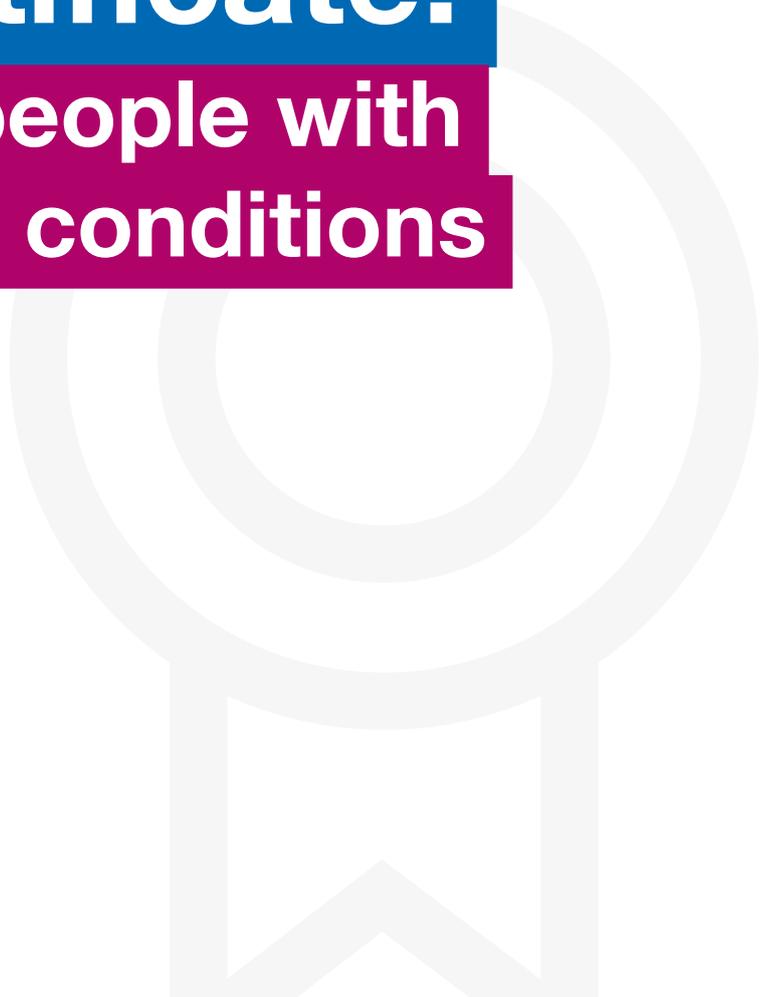


Tailoring the Care Certificate:

Services for people with
mental health conditions



Introduction

The Care Certificate was introduced in 2015 to ensure that all social care and healthcare workers have the knowledge, skills and behaviours to provide compassionate, safe and high quality care and support.

Some of the standards have been contextualised to different working situations or services to help new workers, or workers new to a particular area of care, to apply the content to their specific roles.

The Care Certificate has been contextualised in four areas:

- autism
- dementia
- end of life care
- learning disability
- lone working
- mental health.

This document includes the **mental health** contextualised standards.

This resource doesn't cover all of the Care Certificate standards as not all need contextualising, some are universal and apply in the same way to all areas of work. For example, 'Standard 12 Basic life support' applies in the same way to all areas of care.

This resource is introductory level only and designed to be used in addition to, and to enhance, current Care Certificate delivery and resources, such as the Care Certificate workbooks and presentations.

[Further Care Certificate resources can be found here.](#)

Who should use this resource?

Tailoring the Care Certificate: Services for people with mental health conditions is designed to support workers new to this area of support and contextualise the content of Care Certificate to their role. The resource can be used by learners, Care Certificate trainers and assessors.

How should the resource be used?

Tailoring the Care Certificate: Services for people with mental health conditions is not a mandatory resource. It can be used in a number of ways, by a number of people, to enhance current Care Certificate learning and development. There are activities included throughout. These could be completed verbally or written down, or adapted to be included within a trainer's or assessor's other resources.

The resource could be used:

- in group learning environments, face-to-face or virtually
- in one-to-one learning or supervision sessions, face-to-face or virtually
- as pre-reading or study for learners
- as part of assessment resources
- as part of staff supervisions.

Learners might use this resource:

- to refer to during their Care Certificate programme, or refer back to after completion, to provide context to their other learning.

Care Certificate trainers might use this resource:

- as a handout in training sessions
- to stimulate discussion in group or one-to-one environments
- To review their current training package against.

Care Certificate assessors might use this resource:

- to stimulate discussion during assessment
- to aid in reviewing their assessment documentation.

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Standard 1: Understand your role

When supporting a person with a mental health condition, you may find that they wish to access a variety of services to support their well-being and recovery. These services might offer support around:

- daily living skills
- employment
- friendships and relationships
- community integration
- strategies to manage their own mental health and well being
- nutrition and health
- medication
- making decisions.

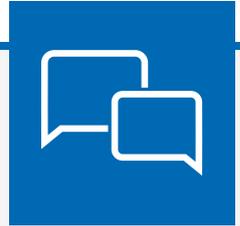
Due to the nature of mental health provision, multi-disciplinary team partnerships are common. These might include:

- other care workers
- early intervention teams
- community mental health teams
- crisis intervention teams
- behaviour support teams
- Community Psychiatric Nurse (CPN)
- education teams
- therapeutic groups
- social workers.

There needs to be a focus on building successful relationships with the person at the centre of their care and support plan. Agreed ways of working will need to be followed when sharing information with these partners.

Discussion: Consider the partnership work you might be involved with.

Who is important to the people you are supporting?
What role do they play in providing care and support?
What impact do they have on an individual's mental health, well-being and recovery?



Your own experiences, attitudes and beliefs

Working in mental health support, you must be aware of how your own experiences, attitudes and beliefs can affect the support which is provided to a person. This may also include assumptions about the way care and support is provided.

Example

Brian starts a new job in a mental health service. On his first day, he observes a colleague providing someone who is accessing support with clean bandages, plasters and sterile disposable gloves. The colleague explains that this is because the person regularly cuts themselves. Brian is confused. He feels like his colleague is encouraging the individual to self-harm and thought his role would be to discourage behaviours like this. He voices his concerns to his colleague. The colleague explains that it takes time and therapeutic intervention to reduce or stop self-harming behaviours as the underlying mental health problem/s is treated and the individual supported to find alternative ways to release their emotions. In the meantime, it is their role as workers to support that individual to remain as safe as possible, encourage them to attend to their cuts and reduce infection.

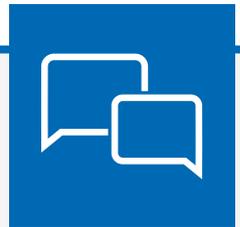
Standard 3: Duty of care

When working in a mental health service you need to apply the Mental Capacity Act 2005 alongside your duty of care, but there can sometimes be conflict or contradiction between a person's choice and your responsibility as a care worker.

Discussion:

Sarah is refusing to maintain her own personal care. Sarah is currently assumed to have the mental capacity to make this choice. How could you support Sarah?

There is a balance to find between respecting the person's choice and acting in the best interests of the person to encourage positive and safe choices. A care worker will still have duty of care to support and encourage Sarah to help minimise self-neglect.



Distressed behaviours

In your role you may support people who display distressed behaviours. Individuals' care plans will detail how best to support them when they are distressed, and should take in to account different factors, such as the person's mood or how different situations may affect them.

It's important to follow agreed ways of working for recording and reporting when dealing with incidents and difficult situations.

Mental Health Act 1983

The Mental Health Act 1983 is a law that tells people with a mental health condition what their rights are and how they should be treated. A person may be detained (also known as "sectioned") under this Act and made to stay in hospital or a unit for assessment and treatment for their safety or the safety of others.

Standard 4: Equality and diversity

Over time, society has developed more of an understanding of mental health. This has gradually led to a more compassionate and person-centred approach to care and support, with media awareness campaigns raising the public's understanding.

But some people with a mental health problem still face stigma and discrimination.

One of the challenges to positively supporting a person with a mental health issue is the main mental health condition is invisible. This is highlighted by media reports highlighting failures of provision and not the success.

Discrimination against a person with a mental health condition occurs when a person or organisation treats that individual differently and unfairly because of their mental health condition. Discrimination is often obvious and “direct”, but it can also be subtle and “indirect”.

Example

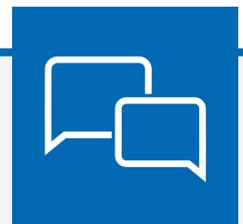
Ranbir works in an administration role at a local company.

Direct discrimination: A manager does not offer available promotion to Ranbir as they know he has a mental health condition.

Indirect discrimination: A manager insists on holding team meetings at 8 am which means Ranbir, who suffers from claustrophobia (a fear of confined spaces), would have to travel on crowded public transport to attend.

Discussion points:

- Why do you think people might discriminate against those with a mental health problem?
- What acts of discrimination have you experienced or witnessed?
- In the examples of direct and indirect discrimination above, why do you think the manager behaved as they did?



Mental health services cover an extremely broad arena and each of these areas will need specialist knowledge amongst the workforce in order to best deliver person-centred care and support. These various areas have their own challenges under equality and diversity such as how different people react to a person with a mental health issue and how the person can behave or react depending on how they are feeling. A care worker should be aware of these factors and know what proactive measures they can take in order to support the person's equality and inclusion.

Standard 5: Work in a person centred way

The phrase "mental health conditions" encompasses a wide range of diagnoses, symptoms, behaviours and ways of seeing the world. Learning about different conditions is important but these should be seen within the context of the individual and how the individual is affected by or experiences a particular condition. Being able to recognise the person's changing needs and their wishes and choices is crucial.

A person's needs and subsequent choices can change frequently, and health can change with time and circumstance. In other situations, gradual changes to a person's mood and health may not always be noticed by those who see them regularly which is why it is important to record how a person is feeling and acting.

You should be mindful of possible "triggers" for the person you are supporting. Triggers are often environmental factors, circumstances or perhaps people that cause uncomfortable feelings for the person. For some people, their mental health may deteriorate or a particular behaviour may occur prompted by particular triggers.

If you find that a person is acting in a way that others find unusual or disruptive, you should try and understand why, as this might be a way to manage distress or anxiety.

Example

Yui is wearing headphones with a very high volume which others can hear. You are aware that Yui experiences auditory hallucinations. Listening to loud music could be a way for Yui to block out the hallucinations and reduce any related anxiety.

Some mental health conditions can manifest themselves in physical symptoms. These factors can create a cycle of deteriorating health so it's essential that workers can identify and reduce pain, distress and discomfort.

Identity

Our identity is what makes us unique and is our sense of who we are. It encompasses personality, spirituality, sexuality, values and culture and is built from our beliefs and experiences.

The people you are supporting may not have fully formed their own personal identity yet or their identity may change as a result of their mental health condition. Finding and understanding your identity can take time and experimentation – often, but not always, through adolescence and early adulthood. This can be a confusing and, perhaps, scary time.

It is vital that people with a mental health condition are supported to explore and develop their own identity as it is so closely linked to self-esteem and self-worth. People with a mental health condition may be more at risk of losing or not forming their identity. This may be because those around them are trying to protect them; their need to express themselves in a different way has not been recognised or promoted; or because they want to "fit in" with the people around them.

Standard 6: **Communication**

Communicating with the person accessing care is an essential part of delivering person-centred care. Some people with a mental health condition may experience barriers when communicating with others. For instance, they may:

- have difficulty focusing or paying attention for periods of time
- have additional cognitive impairment that may prevent someone understanding the message either spoken or written
- be affected by medication
- lack speech or have difficulty interpreting others'
- suffer from anxiety
- be in pain or discomfort
- not feel safe
- experience hallucinations or delusions.

To support effective communication, you should:

- build a trusting relationship with the person
- let the person speak and not put words in their mouth
- listen actively and mindfully to the person
- not patronise the person in your approach
- avoid phrases which may be taken literally such as "oh look, talk of the devil"
- be aware that sometimes what is considered good communication, such as making eye or physical contact, could sometimes be inappropriate
- consider how a person's mood can affect how they communicate and respond to those around them
- be aware that psychosis, dementia and anxiety can alter perceptions hour-to-hour, and therefore affect how the person communicates
- understand how medication may affect how a person communicates.

Example

An organisation used simple language and pictures in their communications to help make information accessible. However, some people with mental health conditions were offended by this and requested more comprehensive information without pictures.

Every effort must be made to adapt communication for all those accessing services – some people might require easy-read documents, but others will not. Communication must be tailored to the individual.

Discussion points:

Consider some of the people you have met who have a mental health problem.

- What communication barriers do they appear to face, if any?
- For those people who experience communication barriers, how can you (and/or others) help breakdown these barriers?



Standard 7: Privacy and dignity

Promoting someone's privacy, could also include respecting the person's:

- own personal space and giving them space when they want or need it
- personal information
- right to have personal relationships, including sexual relationships, and supporting them to maintain those relationships.

There may also be considerations to follow if the person is detained under the Mental Health Act when supporting an individual's right to make informed choices.

A worker should be aware of how fluctuating mental health could impact a person's mental capacity when making an informed choice. It is important to be aware that the person's information needs may change based the status of their mental health, especially if the change is a relapse.

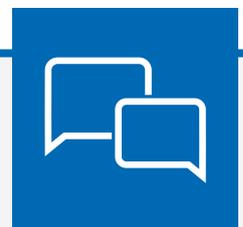
When supporting a person with a mental health condition, there may be more dependence of the support required on longer/wider-term informed choices. These could include those that impact the person's life as opposed to, for example, everyday choices such as what to eat or wear.

Empowering a person - who may not be used to making their own decisions - to do so can be a significant challenge. Approaches and adaptations may be needed to fully enable the person to become involved and make decisions. For example, a person with mental health moving on from a long-term setting, such as a hospital unit and into the community.

Discussion points:

Sarah will often tell people she has only just seen highly personal information about herself.

How could you support Sarah to recognise the importance of not readily sharing her own personal information?



Standard 8: Fluids and nutrition

The person you support may have specific nutrition and dietary requirements that may require specialist input.

For people, especially those who have an eating disorder, fluid and nutritional intake is a crucial and fundamental aspect of their health. Eating disorders are a group of related conditions including anorexia nervosa, bulimia and binge eating disorder.

Example

Adi has anorexia and has a treatment plan in place which has been agreed by health professionals. Adi can find mealtimes difficult and will often display anxious behaviours. He needs help from his support workers to help him follow his treatment plan. This is an individual plan for Adi and includes:

- giving time to eat and not rushing
- offering a range of foods from different food groups
- promoting a relaxed environment
- discussing and agreeing goals during the mealtime
- recognising difficulties and providing positive encouragement.

Progress is reported daily, and the treatment plan is regularly reviewed by those involved in Adi's care.

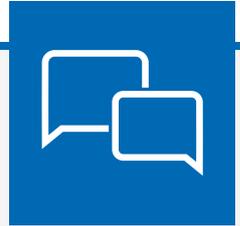
Good fluids and nutrition are essential in improving every person's mental health and well-being. Working with professionals such as a GP, dietitian or therapist may help the person with mental health maintain or manage their health through fluids or nutrition. Keeping fit and healthy is important for good mental health and the right support with the person's nutrition will help the person to achieve this.

Information will be included in the person's care and support plan and you must ensure you make other workers aware of changes, risks or issues in line with agreed ways of working.

Discussion points:

Fran likes to purchase large amounts of sugary snacks and drinks on a regular basis. You notice she consumes the snacks, drinks very quickly and hides the packets and containers under her bed.

- How might this impact Fran's health?
- Why would you need to make others aware of what you have observed?
- How could you support Fran to improve her diet?



Standard 9: Awareness of mental health, dementia and learning disabilities

There are different types of mental health conditions. These may include:

- anxiety problems
- eating disorder
- post-traumatic stress disorder
- personality disorder
- depression
- bipolar disorder
- schizophrenia
- obsessive compulsive disorder.

People may develop a mental health condition at any time in their lives and it can affect each person very differently.

For a person who experiences a mental health condition, it can be confusing and distressing. People will frequently see the early stages of a mental health condition as being a sign of weakness or failure. The perception of what is happening to someone with a mental health condition means many people try to conceal the struggles they have with them and they do not talk to others about it. This can exacerbate their feeling of distress. In all instances it is important that care workers keep talking to the person and try to encourage and support an openness as to how they are feeling.

Knowing what a person likes and dislikes as well as their personal history will allow a care worker to understand how they have arrived at this point in their life and what parts of the environment could be triggers for periods of decreasing mental wellbeing.

In order to maintain wellbeing or to start to recover to wellness, a care worker can help the person:

- talk to people
- build friendships and relationships
- to ask for help
- by encouraging exercise
- by providing support with managing medication
- take on hobbies
- by providing 1:1 support time
- talk about their thoughts and feelings surrounding their mental health
- access external services such as advocates and counsellors.

There are common factors which can potentially result in mental health conditions, such as social issues, substance misuse, physical causes, stigma, experiences of past abuse and stress with finances and work.

An early and prompt diagnosis in the initial stages of a person's mental health illness can have significant and life-changing impact on a person's mental health wellbeing.

Early intervention can lead to:

- improved diagnosis and treatment
- GPs being well placed to support people into making the right informed choices
- more timely and targeted referrals to specialist care and support services
- improved confidence and engagement of primary care providers
- positive impact on families and children of people with mental health issues.

It is important that, if there are multiple assessments, they are all joined up to ensure they cover all aspects of the person's condition. Once the needs and requirements of the person are all established, the person can have their own personalised care plan written. Early diagnosis allows the person to access the services they will need in order to ensure that they are able to maintain their wellbeing and health for longer.

Mental Capacity Act

There are five main principles of the Mental Capacity Act about which you will learn more about in your induction.

Try everything possible to empower the person to make decisions for themselves wherever possible. Consider how you might need to adapt communication approaches to support the person to fully participate in decisions.

It is important that, as a care worker, you can understand the different terms "capacity" and "consent". These have very many different meanings and they can both change according to what decisions need to be made.

Examples of capacity and consent:

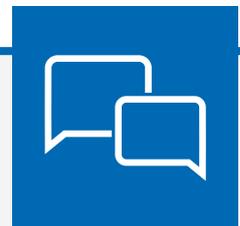
Peter has been advised by the GP that he needs to go into hospital for treatment. Peter has said he does not want to go to hospital. With Peter, his support network carries out an assessment of his mental capacity to make this decision. Peter has been assessed as not having the mental capacity to make an informed decision about this treatment. Again, with Peter, his support network organises a best interest meeting with professionals, his advocate and those who know him well to discuss the treatment and to help make a decision in Peter's best interest.

Sangita has expressed that she would like to go away on holiday independently with her friend. The care team involved in Sangita's support feel there are several risks attached to this. With Sangita, the care team carries out an assessment of her mental capacity. Sangita is assessed as having the mental capacity to make this decision. Sangita's care team then work through a support plan which includes a positive approach to risk management. This supports Sangita to plan for, book and go on holiday with her friend successfully.

Discussion points:

Here are some other different situations you might come across where consent and capacity would be important to consider. How would you approach these with the principles of Mental Capacity?

- Fred wants to spend his weekly allowance on tobacco.
- Sangita is refusing medication as she is convinced it is not working.
- Hannah needs to have a blood test.
- Pedro wants to have a sexual relationship with a person who also uses the service.
- Frank would like to move from shared accommodation to a flat on his own.
- Asha refuses to follow the dietary advice which has been provided by the dietician.



Standard 13: Health and safety

It is important that you understand how someone's mental health issues might affect their health and safety, or the health and safety of others. For example, if a person is:

- experiencing overwhelming feelings of anxiety or depression, they might use self-harm as a coping mechanism
- in a state of mania, they may experience reduced inhibitions and take more risks without fully considering the consequences
- experiencing upsetting hallucinations, they might react in a distressed manner or in a way that others find challenging.

Supporting people to remain healthy and safe will require you to understand them as a person, understand how their mental health affects their behaviour, and how you can support them manage any risks. Sometimes people in your care may require regular observations and monitoring of their well-being. This is to ensure the safety of the person and to support regular contact with them.

Your own mental health and well-being

Internal and external support mechanisms are available to support your resilience as a worker. It is important to work as a team and participate in debriefs following situations which may be difficult and leave you feeling stressed.

Risk assessment

It is important to involve people with mental health conditions in risk assessments in order to help fully understand any risks and to develop successful ways in which the individual can be supported to reduce and manage the risks. Risk assessments and action plans will not necessarily remove risk and will need regular review. But they can empower people to live their life in the way they want to, whilst keeping them and others safe. Risk assessment can enable people to take the risks they want to in the safest, practical way.

Example

Alberto suffers from Anxiety. Crowded places, loud noises and bright lights significantly increase his feelings of anxiety. Alberto expresses a wish to participate in some exercise and suggests trampolining as he always enjoyed this when he was younger. Initially, his support workers are concerned about introducing a new activity in the community in case it brings on Alberto's anxiety. Despite potential risks, workers support Alberto proactively to plan the activity and carry out a risk assessment to ensure he can take part safely. This includes:

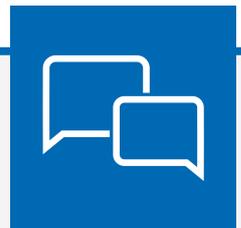
- supporting Alberto to find a suitable session
- showing Alberto, a video of what to expect
- giving Alberto time to make an informed choice
- agreeing with Alberto how support workers could support him if anxiety levels become high.

Alberto now enjoys trampolining on a regular basis. Through involving Alberto in the risk assessment process, he has been supported to carry out an activity in a way which is safe for him. The exercise has also benefitted his health and well-being.

Discussion points:

Dawn is recovering from major depression and it has been a long time since she has accessed the local community independently. Dawn would like to start catching the bus into town again.

- Learning from the principles used above to support Alberto, how could you support Dawn with her goal?
- What benefits could this have to Dawn's mental well-being?



Credits:

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Accomplish Group, Cambridgeshire Shared Lives, Excel Care Holdings, Greenlight PBS Ltd, Halow Project, High Oaks, Huthnance Park, Learning Disability England, Liaise Loddon Ltd, Manor Community, Mencap, Mears Group, My Care at Home, My Learning Cloud, My Options - Activity, Wellbeing and Care, NACAS, Oakland Care, Partners in Care, The Alzheimer's Society, The Stable Family Home Trust, Your Life Care and Support.

