

KNOWLEDGE OF ACUTE MENTAL HEALTH CRISIS PRESENTATIONS

Knowledge about acute mental health presentations across the lifespan

An ability to draw on knowledge that acute mental health crises can happen to patients of any age, class, ethnicity, religion, or income, but that patients from socially deprived and

An ability to draw on knowledge that for most patients experiencing an acute mental health crisis (which needs hospital treatment) can be a stressful life event

family and carers feeling marginalised from care by:

being physically separated from the patient

not being able to continue routine caring roles and responsibilities

KNOWLEDGE OF RISK

Knowledge

An ability to draw on knowledge of definitions of risk behaviours (for example, self-harm, suicide, violence and aggression, abuse, neglect, and exploitation)
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An ability to draw on knowledge that patients receiving inpatient care may present with multiple risk behaviours and needs
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KNOWLEDGE OF PHARMACOLOGICAL TREATMENTS

Knowledge of psychiatric treatments for staff with prescribing rights

An ability to draw on knowledge of national guidance regarding the role of pharmacological treatments and ECT of patients who are receiving inpatient care (for example, NICE or SIGN guidelines)	
	an ability to draw on relevant evidence that indicates the basis for safe and effective prescribing
	an ability to recognise that medication can be prescribed in the absence of specific NICE/SIGN guidance
	an ability to recognise that ECT can only be prescribed under specific NICE guidance and requires specific procedures to be undertaken
An ability to draw on knowledge of interactions between prescribed and non-prescribed treatments or medication	

An ability to draw on knowledge of the potential adverse effects of pharmacological treatments and ECT, especially when treatment is being initiated

KNOWLEDGE OF PHYSICAL HEALTH PROBLEMS IN PATIENTS IN ACUTE MENTAL HEALTH CRISIS

An ability to draw on knowledge that in the UK life expectancy for patients living with a serious mental illness (SMI) is reduced by 15-20 years and that patients with severe mental health difficulties:	
	have high rates of smoking, with smoking being the largest cause of premature death
	are at double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia than the general population
An ability to draw on knowledge that some psychotropic medications have metabolic side effects, which can lead to weight gain	
An ability to draw on knowledge that the social inequalities patients experience also increase the likelihood of physical health difficulties (for example, they may struggle to access or experience discrimination in health care)	
An ability to draw on knowledge that patients receiving inpatient care are at risk of having their physical needs overlooked due to diagnostic overshadowing, stigma, and discrimination	
An ability to draw on knowledge that patients should have access to safe, appropriate, and effective treatment for their physical health conditions during admission and appropriate follow-up should be put in place post-discharge	
An ability to draw on knowledge of relevant clinical guidelines which outline the care of physical health for patients (for example, NICE guidelines National Early Warning Score (NEWS)), and apply them when delivering inpatient care	

KNOWLEDGE OF ETHICS, HUMAN RIGHTS ISSUES AND RESTRICTIVE PRACTICE

Knowledge of ethics, human rights, and restrictive practices

An ability to draw on knowledge that the Human Rights Act places a legal duty on people working in a public authority to act in compatibility with human rights and (as far as possible) apply all laws, policy and guidance in a way that respects these rights

An ability to draw on knowledge of key human rights principles (such as fairness, respect, equality, dignity, and autonomy) and apply these to all patients, regardless of background or circumstances

* For example: NICE guidelines on psychosis, personality disorder, bipolar disorder, depression, suicide, self-harm, Suicide Prevention Strategy, Long Term Plan, reducing restricting practices (Royal College of Psychiatrists)

KNOWLEDGE OF TRAUMA-INFORMED CARE PRINCIPLES

An ability to draw on knowledge that the experience of trauma is common in those receiving acute mental health inpatient care

An ability to draw on knowledge that trauma-informed care involves ensuring that patients:

have their physical and emotional safety addressed

have choice and control over their treatment

are collaboratively involved in their care (that decisions about their care are made jointly)

have care providers who are trustworthy, honest, and open

have interactions with staff which validate and affirms them as individuals, and so empowers them

An ability to draw on knowledge that people can be re-traumatized by negative experiences of services, for example giving them a sense that:

they are viewed only through the lens of a diagnosis or label

they have no choice over their treatment

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they do not have the opportunity to give feedback about the care they are receiving

their trust has been violated

they have been subjected to coercive practices

An ability to draw on knowledge that re-c:æ~ { æcâ•æcâ []A&æ } Aâ { } æ&cA []Ac@^A] æcâ^ } cq•A•^ } •^A of self, their sense of others, and their beliefs about the world, and can directly impact on their emotions (for example, cause distress and/or dissociation), and their ability or motivation to connect with and use services

An ability to draw on knowledge that trauma-informed care involves developing and maintaining a relationship that helps the patient to feel safe on the ward