. This supports individuals to:

- Understand the requirements of their roles;
- Identify their transferable skills;
- Conduct formal or informal training needs analysis to ascertain areas for future development; and
- Plan professional educational requirements to enable career progression.

The Framework may be used by team leaders to ensure all staff have consistent and complementary competencies underpinning their individual and team practice.

• **Service providers**

Enables managers to demonstrate their staff achieve essential competencies or have developmental plans in place to meet this framework's requirements. Managers can use this document to effectively support the continuing professional development of practitioners. The methods by which competencies are taught and assessed will depend on the role and setting and should be designed and implemented locally. Example tier roles and career progressions for staff competencies can be found in Appendix 10 – Example assessment methodologies.

This Framework also provides a selection of essential skills and requirements that can be used for workforce recruitment purposes.

• **Service commissioners**

Enables commissioners to specify minimum professional standards for those staff working with older people with or without mental health needs by setting out clear expectations of each tier's competencies. The Framework can be used to review current service provision for older people with mental health needs and to support collaborative approaches to commissioning.

• **Education and training providers**

Universities, colleges and private training providers can use the Framework as a base on which to design role and setting-specific education and training curricula, ensuring that the required core competencies are integrated appropriately and/or mapped to overall achievement of curriculum aims. This will ensure learners are given the opportunity to acquire core knowledge, skills and behaviours which are relevant to the requirements of their future employers.

The use of this Framework to underpin training and education curricula will allow for the delivery of consistent content across diverse roles and contexts.

• **Assessors of occupational standards**

References to relevant national occupational standards and national skills frameworks indicate how the Framework relates to national standards. For example, a learner working towards the requirements of a national occupational standard could use the Framework as a guide to the skills and knowledge they would need to demonstrate in achieving the national occupational standard in the specific context of OPMH.

- **Regional and national implementation**

Aspires to encourage organisations to review their current arrangements for defining, delivering and aligning, regionally and nationally, OPMH education and training. Such alignment is beneficial to deliver consistent approaches, which should translate to more consistent outcomes for older people with mental health needs.

Description of the tiers

Tiers are loosely defined types of people involved in the support and care of older people with mental health needs. The diversity of informal and formal structures providing support means this Framework provides core competencies across many different roles and settings. The tiers identify which core competencies are essential for which person or practitioner. We recognise there will be significant overlap between tiers, dependent on role and day-to-day activities.

The core competencies described in this Framework are grouped into **three tiers**, largely defined by the level of knowledge and autonomy with which individuals (or teams) engage and practice, and the complexity of the care they deliver. The tiers include examples of professions that span across the tiers – an individual or team should assess their own appropriate tier, dependent on:

- Level of autonomy required;
- Level of complexity of cases managed; and
- Level of specialist knowledge amassed or expected.

The tiers are described below.

Tier 1 – Those that require general awareness and knowledge of OPMH needs, and knowledge of actions to support this population.

This tier is relevant to older people with or without existing mental health needs, family, staff and community members that require general awareness and knowledge of the needs of older people, in relation to their mental health. This tier also provides competencies relating to actions to support older people and their mental health needs, which may take the form of signposting or further referral. This tier also encompasses all those working in health, social care, voluntary sector and other services who have contact with older people with or without mental health needs, including those who will go on to further training at Tiers 2 and 3.

This tier is relevant to the following groups. **Please note this list is not exhaustive:**

- You are an interested member of the public;
- You are an older person with or without mental health needs;
- You support an older person with mental health needs; and
- You work in adult health, social care, voluntary or other sectors.

Tier 2 – Health and social care staff and others who regularly work with older people and older people with mental health needs, but who would seek support from others for complex management or decision making.

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This tier is for those who provide care and support for older people with and without existing mental health needs as part of their work, but who would not be responsible for complex decisions regarding management of mental health needs.

This tier incorporates Tier 1 competencies, as well as skills and capabilities relevant to the individual roles and responsibilities. These are broadly similar; however, differences between social and clinical competencies are highlighted within the document.

This tier is relevant to the following groups. **Please note this list is not exhaustive:**

- Allied health professions (including physiotherapy and occupational therapy);
- Blue light services such as the ambulance service, fire and rescue services;
- Dentistry, audiology, ENT (ear, nose and throat), podiatry and optometry;
- General practice (GPs);
- Healthcare (including primary, community, secondary and acute care);
- Adult Improving Access to Psychological Therapies (IAPT);
- Housing support;
- Local authority services;
- Social care (including home care and care homes); and
- Voluntary and third sector organisations focused on older people.

Tier 3 – Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and who may also lead services for older people and older people with mental health needs.

This tier is for those with responsibility for complex decision making and to whom others refer for management, guidance and support. This tier is also for those in leadership positions and specialists in any of the below areas of practice, as they relate to the care and support of older people and older people with mental health needs. Commonly, individuals or teams in this tier are likely to have additional qualifications or have undertaken additional, extended training to be considered specialists in their field and its intersection with the area of OPMH.

This tier is relevant to the following groups. **Please note this list is not exhaustive:**

- Specialist allied health professions (including physiotherapy and occupational therapy);
- Dentistry, audiology, ENT (ear, nose and throat), podiatry and optometry with a specialism in older people;
- General practice (GPs);
- Healthcare (including primary, community, secondary and acute care), particularly in departments that specialise in older people and mental health;
- Adult IAPT specialist level practitioners and managers;
- Housing support, particularly those who work primarily with mental health and older people;
- Local authority services, specifically those who overlap with mental health and older people's services;
- Social care (including home care and care homes), in particular, managers and senior-level staff; and
- Voluntary and third sector organisations focused on older people.

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Although the specialty areas are similar for Tiers 2 and 3, this Competency Framework expects Tier 3 professionals to be leaders and experts in providing care and support for older people and older people with mental health needs. This is in contrast with Tier 2, where provision of care and support for older people may sit alongside other professional responsibilities.

The Framework is incremental and progressive; Tiers 2 and 3 assume the person or practitioner possesses the skills and knowledge at preceding tiers. Those at Tiers 1 or 2 may wish to explore competencies at higher tiers.

Figure 1 below illustrates the tiers’ relevance and audiences:

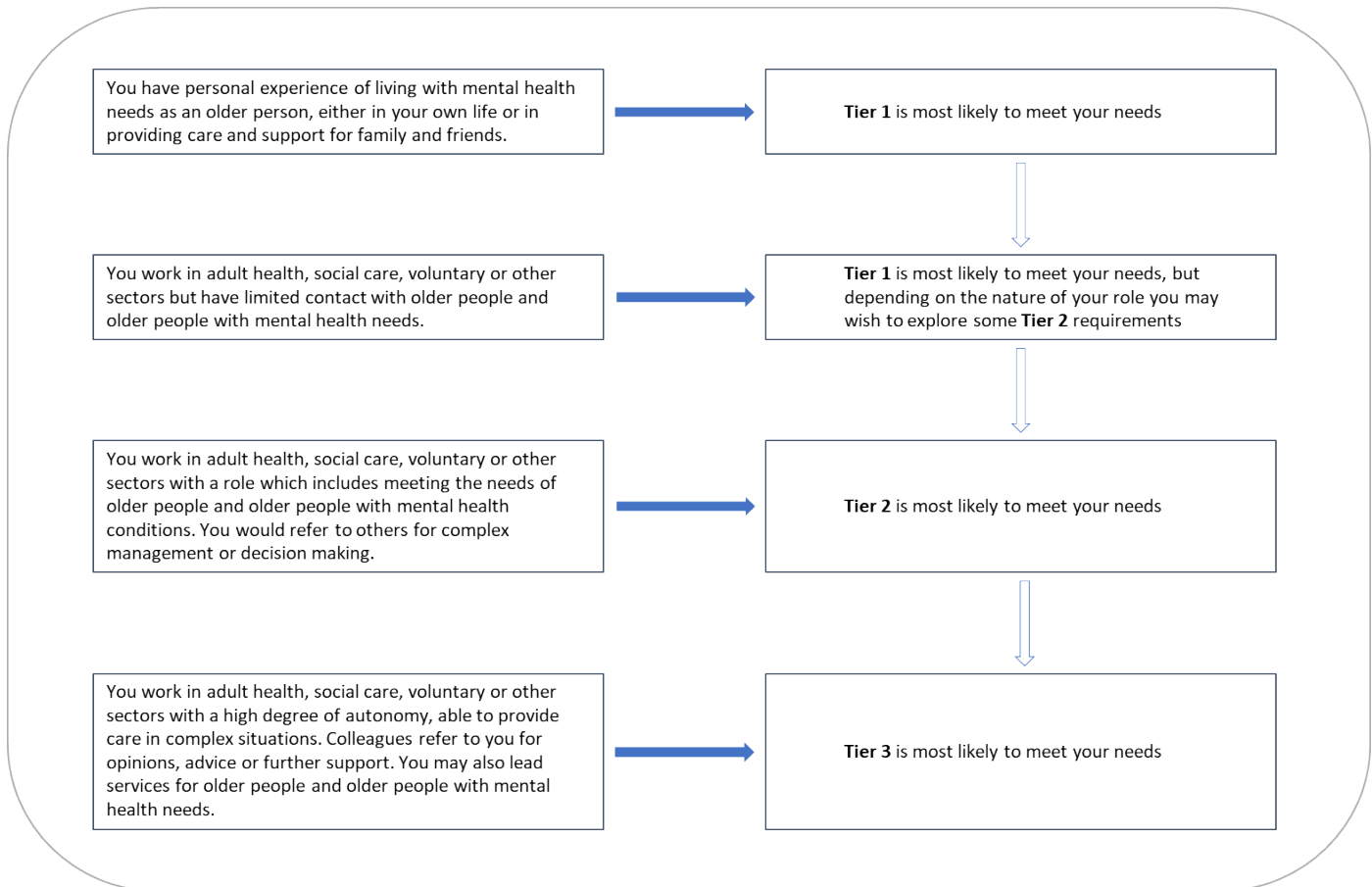


Figure 1 – Illustration of the audience of each tier

Description of the domains

The Framework comprises 10 domains, which are numbered below for ease of reference. Each domain is not stand-alone, but encompasses core competencies for each of the three tiers. Individual practitioners may not have, or need, all the core competencies, so may wish to assess which are necessary for their role and identify their own development needs against this Framework. Similarly, with the development of increasingly integrated multidisciplinary teams, it will be useful to consider how best to achieve full coverage of the competencies across the team.

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Domains:

- Domain 1 – Awareness of normal ageing and wellbeing
- Domain 2 – Mental health conditions in older people
- Domain 3 – Interface with physical health
- Domain 4 – Risk factors and prevention
- Domain 5 – Screening, assessment and diagnosis of mental health conditions in older people
- Domain 6 – Interventions (including end of life care)
- Domain 7 – Supported decision making – safeguarding, capacity and legislation
- Domain 8 – Co-production and engagement
- Domain 9 – Equality, diversity and inclusion
- Domain 10 – Developing services and workforce research

Each domain includes:

- An introduction;
- Suggested target audiences by tier and role;
- Core competencies by tier;
- Links to relevant guidance and legislation; and
- Links to relevant national standards and wider skills frameworks.

Within each domain, core competencies indicate the required level of awareness, knowledge, skills and behaviours. These are organised across the three tiers described above. The core competencies may be gained through education, training or experience and evidenced through practice, reflection, observation, appraisal and supervision.

Each domain encompasses the most relevant competencies; therefore the Framework should be read as a whole and domains are not meant to be read in isolation.

Description of the competencies

The competencies described in this Framework are considered the minimum essential requirements within each tier and are common and transferable across different types of service provision, profession and roles. All staff will have additional competencies specific to their role, qualifications, regulatory bodies and codes of practice which are not duplicated in this Framework. Inclusion into training, development or education programmes should be decided by institutions and organisation locally.

Competencies are written as broad statements. This allows the Framework to be used flexibly, and the competencies to be applied across the diverse and wide range of contexts and settings within OPMH.

The person or practitioner will:

Be aware of – have an awareness of a concept and its importance.

Know – utilise previously learnt information.

Understand – demonstrate comprehension of the facts.

Be able to – apply knowledge, understanding and skills to actual situations.

List of appendices

- Appendix 1 – Psychiatric presentations resulting from physical illnesses and medications
- Appendix 2 – Case studies
- Appendix 3 – Screening tools for depression
- Appendix 4 – Further information on relevant legislation
- Appendix 5 – Further information on NICE guidelines
- Appendix 6 – Further reading
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- Appendix 8 – Contact details for Health Education England
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- Appendix 10 – Example assessment methodologies
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Summary of Framework subjects and the relevant target audience

Figure 2 – Synopsis of the domains and their target tiers

	Domain	Tier 1	Tier 2 Social care	Tier 2 Clinical care	Tier 3
1	Awareness of normal ageing and wellbeing	●	●	●	●
2	Mental health conditions in older people	●	●	●	●
3	Interface with physical health	●	○	●	●
4	Risk factors and prevention	●	○	●	●
5	Screening, assessment and diagnosis of OPMH conditions	○	○	●	●
6	Interventions (including end of life care)	●	●	●	●
7	Supported decision making – safeguarding, capacity and legislation	○	●	●	●
8	Co-production and engagement	●	●	○	●
9	Equality, diversity and inclusion	●	●	●	●
10	Developing services and workforce research	○	○	○	●

Key: ○ = partially applicable, ● = fully applicable.

Domains 1–10

Domain 1 – Awareness of normal ageing and wellbeing

An ageing population in England means the proportion of those aged 65 and older will increase, including a growing share of those aged 85 and over. Demand for social and healthcare to support the needs of an ageing population is already rising and will continue to do so.

Those supporting older people in general should understand that ageing leads to biological, psychological and social changes which may affect overall wellbeing. As people age, they are likely to experience individual, social, environmental and financial events that could trigger mental health problems. It is important to differentiate between the needs of:

- An individual with existing mental health needs, who is ageing; and
- An individual whose mental health is affected by the process of ageing.

It is also important that an older person’s ‘normal’ is recognised by others in the process of ageing. In order to best support older people with their mental health needs, carers, staff and family members should be aware of unusual, out-of-the-ordinary changes, unique to the individual in question, brought about or exacerbated by the ageing process.

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> • that poor mental health is not an inevitable part of ageing • of the impact of internal or external stigma of age on the older person 	<ul style="list-style-type: none"> • of strategies for healthy ageing • of the impact of long-term ill health on independence and wellbeing in later life 	
Know	<ul style="list-style-type: none"> • of learning resources available to support older people and their carers 		

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	<ul style="list-style-type: none"> that experiences of ageing are likely to vary according to cultural expectations around gender, identity and family 		
Understand	<ul style="list-style-type: none"> that experiences of ageing are likely to vary, e.g., due to changes in mobility, caring responsibilities, bereavement, development of long-term conditions, loss of autonomy, professional duties and retirement the relationship between ageing, multimorbidity and frailty the importance of patience and empathy with older people 	<ul style="list-style-type: none"> that frailty and multimorbidity are not an inevitable part of ageing the possible impact of comorbidity and frailty on normal ageing and wellbeing 	<ul style="list-style-type: none"> complex needs in older age, the interplay of age-related changes, and mental and physical health needs in older people the coping and defence mechanisms used by older people
Be able to	<ul style="list-style-type: none"> recognise normal ageing for an individual, in the context of their overall health and wellbeing identify when the impact of ageing on an individual leads to them needing support demonstrate compassion, respect and empathy when engaging with an older person 	<ul style="list-style-type: none"> communicate hope to older people identify changes in an older person, from their baseline level of health and wellbeing actively challenge the stigma around the impact of ageing with the individual, families, carers and other professionals assist older people to understand age-related changes they are experiencing, and the resulting impact on their mental health, e.g., 	<ul style="list-style-type: none"> offer expert advice to non-specialist staff in contact with older people provide thought leadership and best practice examples as a specialist on the topic of ageing and older people disseminate knowledge and lessons learnt within own individual networks advocate for age awareness

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		retirement, mobility, carer responsibilities, bereavement, development of long-term conditions and/or loss of autonomy <ul style="list-style-type: none"> • deliver specialist interventions, tailoring them to ageing people 	

Relevant guidance and/or legislation

Capabilities Statement for social workers in England who work with older people – British Association of Social Workers (2018).

Future of an ageing population – Government Office for Science (2016).

Growing Older in the UK – British Medical Association (2016).

Guidance for commissioners of older people’s mental health services – Joint Commissioning Panel for Mental Health (2013).

Guidance for the care of older people – Royal College of Nursing (2020).

Mental wellbeing of older people in care homes – NICE Guidance (2013).

Mental Health of Older Adults – World Health Organization (2017).

MindEd for Families – resource hub (2020).

Indicative mapping to relevant national standards or frameworks

An Integrated Career and Competency Framework for Dietitians and Frontline Staff – Diabetes UK (2013).

Care of Older Adults – Royal College of General Practitioners (2019).

Dementia skills for all: a core competency framework for the workforce in the United Kingdom – A. Tsaroucha, S.M. Benbow, P. Kingston, N. Le Mesurier (2013).

Dementia Training Standards Framework – Skills for Health, Skills for Care & Health Education England (2018).

Frailty Core Capabilities Framework – Health Education England & NHS England (2018).

National Service Framework for Older People – Department of Health (2001).

The Adult Social Care Outcomes Framework – Department of Health (2017).

The Senses Framework: improving care for older people through a relationship-centred approach – M.R. Nolan, J. Brown, S. Davies, J. Nolan, J. Keady (2006).

UK Core Skills Training Framework – Skills for Health (2018).

Domain 2 – Mental health conditions in older people

Mental health conditions present in 40% of older people attending their GP, 50% of older people admitted in general hospitals and at least 60% of those in care homes. They are not part of 'normal ageing'. The presentation and management of mental health conditions in older people is qualitatively and quantitatively distinct to their younger age adult counterparts, with complex interlinking biological, psychological and social factors.⁷

Common and serious mental health conditions affecting older people include, but are not limited to:

- Anxiety and stress-related disorders (common);
- Mood disorders including bipolar and depression (common);
- Organic mental disorders including dementia and delirium (common);
- Mental disorders due to psychoactive substances, particularly alcohol;
- Personality disorders; and
- Psychosis and schizophrenia.⁸

Common mental health conditions can affect individuals, and by extension their carers and families, in various ways. Those supporting or working with older people with mental health needs should be aware of the variety of physical and psychological ways in which these conditions may manifest themselves.

⁷ *Equality in later life – a national study of older people's mental health services*. HEALTHCARE COMMISSION (2009).

⁸ *Common mental health problems: identification and pathways to care*. NICE Guidance (2011).

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of symptoms and presentations of mental health conditions in older people 	<ul style="list-style-type: none"> of the presence of organic and functional categories of mental health conditions in older people 	
Know	<ul style="list-style-type: none"> when changes in an older person’s behaviour, mood and activity are concerning or abnormal where to go for advice if an older person is refusing help 	<ul style="list-style-type: none"> that organic mental health conditions typically have a biological cause, whereas function conditions have a psychological cause the main treatment options for common OPMH conditions (as appropriate to role) 	<ul style="list-style-type: none"> biopsychosocial treatments and common medications’ side-effects in relation to older people’s mental health conditions
Understand	<ul style="list-style-type: none"> that a person with pre-existing mental health needs may experience compounded stigma and discrimination, which may exacerbate their condition 	<ul style="list-style-type: none"> the relationships and differences between delirium, dementia and depression, and anxiety and depression that many mental health conditions are comorbid with others, such as anxiety and depression, and dementia and depression that mental health conditions can have a broad and significant impact on older people including, e.g., self-harm and suicide the main components and risks of treatment options for OPMH conditions 	<ul style="list-style-type: none"> how a range of biological, psychological and social factors are involved in the predisposition to, the onset of and the maintenance of older people’s mental health conditions

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be able to	<ul style="list-style-type: none"> challenge stigma and discrimination in relation to mental health conditions in older people signpost an older person to appropriate support seek support for an older person on their behalf, when there are concerning changes in their behaviours, mood or activities 	<ul style="list-style-type: none"> identify older people at risk of developing/exacerbating mental health conditions distinguish presentations of depression, anxiety, delirium and dementia in older people refer on to specialists when complex and severe mental health conditions are suspected but not diagnosed identify and act upon risk of self-harm and suicide in older people, referring to specialist support as appropriate 	<ul style="list-style-type: none"> take decisions about access to medical care and pathways to recovery manage a variety of complex cases which require distribution of clinical responsibility

Relevant guidance and/or legislation

Good Practice Guidelines on the use of psychological formulation – The British Psychological Society (2011).

Guidance for commissioners of older people’s mental health services – Joint Commissioning Panel for Mental Health (2013).

ICD-11 Classification of Mental and Behavioural Disorders – World Health Organization (2015).

Mental Health of Older Adults – World Health Organization (2017).

Indicative mapping to relevant national standards or frameworks

A Competency Based Curriculum for Specialist Training in Psychiatry – Royal College of Psychiatrists (2017).

Dementia Training Standards Framework – Skills for Health, Skills for Care & Health Education England (2018).

Domain 3 – Interface with physical health

The prevalence of physical health conditions increases with age and it is well-established that physical and mental health are linked. Physical health conditions are considered risk factors for mental health conditions and vice versa. Diagnoses of SMI, such as schizophrenia or psychosis, are associated with an increased risk of physical comorbidity, such as cardiovascular disease,⁹ which contributes to earlier deaths.¹⁰ In contrast, those with diagnoses of chronic physical health conditions have a high risk of developing a common mental health condition such as depression.¹¹ Acute illnesses, such as urinary tract infections, may present with behavioural symptoms and altered mental status in older people. Musculoskeletal conditions, such as arthritis, are common in older people, and are associated with painful symptoms. Pain impacts physical and mental health and predisposes individuals to substance misuse. Other types of poor health, such as foot health, oral health, hearing status and vision problems, can also negatively impact quality of life and therefore mental health and wellbeing.

In older people, the growing presence of multimorbidity, that is, multiple physical and mental health conditions, can make identifying, assessing and diagnosing mental health issues particularly complex. Wider needs, such as those relating to environmental, social and community factors, can also complicate the detection of mental health needs in older people.

Those supporting and working with older people, and more specifically in the field of mental health, should be aware of the symbiotic and complex relationship between physical and mental health, and consider holistic approaches in the support, assessment, care and treatment of older people. Provision of holistic care requires integrated, multidisciplinary teamworking, and an awareness of the importance of wider determinants of OPMH.

⁹ Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls. Correll et al. *World Psychiatry* (2017).

¹⁰ Increased Mortality in Schizophrenia Due to Cardiovascular Disease – A Non-Systematic Review of Epidemiology, Possible Causes, and Interventions. P.A. Ringen, *Frontiers in Psychiatry* (2014).

¹¹ Depression and the Link with Cardiovascular Disease. Dhar et al. *Frontiers in Psychiatry* (2016).

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of an individual’s baseline state of physical health, and of any significant changes to that physical state that individuals with SMI have a higher risk of physical health problems that mental health condition treatments can lead to changes in physical health, e.g., weight loss/gain 	<ul style="list-style-type: none"> of the high rates of mental health conditions in certain cohorts of older people, e.g., those in hospital or care home settings or those with multiple long-term conditions of different types of physical health issues and the varied impact these can have on mental wellbeing* that physical ill health may impact on decision-making capacity and require a further referral for capacity assessment 	<ul style="list-style-type: none"> that there is appropriate and inappropriate polypharmacy of the risks of inappropriate polypharmacy and adverse drugs events of the relationship between frailty and mental health conditions
Know		<ul style="list-style-type: none"> specific local services that support older people’s physical and mental health needs the importance of medication compliance that polypharmacy is common in older people 	
Understand	<ul style="list-style-type: none"> that changes to physical health can cause, or be caused by, mental health conditions that people experience physical symptoms subjectively, e.g., pain, 	<ul style="list-style-type: none"> the seriousness of the impact of falls on older people both physically and mentally the impact of polypharmacy and medicine compliance on an 	<ul style="list-style-type: none"> which medical presentations and medication side-effects can mimic mental health conditions in older people and vice versa

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	and these can have an impact on someone’s mental health	individual’s physical and mental health	
Be able to	<ul style="list-style-type: none"> • speak with older people about the impact of physical health on mental health and vice versa • seek support on behalf of an older person, e.g., through a pharmacy, GP practice or 111 • access information and signpost older people to support and services for their physical health needs 	<ul style="list-style-type: none"> • assess and support medication compliance (as appropriate to role) • identify and escalate complex cases to appropriate services • communicate clearly with older people about the interplay of physical and mental health • recognise sensory impairment needs, access support directly or refer on where necessary • identify the markers of frailty and multimorbidity, and initiate and ensure a coordinated response • seek expert advice on any risk of inappropriate polypharmacy or adverse drug events • conduct physical health checks for individuals with SMI (as appropriate to role) • respond to and record physical health difficulties as part of the support planning process 	<ul style="list-style-type: none"> • promote collaboration between primary and secondary care services to provide holistic care and avoid duplication • discuss polypharmacy with an older person and/or those involved in their care and deprescribe where appropriate • work collaboratively across primary and secondary care, and physical health, mental health and social care settings to manage comorbidity and frailty to avoid duplication • investigate mental health needs during encounters about physical health needs • recognise, assess and manage new and existing physical health needs, e.g., frailty, in older people with mental health needs (as appropriate to role), and take these into account in care planning

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
			<ul style="list-style-type: none"> • provide expert advice on the complex interaction between physical and mental health to other professionals • contribute to and develop integrated services for older people to address physical and mental health needs • provide expert advice on any risk of inappropriate polypharmacy or adverse drug events • recognise and manage the complex interaction of mental and physical health problems in older age

Relevant guidance and/or legislation

Equality in later life – Healthcare Commission (2009).

Falls in older people: assessing risk and prevention – NICE Guidance (2013).

Improving the physical health of people with mental health problems: Actions for mental health nurses – Department of Health, Public Health England & NHS England (2016).

Physiotherapy and Older People – Physiopedia (2018).

Indicative mapping to relevant national standards or frameworks

An Integrated Career and Competency Framework for Dietitians and Frontline Staff – Diabetes UK (2013).

Care of Older Adults – Royal College of General Practitioners (2019).

Frailty Core Capabilities Framework – Health Education England & NHS England (2018).

National Service Framework for Older People – Department of Health (2001).

The Adult Social Care Outcomes Framework – Department of Health (2017).

UK Core Skills Training Framework – Skills for Health (2018).

Domain 4 – Risk factors and prevention

Evidence suggests there are potentially modifiable or manageable risk factors for poor mental health in older people. As well as health-related risk factors for mental health conditions, there should be an awareness of social risk factors, such as:

- Becoming carer to a loved one;
- Bereavement;
- Chronic drug use and polypharmacy;
- Falls;
- Increased vulnerability to abuse, neglect and scams;
- Loneliness and social isolation;
- Loss of independence, such as losing a driving licence;
- Onset of physical health conditions;
- Receiving a terminal or life-limiting diagnosis;
- Retirement; and
- Substance misuse.

Anyone involved in the care and support of older people should be aware of these risk factors, and be able to support an older person, as appropriate to role/tier, to identify and manage these risk factors. Heterogeneity amongst older people and their personal and environmental context means that staff should take a tailored approach to minimise relevant risk factors for this cohort. In building awareness of, and understanding management of, relevant risk factors, staff can plan prevention strategies which may mitigate and minimise the risk of developing or exacerbating mental health conditions in older people.

Primary prevention and health promotion strategies can be a useful approach to mitigate the risk of poor mental health and improve the quality of life of those with existing mental health needs. While health promotion campaigns tend to be targeted at younger age groups, it is never too late to take action to improve one’s health and wellbeing. All prevention strategies should consider asset-based approaches,¹² account for the holistic needs of the individual and promote:

¹² *An asset-based approach places the emphasis on people’s and communities’ assets, alongside their needs.* Asset-based places: a model for development. SOCIAL CARE INSTITUTE FOR EXCELLENCE (2017).

- Healthy sleep patterns;
- Meaningful activities;
- Physical activity; and
- Social engagement.¹³

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> • that there is a wide range of risk factors in older people, including (but not limited to) age, physical health, gender, sexuality and ethnicity • of the impact of being a ‘carer’ and being ‘cared for’, and changes that this dynamic may generate • of the particular impact of certain risk factors such as falls, loneliness, financial pressures, bereavement, receiving a terminal diagnosis, abuse and neglect 	<ul style="list-style-type: none"> • of the importance of skills, interests and social interactions for each individual older person • of the risk of self-neglect, self-harm and suicide in older people and the impact this has on others • of an individual’s attachment history and of changes in this history • of the relationships between ageing, sensory impairments, substance misuse, physical health conditions and mental health conditions in older people 	<ul style="list-style-type: none"> • of the need to reduce risk of substance misuse, including over-the-counter medications in older people • of any forensic history in the older person • of the importance of understanding an older person’s collateral history to aid risk management

¹³ *Older people: independence and mental wellbeing*. NICE GUIDANCE (2015).

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	<ul style="list-style-type: none"> of the importance of maintaining health and wellbeing in older people 	<ul style="list-style-type: none"> of the use of alcohol and/or substance misuse in older age of the importance of falls prevention, in the context of the effects of a fall or someone’s fear of falling, and of the available services to mitigate this 	
Know	<ul style="list-style-type: none"> about mental health first aid¹⁴ 	<ul style="list-style-type: none"> existing local strategies, services and plans that promote prevention, e.g., benefits support, housing, financial advice, social prescribing 	<ul style="list-style-type: none"> availability and eligibility criteria for services and interventions for older people with mental and physical health comorbidities
Understand	<ul style="list-style-type: none"> the significance of an older person’s risk factors based on their personal situation that changes to mobility, caring responsibilities, bereavement, long-term conditions, loss of autonomy, professional duties and retirement can compound or 	<ul style="list-style-type: none"> that the demands of caring for others as an older person can exacerbate or trigger mental health needs the impact of smoking, illicit drugs and alcohol misuse on normal ageing and wellbeing 	<ul style="list-style-type: none"> the individual and population-level benefits of reducing risk factors and promoting prevention that certain behaviours may be due to past trauma and may not be explainable or treatable by a biomedical model of care

¹⁴ Please see MENTAL HEALTH FIRST AID ENGLAND’S [website](#) for more information.

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	<p>trigger mental health needs for an older person</p> <ul style="list-style-type: none"> • that receiving a terminal or life-limiting diagnosis may impact on mental health • the difference between quantity and quality of relationships and how the lack of the latter may trigger loneliness • the importance of physical activity as a prevention strategy for physical and mental health conditions 	<ul style="list-style-type: none"> • the long-lasting impact of trauma on mental health and behaviours of older people • the importance of activities for older people reflecting their previous life preferences • the importance of enabling self-management of physical and mental health 	
Be able to	<ul style="list-style-type: none"> • maintain vigilance over an older person who may be experiencing mental health triggers • seek advice, support or information for an older person who is at risk of poor mental health, including when becoming a carer 	<ul style="list-style-type: none"> • undertake a comprehensive risk assessment, including for self-neglect, self-harm and suicide • recognise risks within the home, how to support an older person to reduce these, or access specialist aids and equipment to enable them to stay at home • signpost/refer on following a risk assessment where necessary, providing appropriate evidence of 	<ul style="list-style-type: none"> • assess and manage poor sleep hygiene, inactivity, nutrition, isolation and loneliness using a psychosocial model of care • enable NHS health checks • develop care plans to reduce risk factors (as appropriate to role) • design and implement a risk management plan, including for complex cases

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<p>risk to self and others when referring onwards</p> <ul style="list-style-type: none"> • identify triggers of mental health conditions based on changes in the environment, circumstances, behaviour and health of an older person • assess sleep hygiene, nutrition and activities of daily living in an older person • communicate with older people about falls prevention • identify when substance use or misuse may be harmful and/or problematic • communicate with individuals about the management of their physical health to prevent poor mental health and vice versa • identify and enact self-harm and suicide prevention strategies within care of, and specialist services for, older people with mental health needs 	

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<ul style="list-style-type: none"> • support older people with mental health needs to understand the importance of being involved with their community and of improving, maintaining or protecting their mental wellbeing • use an asset-based approach to provide person-centred care • signpost older people to access mental health first aiders 	

Relevant guidance and/or legislation

A connected society: A Strategy for tackling loneliness – laying the foundations for change – Department for Digital, Culture, Media & Sport (2018).

AgeUK guidance.

Capabilities Statement for social workers in England who work with older people – British Association of Social Workers (2018).

Future of an ageing population – Government Office for Science (2016).

Growing Older in the UK – British Medical Association (2016).

Guidance for commissioners of older people’s mental health services – Joint Commissioning Panel for Mental Health (2013).

Guidance for the care of older people – Royal College of Nursing (2020).

Information Prescriptions for healthcare professionals – Diabetes UK (2018).

Mental Health of Older Adults – World Health Organization (2017).

Mental wellbeing and independence for older people – NICE (2016).

Mental wellbeing of older people in care homes – NICE Guidance (2013).

Indicative mapping to relevant national standards or frameworks

An Integrated Career and Competency Framework for Dietitians and Frontline Staff – Diabetes UK (2013).

Care of Older Adults – Royal College of General Practitioners (2019).

Frailty Core Capabilities Framework – Health Education England & NHS England (2018).

National Service Framework for Older People – Department of Health (2001).

The Adult Social Care Outcomes Framework – Department of Health (2017).

The Senses Framework: improving care for older people through a relationship-centred approach – M.R. Nolan, J. Brown, S. Davies, J. Nolan, J. Keady (2006).

UK Core Skills Training Framework – Skills for Health (2018).

Domain 5 – Screening, assessment and diagnosis of mental health conditions in older people

All diagnostic processes are challenging, not just those relating to diagnosing mental health conditions in older people. However, they are particularly difficult in older people, due to the following reasons:

- Mental health conditions may present differently in old age;
- Older adults may be more reluctant to disclose symptoms of mental distress; and
- The high prevalence of physical multimorbidity among older patients complicates the diagnostic picture.

Diagnosis of certain mental health conditions can be challenging in the case of an older person and requires specific knowledge and skills. Practitioners without specialist knowledge should know where and when to refer onwards to ensure a timely diagnosis and treatment.

Appropriate and timely assessment of older people at risk of developing mental ill health, or those with mental health needs, can allow those individuals to understand their condition, and to access appropriate care and support at each stage of their journey. The complexity of older people’s needs, of mental health conditions and of the impact of ageing, means screening and assessment capabilities must be robust and comprehensive.

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware		<ul style="list-style-type: none"> • that withdrawal from services or failure to attend and engage in services may be linked to a mental health problem • of the use of formulation models where clinical information obtained 	<ul style="list-style-type: none"> • of common screening tools for OPMH conditions and their strengths and weaknesses • of common models of formulation describing the various biological, psychological and social factors

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<p>from an assessment is used to give an older person a hypothesis about the cause and nature of their mental health symptoms</p> <ul style="list-style-type: none"> • of criminal justice issues and how these relate to older people with mental health needs • that early diagnosis of cognitive impairment allows for decisions to be made on exclusion of treatable causes, suitability for dementia medications and to develop post diagnostic support to aid future care 	<p>involved in the predisposition to, the onset of, and the maintenance of, older people’s mental health conditions</p> <ul style="list-style-type: none"> • of different diagnostic tool manuals for OPMH conditions, for instance DSM 5 and WHO ICD-11
Know		<ul style="list-style-type: none"> • statutory and professional expectations in terms of screening, assessment and diagnosis of mental health conditions in older people (subject to role) • a range of theories and models of emotional distress in older people* 	<ul style="list-style-type: none"> • applicable NICE guidelines and best practice for screening, assessment and diagnosis of mental health conditions

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Understand	<ul style="list-style-type: none"> • connotations of stigma relating to a mental health diagnosis 	<ul style="list-style-type: none"> • how a historic diagnosis of a mental health condition(s) impacts older people holistically • the complexities of these diagnoses when combined with comorbidities and/or frailty* 	<ul style="list-style-type: none"> • the importance of a collateral history to aid accurate formulation in older people with mental health conditions
Be able to	<ul style="list-style-type: none"> • proactively talk with an older person about their physical and mental health • address stigma relating to older people and their mental health needs • support an older person in seeking an assessment of their mental health conditions 	<ul style="list-style-type: none"> • recognise the signs and symptoms of mental health conditions when presented (as appropriate to role)* • formulate and diagnose OPMH conditions* • communicate mental health diagnoses to patients and other workers involved in an individual’s care (as appropriate to role) • make a diagnosis of a common mental condition*, e.g., differentiate between delirium, dementia and depression • seek specialist support as appropriate, e.g., if a patient is complex or in distress, or declining support • avoid diagnostic overshadowing in engaging with older people with 	<ul style="list-style-type: none"> • deliver training to Tier 2 professionals for specialist assessments of OPMH conditions • conduct assessments, formulation and diagnoses of mental health needs, including in complex cases • use appropriate investigations to solve complex diagnostic cases, including neuropsychology and neuroimaging • enable assessment under the Mental Health Act should risk to self, others and deterioration in mental health require it

	Tier 1	Tier 2* (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tier 1s & 2 competencies)
		<p>physical health needs, and vice versa¹⁵</p> <ul style="list-style-type: none"> • refer for diagnosis of suspected mental health conditions in complex cases* • assess if an older person’s home environment is meeting their wellbeing needs, as well as their physical needs, especially if housebound or restricted in mobility (as appropriate to role) 	

Relevant guidance and/or legislation

A Practice Primer on Mental Health in Older People – NHS England (2017).

Assessing the mental health needs of older people – Social Care Institute for Excellence (2018).

Mental Health Act 1983: Code of Practice.

¹⁵ The Neurotrauma Law Nexus defines diagnostic overshadowing as follows: ‘Once a diagnosis is made of a major condition there is a tendency to attribute all other problems to that diagnosis, thereby leaving other coexisting conditions undiagnosed’.

Indicative mapping to relevant national standards or frameworks

Dementia Training Standards Framework – Skills for Health, Skills for Care & Health Education England (2018).

Frailty Core Capabilities Framework – Health Education England & NHS England (2018).

Domain 6 – Interventions (including end of life care)

Interventions to manage and treat mental health conditions should consider current evidence-based guidance and, where possible, be incorporated as part of a holistic care plan. Interventions may be pharmacological, psychological or social and should be delivered in a safe and appropriate manner.

Where medication is used as part of an intervention for mental health conditions, special attention should be paid to the risks associated with polypharmacy, common in older people,¹⁶ and dependence-forming medications. Where psychosocial interventions are used for mental health conditions, asset-based approaches should be used. Interventions should not only support treatment of a mental health condition, but incorporate, where possible, routes to longer-term reablement by supporting recovery.

The biomedical and psychosocial models of treatment for OPMH will require evidence-based, cross-disciplinary working to enable a good experience of care and the best outcomes for the older person in question. Health and social care staff should know how and when to work with an evidence base and in a multidisciplinary manner, and the benefits that doing so presents.

Health and social care staff should have an awareness of how end of life and the need for palliative care may affect the mental health of older people with and without existing mental health needs. For older people with mental health issues reaching the end of life, it is important to understand the use and implications of advanced care planning. Symptoms associated with end of life must be effectively managed with care and compassion, as should the needs of bereaved families and carers.

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of the existence of community and support groups for people with similar conditions or 	<ul style="list-style-type: none"> of person-centred care models of the value of multidisciplinary teamworking in the delivery of 	<ul style="list-style-type: none"> of applicable models of care planning (as appropriate to role), including advanced directives and end of life care

¹⁶ *Polypharmacy and medicines optimisation: Making it safe and sound*. THE KING’S FUND (2013).

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tier 1 & 2 competencies)
	<p>circumstances, e.g., carers’ support groups</p> <ul style="list-style-type: none"> that depression, anxiety and psychosis are highly treatable conditions in older people and the earlier the condition is identified, the quicker the recovery 	<p>appropriate mental health interventions for older people</p> <ul style="list-style-type: none"> of common medications for older people and their side-effects of the success of talking therapies for anxiety and depression in later life of the importance of early detection of cognitive impairment of the barriers older people may experience in accessing support which may be practical (e.g., IT literacy) or emotional (e.g., anxiety) 	<ul style="list-style-type: none"> of applicable NICE guidance for treatment of mental health conditions in older people of interventions provided under the Mental Capacity Act and Mental Health Act
Know	<ul style="list-style-type: none"> that there are many types of interventions for mental health conditions, e.g., social prescribing, medication and talking therapies that mental health conditions in older people may relapse and need additional/long-term interventions 	<ul style="list-style-type: none"> end of life and palliative care options and services, including the role of mental health support in end of life care 	<ul style="list-style-type: none"> models of collaborative care planning and person-centred care methods to enable older people to accept or continue an intervention when to refer on for consideration of treatment under the Mental Health Act, if the patient is disengaging from the intervention but a risk to self or others has been identified
Understand		<ul style="list-style-type: none"> the different treatment pathways and options, including pharmacological and psychological treatments 	<ul style="list-style-type: none"> the importance of close collaboration between physical and mental health, social care and the voluntary sector to provide

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<ul style="list-style-type: none"> the potential for rehabilitation and recovery from mental illness the importance of advance care planning before and as part of end of life care the importance of the ‘triangle of care’, i.e., the relationship between service user, carer and professional¹⁷ in providing interventions and recovery for older people with mental health needs 	<p>biopsychosocial interventions and recovery for older people with mental health needs</p> <ul style="list-style-type: none"> the importance of patient-centred care interventions for older people with mental health needs
Be able to	<ul style="list-style-type: none"> support an older person to self-identify mental health needs support an older person to seek advice or information about an intervention or service support an older person to recognise their early warning signs of relapse and seek help appropriately assist carers to seek support, e.g., to access respite care 	<ul style="list-style-type: none"> take the broadest understanding of ‘activity’ when developing a holistic plan for improving or maintaining an older person’s physical and/or mental wellbeing deliver care and treatment, or refer to specialist service, in line with relevant NICE guidelines (as appropriate to role/setting) promote, grade and adapt activities to promote continued independence and engagement 	<ul style="list-style-type: none"> deliver training to Tier 2 professionals on biopsychosocial treatments of mental health conditions in older people (as appropriate to role) ensure team members are trained and supported to meet the needs of older people living with mental health conditions, promoting a multidisciplinary and multi-organisational approach to care enable a biopsychosocial care plan for mental health conditions in

¹⁷ *The Triangle of Care for Mental Health.* CARERS TRUST (2016).

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<ul style="list-style-type: none"> • provide, or signpost to, guidance on costs of care • develop, in partnership with the individual and their supporters, a care/treatment/support plan that recognises holistic needs and includes the person’s views and wishes, through advance care planning and end of life and palliative care pathways (as appropriate to role) • signpost for social care and carers’ assessments • support older people and their carers on how to use required equipment and take into account their physical health needs • undertake statutory obligations (as appropriate to role) under the Mental Capacity Act • identify and respond to presentations of crisis or decline in mental wellbeing 	<p>older people (as appropriate to role)</p> <ul style="list-style-type: none"> • promote and develop services that provide interventions for older people with mental health conditions in a holistic manner • provide advice to other health and social care professionals on psychological treatment and care • undertake statutory obligations appropriate to role under the Mental Health Act • communicate effectively across disciplines on the delivery of, and engagement in, interventions for OPMH conditions • deliver social prescribing • access current best practice guidance on interventions for mental health conditions in older people • embed best practice in the design of interventions to address mental health conditions in older people

Relevant guidance and/or legislation

A Practice Primer on Mental Health in Older People – NHS England (2017).

Care of dying adults in the last days of life – NICE Guidance (2017).

End of life care for adults – NICE Guidance (2017).

Indicative mapping to relevant national standards or frameworks

A Competency Based Curriculum for Specialist Training in Psychiatry – Royal College of Psychiatrists (2019).

End of Life Framework – Skills for Health (2018).

Domain 7 – Supported decision making – safeguarding, capacity and legislation

Duty of care is always acting in the best interest of others and not causing harm through action or inaction. Ethical issues, such as the need to balance a person's safety with their need for independence, should be considered when designing and delivering care for older people.

There are legislation and guidelines in the UK that relate to safeguarding and capacity:

- [Equalities Act \(2010\)](#).
- [Human Rights Act \(1998\)](#).
- [Mental Capacity Act \(2005\)](#).
- [Mental Health Act \(1983\)](#) – this act was reviewed in 2018; the review and recommendations are published [here](#).

All care and support should be underpinned by an understanding, and appropriate use, of relevant legislation and guidelines.

Older people experiencing mental health issues may be vulnerable to abuse, neglect or exploitation. In order to protect them from this, all health and social care staff should raise concerns and act to protect the individual promptly. Therefore, health and care staff must be able to recognise and address any areas of concern, and have the confidence to speak out when required. Health and social care staff working with older people with mental health needs must be fully aware of their duty of care, particularly where individuals are unable to make decisions for themselves.

	Tier 1	Tier 2 (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of safeguarding needs of older people with or without mental health needs 	<ul style="list-style-type: none"> of the Mental Capacity Act and its core principles to help older people understand choices available to them of the Mental Health Act and its application in health and social care settings of adult and child safeguarding core principles of the key signs and risk factors associated with abuse and neglect in older people 	<ul style="list-style-type: none"> of the Mental Health Act and its core principles to assess and treat mental health conditions in older people (including if the condition is deteriorating, and the risk to self or others)
Know			<ul style="list-style-type: none"> the legislation around people lacking capacity in the context of research and service improvement
Understand	<ul style="list-style-type: none"> that older people with or without mental health conditions can be vulnerable adults and thus at risk of abuse 	<ul style="list-style-type: none"> where changes in behaviour represent a safeguarding concern 	<ul style="list-style-type: none"> the Mental Health Act , Mental Capacity Act, Equalities Act and Human Rights Act

	Tier 1	Tier 2 (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be able to	<ul style="list-style-type: none"> • access help if there are any safeguarding concerns involving an older person • seek appropriate support for expressing safeguarding concerns 	<ul style="list-style-type: none"> • access crisis support for those at risk of self-harm and suicide • identify and respond to safeguarding concerns (as appropriate to role), including referring on where needed • recognise self-harm and/or risk of suicidal ideation and be able to manage/refer on appropriately • support an older person to access relevant legal support, such as a Power of Attorney • recognise if an older person does not have capacity to make specific decisions and take the appropriate actions to safeguard and support them • advocate for and empower older people • identify and respond to potential, or actual, abuse or exploitation and issue safeguarding alerts (as appropriate to role) • provide capacity assessments* • identify and challenge poor, discriminatory or unsafe practice in care and support of older people with mental health needs 	<ul style="list-style-type: none"> • create an environment to protect older people from abuse and neglect, in the context of provision of services and support • demonstrate and share practical knowledge of the relevant mental health legislation, including the use of emergency powers and compulsory treatment aspects • support, provide advice on, carry out or refer for Mental Health Act assessments, capacity assessments and, if required, Best Interests Assessments (as appropriate to situation/role) • practice within appropriate practice guidelines for the use of mental health legislation • manage a detained patient within the relevant mental health legislation (as appropriate to role) • report and take appropriate action following serious untoward incidents • deviate from care pathways when clinically indicated • respond to and manage individuals with complex capacity issues

	Tier 1	Tier 2 (* – competencies in this tier marked with * are <i>partially</i> applicable to social care staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be able to	<ul style="list-style-type: none"> • access help if there are any safeguarding concerns involving an older person • seek appropriate support for expressing safeguarding concerns 	<ul style="list-style-type: none"> • access crisis support for those at risk of self-harm and suicide • identify and respond to safeguarding concerns (as appropriate to role), including referring on where needed • recognise self-harm and/or risk of suicidal ideation and be able to manage/refer on appropriately • support an older person to access relevant legal support, such as a Power of Attorney • recognise if an older person does not have capacity to make specific decisions and take the appropriate actions to safeguard and support them • advocate for and empower older people • identify and respond to potential, or actual, abuse or exploitation and issue safeguarding alerts (as appropriate to role) • provide capacity assessments* • identify and challenge poor, discriminatory or unsafe practice in care and support of older people with mental health needs 	<ul style="list-style-type: none"> • create an environment to protect older people from abuse and neglect, in the context of provision of services and support • demonstrate and share practical knowledge of the relevant mental health legislation, including the use of emergency powers and compulsory treatment aspects • support, provide advice on, carry out or refer for Mental Health Act assessments, capacity assessments and, if required, Best Interests Assessments (as appropriate to situation/role) • practice within appropriate practice guidelines for the use of mental health legislation • manage a detained patient within the relevant mental health legislation (where appropriate to role) • report and take appropriate action following serious untoward incidents • deviate from care pathways when clinically indicated • respond to and manage individuals with complex capacity issues

Relevant guidance and/or legislation

Safeguarding older people from abuse and neglect – AgeUK (2019).

Indicative mapping to relevant national standards or framework

Adult Safeguarding: Roles and Competencies for Health Care Staff – Royal College of Nursing (2018).

Making Safeguarding Personal Outcomes Framework – Association of Directors of Adult Social Services (2018).

National Competency Framework for Safeguarding Adults – Learn to Care (2010).

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework – NHS England (2015).

Domain 8 – Co-production and engagement

The principles of co-production and engagement mean that health and social care staff take steps to ensure older people with mental health needs are involved in their own care and can influence the way services are designed, to meet their preferences and needs. Care plans, services and interventions should be accessible and equitable, and the language used to engage with older people with mental health needs should reduce stigma.

Co-production and engagement provide older people and those working with them the opportunity to design services that are safe, high quality and engaging. Co-design and co-production are opportunities for creativity and innovation and, in turn, to engage in rewarding practice and care.

Staff working with older people and those with mental health conditions should recognise the value of co-production and engagement in order to best support people in their care. Staff should be aware of co-production and engagement methodologies to ensure such efforts are effective in all stages of the process, from gathering views and inputs, to implementation and delivery of co-produced services.

	Tier 1	Tier 2* (*– competencies in this tier marked with * are <i>partially</i> applicable to clinical staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of the importance in voicing one’s own opinion, view and experience of a service or intervention, particularly as a service user and/or carer of an older person’s expectations of a service, care or intervention 	<ul style="list-style-type: none"> of the principles of co-production and co-design of the individuals and relationships required in a wider context to successfully co-produce and engage of the iterative nature of co-production and co-design activities 	<ul style="list-style-type: none"> of the importance of co-production and engagement in service design, delivery and review

	Tier 1	Tier 2* (*– competencies in this tier marked with * are <i>partially</i> applicable to clinical staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Know	<ul style="list-style-type: none"> that engaging with research and offering feedback provide invaluable insight 		
Understand	<ul style="list-style-type: none"> that older people may have low expectations of care 	<ul style="list-style-type: none"> that older people may not feel worthy of care due to their mental health condition the importance of feedback from older people with mental health needs and their families/carers to quality assure services the complexity of engaging with older people with mental health conditions 	
Be able to	<ul style="list-style-type: none"> offer feedback to service and intervention providers support an older person to express their preferences and desires for interventions or services 	<ul style="list-style-type: none"> promote and enable older people to be involved in meaningful community activities according to their wishes* explore older people’s preferences in the design and delivery of activities 	<ul style="list-style-type: none"> timely and proactively include service users and their carers and families in consultation for the design and evaluation of services use feedback appropriately to shape the design and delivery of interventions and services for

	Tier 1	Tier 2* (*– competencies in this tier marked with * are <i>partially</i> applicable to clinical staff, dependent on role and setting) (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
		<ul style="list-style-type: none"> • develop individual/service practice following feedback from older people • gather feedback from patients to quality assure services and facilitate change 	<p>older people with mental health conditions</p> <ul style="list-style-type: none"> • use people’s feedback and person-centred outcomes to co-produce improvements in services with those who use them • close the feedback loop, showing all stakeholders how their contributions have been taken into account

Relevant guidance and/or legislation

Co-production with older people – Social Care Institute for Excellence (2016).

Co-production With Older People Guide – National Development Team for Inclusion (2018).

Indicative mapping to relevant national standards or frameworks

Dementia Training Standards Framework – Skills for Health, Skills for Care & Health Education England (2018).

Frailty Core Capabilities Framework – Health Education England & NHS England (2018).

Person-Centred Approaches: a core skills education and training framework – Health Education England, Skills for Health & Skills for Care (2017).

Domain 9 – Equality, diversity and inclusion

Equality is about ensuring everybody has an equal opportunity and is not discriminated against because of their characteristics. When considering older people and older people with mental health conditions, there is a high risk of discrimination, in particular relating to stigma attached to age and mental health. Diversity is about understanding and accounting for differences between groups of people and recognising the value of those differences.

Health and social care staff should have the knowledge and skills required to effectively identify and challenge discrimination against older people with mental health needs. Discrimination in any form can have a myriad of seen and unseen effects, with long-lasting impact. Further, wider inequalities can exacerbate population-level outcomes in older people, and in turn will impact older individuals’ physical and mental health.¹⁸

Those engaged informally as carers for older people, with or without mental health needs, also require support from and protection against discrimination. Tiers 2 and 3 staff should have awareness that caring can carry the increased risk of social exclusion and look to support carers accordingly.

Staff working with older people with mental health needs should recognise that the diversity of this population requires awareness of differences in cultural, religious and sexual norms, and an understanding of how these differences may impact older people’s mental health.

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> of the impact previous discrimination can have on existing and future behaviours 	<ul style="list-style-type: none"> that older people can experience discrimination, e.g., due to sensory impairment, poor mobility or 	<ul style="list-style-type: none"> of the risk of unconscious bias in engaging with older people with mental health needs

¹⁸ *Fair Society Healthy Lives (The Marmot Review)*, M. Marmot, P. Goldblatt, J. Allen et al. (2010).

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	<ul style="list-style-type: none"> of unconscious bias against older people and their cultural expectations of ageing, which may be different from that of the community they are in that older people may choose later life to share a different sexual identity to the one they previously presented, which can impact positively or negatively on their wellbeing, relationships and mental health 	<p>cognitive issues, as well as due to sexism, racism and homophobia</p> <ul style="list-style-type: none"> that an older person may find it difficult to raise or discuss their sexuality or relationships, due to external stigma and expectations of older people’s sexuality that there is still stigma associated with mental health among older age groups who are less likely to self-identify or disclose their mental health needs of carers’ needs and the risks of wider discrimination against them due to social exclusion 	<ul style="list-style-type: none"> of institutional ageism of the diversity of the population of older people and their needs
Know	<ul style="list-style-type: none"> the impact of ageing on an individual in a community or culture they were not born or brought up in that inequality can impact older people in myriad ways that older people’s age, personal history, relationships, ethnicity, culture, religion, sexuality and personalities differ from one another 		

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Understand	<ul style="list-style-type: none"> that age is a characteristic protected by law, which means age discrimination is illegal 	<ul style="list-style-type: none"> the ‘personhood’ and identity of individuals beyond their chronological age – this means an older person should not be defined by their age as their main characteristic, but by their need that technology can be a barrier to older people and result in exclusion, but assuming lack of technological skills or potential can also be discriminatory 	<ul style="list-style-type: none"> the evidence of the impact of training in equality, diversity and inclusion the importance of reflective practice to reduce the likelihood of discrimination
Be able to	<ul style="list-style-type: none"> recognise discrimination in any form seek support in addressing discrimination 	<ul style="list-style-type: none"> practice in a way that reduces the impact of discrimination and exclusion created by age-related issues, such as reduced mobility, sensory abilities, or confidence with technology identify and support carers to reduce the risk of their social exclusion reflect on own attitudes, values and assumptions, and those of others, to challenge discrimination within support services adapt provision of support for older people with mental health needs on the basis of their religious, cultural and sexual identity 	<ul style="list-style-type: none"> challenge and address personal and institutional unconscious or conscious bias take a leadership role in addressing systemic discrimination against older people, including in access to mental healthcare respect and value diversity in the workforce engaging with older people harness the strengths that diversity brings to enable the delivery of high quality care

Relevant guidance and/or legislation

Briefing: Human rights of older persons and their comprehensive care – AgeUK (2017).

Equality Act 2010: guidance – Government Equalities Office (2015).

Mental Capacity Act (2005).

Mental Health Act (1983).

The Equality Act 2010 and Carers – L. Clements et al. (2010).

Indicative mapping to relevant national standards or frameworks

Implementing the Carers (Equal Opportunities) Act 2004 – Social Care Institute for Excellent (2007).

Domain 10 – Developing services and workforce research

Leaders and senior managers have a responsibility to provide direction, role modelling and training, to disseminate best practice and to motivate and support staff in meeting their objectives. This requires an understanding of the environment in which the organisation operates and an understanding of current research and developments in the area of OPMH. Leaders can also influence the culture of their workplace regarding desired attitudes and ways of working (such as promoting co-production). As well as supporting staff in their own organisation, leaders are required to work collaboratively to deliver integrated services as part of a multi-agency team.

Education and training providers should promote the field of OPMH as attractive and rewarding by providing clear benefits and programmes of professional development, to bring awareness of the benefits of the field across the many disciplines involved and to attract new and qualified staff to augment the existing workforce. There are multiple existing frameworks, policy documents, recommendations and legislation to guide and enrich leadership within the sector, which should provide a solid foundation for Tier 3 professionals with leadership roles.

Commissioners and providers should also encourage the development of flexible, shared care approaches whereby specialist OPMH staff are enabled to work across different teams and settings, for example, within and across NHS trust boundaries. This would support the provision of more continuous, holistic care across physical, mental health and social care, in a context of rising demand and limited specialist workforce.

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
Be aware	<ul style="list-style-type: none"> that research into mental health needs, services, patient and carer experience is ongoing of the value of providing feedback to services as an older person, or 	<ul style="list-style-type: none"> of potential historic age discrimination in the commissioning and provision of mental health services 	<ul style="list-style-type: none"> of how healthcare governance influences patient care, research and educational activities at a local, regional and national level

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
	in a role supporting an older person, to improve services for others	<ul style="list-style-type: none"> of the value of multidisciplinary teamworking 	<ul style="list-style-type: none"> of the expanding older people’s population and the subsequent need for a growing and skilled workforce in the field of OPMH
Know		<ul style="list-style-type: none"> the training and workforce gaps in the field of OPMH the range of services and agencies available to older people 	
Understand	<ul style="list-style-type: none"> the role of patients and the public in informing the development of research and services for older people with mental health needs 	<ul style="list-style-type: none"> the importance of mapping specific workforce training needs in providing care for older people with mental health needs 	<ul style="list-style-type: none"> the specific aspects of working within the field of OPMH that are of value to the workforce, professionally and personally the importance of flexible approaches to workforce planning, including shared care approaches whereby specialist staff can move between teams and settings
Be able to		<ul style="list-style-type: none"> identify own professional and training areas for development to maintain skills and a high quality of care delivery access appropriate training when caring for older people with mental health conditions access ongoing continual professional development 	<ul style="list-style-type: none"> plan, design and undertake organisational development activities for OPMH-specific workforce design development activities to support workforce training conduct research and analyses to assess workforce needs and to inform workforce planning

	Tier 1	Tier 2 (the expectation is that a Tier 2 individual should be proficient in Tier 1 competencies)	Tier 3 (the expectation is that a Tier 3 individual should be proficient in Tiers 1 & 2 competencies)
			<ul style="list-style-type: none"> engage with and implement relevant policy documents, competency frameworks, standards and legislation relating to older people’s care, person-centred care and mental health work collaboratively with a range of services and agencies available to older people act as leader, collaborator and advocate (as appropriate to role)

Relevant guidance and/or legislation

Delivering integrated care: the role of the multidisciplinary team – Social Care Institute for Excellence (2018).

Guidance for commissioners of older people’s mental health services – Joint Commissioning Panel for Mental Health (2013).

Indicative mapping to relevant national standards or frameworks

A Competency Based Curriculum for Specialist Training in Psychiatry – Royal College of Psychiatrists (2017).

Public mental health leadership and workforce development framework – Public Health England (2015).

The Adult Social Care Outcomes Framework – Department of Health (2017).

UK Core Skills Training Framework – Skills for Health (2018).

Appendices

Appendix 1 – Psychiatric presentations resulting from physical illnesses and medications¹⁹

Psychiatric presentation	Physical conditions	Medications
Anxiety	Brain damage (stroke, neoplasm), phaeochromocytoma, Huntington's disease, hyperthyroidism, Parkinson's disease, heart disease (angina, myocardial infarction, heart failure, arrhythmias), hypoglycaemia, lung disease (COPD, pneumonia, pulmonary embolism)	Steroids, antidepressants, thyroxine, anticholinergics, sympathomimetics, alcohol, caffeine
Depression	Brain damage (stroke, neoplasm), Cushing's disease, Huntington's disease, multiple sclerosis, hypothyroidism, vitamin (B, D) deficiency, Parkinson's disease, angina and myocardial infarction, anaemia, diabetes mellitus, pain, malignancy (esp. pancreas, lung), electrolyte disturbance	Steroids, anticholinergics, alcohol
Mania	Brain damage (stroke, neoplasm), Cushing's disease, Huntington's disease, hyperthyroidism, multiple sclerosis, temporal lobe epilepsy, vitamin (B, D) deficiency, Parkinson's disease	Antiparkinson medication (dopamine agonists), steroids, antidepressants, alcohol, caffeine
Psychosis	Brain damage (stroke, neoplasm), Cushing's disease, Huntington's disease, temporal lobe epilepsy, Parkinson's disease, angina and myocardial infarction	Antiparkinson medication (dopamine agonists), steroids, alcohol

¹⁹ Adapted from: *A Practice Primer on Mental Health in Older People*. NHS ENGLAND (2018).

Appendix 2 – Case studies

Mrs Jones is an 84-year-old widow who lives alone, who has quite bad arthritis, mild heart failure and insulin-dependent diabetes. She only has a few friends, has one daughter who lives 100 miles away and is estranged from her son. She has an older sister who is in a care home and who has dementia. Mrs Jones appears to be tearful from time to time and says she sometimes thinks life is not worth living.

Tier 1

Mrs Jones' situation may make her prone to depression. Some of Mrs Jones' symptoms may be due to depression. It would be entirely appropriate to seek some further assessment and advice for her, with her consent.

Tier 2

Mrs Jones has a series of risk factors which increase her chance of being depressed: physical ill health and social isolation. Further discussion with Mrs Jones could bring to the fore specific symptoms such as low mood and motivation. Further assessment would be appropriate in view of her thoughts that life is not worth living. This would include a review of her physical health to make sure that treatment is optimal.

Tier 3

To be able to take a full psychiatric history detailing any previous episodes of depression and vulnerabilities, including an in-depth review of her relationships with her two children, why she never sees her son and the impact that could have on her current psychological wellbeing.

To carry out a risk assessment for the potential for self-harm/suicide and to differentiate between passive suicidal ideas and active plans.

To put together a comprehensive support package including a discussion with Mrs Jones about referral to IAPT, antidepressants which may impact on her other health conditions and support in the community.

Mr Patel is a 67-year-old man with a wife and grown-up son. Mr Patel has developed a fear of going out. He retired about six months ago and is in good physical health although has some symptoms of an enlarged prostate.

Tier 1

Recognising that Mr Patel may have a psychiatric condition which is leading to his fear of going out. Help and further assessment might be appropriate. His recent retirement may have an impact on his mental wellbeing.

Tier 2

Mr Patel's symptoms may be due to an anxiety disorder and further enquiry into the symptoms they have on him and his family would be appropriate. A discussion with him about the impact of retiring might be helpful in understanding some of his symptoms. There are specific treatments, such as talking treatments, that could well help Mr Patel, particularly in view that his symptoms are fairly recent.

Tier 3

A consideration as to whether Mr Patel's symptoms are of a generalised anxiety disorder and/or a series of specific phobias. An understanding of his social circumstances and perhaps his health worries about his prostate gland could help and could form part of a package of care.

Planning a behaviour programme which could include desensitisation, alongside some CBT (cognitive behavioural therapy) for his symptoms, perhaps with a consideration of some antidepressant medication.

Mrs North is a 75-year-old lady who suddenly becomes very distressed and agitated at her husband who she thinks is trying to poison her. She has attacked him with a knife and has rampaged around the house convinced that he has hidden a mistress somewhere. She has stopped eating and drinking as she fears her food and drink are poisoned. She complains of vague chest pain but is physically quite well. She has never had any psychiatric problems before.

Tier 1

An appreciation that this is potentially a serious situation which requires help and input as a matter of some urgency. It will be important to support Mrs North's husband as the situation may be very distressing for him. Further assessment is needed.

Tier 2

The sudden onset of an illness such as this suggests there is potentially an underlying serious physical or psychiatric condition. There is a need for a risk assessment and further examination as a matter of urgency. Mr North requires some help to protect himself.

Tier 3

A detailed psychiatric history and examination to assess whether this is an exacerbation of a previous personality trait, whether it has arisen anew, suggesting an acute organic illness or an acute physical illness (for example, myocardial infarction).

A detailed risk assessment both of Mrs North's own and her husband's safety with a consideration of whether the Mental Capacity Act or the Mental Health Act should be invoked for her own protection and that of others.

Rapid sedation to calm the acute situation may well be necessary, together with a plan for appropriate drugs and their administration mode (oral or intramuscular would be considered).

Appendix 3 – Screening tools for depression²⁰

Geriatric Depression Scale

4-item Geriatric Depression Scale (GDS-4)

- Are you basically satisfied with your life? Yes / NO
- Do you feel that your life is empty? YES / No
- Are you afraid that something bad is going to happen to you? YES / No
- Do you feel happy most of the time? Yes / NO

(Score 1 for answers in block capitals: 2–4=depressed, 1=uncertain, 0=not depressed)

15-item Geriatric Depression Scale (GDS-15)

- Are you basically satisfied with your life? Yes / NO
- Have you dropped many of your activities and interests? YES / No
- Do you feel that your life is empty? YES / No
- Do you often get bored? YES / No
- Are you in good spirits most of the time? Yes / NO
- Are you afraid that something bad is going to happen to you? YES / No
- Do you feel happy most of the time? Yes / NO
- Do you often feel helpless? YES / No
- Do you prefer to stay at home, rather than go out and do new things? YES / No
- Do you feel you have more problems with memory than most? YES / No
- Do you think it is wonderful to be alive? Yes / NO
- Do you feel pretty worthless the way you are now? YES / No
- Do you feel full of energy? Yes / NO
- Do you feel that your situation is hopeless? YES / No
- Do you think that most people are better off than you are? YES / No

(Score 1 for answers in block capitals: 0–4=normal, 5–9=mild depression, 10–15=more severe depression).

Screening for depression

The 2-item questionnaire works in older people.

In the past month, have you:

- Been troubled by feeling down, depressed or hopeless?
- Experienced little interest or pleasure in doing things?

²⁰ Adapted from: *A Practice Primer on Mental Health in Older People*, NHS ENGLAND (2018).

Appendix 4 – Further information on relevant legislation

The Mental Health Act (1983) (MHA)

The MHA is designed to provide a framework to look after people with mental illness (not physical illness) who are refusing treatment.

GPs who are not Section 12-approved do not need to know about the MHA in detail. If participating in an MHA assessment you will be supported through the process by an approved mental health professional (an AMHP, often a social worker). If you are asked by an AMHP to take part in an MHA assessment it is incredibly important to do so if you can. A Section is a major restriction of liberty, and the GP's view can be essential in making a decision based on all the available facts and opinions.

A few commonly used MHA Sections include:

- Section 2 – an assessment order: used to admit someone, where diagnosis and treatment are unclear (for example, a new presentation), to hospital for up to 28 days.
- Section 3 – a treatment order: usually used for patients well known to services who have been detained before, can be used to detain someone for up to six months, and can be renewed.
- Section 135 – applied after being approved by court, in order to remove someone from their place of residence to a place of safety (usually a psychiatric hospital), for a full MHA assessment. An example of this might be someone in a state of self-neglect who is refusing entry from agencies to their place of residence.
- Section 136 – the removal of someone from a public place (for example, a street or shopping centre) who appears to be suffering from mental illness, by the police, to be taken to a place of safety for a full MHA assessment.

How to assess mental capacity

Any capacity assessment is decision- and time-specific. So if someone asks you to assess a person's mental capacity, your first question should be 'what for?'

There are four stages:

- Can the person take in the information required?
- Can they retain it long enough to weigh it up to come to a decision?
- Assuming they can, are they able to weigh it up?
- Can they express it?

The five principles of the Act (ABCDE) can be summarised as:

- A. Assume that capacity is present – the onus is to prove that the person lacks capacity.
- B. Best interests – keep this in mind all the time.
- C. Choose least restrictive method of treatment.
- D. Decisions that are unwise are allowed.
- E. Ensure all steps are taken to help maximise a person's ability to take part in a capacity test, for example, quiet room, hearing aids working.

The Care Act

Introduced in 2014, it placed a duty on local authorities to help individuals with care needs, provide information for them and ensure a range of providers is available. Following the Act, adult safeguarding has moved up the agenda, particularly elder abuse.

Health professionals have a duty to be alert to safeguarding concerns, and raise them with the relevant social services team.

'Abuse' covers physical, sexual, verbal or emotional abuse, and financial exploitation. Sadly, abuse may occasionally be carried out by those who appear to be carers. Self-neglect, for example, Diogenes syndrome, is also covered by the Care Act.

The Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards is a part of the 2005 Mental Capacity Act which applies when the person lacks capacity.

In primary care, it is normally applied for in care homes (but it can apply in other settings) and it is where the person is under continuous supervision and control AND is NOT free to leave. The person's lack of compliance or objection is not taken into account.

If you think a person is being deprived of their liberty you should tell the managing authority (for example, a care home) to apply to the supervisory board (a local authority) for a DoLS authorisation.

In practice, it also means (at the time of writing) that any patient subject to a DoLS who dies should be reported to a coroner. The GP should not issue a death certificate (it is the responsibility of the home, not the GP, to initiate a DoLS).

Case law has changed the implementation of DoLS and it is subject to review. Check latest examples on <http://www.ageuk.org.uk/publications/age-ukinformation-guides-and-factsheets/>

Power of attorney

(Ordinary) power of attorney is when a person with capacity to make such a decision chooses to give someone else authority to act on the person's behalf. It is only valid whilst the person has capacity.

Lasting power of attorney (LPA) covers two areas:

- 1) Property and financial affairs (buying/selling properties or paying bills).
- 2) Health and welfare (might include medical decisions, social activities).

LPAs are made when the person has capacity and needs to be registered with the Court of Protection. It comes into effect when the person has lost capacity to manage their affairs. LPA replaces the old system of enduring power of attorney. LPAs for health and welfare need to be consulted if the person lacks capacity to decide about their medical care.

Appendix 5 – Further information on NICE guidelines

Depression in adults: recognition and management (NICE Clinical Guideline 90)

Consider asking people who may have depression two questions:

- During the last month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

Antidepressants should not be offered in new onset mild depression, rather individual guided self-help, (computerised) CBT, exercise or a structured group physical activity programme.

Antidepressants, initially an SSRI, are recommended for moderate to severe depression and dysthymia. Antidepressants are not associated with addiction, but patients should be informed about discontinuation (withdrawal) effects. Continue medication for at least six months after remission of an episode of depression (two years if at increased risk of relapse).

Psychosis and schizophrenia in adults: prevention and management (NICE Clinical guideline 178)

For newly diagnosed schizophrenia, offer oral antipsychotic medication. The choice should be made by the patient and healthcare professional together.

Offer ECG if specified in product characteristics of antipsychotic, physical exam has identified a cardiovascular risk (for example, hypertension) or history of cardiovascular disease.

Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication).

In the first year after diagnosis, physical health monitoring should be coordinated by the secondary care team.

GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually. Checks include:

- Weight (plotted on a chart);
- Waist circumference (done lying down);
- Pulse and blood pressure;
- Fasting blood glucose, glycosylated haemoglobin (HbA1c), blood lipid profile and prolactin levels;
- Assessment of any movement disorders;
- Assessment of nutritional status, diet and level of physical activity; and
- Smoking cessation and dietary advice might be helpful.

Generalised anxiety disorder and panic disorder in adults: management (NICE Clinical guideline 113)

A 'stepped care' approach and treatment of the primary disorder (for example, depression, substance use) is recommended first. Psychological therapy should be used as first-line therapy whenever possible as it is considered more effective than pharmacotherapy. In pharmacotherapy, there is most evidence for SSRIs and sertraline is recommended as first-line treatment.

Panic disorder: encourage CBT-based self-help; don't use benzodiazepines; if SSRI not tolerated or ineffective, imipramine or clomipramine can be used.

Generalised anxiety disorder: encourage CBT-based self-help, high-intensity psychological interventions if ineffective; do not use benzodiazepines for more than 2–4 weeks; if SSRI not tolerated or ineffective, SNRI or pregabalin can be used.

Delirium prevention and management (NICE Clinical Guideline 103)

If symptoms or signs suggest delirium, carry out a clinical assessment such as the short Confusion Assessment Method (short CAM) to confirm the diagnosis.

In people diagnosed with delirium, identify and manage the possible underlying cause or combination of causes. Ensure effective communication and reorientation (for example, explaining where the person is, who they are, and what your role is) and provide reassurance for people diagnosed with delirium. Consider involving family, friends and carers to help. Provide a suitable care environment.

If the person is considered a risk to themselves or others and verbal and nonverbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for one week or less) haloperidol or olanzapine. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms.

Consider delirium. Be aware that people in hospital or long-term care might be at risk of delirium.

Appendix 6 – Further reading

- *Geriatric Medicine for Old Age Psychiatrists* (2006). Alistair Burns, Michael Horan, John Clague and Gillian McLean. Taylor and Francis.
- *Integrated management of depression in the elderly* (2008). Edited by Carolyn Chew-Graham, Robert Baldwin and Alistair Burns. Cambridge University Press.
- *Mental Health in Older People in Practice* (2002). Alistair Burns, Nitin Purandare and Sarah Craig. Royal Society Press Limited.
- *Oxford Handbook of Old Age Psychiatry* (2011). Bart Sheehan, Salman Karim and Alistair Burns. Oxford University Press.
- *Practical Old Age Psychopharmacology* (2005). Stephen Curran and Roger Bullock. Radcliffe Publishing.
- *Mental Health in Older People – A Practice Primer* (2017). Christoph Mueller, Amanda Thompsell, Daniel Harwood, Peter Bagshaw and Alistair Burns. NHS England and NHS Improvement.

Appendix 7 – Further information on national services, support available and examples of best practice

Organisation	Contact details
Age UK helpline	Tel: 0800 169 2081 Web: http://www.ageuk.org.uk/
Mental Health Foundation – information for patients	Web: https://www.mentalhealth.org.uk/a-to-z/m/mental-health-later-life
Mind – advice	Tel: 0300 123 3393 (Infoline: 9am–6pm) Web: http://www.mind.org.uk/information-support/helplines/
NHS website (formerly NHS Choices) – information for patients	Web: http://www.nhs.uk/
Positive Practice in Mental Health – case studies for positive practice in mental health services	Web: http://positivepracticemhdirectory.org/
The Silver Line 24-hour help for older people	Tel: 0800 470 80 90 Web: https://www.thesilverline.org.uk/

Appendix 8 – Contact details for Health Education England

Health Education England

1st Floor

Blenheim House

Duncombe Street

Leeds

LS1 4PL

Web: <https://www.hee.nhs.uk/about/contact-us>

Appendix 9 – Frameworks, guidance and legislation bibliography

A range of frameworks and standards are mapped within this Framework and cross-referenced where appropriate, these include:

A connected society: A strategy for tackling loneliness – Laying the foundations for change – Department for Digital, Culture, Media & Sport (2018)

A Practice Primer on Mental Health in Older People – NHS England (2017)

Adult Safeguarding: Roles and Competencies for Health Care Staff – Royal College of Nursing (2018)

An Integrated Career and Competency Framework for Dietitians and Frontline Staff – Diabetes UK (2013)

Assessing the mental health needs of older people – Social Care Institute for Excellence (2018)

Briefing: Human rights of older persons and their comprehensive care – AgeUK (2017)

Capabilities Statement for social workers in England who work with older people – British Association of Social Workers (2018)

Care of dying adults in the last days of life – NICE Guidance (2017)

Care of Older Adults – Royal College of General Practitioners (2019)

Co-production with older people – Social Care Institute for Excellence (2016)

Co-production With Older People Guide – National Development Team for Inclusion (2018)

Delivering integrated care: the role of the multidisciplinary team – Social Care Institute for Excellence (2018)

Dementia skills for all: a core competency framework for the workforce in the United Kingdom – A. Tsaroucha et al. (2013)

Dementia Training Standards Framework – Skills for Health, Skills for Care & Health Education England (2018)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2016)

End of life care for adults – NICE Guidance (2017)

End of Life Framework – Skills for Health (2018)

Equality Act 2010: guidance – Government Equalities Office (2015)

Equality in later life – Healthcare Commission (2009)

Falls in older people: assessing risk and prevention – NICE Guidance (2013)

Frailty Core Capabilities Framework – Health Education England & NHS England (2018)

Future of an ageing population – Government Office for Science (2016)

Good Practice Guidelines on the use of psychological formulation – The British Psychological Society (2011)

Growing Older in the UK – British Medical Association (2016)

GP curriculum – Royal College of General Practitioners (RCGP) (2016)

Guidance for commissioners of older people's mental health services – Joint Commissioning Panel for Mental Health (2013)

Guidance for the care of older people – Royal College of Nursing (2015)

ICD-10 Classification of Mental and Behavioural Disorders – World Health Organization (1992)

Implementing the Carers (Equal Opportunities) Act 2004 – Social Care Institute for Excellence (2007)

Improving the physical health of people with mental health problems: Actions for mental health nurses – Department of Health, Public Health England & NHS England (2016)

Information Prescriptions for healthcare professionals – Diabetes UK (2018)

Making Safeguarding Personal Outcomes Framework – Association of Directors of Adult Social Services (2018)

Mental Capacity Act (2005)

Mental Health Act (1983)

Mental Health Act (1983) – Code of Practice

Mental Health of Older Adults – World Health Organization (2017)

Mental wellbeing of older people in care homes – NICE Guidance (2013)

MindEd for Families – e-learning to support a healthy mind (2018)

National Competency Framework for Safeguarding Adults – Learn to Care (2010)

National Service Framework for Older People – Department of Health (2001)

Older people: independence and mental wellbeing – NICE Guidance (2015)

Person-Centred Approaches: a core skills education and training framework – Health Education England, Skills for Health & Skills for Care (2017)

Physiotherapy and Older People – Physiopedia (2018)

Public mental health leadership and workforce development framework – Public Health England (2015)

Safeguarding older people from abuse and neglect – AgeUK (2019)

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework – NHS England (2015)

Self-harm in a primary care cohort of older people: incidence, clinical management, and risk of suicide and other causes of death – C. Morgan et al. *The Lancet Psychiatry* (2018)

Social prescribing: less rhetoric and more reality. A systematic review of the evidence – L. Bickerdike et al. *BMJ Open* (2017)

The Adult Social Care Outcomes Framework – Department of Health (2017)

The Equality Act 2010 and Carers – L. Clements et al. (2010)

The Senses Framework: improving care for older people through a relationship-centred approach – M.R. Nolan et al. (2006)

The Triangle of Care for Mental Health – Carers Trust (2016)

UK Core Skills Training Framework – Skills for Health (2018)

Appendix 10 – Example assessment methodologies

Example 1

Geoff is a care worker. Initially he worked for a homecare agency, where a number of his service users were older adults with mental health needs; however, he also worked with young adults with learning disabilities and a lot of older people experiencing frailty and dementia. Geoff had a few service users with personality disorders, anxiety and depression and he wanted to know how to support them better, so he asked his agency for training and looked for professional development.

Competencies required – Tier 1

Geoff realised he really enjoyed working with these service users and seemed to have the patience and empathy needed. Geoff asked the agency to allocate these service users to him where possible, and he became known as the 'go-to person' for these care packages. Geoff looked to build his understanding of the conditions of his service users.

Competencies required – Tier 2

Geoff decided to apply for a role in a supported housing project specifically for older adults with mental health diagnoses, working with a team that included social workers, a clinical psychologist and occupational therapists, supporting a multi-agency care plan.

Competencies required – Tier 3

Example 2

Alex began working as a healthcare assistant at a psychiatric hospital with individuals diagnosed with dementia and progressive degenerative conditions. He undertook mandatory induction training, as well, and some more OPMH specific training courses appropriate to his role.

Competencies required – Tier 2

Alex then took a secondment as a social care assistant, supporting social workers in the hospital working more frequently with older people with mental health needs.

Competencies required – Tier 2

Over the course of a few years, Alex started working towards his social work qualification; he successfully passed this and obtained a qualified social work post in the hospital, specialising in working in OPMH. Alex became a best interests assessor, visiting older people and other vulnerable adults in care homes and hospitals on behalf of the 'supervisory body' (local authority) to assess and review potential deprivation of liberty authorisations.

Competencies required – Tier 3

Appendix 11 – Principles of assessment

To evidence readiness or ability of individuals to practice safely to a high standard in respect of older people with mental health needs, will be the assessment of achievement of the competencies, specific to the context of their practice. Assessment or evidence of competency outside of formal programmes of study or professional training may take different forms, including:

- Case-based presentation;
- Critical reflections;
- Observations;
- Portfolio of evidence.
- Service user feedback/testimonials;
- Skills and behaviours; and
- Theoretical and/or practical tests of knowledge.

To ensure assessment and evidence of competence in the workplace is valid and reliable:

- Assessors must be occupationally competent, recognised as such by employers and education providers, and be familiar with the Older People's Mental Health Competency Framework.
- Service providers must invest in and support staff to undertake assessment(s) in practice.

Work-based assessments should happen within the work setting, undertaken by experienced assessors aware of the tiers associated with the staff member's role and the competencies required for practitioners.

There will be a strong need for collaboration and working across professional and organisational boundaries, to ensure that learning and assessment in practice delivers fully competent practitioners, who consistently display the competencies confidently across multiple settings.²¹

²¹ Adapted from: *Multi-professional framework for advanced clinical practice in England*. NHS ENGLAND (2017).