Department of Health & Social Care

Mental Health Core Capabilities Framework

NHS England

Skills for Health

skillsforcare

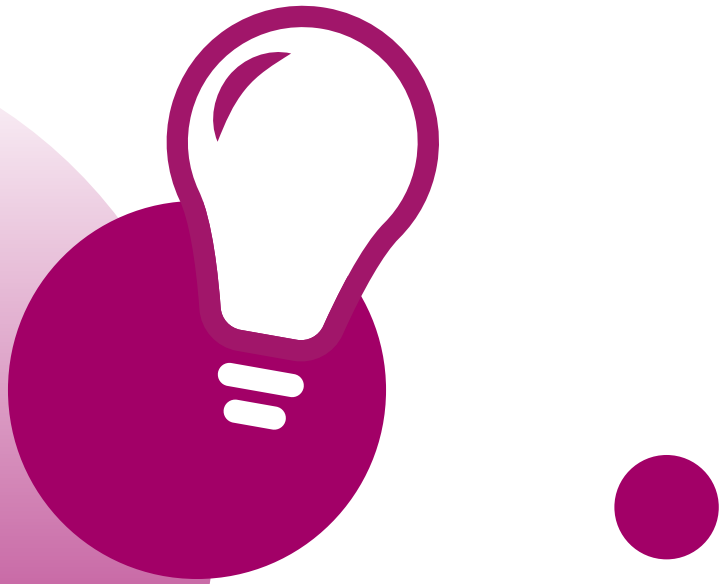
Acknowledgments

The Department of Health and Social Care commissioned and funded this updated framework, which was developed by Skills for Care, Skills for Health and NHSE.

Skills for Care is exceptionally grateful to all those who were able to participate in the consultation and development process. Whilst it's not practical to thank everyone individually, we would like to extend a special thank you to the following people and organisations:

- Care Quality Commission
- NHS England
- Department of Health and Social Care
- Turning Point
- Skills for Health

In addition, we would like to thank the many people who provided comments and feedback on drafts of the framework. All of this feedback has been considered as part of the final draft of this framework.



Development of the framework

The framework review spanned several months and was guided by an Expert Reference Group (ERG) of mental health specialists from health and social care, facilitated and chaired by Skills for Care.

The process began with a desk-based review, followed by five ERG meetings to review each subject to ensure they were still relevant, update language and working practices, and identify any gaps. The review was iterative, refining existing content and building on the content already there to ensure it was accurate and fit for purpose. A draft was then circulated for public consultation, which highlighted some of key themes, including:

- Addition of a new section specifically covering older people and mental health
- Updated language
- Greater emphasis on prevention to be threaded throughout
- Further updates to the presentation of the 'tiers' system
- Inclusion of a glossary of terms used.

In addition, Skills for Care collaborated with lived experience groups to capture their perspectives on key areas within the framework, including what matters to them. This work provided valuable insights that have now been embedded into the framework.

© Department of Health and Social Care 2026. Copies of this framework may be made for non-commercial purposes to aid learning and workforce development. Any other copying requires the permission of the publishers.

Contents

Acknowledgments	**2**
Development of the framework	**3**
Foreword	**9**
Introduction	**10**
Background	**10**
Lived Experience Group	**11**
How the framework can support you	12
Individuals and teams	12
Subject matter experts/trainers	12
Managers in organisations/commissioners of training	13
Education and learning providers	13
Regional and national implementation	13
Benefits of using the framework	**13**
How to use the framework	**14**
Selecting relevant content	**14**
Training and assessment	**15**
Structure of the framework	**16**
How the tiers work	16
Core capabilities	18
How subjects are organised	19
Appendices	19

Tier 1 - Applicable to everyone	**20**
Capability 1: Promoting physical health and wellbeing for people who have a mental health need	20
Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide	21
Capability 3: Communication and establishing positive relationships with people who have mental health needs	23
Capability 4: Recognising and preventing self-harm and suicide	25
Capability 5: Working with a person's support network as partners in promoting positive mental health	26
Capability 6: Partnership and multi-agency working	26
Capability 7: Equality, equity, diversity and inclusion in mental health	27
Capability 8: Enabling and supporting a reablement focused approach to mental health	27
Capability 9: Supporting children and young people with a mental health need	28
Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs	29
Capability 11: Supporting older people with a mental health need	30
Capability 12: Identification and assessment of mental health needs	31
Capability 13: Using person-centred comprehensive assessment in mental health	32
Capability 14: Treatment and interventions for mental health needs and the management of medication	33
Capability 15: Use of digital health tools to promote positive mental health and deliver effective support	34
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health	35
Capability 17: Applying research and evidence-based practice applicable to your organisation and role	36
Capability 18: Providing leadership in mental health services	37
Capability 19: Professional education and development	37

Tier 2 - Applicable to those providing direct care and services for people with mental health needs	**38**
Capability 1: Promoting physical health and wellbeing for people who have a mental health need	38
Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide	40
Capability 3: Communication and establishing positive relationships with people who have mental health needs	42
Capability 4: Recognising and preventing self-harm and suicide	43
Capability 5: Working with a person's support network as partners in promoting positive mental health	44
Capability 6: Partnership and multi-agency working	44
Capability 7: Equality, equity, diversity and inclusion in mental health	45
Capability 8: Enabling and supporting a reablement focused approach to mental health	46
Capability 9: Supporting children and young people with a mental health need	48
Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs	50
Capability 11: Supporting older people with a mental health need	51
Capability 12: Identification and assessment of mental health needs	53
Capability 13: Using person-centred comprehensive assessment in mental health	54
Capability 14: Treatment and interventions for mental health needs and the management of medication	55
Capability 15: Use of digital health tools to promote positive mental health and deliver effective support	57
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health	58
Capability 17: Applying research and evidence-based practice applicable to your organisation and role	59
Capability 18: Providing leadership in mental health services	60
Capability 19: Professional education and development	61

Tier 3 - Applicable to senior and specialist practitioners	**62**
Capability 1: Promoting physical health and wellbeing for people who have a mental health need	62
Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide	63
Capability 3: Communication and establishing positive relationships with people who have mental health needs	63
Capability 4: Recognising and preventing self-harm and suicide	65
Capability 5: Working with a person's support network as partners in promoting positive mental health	66
Capability 6: Partnership and multi-agency working	66
Capability 7: Equality, equity, diversity and inclusion in mental health	67
Capability 8: Enabling and supporting a reablement focused approach to mental health	68
Capability 9: Supporting children and young people with a mental health need	69
Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs	70
Capability 11: Supporting older people with a mental health need	71
Capability 12: Identification and assessment of mental health needs	71
Capability 13: Using person-centred comprehensive assessment in mental health	72
Capability 14: Treatment and interventions for mental health needs and the management of medication	73
Capability 15: Use of digital health tools to promote positive mental health and deliver effective support	75
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health	76
Capability 17: Applying research and evidence-based practice applicable to your organisation and role	77
Capability 18: Providing leadership in mental health services	78
Capability 19: Professional education and development	78

Appendix 1: References	79
Appendix 2: Glossary	80
Appendix 3: Related standards and frameworks	84
Appendix 4: Key sources	85
Other useful resources	86

Foreword

Mental health is everyone's business. This updated 'Mental Health Core Capabilities Framework' offers an accessible pathway for individuals, teams and organisations to build capability and confidence, regardless of role or setting. It supports a universal workforce – one that is trauma-informed, person-centred and rooted in equity.

In my role as the leader of a national health and social care organisation supporting people across a breadth of mental health needs, I see every day the difference that skilled, empathetic and confident support can make.

By embedding this framework into practice, people who use mental health services benefit from more consistent, compassionate and personalised support that reflects their needs and aspirations.

For those who provide support, it gives clarity, confidence and a shared language for delivering high-quality care, fostering professional growth and wellbeing. Together, these benefits strengthen relationships and outcomes across all settings.

I want to thank everyone who contributed to the framework. A wide range of professionals from across the voluntary, community and social enterprise sectors and NHS services worked with many people with lived experience.

The vital perspectives of people with lived experience ensure that the framework reflects what matters most – relationships, trust and the ability to see and respond compassionately and holistically.

My hope is that this framework is used not just to train, but to transform. Together, we can create a future where mental health support is meaningful, respectful and shaped by those who know it best.

Julie Bass
Chief Executive, Turning Point

Introduction

Background

Mental health refers to a person's emotional, psychological and social well-being. It affects how we think, feel, and behave in daily life. It also influences how we handle stress, relate to others and make decisions. Good mental health doesn't mean feeling happy all the time, it means being able to cope with life's challenges, maintain relationships, and function effectively.

Key aspects of mental health include:

- **Emotional well-being:** Managing emotions like stress, sadness, and happiness in a balanced way.
- **Cognitive functioning:** Clear thinking, concentration, and decision-making.
- **Social connections:** Building and maintaining healthy relationships.
- **Resilience:** The ability to recover from setbacks and adapt to change.

The Department of Health and Social Care commissioned Skills for Care to lead the review of four frameworks this year, including: 'Mental Health Core Capabilities Framework', the 'Dementia Training Standards Framework', the 'Frailty Core Capabilities Framework' and the 'End of Life Care Core Capabilities Framework'.

The frameworks serve as a key resource for employers, educators and practitioners, defining evidence-based practice, national standards, implementation strategies and performance measures to inform learning and qualification development. It is not intended to be used as a resource to plan, evidence or measure care and support for people with mental health needs.

Lived experience group

In addition to the work undertaken by the ERG, Skills for Care engaged with lived experience groups from across the country, facilitated by Turning Point who are a member of the ERG. This engagement was carried out to ensure the content within the framework effectively supports people with a mental health need and staff working with them.

These insights are essential to ensuring that the framework is both relevant and impactful as it will inform future training of staff in roles supporting people with a mental health need.

Turning Point engaged with a cross section of their services to facilitate a series of focus groups involving individuals with diverse mental health experiences. The discussions were designed to ensure that the review of the framework was not only shaped by professionals, but by those who have experienced mental health support first hand. The aim was to better understand what good support feels like, what helps or hinders recovery and what qualities and skills really matter in those people who provide care.

Participants were from a range of services within Turning Point including hospitals, community and outreach, supported accommodation, crisis services and talking therapies. Their reflections capture a range of experiences spread across ages, genders, cultural backgrounds and geographical areas across England.

The sessions explored the overarching question:

“What should professionals supporting you know, do, and be like?”

The groups presented a variety of valuable insights including:

- Mental health care is most effective when it feels human.
- Being listened to, treated with kindness and spoken to with respect were consistently identified as the foundations of recovery.
- Choice in family involvement and respect for confidentiality are essential.
- Equality, diversity and cultural humility must shape all care interactions.
- Recovery is deeply individual – people want support that helps them become ‘themselves again’.
- Assessment should feel conversational and collaborative not clinical or repetitive.
- Shared decision making about medication builds trust and adherence.
- Digital tools can aid recovery when accessible and supported but should never replace human connection.
- Training and supervision should prioritise trauma-informed practice, communication and cultural sensitivity.
- People reported a lack of clear understanding of their rights under the Mental Health Act – explanations should be ongoing and accessible.
- Staff wellbeing and leadership culture directly influence the quality of care.

These insights were instrumental in shaping both the language and practices within this framework, ensuring that the person remains at the centre of all activity. They have now been embedded throughout the framework.

How the framework can support you

The framework includes suggestions for a range of learning content delivery models, with varying levels of flexibility to support different settings and workforce roles across the health and care workforce. It has been updated to provide a robust foundation for education professionals to review and align existing learning provision, including mental health awareness within the Care Certificate standards, employer induction programmes, mandatory training, specialist learning and training programmes, and qualifications accessed across the workforce.

Use of the framework will support organisations to:

- standardise the interpretation of mental health education and learning
- guide the focus and aims of mental health education and learning delivery
- support consistency of qualifications and quality assurance for mental health education and learning
- ensure the educational relevance of mental health training
- improve the quality and consistency of education and training provision.

Individuals and teams

The framework defines clear learning outcomes for each tier, outlining what learners should know and be able to demonstrate. This supports individuals and teams to:

- be clear about the requirements of their roles and to recognise their own transferable skills
- conduct formal or informal training needs analysis, comparing current skills and knowledge with required skills and knowledge
- plan future education and training requirements to enable continuing professional development and career progression.

Subject matter experts/trainers

The framework helps those who design education and learning opportunities to focus on the key outcomes that learners need to achieve, which in turn will guide the content to be included and the use of appropriate teaching strategies.

The specific learning outcomes also support the effective evaluation of education and training. Approaches to evaluation can include:

- evaluating whether learners have achieved the required learning outcomes immediately following a learning intervention, e.g. through assessment of knowledge and/or competence
- evaluating whether the learning is being applied in the workplace, e.g. through longer-term evaluation of impact on practice, possibly as part of supervision or appraisal processes
- evaluating the impact on quality of care, e.g. measuring person led outcomes and/or levels of satisfaction from people with mental health needs and their families; such evaluation will require data collection to measure what changes.

Managers in organisations/commissioners of training

The framework helps managers and commissioners define expected outcomes from staff development and ensure mental health training aligns with national standards. It also provides a quality benchmark for education and learning providers, supporting consistency and assurance in training delivery.

Education and learning providers

Universities, colleges and learning providers can use the framework to design curricula that embed core mental health capability statements. This ensures that learners in health and care programmes gain the knowledge and skills relevant to employer needs and sector standards.

Regional and national implementation

The framework encourages organisations to review and align their mental health learning and qualifications with nationally recognised standards, supporting consistency, educational value and reduced duplication. It promotes system-wide efficiency by guiding the development of relevant, outcome-focused learning. The framework also supports integration across health and social care by promoting a shared understanding, improved communication and opportunities for joint training.

Benefits of using the framework

The framework is relevant to employers, employees and educational institutions that prepare and support students for roles across health and care settings. Its application supports organisations to:

- ensure consistent understanding of mental health learning providing a shared interpretation across services to reduce variation
- clarify the purpose and direction of learning by helping focus content and delivery on role-specific needs
- maintain relevance of learning content by aligning education with current best practices and care standards
- enhance quality and consistency by supporting uniform and high standards of learning and training across organisations
- support workforce development by helping organisations identify learning needs and align workforce capabilities with service requirements
- enable cross-sector collaboration by providing a shared language and structure for training across health and social care sectors
- enhance career progression – offering clear pathways for staff to develop skills and advance across mental health roles
- improve service outcomes – contributing towards better care experiences and outcomes for people with mental health needs, their families and support networks.

the framework can also support the assessment of competence, learning needs analysis and provision of minimum standards of performance.

How to use the framework

Selecting relevant content

Not all subjects or outcomes will be relevant for everyone.

When designing learning you should:

- Pick subjects relevant to your organisation and job roles.
- Choose learning outcomes from the tiers that match the role/service level.

You **do not need to include all outcomes -** only those that are applicable.

Relevant subjects can be selected from the framework to stand alone or be combined with other subjects. They can also be integrated into other learning programmes (e.g. end of life care) to diversify and enrich learning and to ensure that learning is adapted for the learner's needs, role and setting.

The framework defines core, cross-sector expectations applicable across diverse settings. However, it may be necessary to cover additional content to meet the specific needs of certain roles or contexts.

You can return to the main contents page at any time by selecting the Home button located next to the page number in the bottom-right corner of the screen.

Quick summary

- Start by identifying relevant subjects.
- Select the appropriate tier for each subject.
- Use the learning outcomes to design your training.
- Refer to the appendices for definitions, standards, further reading and guidance.

Training and assessment

The framework does not prescribe specific teaching or training methods. However, approaches that emphasise experiential, work-based and reflective learning have been shown to be effective. Delivery should be tailored to the specific context or setting learners work within. The framework does not dictate specific assessment methods, allowing flexibility to suit local needs and professional requirements.

The following points, however, can help with the delivery of impactful, mental health specific learning:

- evidence-informed training design
- effective delivery method
- inclusive digital learning
- support and accessibility
- strong leadership.

To support application in specific contexts, relevant learning objectives or assessment criteria may be developed to help measure achievement of the learning outcomes. In such cases, more precise action verbs such as explain, describe, demonstrate, discuss or identify can be used to clarify expectations and ensure alignment with the intended level of learning.

Assessment of learning outcomes may vary across organisations and contexts, using methods such as e-assessment, group discussion, observation of practice, work products, witness testimony, or project and case study work. The framework is designed to be flexible and adaptable to this range of approaches, supporting diverse assessment strategies while maintaining consistency in expected outcomes.

In addition to this framework, there are complementary frameworks that provide more detailed guidance on specific areas of specialised practice. These include ‘Mental Health Core Capabilities Framework’, ‘Frailty Core Capabilities Framework’ and ‘End of Life Care Core Capabilities Framework’, among others.

Structure of the framework

This framework articulates the core capabilities needed to provide support, care and treatment, where required, to people experiencing mental health needs, and are common and transferable across different contexts, types of multi-agency and multi-professional service provision.

The framework is organised into **three tiers.**

Each tier covers up to **19 core capabilities** (where applicable), broken down into **four domains:**

- Domain A: Recognising and promoting positive mental health and wellbeing.
- Domain B: Collaborative working and personalised care and support.
- Domain C: Assessment and treatment of mental health needs.
- Domain D: Legislation, research, leadership, education and development.

Each capability includes:

- a brief overview of the topic
- key learning outcomes – mapped to the relevant tier.

How the tiers work

The three tiers encompass the whole of the social care and health workforces and beyond, into other sectors and roles which may interact to varying degrees with people with mental health needs, recognising that roles not providing care need less in-depth knowledge than those regularly providing care, or specialist practitioners.

The framework is **incremental:**

- Tier 2 assumes learners already have the skills and knowledge specified in tier 1.
- Tier 3 assumes learners already have the skills and knowledge specified in tier 1 and tier 2.

This avoids unnecessary repetition.

Each tier articulates the minimum and core capability to be expected as opposed to the maximum.

The table below provides a description of each tier and examples of indicative roles that may be associated with each tier, relevant to the adult social care and health sectors. Please note that this is a representative but not exhaustive list.

Tier descriptor	Indicative roles
Tier 1	
Tier one is considered the baseline level for everyone in roles or environments where they come into contact or interact with people with mental health needs, across all settings (including the voluntary sector). The capabilities in tier 1 should be sufficient for those not directly providing care, and the priority is on providing a basic level of knowledge and awareness relevant to everyone working in environments where people with mental health needs, or their support network, frequent or interact. **Not all indicative roles will require all of the tier 1 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment.** Training could form part of induction training and/or provide a foundation for developing more advanced practice.	■ Administrator ■ Personal assistant ■ Healthcare support worker ■ Domiciliary care worker ■ Care worker / support worker ■ Domestic assistant ■ Clinical support assistant ■ Patient support assistant
Tier 2	
Tier 2 is for all roles providing direct care and services to people with mental health needs. They will focus on targeted support for people with mild to moderate mental health needs, supporting people to make decisions relating to their care, working within their scope of practice and taking accountability for the care and services, they provide. The capabilities in tier 2 build on tier 1 capabilities, deepening core concepts and applying them in practice, forming the basis for specialist knowledge and skills developed at tier 3. **Not all indicative roles will require all of the tier 2 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment.**	■ Care worker/support worker ■ Personal assistant ■ Domiciliary care worker ■ Senior care assistant ■ Enhanced care worker ■ Supervisor or leader ■ GP ■ School nurse ■ Health visitor ■ Practice leader ■ Deputy manager ■ Community support worker ■ Healthcare support worker (health and social care) ■ Housing support worker ■ Registered nurse ■ Allied health professional ■ Primary care staff ■ Mental health nurse

Tier 3	
Tier 3 is for senior and specialist practitioners caring for people with mental health needs, who hold professional responsibility and accountability, often as part of a multi-disciplinary team, including those who manage services, lead teams and oversee specialist care. They may also undertake education and commissioning roles. The capabilities in tier 3 learning build on tier 2 capabilities, requiring knowledge and understanding of complex situations, leadership, decision making and sharing of best practice. **Not all indicative roles will require all of the tier 3 content, an appropriate summary of relevant learning outcomes can be identified as suitable for the role and environment.**	■ Registered manager ■ Specialist mental health practitioner ■ Practice development lead ■ Quality assurance lead ■ Mental health care lead ■ Registered nurse ■ Clinical psychologist ■ Social worker ■ Occupational therapist ■ Psychiatrist ■ Mental health nurse ■ Specialist allied health professional ■ Senior clinician ■ Service managers ■ Trainers / practice educators / qualification leads ■ Research leads

Core capabilities

The framework articulates the core capabilities necessary for safe and effective care and support. For the purposes of this framework, we are using the following definition of capabilities:

Capabilities are the attributes (skills, knowledge and behaviours) that individuals bring to their situation.

This includes the ability to be competent and, beyond this, to:

- manage change
- be flexible
- deal with situations that may be complex or unpredictable and escalate/refer appropriately to ensure an individual's safety
- continue to improve how we support others.

Capabilities are intentionally broad, using phrases like **"be aware of/know /understand/be able to…"**. This is to ensure flexibility and relevance across a wide range of environments and professional responsibilities.

How subjects are organised

Capabilities are numbered 1 to 19 for easy reference. The numbering does not indicate a hierarchy or mean you must follow them in a certain order. You can choose any capability that is relevant to your organisation or job roles.

Appendices

The appendices provide extra resources and guidance, including:

- further guidance and information sources
- glossary of terms used in the framework
- related standards and frameworks
- general references.

Appendix 2 contains a glossary to explain key terms and phrases. Words and the glossary provides extra guidance or examples to help interpret key words or phrases used within the framework.

Tier 1 - Applicable to everyone

Provides a baseline knowledge level for all roles or environments that come into contact or interact with people with mental health needs, across all settings.

It is assumed that all roles in tiers 2 and 3 will already have this knowledge.

Capability	Learning outcomes The learner will:
Domain A: Recognising and promoting positive mental health and wellbeing	
Capability 1: Promoting physical health and wellbeing for people who have a mental health need This includes self-care and taking responsibility for one's own health and wellbeing, keeping both the body and mind fit and healthy. Self-care can also prevent illness and accidents.	1.1.1. Recognise the importance of maintaining good physical health through nutrition, exercise, nature, creative activities and a healthy lifestyle, including social and community engagement for people experiencing mental health needs. 1.1.2. Be aware of the role of the person's support network in promoting their positive physical and mental health. 1.1.3. Be able to provide advice on the use of tobacco, alcohol and other substances, and provide referral or joint assessment, or signpost to other specialist services where appropriate. 1.1.4. Be aware of neurodivergence, including the range of neurological differences, and its relevance in promoting inclusive practice. 1.1.5. Understand how to take care of your own mental health and how it can help build resilience and wellbeing in yourself and others.

Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide Since the 2020 pandemic, mental health needs have become increasingly common. It is vital then to have an awareness of, understand, recognise and promote positive mental health for people and communities at the individual, community and system level. Each year in the UK over 1 in 4 people and 1 in 10 children and young people will experience a mental health need[1]. A 2022 survey found that 58% of employees experience anxiety, with 61% saying they planned to leave their job due to poor mental health[2]. As a result, many people are now more likely to interact with someone who is experiencing a mental health need, whether in their role, workplace or a social setting. It is therefore essential that they have the skills and knowledge required to provide appropriate support.	2.1.1. Know what the terms 'mental wellbeing', 'mental health', 'poor mental health' and 'suicide' mean, and understand why it's important to use clear, respectful language when talking to people with mental health needs or suicidal thoughts. 2.1.2. Be aware of the prevalence of mental health needs among people in the UK. 2.1.3. Understand how loneliness can impact on a person's mental health. 2.1.4. Understand that mental health needs can be caused or made worse by a range of different factors, including genetics, emotions, life experiences or financial worries. 2.1.5. Recognise the key mental health needs that may require specialist support, and the specific roles professionals might undertake in this context. 2.1.6. Be able to signpost people with mental health needs or suicidal thoughts, and their support network, to the most up-to-date community support, helpful resources and guidance about mental health and wellbeing. 2.1.7. Be aware of how your personal views and unconscious bias may influence discussions with people. 2.1.8. Be aware of your surroundings and practise self-awareness when supporting people. 2.1.9. Understand how mental health can affect people's lives, relationships and finances, and how the effects can be made worse for people, their families and society through inequality. 2.1.10. Be aware that people with mental health needs require their basic needs, such as food, housing and safety, to be met so that they can engage with support and respond to treatment.

	2.1.11. Be able to explain how wider societal stereotyping and language can reinforce stigma and negative attitudes towards people experiencing mental health needs and/or suicidal ideation. 2.1.12. Be aware of the rights of people experiencing mental health needs. 2.1.13. Be aware of the common types of mental health needs that people experience. 2.1.14. Understand what trauma means, its potential causes and how these experiences might affect people's behaviour, communication and engagement. 2.1.15. Recognise signs of trauma or self-harm and apply a trauma-informed approach to your practice. 2.1.16. Be aware of how social, economic and structural inequalities can adversely affect a person's mental health. 2.1.17. Be aware of the importance of integrated services to improve outcomes for people experiencing a mental health need. 2.1.18. Recognise the importance of self-care and resilience in promoting a person's physical and mental wellbeing, including the benefits of mindfulness, being mindful and applying the Five Ways to Wellbeing to support positive mental health. 2.1.19. Be aware of the possible causes of mental ill health and suicide, approaches to prevention, and the actions that can be taken to promote positive mental health. 2.1.20. Be aware of the impact that intersectionality could have on a person's mental health.

Capability 3: Communication and establishing positive relationships with people who have mental health needs Being socially connected and feeling part of the local community are essential for good mental health and wellbeing, just as establishing and maintaining positive relationships are important to building confidence and life satisfaction.	3.1.1. Communicate calmly, clearly and empathetically, adapting verbal and non-verbal styles to meet people's needs, including the use of appropriate resources and accessible information. 3.1.2. Communicate effectively when supporting people, including communication with their support network, offering an empathetic and non-judgemental approach through active listening, avoiding assumptions and being aware of cultural sensitivities and stereotypes. 3.1.3. Communicate effectively with people to build rapport and positive relationships, clarify roles, establish trust and boundaries, uphold consent and seek appropriate support in complex situations. 3.1.4. Maintain consistent, person-centred relationships to ensure continuity of support, effective communication and smooth transitions across different services. 3.1.5. Identify any communication and/or sensory barriers with people and take appropriate action. 3.1.6. Be able to communicate effectively using a range of methods, including face-to-face, digital platforms and assistive technologies tailored to the person's needs and preferences. 3.1.7. Be aware of how to assess a person's ability to make informed decisions and apply appropriate strategies to support legal and ethical decision making. 3.1.8. Recognise that a person's behaviour may be a form of communication. 3.1.9. Understand the impact of language difficulties, neurodivergence and environmental factors on communication when supporting people. 3.1.10. Be sensitive to the needs of people for whom English is not their first language, and where their support network may need to interpret or professional services need to be accessed. 3.1.11. Be aware of how acute physical illness, mental health needs and related emotions can impact a person's ability to communicate and how to support them.

	3.1.12. Understand the importance of developing communication skills and to promote positive relationships, including taking a non-judgemental approach. 3.1.13. Recognise that a person's behaviour may be affected by their feelings, and by the behaviour of others around them. 3.1.14. Be aware that societal stereotypes associated with homelessness, involvement with the criminal justice system and substance use can negatively affect perceptions of mental health and hinder positive relationships. 3.1.15. Identify ways to support people to engage with communities, build social connections and access meaningful activities and support. 3.1.16. Identify appropriate assistive and alternative communication tools and techniques to support people with communication needs.

Capability 4: Recognising and preventing self-harm and suicide This capability covers an understanding and prevention of self-harm and suicide, as well as recognising the signs and behaviours when someone may be experiencing mental distress or having suicidal thoughts and intentions, including self-harm; and being able to take action to support them, which may include signposting people to safe resources, including digital resources. Although England has the lowest rate of suicide in the UK, there were still 10.5 deaths per 100,000 people in 2021[3]. Self-harm is complex and often linked to trauma, anxiety, depression and substance use. Around 1 in 14 people self-harm, with many facing overlapping personal, social or economic challenges that can intensify mental health needs.	4.1.1. Recognise when someone may be experiencing mental distress, including self-harm, and calmly take action to support them. 4.1.2. Recognise the signs and behaviours of a person who may self-harm or have suicidal thoughts and intentions, including those with depression, anxiety or neurodiversity. 4.1.3. Be able to identify individual or population risk factors and indicators for potential self-harm and/or suicide and take protective measures that can prevent self-harm and suicide. 4.1.4. Be able to support a person who may self-harm and/or have suicidal thoughts by listening to them, and through safety planning and having access to the right support. 4.1.5. Be able to report concerns to relevant others to ensure appropriate support and intervention for people experiencing mental distress.

Domain B: Collaborative working and personalised care and support	
Capability 5: Working with a person's support network as partners in promoting positive mental health This capability looks at collaborative working and personalised care and support for friends, advocates and unpaid carers who provide most of the support for people experiencing mental health needs. There is a need to recognise the potential resulting stress and social isolation that this role can have on the person's support network, and that they also need to be supported themselves. Increasingly, families and carers are partners in the care process and in promoting positive health.	5.1.1. Recognise the importance of working with the support network of people with mental health needs in planning and providing care and support. 5.1.2. Be able to communicate effectively and in a timely manner with the carer. 5.1.3. Recognise and respond to the diverse and resilient nature of personal and family relationships and communities when supporting people. 5.1.4. Recognise the impact on young carers and their support needs.
Capability 6: Partnership and multi-agency working This capability highlights the need for wider partnership and multi-agency working, emphasising the importance of a joined-up, collaborative approach to supporting people with mental health needs. It includes effective signposting across the mental health referral pathway to a range of organisations, including voluntary and community services that promote physical and mental wellbeing, as well as recognising the value of good team dynamics.	6.1.5. Be confident in their role and know where to seek advice if unsure. 6.1.6. Recognise their own abilities to support people, including the limitations of their own competence. 6.1.7. Work collaboratively across teams and agencies to support people using a person-led approach within their own scope of practice. 6.1.8. Recognise how environmental factors including safe, affordable housing can impact on the wellbeing of people, and how issues such as homelessness or poor-quality housing can impact on mental health. 6.1.9. Be able to support people to access suitable services and referral pathways, including voluntary and community activities, as well as social prescribing options that promote overall wellbeing.

Capability 7: Equality, equity, diversity and inclusion in mental health There is a need to recognise the wider social determinants, including employment and housing, which can impact on a person's mental health; and the importance of equality, equity, diversity and inclusion in mental health, as poor mental health is often linked with inequalities of deprivation and social exclusion, including those from a minority community or group. It is vital for all to promote equality in accordance with the Equality Act 2010, and good practice requires fair facilitation of those with mental health needs to access appropriate support as well as other social care they may be using. Any discriminatory practice that may compromise a person's right to dignity, respect and safety should be challenged.	7.1.1. Be aware of cultural diversity, equality and equity issues that may impact on people. 7.1.2. Demonstrate an understanding of legislation relevant to equality, equity, diversity and human rights. 7.1.3. Be able to challenge any discriminatory practice that may compromise a person's right to dignity, respect and safety. 7.1.4. Understand how factors including gender, age, faith and/or other protected characteristics and life factors, such as homelessness, contact with the criminal justice system or living in care, can affect people's mental health experiences. 7.1.5. Understand how discrimination, stigma, self-stigma and unconscious bias can affect the lives of people with mental health needs, as well as their support network, particularly when multiple personal factors are involved. 7.1.6. Be aware of how personal attitudes, values and beliefs can lead to judgemental practice, affecting the care and support provided to people experiencing mental health needs. 7.1.7. Be aware of how personal, cultural and social factors can impact on a person's experience and support in relation to mental health.
Capability 8: Enabling and supporting a reablement focused approach to mental health Looks at reablement as working alongside a person with a mental health need using a person-centred approach and helping them review their options, as this can provide insights and appropriate care approaches. There is a need to encourage and facilitate person-led support so that they can take a lead in creating their own journey, drawing on their own strengths, aspirations and resources, using self-determination and self-management.	No learning at tier 1.

Capability 9: Supporting children and young people with a mental health need There is a continuing need for supporting children and young people with a mental health need, which has increased since the Covid pandemic, with 1 in 10 children being affected. The emotional wellbeing of children is as important as their physical health, as good mental health allows children and young people to develop the resilience to cope with life challenges. The World Health Organisation says that half of mental health needs develop by the age of 14 and three-quarters by the time people are in their mid-20s, with neuropsychiatric conditions being the main cause of disability in young people[4]. The consequences of not addressing mental health and psychosocial development for children and young people extend into adulthood and limit opportunities for leading fuller lives.	9.1.1. Promote the empowerment of parents and carers to understand and support children and young people with a mental health need, so that they all participate as fully as possible in decision making to help achieve the best educational and other outcomes. 9.1.2. Understand legal and organisational responsibilities when working with children and young people, including safeguarding procedures, parental consent and confidentiality limits. 9.1.3. Have an awareness of the legislation for assessing competence in young people, including how the Mental Capacity Act 2005[5] applies to young people aged 16 and above, and how this differs from the legislation that applies to those under 16, including the Gillick competence and Fraser guidelines[6]. 9.1.4. Be aware of the impact of factors such as available support, education provision and the importance of play on children and young people with a mental health need and recognise that children and young people exist within a system, so systemic thinking is crucial.

Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs

One study found that 54% of people with a learning disability have a mental health need[7]. Children and young people with learning disabilities are four and a half times more likely to have a mental health need than children without a learning disability[8]. The domain also covers those who are neurodivergent, and it is estimated that about 15–20% of the population is neurodiverse, including 10% of people who are diagnosed with dyslexia, 6% with dyspraxia, 5% with ADHD and 1–2% with autism[9].

Mental health needs among people with a learning disability and/or who are neurodivergent are often overlooked, undiagnosed and left untreated due to poor understanding, lack of awareness and symptoms being attributed to the person's learning disability or neurodivergence, through diagnostic overshadowing.

It is, therefore, important to provide effective support for people with learning disabilities and/or who are neurodivergent and have mental health needs to access specialist and personalised assessment, care and treatment, recognising that reasonable adjustments may be required to standard mental health assessment, approaches and interventions.

10.1.1. Be aware that people with learning disabilities and/or who are neurodivergent experience similar mental health needs as the general population.

10.1.2. Be aware that people with learning disabilities and/or who are neurodivergent are at an increased risk of having mental health needs and of developing conditions as they get older.

10.1.3. Recognise the key mental health needs that people with learning disabilities and/or who are neurodivergent are at increased risk of experiencing, including:

- neuroses and stress related disorders
- personality disorders and other developmental conditions such as attention deficit hyperactivity disorder (ADHD)
- depression and anxiety
- mood disorders (including suicidality)
- substance use
- dementia and states of confusion
- eating disorders
- sexual and gender identity disorders
- psychosis.

10.1.4. Recognise that mental health needs may present differently in people with learning disabilities and/or who are neurodivergent, and typical signs like self-harm or self-injurious behaviour may be less visible or easily missed.

10.1.5. Understand what reasonable adjustments are available and when it is relevant to offer them.

10.1.6. Know the services and referral pathways, including access to specialist assessment, care and support, for suspected mental health needs in people with learning disabilities and/or who are neurodivergent.

In 2022, the Health and Care Act 2022 was changed, placing a statutory responsibility on Care Quality Commission-regulated health and care organisations to ensure all their workforce received training to better support autistic people and people with learning disabilities.	10.1.7. Support people with a learning disability and/or who are neurodivergent to access personalised mental health care, with appropriate reasonable adjustments to assessments and interventions. 10.1.8. Be able to coordinate with key people and services involved in the care of people with a learning disability and/or who are neurodivergent and have mental health needs.
Capability 11: Supporting older people with a mental health need This capability focuses on equipping the workforce with the knowledge, skills and values required to provide compassionate, person-centred support to older people experiencing mental health needs. It emphasises understanding the unique needs of older people, recognising the impact of ageing on mental health, and promoting dignity and inclusion in their care across diverse settings.	11.1.1. Be able to recognise that older people may face discrimination related to age, race or sexuality, and take steps to promote inclusive, respectful practice that challenges such bias. 11.1.2. Be aware of the person's preferences for health care and support needs. 11.1.3. Understand that those living in rural communities may have difficulty accessing services and may need to look at home support and additional transport requirements. 11.1.4. Be able to adapt communication and engagement strategies to meet the diverse needs, preferences and abilities of older people, ensuring interactions are person-centred and inclusive.

Domain C: Assessment and treatment of mental health needs	
Capability 12: Identification and assessment of mental health needs Mental health is influenced by a broad and complex range of factors cutting across a range of different spheres of life – such as physical health, employment, housing, leisure and social networks – therefore a comprehensive assessment that addresses needs holistically is paramount. People who experience social exclusion face particular barriers to acquiring information and advice and accessing the support they need to avail themselves of appropriate services.	12.1.1. Be aware of, and understand, the potential causes of mental health needs.

Capability 13: Using person-centred comprehensive assessment in mental health A comprehensive assessment will give insight into the individual's cognitive functioning: what they are thinking, their emotions, their values and beliefs and, most of all, what they might do next. This includes the use of biopsychosocial formulation, a recognised tool in mental health and an approach to understanding an individual that considers biological, psychological and social perspectives on their current presentation, and which can support identifying aspects to consider when deciding on a treatment plan. Working together, all mental health professions rely on diagnosis and biopsychosocial formulations to guide care. These formulations are attempts to describe why people are experiencing difficulties, what maintains them (predisposing, precipitating and perpetuating factors) and what might help. Because all these issues are highly personal, formulations are necessarily very individual, tailored for each person and their specific problems.	No learning at tier one.

Capability 14: Treatment and interventions for mental health needs and the management of medication Medication can play a role in treating a range of mental health needs and conditions, but it is recognised that not all mental health needs respond to medication. Choosing the right treatment plan should be based on a person's individual needs and medical situation, and be under a mental health professional's care. For some people, medicines are a short-term solution to help in an immediate crisis. For others, medicines are a long-term treatment that enables them to live with severe and enduring mental health needs and prevent relapse. Improving access to information about medication and shared decision-making for essential medicines is a key component in strengthening access to effective mental health care services. Most medication will have side effects and people may have problems when they stop taking medication, which should always be done in a planned manner. Abuse of a prescribed medication to treat a mental health need can cause additional problems. Appropriate support should be available to people with a mental health need in using, reducing or coming off medication safely, and monitoring side effects and where appropriate – a NICE guidance evidence base exists, exploring alternative therapies to medication.	No learning at tier 1.

Capability 15: Use of digital health tools to promote positive mental health and deliver effective support Digital health tools play an important role in promoting self-care and can support effective care. Online services provide an alternative for many people who have mental health needs and who prefer to retain autonomy and anonymity in coping with difficulties. Virtual health spaces such as internet websites can be particularly useful for underrepresented groups, who may be reluctant to engage with formal systems or for people who have stigmatising conditions, as these spaces provide a more anonymous and less threatening environment. For those supporting individuals, the use of technology can encourage creative methods of recording, analysing and reporting information.	15.1.1. Understand the legal and ethical responsibilities when using digital tools, including understanding relevant laws, professional standards and organisational policies.

Domain D: Legislation, safeguarding, research, leadership, education and development	
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health Being aware of the current legislation relevant to mental health is essential. A report into mental health and well-being in the workplace published by Deloitte in 2024 revealed that 63% of employees had experienced at least one symptom of burnout such as feelings of exhaustion, mental distance from their job or a decline in their performance at work, and that mental health-related presenteeism (employees attending work while experiencing poor mental health symptoms) was the largest contributor to mental health-related costs incurred by employers. Providing good leadership to ensure staff wellbeing is essential to the provision of mental health services. Safeguarding is a complex area of practice. Staff supporting people with mental health issues must be fully aware of their responsibility to safeguard and support them.	16.1.1. Understand their role within any safeguarding work, in terms of the six key principles of safeguarding. 16.1.2. Be able to clearly explain what safeguarding means and provide guidance to people with mental health needs on how to raise concerns. 16.1.3. Be able to recognise potential indicators and signs of abuse or neglect and know how to raise these as a safeguarding concern, escalating them through local protocols and whistleblowing procedures. 16.1.4. Work within their own professional and regulatory boundaries. 16.1.5. Work within legislation relevant to the role and organisation, understanding its impact on the provision of individual care. 16.1.6. Describe the legal provisions for people who are unable to make decisions for themselves at the time they need to be made, be able to demonstrate that they lack capacity, and understand how best interest decisions are subsequently made. 16.1.7. Understand the legal responsibilities regarding confidentiality and data protection when sharing information about people with mental health needs. 16.1.8. Understand the importance of sharing safeguarding information across roles and responsibilities, and how to address barriers to reporting.

Capability 17: Applying research and evidence-based practice applicable to your organisation and role The continuing development of mental health services and treatment requires ongoing research and development of evidence-based practice. Evidence-based practice is a structured and systematic approach to using research-based knowledge to improve outcomes for people who may experience mental health needs. Evidence of effectiveness is of crucial importance to all aspects of health and social care policy and practice, the allocation of resources and the delivery of services. Drawing together, analysing and synthesising evidence from research is a central principle of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people who experience mental health needs participate in research activities, this must be handled with due regard for the ethical issues involved.	No learning at tier 1.

Capability 18: Providing leadership in mental health services Mental health services have undergone a dramatic transformation in recent years, including the need to offer service models based on multidisciplinary team working, community-based care and the recognition of the need to engage increasingly with the independent and voluntary, community and social enterprise sector. The main challenges to effective service delivery and implementation require systemic change through sound leadership.	No learning at tier 1.
Capability 19: Professional education and development Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in identifying their training and development needs, to provide high-quality care and support. As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.	19.1.1. Maintain up-to-date knowledge, identifying and addressing personal learning needs in line with organisational requirements. 19.1.2. Agree, review and update personal development plans to address any identified knowledge and skills gaps in supporting and caring for people. 19.1.3. Use learning opportunities to reflect on successes and areas for improvement. 19.1.4. Engage in self-directed and mandatory learning, using a range of methods, reflecting on practice to maximise skills and knowledge.

Tier 2 - Applicable to those providing direct care and services for people with mental health needs

Builds on tier 1 to provide a more in-depth knowledge level for those in roles providing direct care and support for people with mental health needs.

It is assumed that all roles in tier 3 will also have this knowledge.

Capability	Learning outcomes The learner will:
Domain A: Recognising and promoting positive mental health and wellbeing	
Capability 1: Promoting physical health and wellbeing for people who have a mental health need This includes self-care and taking responsibility for one's own health and wellbeing, keeping both the body and mind fit and healthy. Self-care can also prevent illness and accidents.	1.2.1. Recognise the impact and prevalence of persistent physical symptoms and medically unexplained presentations. 1.2.2. Understand triggers and responses to stressed or distressed behaviours. 1.2.3. Be aware of the increased use of tobacco amongst people with mental health needs, and understand its harmful effects, interdependencies and the addictive nature of nicotine. 1.2.4. Be able to identify the benefits and limitations of different initiatives, including medication, to manage behavioural or emotional issues, including associated side effects. 1.2.5. Be able to ask clearly, calmly and compassionately about suicidal thoughts when someone shows signs of distress and create a safe space for honest conversations and early intervention. 1.2.6. Recognise and assess the impact on physical and mental health for those who use alcohol and/or substances. 1.2.7. Recognise that people who use tobacco, alcohol and other substances may face unfair judgement or bias and acknowledge that this is not a barrier to them accessing support or treatment for a mental health need.

	1.2.8. Educate people and their support networks about the issues related to persistent physical symptoms, promoting positive attitudes towards the person with mental health needs. 1.2.9. Be able to collaborate with mental and physical health teams to develop and document care plans that address mental health needs, specific conditions and medically unexplained symptoms. 1.2.10. Evaluate and adapt care plans to meet the mental health needs linked to persistent physical symptoms, ensuring ongoing effectiveness through documented review. 1.2.11. Recognise that the emotional impact of an acute physical illness on a person may not be proportionate to the severity of the medical issue (i.e. some people may be upset over minor illnesses, while others may have little apparent emotional response to a significant and severe illness).

Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide

Since the 2020 pandemic, mental health needs have become increasingly common. It is vital then to be aware of, understand, recognise and promote positive mental health for people and communities at the individual, community and system level.

Each year in the UK over 1 in 4 people and 1 in 10 children and young people will experience a mental health need[1]. A 2022 survey found that 58% of employees experience anxiety, with 61% saying they planned to leave their job due to poor mental health[2].

As a result, many people are now more likely to interact with someone who is experiencing a mental health need, whether in their role, workplace or a social setting. It is therefore essential that they have the skills and knowledge required to provide appropriate support.

2.2.1. Understand the signs and behaviours of people who may be experiencing mental distress, including those with suicidal ideation, and support people to access help at the right time.

2.2.2. Recognise the role of trauma and traumatic experience in impacting on mental ill health, including but not limited to:

- domestic abuse,
- sexual assault
- transgender
- sexuality
- recognising intersectionality
- adverse childhood experiences.

2.2.3. Recognise the mental health needs that may be faced during pregnancy (prenatal) and post-birth (perinatal), and during perimenopause and menopause.

2.2.4. Lead supportive conversations around mental health, suicide prevention and healthy living, enabling people to identify self-care strategies that promote wellbeing, including:

- eating habits
- tobacco use
- alcohol and/or drugs use
- increased physical activity
- taking part in creative activities
- sleep
- personal, social and community relationships
- spending time outdoors
- mindfulness and meditation.

2.2.5. Understand that suicidal ideation is a fluid, changing state and that a holistic assessment should be carried out to make safety plans.

2.2.6. Promote and uphold parity of esteem by valuing mental health equally with physical health when planning, delivering and evaluating care and support

	2.2.7. Be able to identify the models of care and support for people in need of mental health emergency care or experiencing crisis, including those with suicidal ideation through: ■ following the appropriate escalation process ■ referring to and following local protocols and plans for the person, such as risk assessments, crisis plans, safety plans and Wellness Recovery Action Plans (WRAP) ■ using de-escalation techniques ■ considering environmental factors. 2.2.8. Recognise the risks and impacts of alcohol, tobacco and substance use, including the potential for addiction and the effects on families, the available support services and recommended intake limits. 2.2.9. Be able to recognise the effects of gambling when it becomes a problem or addiction, leading to low self-esteem, stress, anxiety and depression, and be aware of the range of support services available. 2.2.10. Recognise that alcohol and substance use is common in those experiencing mental health needs (co-occurring conditions) and is often unidentified. 2.2.11. Identify motivational factors that may impact on the person's ability to make changes and be able to work with people to improve these factors, using basic coaching and motivational interviewing techniques. 2.2.12. Understand how everyday lifestyle choices can affect mental health and understand what helps protect mental wellbeing, such as avoiding substances and keeping physically active. 2.2.13. Be able to define the life course approach to promoting good mental health and the benefits of intervening early, particularly in childhood and teenage years to prevent mental health needs.

	2.2.14. Be able to define what emotional intelligence is and support people to maintain positive mental wellbeing. 2.2.15. Be able to work collaboratively with people who experience mental health needs and/or suicidal ideation to encourage behaviour change to help them lead a more meaningful life. 2.2.16. Be able to develop and implement with others action plans to improve people's mental health and wellbeing and prevent suicide.
Capability 3: Communication and establishing positive relationships with people who have mental health needs Being socially connected and feeling part of the local community are essential for good mental health and wellbeing, just as establishing and maintaining positive relationships are important to building confidence and life satisfaction.	3.2.1. Identify and recognise the common causes of distressed behaviour for people and provide a range of responses to reassure them. 3.2.2. Be able to support people in developing some simple coping strategies. 3.2.3. Understand how known factors that influence wellbeing can support the development of positive relationships. 3.2.4. Identify and agree with people the wellbeing goals they want to address by reinforcing positive relationships. 3.2.5. Use communication methods and styles to support people to develop, sustain and move on from relationships, and to empower them to form effective future relationships.

Capability 4: Recognising and preventing self-harm and suicide This capability covers an understanding and prevention of self-harm and suicide, as well as recognising the signs and behaviours when someone may be experiencing mental distress or having suicidal thoughts and intentions, including self-harm; and being able to take action to support them, which may include signposting people to safe resources, including digital resources. Although England has the lowest rate of suicide in the UK, there were still 10.5 deaths per 100,000 people in 2021[3]. Self-harm is complex and often linked to trauma, anxiety, depression and substance use. Around 1 in 14 people self-harm, with many facing overlapping personal, social or economic challenges that can intensify mental health needs.	4.2.1. Recognise that neurodivergent people may present differently, which can increase the risk of self-harm and suicidal thoughts. 4.2.2. Recognise the impact of health inequalities and the wider determinants of health in mental health, wellbeing, self-harm and suicide. 4.2.3. Understand suicidal behaviour, its causes and prevalence. 4.2.4. Be aware of appropriate interventions for people in relation to suicide prevention and the actions required to support them with suicidal ideation. 4.2.5. Be able to judge risks and follow appropriate procedures and guidelines.

Domain B: Collaborative working and personalised care and support	
Capability 5: Working with a person's support network as partners in promoting positive mental health This capability looks at collaborative working and personalised care and support for friends, advocates and unpaid carers who provide most of the support for people experiencing mental health needs. There is a need to recognise the potential resulting stress and social isolation that this role can have on the person's support network, and that they also need to be supported themselves. Increasingly, families and carers are partners in the care process and in promoting positive health.	5.2.1. Be able to gain informed consent from people before sharing any health-related information with their support network. 5.2.2. Be able to emphasise the importance of self-care for carers and ensure timely recognition and assessment of their needs, including respite. 5.2.3. Recognise that the needs of carers and people with mental health needs may not always be the same and be aware of the dilemmas that may result. 5.2.4. Be able to identify potential sociocultural differences in the perception of the caregiving role. 5.2.5. Be able to provide effective support to the person's support network by helping them access and navigate information and support networks, and by guiding them in exploring options and making informed decisions.
Capability 6: Partnership and multi-agency working This capability highlights the need for wider partnership and multi-agency working, emphasising the importance of a joined-up, collaborative approach to supporting people with mental health needs. It includes effective signposting across the mental health referral pathway to a range of organisations, including voluntary and community services that promote physical and mental wellbeing, as well as recognising the value of good team dynamics.	6.2.1. Be able to demonstrate accountability and ownership when collaborating with other agencies by ensuring clear communication, shared understanding of objectives and delivery of agreed actions. 6.2.2. Advocate for, and involve people with, mental health and other agencies contributing their expertise to care planning, working collaboratively towards a shared goal in the person's best interest. 6.2.3. Identify the range of mental health resources and other relevant services and be able to refer to and/or access these as appropriate.

Capability 7: Equality, equity, diversity and inclusion in mental health There is a need to recognise the wider social determinants, including employment and housing, which can impact on a person's mental health; and the importance of equality, equity, diversity and inclusion in mental health, as poor mental health is often linked with inequalities of deprivation and social exclusion, including those from a minority community or group. It is vital for all to promote equality in accordance with the Equality Act 2010, and good practice requires fair facilitation of those with mental health needs to access appropriate support as well as other social care they may be using. Any discriminatory practice that may compromise a person's right to dignity, respect and safety should be challenged.	7.2.1. Recognise the impact mental health needs may have on a person's ability to access care and services in a timely way, and potential consequences for being withdrawn from caseloads. 7.2.2. Recognise how different cultures and underrepresented groups may perceive and respond to mental health needs, and be aware of the barriers that may prevent them accessing services. 7.2.3. Be aware that people from ethnic minoritised backgrounds, who experience a mental health need, often have poorer outcomes and may be disadvantaged by cultural, social and economic inequalities. 7.2.4. Recognise how mental health needs may be further compounded by learning disabilities and/or neurodivergence, and be aware of the person's right to equitable access to treatment. 7.2.5. Be aware that some people may be more at risk or need additional support when experiencing mental health needs, including but not limited to: ■ people with chronic physical health needs ■ neurodivergent people ■ ethnically diverse communities ■ lesbian, gay, bisexual, transgender, intersex, queer and/or questioning, and asexual (LGBTIQA+) people ■ children and young people in the care system ■ people in the criminal justice system. 7.2.6. Demonstrate an understanding of how the interaction between comorbidities and deprivation makes a significant contribution to generating and maintaining health inequalities. 7.2.7. Recognise that people with mental health needs may engage in coping behaviours that can exacerbate health inequalities.

Capability 8: Enabling and supporting a reablement focused approach to mental health Looks at reablement as working alongside a person with a mental health need using a person-centred approach and helping them review their options, as this can provide insights and appropriate care approaches. There is a need to encourage and facilitate person-led support so that they can take a lead in creating their own journey, drawing on their own strengths, aspirations and resources, using self-determination and self-management.	8.2.1. Define what is meant by 'reablement' in terms of people's strengths, life experiences, social determinants and personal response to their mental health needs in regaining wellbeing. 8.2.2. Be able to define how person-centred, strengths-based support empowers people by promoting personal choice and control through alignment with their goals, abilities and interests. 8.2.3. Recognise the important role of support networks in encouraging people in their reablement and in developing self-management skills. 8.2.4. Recognise when the reablement model is appropriate and understand its scope and limitations. 8.2.5. Be able to articulate and agree shared outcomes, recognising that these may vary across different services. 8.2.6. Be aware of the implications of lifestyle behaviours as part of a person's journey. 8.2.7. Recognise how reablement perspectives promote social inclusion. 8.2.8. Be able to support people to identify their strengths in achieving short-term and long-term reablement and wellbeing goals and agree a timeline to review progress. 8.2.9. Be able to support people to make informed choices about their health and wellbeing throughout their journey, including: ■ behaviour and physical health ■ mental health and resilience ■ control and participation ■ welfare support such as finance management, benefits uptake, employment and housing. 8.2.10. Recognise the right to advocacy for people with a mental health need and be able to source it.

	8.2.11. Be aware of factors that support a person's journey and promote self-care, including: ■ stable housing ■ raising awareness of available financial security ■ safe environment ■ meaningful occupations and activities ■ employment ■ healthy lifestyle. 8.2.12. Be able to collaborate with people to develop and implement a person-centred plan that supports their reablement and wellbeing. 8.2.13. Recognise the value of personal resilience in people with lived experience of mental health needs who support others with similar needs. 8.2.14. Recognise the importance of mutual self-help and peer support services, and the role of meaningful relationships in promoting people's wellbeing. 8.2.15. Identify the range of local mental health resources, relevant services and referral pathways, and understand how to access them.

Capability 9: Supporting children and young people with a mental health need

There is a continuing need for supporting children and young people with a mental health need, which has increased since the Covid pandemic, with 1 in 10 children being affected.

The emotional wellbeing of children is as important as their physical health, as good mental health allows children and young people to develop the resilience to cope with life challenges. The World Health Organisation says that half of mental health needs develop by the age of 14 and three-quarters by the time people are in their mid-20s, with neuropsychiatric conditions being the main cause of disability in young people[4].

The consequences of not addressing mental health and psychosocial development for children and young people extend into adulthood and limit opportunities for leading fuller lives.

9.2.1. Recognise the importance of emotional wellbeing alongside the physical health of children and young people and be able to act on this.

9.2.2. Recognise the importance of developing resilience in children and young people to support positive mental health in later life and be able to act on this.

9.2.3. Understand the importance of early, positive access to mental health support and the impact of unmet needs in early life.

9.2.4. Be aware of the protective factors that can reduce the likelihood of children and young people experiencing mental health needs, including:

- positive self-esteem
- good coping skills
- positive peer relationships
- interest in, and success at, school and further education
- healthy relationships with adults outside the home
- an ability to articulate their feelings
- a nurturing and stable home environment
- parental employment
- parents or carers who function well at home, at work and in their social relationships, and who provide their children with warm and supportive relationships
- help and support from immediate extended family members.

9.2.5. Be aware of the risk factors that can compound the needs of children and young people with mental health needs, including:

- having a parent experiencing their own mental health need
- and/or having a parent who uses alcohol and substances
- and/or having a parent who has a learning need
- and/or having a parent who has a long-term condition or disability
- being a child or young person with a long-term condition or learning disability.

	9.2.6. Be aware of emotional literacy and its importance in maintaining children and young people's wellbeing. 9.2.7. Be aware of the importance of the life course approach and how early life has an impact on long-term mental health outcomes. 9.2.8. Recognise the principles underlying a rights-based approach to childhood and the importance of all stages in life, including the intergenerational context in which people live, and be able to act on this. 9.2.9. Recognise the importance of the psychological safety of children and young people, and of empowering parents/carers to provide this, and be able to act on this. 9.2.10. Recognise the importance of the parental/carer role and their capacity and influence to support the mental needs of children and young people. 9.2.11. Recognise the benefits of mindfulness and be able to implement them in yourself and in children and young people when supporting them with a mental health need. 9.2.12. Be aware of the importance for young people of the transition from children's to adult services, and of its challenges, taking into account factors influencing a young person's life, including: ■ relationships with family, friends and peers ■ mental health needs ■ self-harm ■ physical health ■ exercise ■ body image and weight management issues ■ socialising ■ social media ■ smoking, alcohol and drugs ■ sexuality (including gender identity) ■ sexual health ■ education, housing, employment and finances. 9.2.13. Recognise the impact of the pre- and postnatal situation and the environment on infant and child development and be able to act on this.

Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs One study found that 54% of people with a learning disability have a mental health need[7]. Children and young people with learning disabilities are four and a half times more likely to have a mental health need than children without a learning disability[8]. The domain also covers those who are neurodivergent, and it is estimated that about 15–20% of the population is neurodiverse, including 10% of people who are diagnosed with dyslexia, 6% with dyspraxia, 5% with ADHD and 1–2% with autism[9]. Mental health needs among people with a learning disability and/or who are neurodivergent are often overlooked, undiagnosed and left untreated due to poor understanding, lack of awareness and symptoms being attributed to the person's learning disability or neurodivergence, through diagnostic overshadowing. It is, therefore, important to provide effective support for people with learning disabilities and/or who are neurodivergent and have mental health needs to access specialist and personalised assessment, care and treatment, recognising that reasonable adjustments may be required to standard mental health assessment, approaches and interventions. In 2022, the Health and Care Act 2022 was changed, placing a statutory responsibility on Care Quality Commission-regulated health and care organisations to ensure all their workforce received training to better support autistic people and people with learning disabilities.	10.2.1. Be aware of guidelines to prevent overmedication in people with a learning disability, and/or who are neurodivergent and have mental health needs, and know how to identify, address and prevent it.

Capability 11: Supporting older people with a mental health need This capability focuses on equipping the workforce with the knowledge, skills and values required to provide compassionate, person-centred support to older people experiencing mental health needs. It emphasises understanding the unique needs of older people, recognising the impact of ageing on mental health, and promoting dignity and inclusion in their care across diverse settings.	11.2.1. Recognise that a mental health need is not an inevitable consequence of ageing and actively challenge age-related mental health stigma in practice. 11.2.2. Understand that ageing is experienced differently by everyone and challenge assumptions that all older people have lower physical capabilities or are dependent on support from others. 11.2.3. Be aware that older people may be less likely to disclose mental health needs due to stigma or assumptions around ageing and take proactive steps to work with them to create a safe and supportive environment for open conversations. 11.2.4. Be able to recognise that older people can experience a range of mental health needs, the same as the general population, and understand that their symptoms, particularly depression, can present differently through physical health concerns. 11.2.5. Be aware that older people are at increased risk of experiencing: ■ cognitive changes and delirium ■ loneliness ■ multiple physical conditions ■ sensory difficulties ■ living on their own ■ experiencing side effects from medications ■ bereavements ■ multiple traumas/losses in their lives. 11.2.6. Recognise the relationship between multimorbidity and ageing, and apply this understanding to holistic assessment, care planning and the effective use of comprehensive geriatric assessment. 11.2.7. Be able to recognise the importance of co-production of person-centred plans, and work with people to develop them.

	11.2.8. Understand how polypharmacy and falls can impact mental health in older people, and work with people to reduce associated risks, including fractures. 11.2.9. Recognise that side effects associated with polypharmacy can adversely affect mental health, and ensure a holistic, structured medication review is conducted and consider any diagnosis of frailty. 11.2.10. Understand that falls can lead to reduced mobility and confidence and could result in social isolation and loss of independence, with implications for mental health. 11.2.11. Be able to respond to the risk of diagnostic overshadowing in older people with physical health needs, ensuring mental health and cognitive concerns are not overlooked. 11.2.12. Be able to identify when changes in an older person's behaviour, mood or activity may indicate concern and seek advice or escalate in line with local procedures. 11.2.13. Be able to recognise the relationship between depression, delirium and dementia, and support accurate identification and appropriate responses in practice. 11.2.14. Be able to respond to indicators of frailty, taking appropriate action within the scope of their role. 11.2.15. Recognise that older people can benefit from psychological and social support, and promote access to appropriate services to enhance wellbeing, including referral for psychological treatment/support. 11.2.16. Be able to recognise the risk of digital exclusion among older people and take steps to support them to ensure equitable access to digital communication and health tools. 11.2.17. Understand that carers of older people may themselves be older adults with distinct needs and respond appropriately to support the carer's wellbeing within the scope of practice.

	11.2.18. Be aware that older people who have self-harmed are at a significantly greater risk of suicide and ensure they receive timely referral for specialist mental health assessment. 11.2.19. Apply knowledge of legal and organisational responsibilities, including safeguarding concerns, assessing mental capacity and maintaining confidentiality within professional boundaries. 11.2.20. Apply evidence-based strategies to support healthy ageing, prevent falls and manage risk through informed, person-centred care, while considering care coordination to ensure continuity and integration of services.
Domain C: Assessment and treatment of mental health needs	
Capability 12: Identification and assessment of mental health needs Mental health is influenced by a broad and complex range of factors cutting across a range of different spheres of life – such as physical health, employment, housing, leisure and social networks – therefore a comprehensive assessment that addresses needs holistically is paramount. People who experience social exclusion face particular barriers to acquiring information and advice and accessing the support they need to avail themselves of appropriate services.	12.2.1. Understand the range of treatments used to support people, including the importance of looking at the whole person and their circumstances, not just their symptoms. 12.2.2. Be able to identify and use appropriate evidence-based mental health assessment tools, where competent to do so and relevant to the role. 12.2.3. Be able to support differential diagnosis by recognising common biases and errors, like diagnostic overshadowing, and by managing the uncertainty that comes from unclear or missing information. 12.2.4. Be aware of what a person can do to prepare for assessment and therapy sessions to be a full partner in developing their own formulation, diagnoses and care plan decisions. 12.2.5. Be able to refer people to appropriate specialist services and support networks. 12.2.6. Be aware of the presenting signs and symptoms of the co-occurring conditions of both a mental health need and the use of substances and/or alcohol.

Capability 13: Using person-centred comprehensive assessment in mental health A comprehensive assessment will give insight into the individual's cognitive functioning: what they are thinking, their emotions, their values and beliefs and, most of all, what they might do next. This includes the use of biopsychosocial formulation, a recognised tool in mental health and an approach to understanding an individual that considers biological, psychological and social perspectives on their current presentation, and which can support identifying aspects to consider when deciding on a treatment plan. Working together, all mental health professions rely on diagnosis and biopsychosocial formulations to guide care. These formulations are attempts to describe why people are experiencing difficulties, what maintains them (predisposing, precipitating and perpetuating factors) and what might help. Because all these issues are highly personal, formulations are necessarily very individual, tailored for each person and their specific problems.	13.2.1. Understand the purpose and value of a person-centred comprehensive assessment in guiding diagnosis, care and support through multi-professional approaches. 13.2.2. Recognise the person's role in contributing towards co-production and the support they might need to participate. 13.2.3. Be able to undertake a person-centred comprehensive assessment with people, families and the multidisciplinary team, in line with scope of practice. 13.2.4. Be able to contribute to the shared multidisciplinary approach, which is co-produced in collaboration with the person and their support network. 13.2.5. Be able to support the implementation of individual and multidisciplinary intervention plans within the scope of practice.

Capability 14: Treatment and interventions for mental health needs and the management of medication

Medication can play a role in treating a range of mental health needs and conditions, but it is recognised that not all mental health needs respond to medication. Choosing the right treatment plan should be based on a person's individual needs and medical situation and be under a mental health professional's care. For some people, medicines are a short-term solution to help in an immediate crisis. For others, medicines are a long-term treatment that enables them to live with severe and enduring mental health needs and prevent relapse.

Improving access to information about medication and shared decision-making for essential medicines is a key component in strengthening access to effective mental health care services. Most medication will have side effects and people may have problems when they stop taking medication, which should always be done in a planned manner. Abuse of a prescribed medication to treat a mental health need can cause additional problems.

Appropriate support should be available to people with a mental health need in using, reducing or coming off medication safely, and monitoring side effects and where appropriate – a NICE guidance evidence base exists, exploring alternative therapies to medication.

14.2.1. Be aware of the range of evidence-based interventions and support appropriate to their role and service.

14.2.2. Recognise the core principles of trauma-informed approaches to support people to feel safe and empowered, building trust and transparency, and being responsive to previous trauma without retraumatising them.

14.2.3. Recognise the importance of trauma-informed approaches to address barriers faced by people when accessing health care and other services.

14.2.4. Be aware of trauma-informed care and how it seeks to understand and respond to the impact of trauma in people to help empower them to take control of their lives.

14.2.5. Be able to promote shared decision making by clarifying goals, exploring options and working towards mutually agreed treatment or self-management plans.

14.2.6. Apply agreed methods for enabling people to change their behaviour within the scope of practice, including:

- motivational interviewing
- behaviour enhancements
- cognitive behavioural methods
- peer support
- adult learning methods, including adult education.

14.2.7. Be able to demonstrate awareness of the limitations of the medical model in understanding and addressing mental health needs.

14.2.8. Be aware of the benefits, limitations and risks of interventions or medications to support those experiencing mental health needs.

14.2.9. Understand the range of alternative therapeutic treatments available to people and how to access them.

14.2.10. Be aware of the challenges and risk of relapse and other adverse outcomes associated with the lack of the person's concordance with respect to medication.

	14.2.11. Be aware of the negative attitudes and views of others, including practitioners, towards people who decide not to comply with medication. 14.2.12. Be aware of the non-adherence harm reduction approach to support people who choose not to adhere to treatment, helping them to develop strategies to reduce the risk of harm and readmission. 14.2.13. Be able to describe how medication can support people to stay well and encourage positive decision making. 14.2.14. Be able to use tools such as a life-chart or timeline to support people in improving their understanding of where medication helps keep them well. 14.2.15. Be able to recognise the impact of environmental factors on people. 14.2.16. Understand co-occurring mental health and substance use conditions, and the interactions between prescribed medication, nicotine, alcohol and non-prescribed/illicit drugs, legal highs and herbal medicines.

Capability 15: Use of digital health tools to promote positive mental health and deliver effective support Digital health tools play an important role in promoting self-care and can support effective care. Online services provide an alternative for many people who have mental health needs and who prefer to retain autonomy and anonymity in coping with difficulties. Virtual health spaces such as internet websites can be particularly useful for underrepresented groups, who may be reluctant to engage with formal systems or for people who have stigmatising conditions, as these spaces provide a more anonymous and less threatening environment. For those supporting individuals, the use of technology can encourage creative methods of recording, analysing and reporting information.	15.2.1. Recognise the benefits, challenges and limitations of digital health tools, how they can support mental health wellbeing, when it is appropriate to use them and how they can complement but not replace human interaction. 15.2.2. Recognise that digital tools may not suit everyone and ensure that individual choice and ability is respected when planning and delivering solutions. 15.2.3. Recognise how digital tools and technologies can support people with mental health needs and be adapted for inclusivity, including for those with physical disabilities such as hearing impairments. 15.2.4. Be able to use information, communication and digital health tools in observations and assessments to support people experiencing mental health needs, ensuring accessibility for all who want to use them. 15.2.5. Be able to maintain a healthy and safe environment for people, promoting and complying with online safety, ethical considerations and data protection legislation.

Domain D: Legislation, safeguarding, research, leadership, education and development	
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health Being aware of the current legislation relevant to mental health is essential. Be aware of the challenges and risk of relapse and other adverse outcomes associated with the lack of the person's concordance with respect to medication. Providing good leadership to ensure staff wellbeing is essential to the provision of mental health services. Safeguarding is a complex area of practice. Staff supporting people with mental health issues must be fully aware of their responsibility to safeguard and support them.	16.2.1. Understand the principles of intersectionality and how to apply it to inform inclusive practice. 16.2.2. Be able to explain legislation, rights and treatment options, including hospital treatment, to people using accessible language and formats in ways that meet their needs. 16.2.3. Contribute to the development of guidelines and policy locally, regionally and nationally, where appropriate. 16.2.4. Recognise the range of professionals and organisations who have authority by law, regarding retaining people for hospital treatment under the Mental Health Act 1983 (as amended). 16.2.5. Recognise and embed duty of care and duty of candour to ensure safe practice. 16.2.6. Understand the Mental Health Act 1983 (as amended) and their responsibilities under it. 16.2.7. Be able to distinguish between the duties, responsibilities and treatment under the Mental Health Act 1983 (as amended) and identify when each is most appropriately applied. 16.2.8. Identify the most appropriate legislation and subsequent protocols regarding consent to care and treatment for people who may lack the mental capacity to consent. 16.2.9. Be aware of the dilemmas that may arise between the responsibility to safeguard and support people and their rights, and the preferences of the person's support network. 16.2.10. Be aware of the legal validity of advance decisions to refuse treatment and when they are legally binding. 16.2.11. Lead and manage practice that promotes the safeguarding of individuals.

Capability 17: Applying research and evidence-based practice applicable to your organisation and role The continuing development of mental health services and treatment requires ongoing research and development of evidence-based practice. Evidence-based practice is a structured and systematic approach to using research-based knowledge to improve outcomes for people who may experience mental health needs. Evidence of effectiveness is of crucial importance to all aspects of health and social care policy and practice, the allocation of resources and the delivery of services. Drawing together, analysing and synthesising evidence from research is a central principle of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people who experience mental health needs participate in research activities, this must be handled with due regard for the ethical issues involved.	17.2.1. Be able to identify credible sources and determine what constitutes robust, high-quality evidence. 17.2.2. Recognise the importance of evidence-based approaches to help inform practice, including from people who are currently experiencing, or have previously experienced, mental health needs. 17.2.3. Be able to articulate the evidence underpinning the person's care plans and interventions. 17.2.4. Be able to appreciate the value of evidence in practice, appraise research, apply relevant theory and research findings to work, and identify areas for further investigation. 17.2.5. Be aware of the importance of recording and using data and artificial intelligence ethically to help inform future practice. 17.2.6. Understand how people with lived experience of mental health needs can be involved ethically in service evaluation and research, including data protection consent, and any impact on them or their support network. 17.2.7. Be able to lead and contribute towards service evaluation and workplace research to drive evidence-based improvements in practice and outcomes. 17.2.8. Be able to contribute towards the design, implementation and evaluation of training models that support cross-sector collaboration, shared learning and alignment with national and local priorities around mental health.

Capability 18: Providing leadership in mental health services Mental health services have undergone a dramatic transformation in recent years, including the need to offer service models based on multidisciplinary team working, community-based care and the recognition of the need to engage increasingly with the independent and voluntary, community and social enterprise sector. The main challenges to effective service delivery and implementation require systemic change through sound leadership.	18.2.1. Be able to identify behaviours in themselves and others that may increase mental health needs in the workplace. 18.2.2. Support staff wellbeing by promoting a compassionate and inclusive culture, including for those with current or lived experience of mental health needs. 18.2.3. Be able to provide support and guidance relative to their role, which may include restorative and resilience-based supervision, one-to-ones, mentoring, training and reflective practice for staff. 18.2.4. Be aware of, and recognise, secondary trauma and its impact on the person accessing care. 18.2.5. Be able to contribute to the planning, review and development of practices and services that meet the needs of people with mental health needs. 18.2.6. Recognise the importance of bringing together the learned expertise of professionals with the lived experience of people, underpinned by shared decision-making and co-production. 18.2.7. Be able to implement and oversee organisational processes and procedures to ensure that safety and quality standards are in place. 18.2.8. Understand the importance of a culture of cooperation between agencies to promote positive mental health outcomes.

Capability 19: Professional education and development Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in identifying their training and development needs, to provide high-quality care and support. As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.	19.2.1. Empower others to recognise the skills that they bring to their role. 19.2.2. Identify and support individual and team learning needs highlighted during the appraisal process or service requirements. 19.2.3. Be able to support development and practice by mentoring and role modelling, inspiring and empowering others through their own positive behaviour and approaches in their work. 19.2.4. Advocate for, and contribute towards, a culture of organisational learning to inspire future and existing staff. 19.2.5. Facilitate collaboration of the team and support debrief and peer review processes to identify learning opportunities and provide support to address them. 19.2.6. Enable teams to build capacity and capability through professional and, where required, clinical supervision, work-based and interprofessional learning, and the application of learning to practice. 19.2.7. Model positive behaviours and actively build others' confidence through education, support and development. 19.2.8. Contribute to, and share learning with, professional networks, agencies and others to represent a professional view on mental health.

Tier 3 - Applicable to senior and specialist practitioners

Builds on tier 2 to provide knowledge at a higher level for those in senior and specialist roles working with people with mental health needs.

Capability	Learning outcomes The learner will:
Domain A: Recognising and promoting positive mental health and wellbeing	
Capability 1: Promoting physical health and wellbeing for people who have a mental health need This includes self-care and taking responsibility for one's own health and wellbeing, keeping both the body and mind fit and healthy. Self-care can also prevent illness and accidents.	1.3.1. Be able to identify comorbid chronic physical health conditions and recognise the modifying effect of these conditions and its treatment of acute physical illness. 1.3.2. Demonstrate the ability to assess the mental health needs associated with the person's persistent physical symptoms. 1.3.3. Support people and their support network to access self-care or self-management support where appropriate. 1.3.4. Recognise the importance of building self-efficacy to engage in activity by challenging and changing the person's belief in themselves. 1.3.5. Be able to provide information on the physical and mental health effects of substance use, including options for abstinence and harm reduction. 1.3.6. Be able to identify important specialist and pastoral support services that people and carers may need at times of crisis. 1.3.7. Recognise the importance of regular physical health monitoring of people with a serious mental health need and support access towards this.

Capability 2: Mental health awareness – promoting mental wellbeing and preventing mental ill health, including self-harm and suicide Since the 2020 pandemic, mental health needs have become increasingly common. It is vital then to be aware of, understand, recognise and promote positive mental health for people and communities at the individual, community and system level. Each year in the UK over 1 in 4 people and 1 in 10 children and young people will experience a mental health need[1]. A 2022 survey found that 58% of employees experience anxiety, with 61% saying they planned to leave their job due to poor mental health[2]. As a result, many people are now more likely to interact with someone who is experiencing a mental health need, whether in their role, workplace or a social setting. It is therefore essential that they have the skills and knowledge required to provide appropriate support.	2.3.1. Implement strategies to support mental wellbeing, ensuring people with mental ill health or suicidal ideation can access timely, relevant information and opportunities within their community. 2.3.2. Utilise national and/or local strategies to promote mental wellbeing and positive mental health, and prevent suicide within a group or community. 2.3.3. Implement risk reduction, evidence-based research and national health-promotion strategies. 2.3.4. Be able to develop, monitor, evaluate and improve evidence-based information and advice to support people to improve their mental and physical wellbeing, access appropriate services, where required, and prevent suicide. 2.3.5. Be able to apply crisis-accessible services to people with mental health needs.

Capability 3: Communication and establishing positive relationships with people who have mental health needs Being socially connected and feeling part of the local community where you live are essential for good mental health and wellbeing, just as establishing and maintaining positive relationships are important to building confidence and life satisfaction.	3.3.1. Work with people to identify strategies for recognising and taking responsibility for their own wellbeing. 3.3.2. Work with people to create and promote opportunities to practise positive behaviour. 3.3.3. Be aware of the importance of being a positive role model to maximise support, and how to continuously monitor own effectiveness. 3.3.4. Apply current research to enhance practice, maximise support, address distressed behaviour and respond to its impact on people, peers and the wider environment. 3.3.5. Work with people to recognise behaviour triggers, stay calm and ensure their safety, using techniques like de-escalation and diversion to support them to express their emotions constructively. 3.3.6. Be able to encourage people to review their behaviour and interactions and support them in practising positive behaviours in a safe, supportive environment.

Capability 4: Recognising and preventing self-harm and suicide This capability covers an understanding and prevention of self-harm and suicide, as well as recognising the signs and behaviours when someone may be experiencing mental distress or having suicidal thoughts and intentions, including self-harm; and being able to take action to support them, which may include signposting people to safe resources, including digital resources. Although England has the lowest rate of suicide in the UK, there were still 10.5 deaths per 100,000 people in 2021[3]. Self-harm is complex and often linked to trauma, anxiety, depression and substance use. Around 1 in 14 people self-harm, with many facing overlapping personal, social or economic challenges that can intensify mental health needs.	4.3.1. Understand the process of supporting people with suicidal ideation, including relevant theories and evidence-based interventions. 4.3.2. Be able to work with people to apply early intervention or suicide prevention models, including risk assessment and safety/care planning. 4.3.3. Demonstrate an understanding of suicidal ideation and self-harm throughout the course of life, and how language, stigma, discrimination and isolation can contribute towards both. 4.3.4. Recognise the importance of having an integrated approach to understanding suicidal ideation, mental health needs and self-harm. 4.3.5. Be able to differentiate between the biological, psychological and social approaches to understanding suicide and self-harm. 4.3.6. Promote resilience and self-help by encouraging help-seeking and access to appropriate support services when required. 4.3.7. Be able to demonstrate a coordinated and systems-wide approach to suicide prevention, using evidence-based practice, sharing knowledge and learning from others. 4.3.8. Be aware of and provide suicide prevention activities to reduce the incidence of suicide and suicidal behaviour in groups at highest risk. 4.3.9. Be aware of the role of data and intelligence in supporting suicide prevention activities.

Domain B: Collaborative working and personalised care and support	
Capability 5: Working with a person's support network as partners in promoting positive mental health This capability looks at collaborative working and personalised care and support for friends, advocates and unpaid carers who provide most of the support for people experiencing mental health needs. There is a need to recognise the potential resulting stress and social isolation that this role can have on the person's support network, and that they also need to be supported themselves. Increasingly, families and carers are partners in the care process and in promoting positive health.	5.3.1. Be able to contribute to the development of services and understand methods for assessing a carer's psychological and practical needs and be aware of the relevant support available. 5.3.2. Be able to recognise and address dilemmas between a person's mental health needs and those of their carers, including navigating consent and difficult conversations. 5.3.3. Demonstrate an understanding of the role of personalisation in care, including the availability of access to personal budgets. 5.3.4. Demonstrate an understanding of legislation relevant to carers and carers' rights.
Capability 6: Partnership and multi-agency working This capability highlights the need for wider partnership and multi-agency working, emphasising the importance of a joined-up, collaborative approach to supporting people with mental health needs. It includes effective signposting across the mental health referral pathway to a range of organisations, including voluntary and community services that promote physical and mental wellbeing, as well as recognising the value of good team dynamics.	6.3.5. Initiate effective multidisciplinary team and multi-agency activity, recognising the importance of effective team dynamics.

Capability 7: Equality, equity, diversity and inclusion in mental health There is a need to recognise the wider social determinants, including employment and housing, which can impact on a person's mental health; and the importance of equality, equity, diversity and inclusion in mental health, as poor mental health is often linked with inequalities of deprivation and social exclusion, including those from a minority community or group. It is vital for all to promote equality in accordance with the Equality Act 2010, and good practice requires fair facilitation of those with mental health needs to access appropriate support as well as other social care they may be using. Any discriminatory practice that may compromise a person's right to dignity, respect and safety should be challenged.	7.3.1. Be able to lead practice and create an organisational culture that values and respects diversity. 7.3.2. Understand that people from ethnically diverse communities are disproportionately represented in the mental health system, and the impact this can have. 7.3.3. Demonstrate an understanding of the impact of the local community, including socioeconomic factors, geography and culture, on inequity of access to mental health services. 7.3.4. Offer assessments and interventions that are appropriately adapted to diversity and people's communication needs.

Capability 8: Enabling and supporting a reablement focused approach to mental health Looks at reablement as working alongside a person with a mental health need using a person-centred approach and helping them review their options, as this can provide insights and appropriate care approaches. There is a need to encourage and facilitate person-led support so that they can take a lead in creating their own journey, drawing on their own strengths, aspirations and resources, using self-determination and self-management.	8.3.1. Recognise that people with long-term mental health needs can recover, while acknowledging that reablement is an individual process and may be more complex for some. 8.3.2. Recognise the importance of building on a person's strengths and aspirations, and the role of meaningful activities and self-management skills to support their reablement journey. 8.3.3. Be able to work collaboratively with people and their support network, if appropriate, to identify and evaluate strengths-based reablement outcomes and their impact. 8.3.4. Be aware of factors that support people in developing a positive sense of identity beyond their condition or diagnoses. 8.3.5. Be able to apply suitable approaches, tools and frameworks to support people to self-manage symptoms, gain insight and achieve goals to prevent distress and setbacks. 8.3.6. Understand the range of support such as medication, digital health tools, assistive technology, and group and individual therapy in the reablement journey. 8.3.7. Recognise the difference between coaching, mentoring and directive approaches, and when each approach is most appropriate. 8.3.8. Be able to evaluate their own coaching competencies and understand how to access appropriate coaching supervision. 8.3.9. Be able to support and challenge people to identify and overcome barriers to change and improvement.

Capability 9: Supporting children and young people with a mental health need There is a continuing need for supporting children and young people with a mental health need, which has increased since the Covid pandemic, with 1 in 10 children being affected. The emotional wellbeing of children is as important as their physical health, as good mental health allows children and young people to develop the resilience to cope with life challenges. The World Health Organisation says that half of mental health needs develop by the age of 14 and three-quarters by the time people are in their mid-20s, with neuropsychiatric conditions being the main cause of disability in young people[4]. The consequences of not addressing mental health and psychosocial development for children and young people extend into adulthood and limit opportunities for leading fuller lives.	9.3.1. Know the theories of child and adolescent development, which can include: ■ physical and brain development ■ sensory and psychomotor development ■ cognitive development ■ social and emotional development (emotional intelligence) ■ interpersonal competence, identity and moral development at adolescence, compassion and self-management, and the impact of the social context. 9.3.2. Be aware of attachment theory and recognise its implications for: ■ children and young people's cognitive, emotional and social development ■ the development of emotional wellbeing and resilience ■ the development of parent–child, sibling and peer relationships ■ supporting parental/carer attachment empowerment. 9.3.3. Be able to use strategies, tools, working models, evidence-based and digital health tools to support a child or young person with mental health needs, as well as their parents/carers. 9.3.4. Know which information can be shared with the multidisciplinary team when supporting children and young people with a mental health need. 9.3.5. Be able to implement strategies for the promotion of wellbeing and human rights for children and young people, and for the prevention of mental health needs.

Capability 10: Supporting people with a learning disability, neurodivergence and mental health needs

One study found that 54% of people with a learning disability have a mental health need[7]. Children and young people with learning disabilities are four and a half times more likely to have a mental health need than children without a learning disability[8]. The domain also covers those who are neurodivergent, and it is estimated that about 15–20% of the population is neurodiverse, including 10% of people who are diagnosed with dyslexia, 6% with dyspraxia, 5% with ADHD and 1–2% with autism[9].

Mental health needs among people with a learning disability and/or who are neurodivergent are often overlooked, undiagnosed and left untreated due to poor understanding, lack of awareness and symptoms being attributed to the person's learning disability or neurodivergence, through diagnostic overshadowing.

It is, therefore, important to provide effective support for people with learning disabilities and/or who are neurodivergent and have mental health needs to access specialist and personalised assessment, care and treatment, recognising that reasonable adjustments may be required to standard mental health assessment, approaches and interventions.

In 2022, the Health and Care Act 2022 was changed, placing a statutory responsibility on Care Quality Commission-regulated health and care organisations to ensure all their workforce received training to better support autistic people and people with learning disabilities.

10.3.1. Be able to adapt therapeutic and digital approaches to suit the person's needs recognising that unadapted therapies may be ineffective or challenging to access due to sensory, language or social barriers.

10.3.2. Understand how sensory needs can impact people with a learning disability, and/or who are neurodivergent and have mental health needs, and use strategies to help them express their emotions in ways that are meaningful to them.

10.3.3. Be able to recognise and manage distressed behaviours in people with a learning disability, and/or who are neurodivergent and have mental health needs, using Positive Behaviour Support, identifying underlying issues such as communication or sensory differences that may require specialist input.

10.3.4. Be able to provide trauma-informed care so that people with a learning disability, and/or who are neurodivergent and have mental health needs, are not traumatised or retraumatised by services.

10.3.5. Analyse why mental health needs may be overlooked in people with a learning disability and/or who are neurodivergent, such as by complex or atypical presentations and/or diagnostic overshadowing.

10.3.6. Explore and appraise the needs of people with a learning disability, and/or who are neurodivergent and have mental health needs, to support and plan for community-based services and to minimise the use of compulsion under the Mental Health Act 1983 (as amended).

10.3.7. Be able to arrange and manage services that support what matters most to the mental wellbeing of people with learning disabilities and/or who are neurodivergent.

Capability 11: Supporting older people with a mental health need This capability focuses on equipping the workforce with the knowledge, skills and values required to provide compassionate, person-centred support to older people experiencing mental health needs. It emphasises understanding the unique needs of older people, recognising the impact of ageing on mental health, and promoting dignity and inclusion in their care across diverse settings.	No additional learning at tier 3.
Domain C: Assessment and treatment of mental health needs	
Capability 12: Identification and assessment of mental health needs Mental health is influenced by a broad and complex range of factors cutting across a range of different spheres of life – such as physical health, employment, housing, leisure and social networks – therefore a comprehensive assessment that addresses needs holistically is paramount. People who experience social exclusion face particular barriers to acquiring information and advice and accessing the support they need to avail themselves of appropriate services.	12.3.1. Be able to undertake an appropriate mental health assessment with the person using suitable methods. 12.3.2. Recognise the concept of co-production and participation as effective approaches to empower people to thrive through appropriate adjustments. 12.3.3. Be able to use a structured approach to carrying out a mental capacity assessment, understanding the issues relating to mental capacity. 12.3.4. Be aware of the impact of diagnostic errors. 12.3.5. Be able to act on the outcome of assessments with people, their support network, where appropriate, and the multidisciplinary team. 12.3.6. Be aware of the importance of equal access to a culturally competent mental health assessment and diagnosis for people from ethnically diverse communities. 12.3.7. Be aware of the experiences of people, their families and carers, and communicate sensitively about diagnoses and their implications. 12.3.8. Be able to communicate and record assessment outcomes and decisions.

Capability 13: Using person-centred comprehensive assessment in mental health A comprehensive assessment will give insight into the individual's cognitive functioning: what they are thinking, their emotions, their values and beliefs and, most of all, what they might do next. This includes the use of biopsychosocial formulation, a recognised tool in mental health and an approach to understanding an individual that considers biological, psychological and social perspectives on their current presentation, and which can support identifying aspects to consider when deciding on a treatment plan. Working together, all mental health professions rely on diagnosis and biopsychosocial formulations to guide care. These formulations are attempts to describe why people are experiencing difficulties, what maintains them (predisposing, precipitating and perpetuating factors) and what might help. Because all these issues are highly personal, formulations are necessarily very individual, tailored for each person and their specific problems.	13.3.1. Be able to work collaboratively to develop evidence-based, integrated, multi-model formulations with people, their support network and partner agencies. 13.3.2. Be able to use the different versions of formulation, using co-production, and recognise co-occurring conditions for different audiences and purposes. 13.3.3. Be able to identify barriers to the use of comprehensive, person-centred assessments and take action to remove them. 13.3.4. Be able to take a lead on formulation practice and oversee the implementation of team formulations. 13.3.5. Be able to facilitate multidisciplinary team formulation meetings. 13.3.6. Be able to document, review and revise multidisciplinary formulations.

Capability 14: Treatment and interventions for mental health needs and the management of medication

Medication can play a role in treating a range of mental health needs and conditions, but it is recognised that not all mental health needs respond to medication. Choosing the right treatment plan should be based on a person's individual needs and medical situation and be under a mental health professional's care. For some people, medicines are a short-term solution to help in an immediate crisis. For others, medicines are a long-term treatment that enables them to live with severe and enduring mental health needs and prevent relapse.

Improving access to information about medication and shared decision-making for essential medicines is a key component in strengthening access to effective mental health care services. Most medication will have side effects and people may have problems when they stop taking medication, which should always be done in a planned manner. Abuse of a prescribed medication to treat a mental health need can cause additional problems.

Appropriate support should be available to people with a mental health need in using, reducing or coming off medication safely, and monitoring side effects and where appropriate – a NICE guidance evidence base exists, exploring alternative therapies to medication.

14.3.1. Describe common medications used to treat mental health symptoms such as antidepressants, antipsychotics, anxiolytics, anticonvulsants and dementia treatments, along with their key benefits, risks, interactions and side effects.

14.3.2. Be able to explain why medication may be the most appropriate treatment for some people and discuss risks and side effects with them.

14.3.3. Be able to record and report side effects and/or adverse medication, including the use of recognised, standardised side effect measurement tools.

14.3.4. Implement and offer advice on suitable alternative treatments to medication, where appropriate, for milder conditions and for adherence to prescribed medicines to support shared decision making in care planning.

14.3.5. Use the processes for assessing and prescribing medication.

14.3.6. Assess the evidence base for using medication to manage behavioural and psychological symptoms of mental health needs and the range of medications available.

14.3.7. Identify the ethical issues around the use of medication when supporting people.

14.3.8. Demonstrate an understanding of the contraindications for prescribing psychiatric/psychopharmacological treatments such as anxiolytics and antipsychotic medication.

14.3.9. Be able to discuss medication with people and prescribe medication where appropriate and relevant to role and scope of practice.

14.3.10. Recognise the range of medicines that address common physical health issues in people with mental health needs and their risks and side effects.

14.3.11. Be able to conduct a risk benefit analysis for people of medication use, including the option not to medicate.

	14.3.12. Be able to undertake regular reviews of prescribed medicine with the person, including physical health and other side effects, using standardised measurement tools and recording mechanisms. 14.3.13. Recognise the importance of good medicine management of specific physical illnesses when supporting people. 14.3.14. Be aware of new pharmacological interventions that can be used to enhance the wellbeing of people. 14.3.15. Describe how age, gender, ethnicity, the presence of other conditions and wider social determinants, such as homelessness and housing, may alter the presentation of symptoms and signs of mental health needs and their treatment with medication. 14.3.16. Be aware of the overuse and overprescribing of medicines in all services and for all age groups, including stopping over medication of people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)[10].

Capability 15: Use of digital health tools to promote positive mental health and deliver effective support Digital health tools play an important role in promoting self-care and can support effective care. Online services provide an alternative for many people who have mental health needs and who prefer to retain autonomy and anonymity in coping with difficulties. Virtual health spaces such as internet websites can be particularly useful for underrepresented groups, who may be reluctant to engage with formal systems or for people who have stigmatising conditions, as these spaces provide a more anonymous and less threatening environment. For those supporting individuals, the use of technology can encourage creative methods of recording, analysing and reporting information.	15.3.1. Lead on the introduction of assisted digital health tools to support self-care and meaningful activity for people.

Domain D: Legislation, safeguarding, research, leadership, education and development	
Capability 16: Adhering to legislation, ethics and safeguarding in the context of mental health Being aware of the current legislation relevant to mental health is essential. Change to 'A report into mental health and well-being in the workplace published by Deloitte in 2024 revealed that 63% of employees had experienced at least one symptom of burnout such as feelings of exhaustion, mental distance from their job or a decline in their performance at work, and that mental health-related presenteeism (employees attending work while experiencing poor mental health symptoms) was the largest contributor to mental health-related costs incurred by employers. Providing good leadership to ensure staff wellbeing is essential to the provision of mental health services. Safeguarding is a complex area of practice. Staff supporting people with mental health issues must be fully aware of their responsibility to safeguard and support them.	No additional learning at tier 3.

Capability 17: Applying research and evidence-based practice applicable to your organisation and role The continuing development of mental health services and treatment requires ongoing research and development of evidence-based practice. Evidence-based practice is a structured and systematic approach to using research-based knowledge to improve outcomes for people who may experience mental health needs. Evidence of effectiveness is of crucial importance to all aspects of health and social care policy and practice, the allocation of resources and the delivery of services. Drawing together, analysing and synthesising evidence from research is a central principle of evidence-based practice. This includes evaluating the outcomes and impact of services and interventions. When people who experience mental health needs participate in research activities, this must be handled with due regard for the ethical issues involved.	17.3.1. Critically appraise new innovations and developments in promoting positive mental health and appropriate interventions for care and support. 17.3.2. Be able to promote and share new evidence-based practice and challenge poor or unsafe practice. 17.3.3. Recognise any ethical implications of audit, research, clinical trial or service user involvement strategies. 17.3.4. Demonstrate an understanding of the concepts of quality improvement and using a methodical approach, including audit and iterative improvement of services, using innovation where appropriate. 17.3.5. Demonstrate an understanding of systematic research methods to facilitate evidence-based practice. 17.3.6. Contribute to research that supports the development and improvement of mental health services and innovations. 17.3.7. Demonstrate an understanding of the approaches to evaluating services and measuring impact, including the use of outcomes reported by people who have experienced mental health needs.

Capability 18: Providing leadership in mental health services Mental health services have undergone a dramatic transformation in recent years, including the need to offer service models based on multidisciplinary team working, community-based care and the recognition of the need to engage increasingly with the independent and voluntary, community and social enterprise sector. The main challenges to effective service delivery and implementation require systemic change through sound leadership.	18.3.1. Act as a role model to lead quality improvement and facilitate co-production with people who access services in order to create positive cultural change. 18.3.2. Be able to develop a shared vision and strategy across agencies. 18.3.3. Be able to encourage collaboration and co-production to proactively shape services and prevent mental health needs from escalating for individuals, groups and the wider community. 18.3.4. Provide clear leadership, demonstrating an understanding of multidisciplinary teams and a multi-agency approach to the support and care of people with mental health needs. 18.3.5. Promote a culture of reflective practice and provide emotional support to maintain wellbeing and professional effectiveness in staff. 18.3.6. Lead strategic change in mental health services, ensuring improvements are evidence based and inclusive.
Capability 19: Professional education and development Leaders and senior managers have a responsibility to provide direction, disseminate best practice and to motivate and support staff in identifying their training and development needs, to provide high-quality care and support. As well as supporting staff in their own organisation, leaders will be required to work collaboratively to deliver integrated services as part of a multi-agency team.	No additional learning at tier 3.

Appendix 1: References

The sources below align with the superscript reference points found throughout the framework.

1. Champion Health (2023). The Workplace Health Report 2023: ripplesuicideprevention.com/downloads/champion-health-workplace-health-report-2023
2. Deloitte (2022). Mental Health and Employers: Deloitte Report Summary: altruistuk.com/blog/2022/mental-health-employers-deloitte-report-2022
3. House of Commons Library (2023). Research Briefing: Suicide prevention: policy and strategy: commonslibrary.parliament.uk/research-briefings/cbp-8221/
4. Mind. 5 ways to wellbeing: mind.org.uk/workplace/my-mental-health-at-work/five-ways-to-wellbeing/
5. Cooper SA, Smiley E, Morrison J, Williamson A and Allan L (2007). Mental ill-health in adults with intellectual disabilities: Prevalence and associated factors. The British Journal of Psychiatry, 190, 27–35: pubmed.ncbi.nlm.nih.gov/17197653/
6. Emerson E and Hatton C (2007). Mental health of children and adolescents with intellectual disabilities in Britain. The British Journal of Psychiatry, 191(6), 493–499: pubmed.ncbi.nlm.nih.gov/18055952/
7. Mental Health Foundation https://www.mentalhealth.org.uk/explore-mental-health/statistics/people-learning-disabilities-statistics
8. Rai, D. et al. (2016) 'Comorbidity in mental and physical illness', in McManus, S., Bebbington, P., Jenkins, R., and Brugha, T. (eds), Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014, Leeds: NHS Digital, pp. 323–347 https://discovery.ucl.ac.uk/id/eprint/1532054/
9. NSPCC Learning (2022). Gillick competency and Fraser guidelines: nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines
10. STAMP and STOMP https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/

Appendix 2: Glossary

The table below provides a glossary of terms used in the framework and more information or guidance on the types of evidence you may wish to gather from learners to support their development.

Term (listed in alphabetical order)	**Definition**
Advocate	A person who speaks up for, supports or represents someone else's interests, needs or rights. Advocates help ensure that people are heard, understood and treated fairly, especially when they may find it difficult to represent themselves.
Bias	A preference or prejudice towards one thing, person or group compared to another, often in a way considered unfair.
Carers	People who provide care and support to someone who cannot manage daily life on their own because of illness, disability, a mental health condition or age-related needs. Carers can be **paid professionals or unpaid family members, friends or volunteers,** and their support may include personal care, practical help and emotional support.
Co-production	The term **coproduction** describes working in partnership by sharing power between people who draw on care and support, carers, families and others.
Cultural	The word **cultural** relates to the ideas, customs, social behaviours and traditions of a particular society, group or community.
De-escalation	The deliberate process of reducing the intensity of conflict or aggression. It involves using verbal and non-verbal strategies that promote safety, respect and cooperation.

Intersectionality	How different parts of a person's identity, e.g. race, gender, age, disability and income, combine to shape their experiences. It helps us understand that people can face multiple, overlapping challenges or advantages, not just one.
Life Course Approach	This refers to what happens in early life (like childhood nutrition, education, stress) and how it can affect your health later in life. It also considers how social, economic, and environmental factors interact over time. This approach focuses on prevention and support at every stage of life.
Neurodivergent	**Neurodivergent** refers to people whose brain processes learn or behave differently from what is considered 'typical'. This term encompasses various conditions, including autism, ADHD and dyslexia.
Personal Budget	A personal health budget is an amount of NHS money that is allocated to support your health and wellbeing needs. If you're eligible for it, you (or someone who represents you), will work with your local NHS team to plan how you spend the money and get the care you need.
Polypharmacy	The use of multiple medications by one person, often at the same time. It usually refers to taking several prescribed or over-the-counter pieces of medication together, which can increase the risk of side effects or interactions.
Population risk factors	This includes but is not limited to factors including: ■ alcohol use ■ family and personal history ■ mental health issues ■ social support. ■ Vulnerable populations
Support network	The **support network** will mean different things to different people including but not limited to: personal relationships, family, advocates and unpaid carers.

Trauma-informed care	An approach to delivering services that understands the impact of trauma and prioritises safety, trust and empowerment. It means creating environments and interactions that avoid retraumatising people, recognising the signs of trauma, and responding in ways that support healing and recovery.
Trauma-informed practice	**Trauma-informed practice** is an approach to health and care interventions that is grounded in the understanding that trauma exposure can impact a person's neurological, biological, psychological and social development.
Unconscious bias	**Unconscious bias** refers to attitudes or stereotypes that affect our understanding, actions and decisions **without us being aware of them.** These biases are automatic and often based on social norms, experiences or cultural conditioning.
Underrepresented groups	Underrepresented groups are populations or communities that have fewer members or less visibility in a particular context compared to their proportion in the general population. This often relates to people who face barriers to opportunities due to: ■ mental health issues ■ physical health/disability ■ sensory impairment ■ learning disabilities ■ neurodivergence ■ substance misuse ■ being a survivor ■ coming from working class backgrounds ■ being a member of the LGBTQIA+ community. ■ coming from Black, Asian, traveller, mixed heritage or other global majority backgrounds.

Unpaid carers	People who provide care and support to a family member, friend or someone in their community who has an illness, disability, mental health condition or age-related need, without receiving payment for their help. This care can include practical tasks, emotional support and assistance with daily living.

Appendix 3: Related standards and frameworks

Core skills frameworks

Skills for Care, Skills for Health and NHSE have developed a number of core skills frameworks that set out expected learning outcomes and related guidance for delivery of education and training. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training. In addition to this 'Mental Health Core Capability Framework', other frameworks are available that include areas such as:

- statutory/mandatory training
- clinical/care
- learning disabilities
- mental health
- end of life care
- person-centred approaches
- musculoskeletal
- frailty.

Further information is available from the Core Skills Training Framework webpage.

Care Certificate standards

Following the Francis Inquiry, Camilla Cavendish was commissioned to review the recruitment, training and support of healthcare assistants and social care support workers. Her 2013 report highlighted inconsistent preparation and recommended the creation of the Care Certificate. Now a core part of induction for staff who interact with patients and people drawing on care and support, the Care Certificate was significantly updated in 2025 to reflect modern care practices, including digital skills, inclusive language and autism awareness.
Skills for Care, Skills for Health and NHS England worked together to review and update the Care Certificate documents that were formally launched in April 2025. Further information about the Care Certificate is available from Skills for Care and Skills for Health.

Care Workforce Pathway – adult social care

The Care Workforce Pathway is a comprehensive framework designed to clearly define careers in adult social care, detailing the knowledge, skills, values and behaviours essential for delivering high-quality, personalised care and support. The Care Workforce Pathway sets out clearly what a career in social care means and the level of knowledge, experience and skills required to deliver high-quality, personalised, care and support. Further information can be found on the Department of Health and Social Care's website.

Appendix 4: Key sources

Guidance

- Department of Health and Social Care (2023) Suicide prevention in England: 5 year cross-sector strategy policy paper
- Department of Health and Social Care (updated 2023) The NHS Constitution for England
- Department of Health and Social Care (2025) Fit for the Future: The 10 Year Health Plan for England
- GOV.UK (2018) A guide to the duty to refer
- GOV.UK (2023) Public Sector Equality Duty: guidance for public authorities
- Mind 5 ways to wellbeing
- NHS England Accessible information standard
- NHS England (2020) Advancing mental health equalities strategy
- NHS England (2023) https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/A national framework for NHS – action on inclusion health
- NHS England (2021) NHS Core20PLUS5 infographic
- NHS England (2022) Guidance for working in partnership with people and communities: Statutory guidance
- NHS England (2019) NHS Mental Health Implementation Plan 2019/20 – 2023/24
- NHS England NHS Talking therapies for anxiety and depression
- NHS England (2019) NHS Workforce Disability Equality Standard
- NHS England (2024) NHS Workforce Race Equality Standard
- NHS England and NHS Improvement and Local Government Association (September 2021) Guidance on the development of place-based partnerships as part of statutory integrated care systems
- NICE (2011, updated 2017) Clinical guideline CG128 – Autism spectrum disorder in under 19s: recognition, referral and diagnosis
- NICE (2012, updated 2021) Clinical guideline CG142 – Autism spectrum disorder in adults: diagnosis and management
- NICE (2015) NICE guideline NG10 – Violence and aggression: short-term management in mental health, health and community settings
- NICE (2018) NICE guideline NG116 – Post-traumatic stress disorder
- NICE (2022) NICE guideline NG222 – Depression in adults: treatment and management
- NICE (2022) NICE guideline NG225 – Self-harm: assessment, management and preventing recurrence
- NICE (2016) NICE Guideline NG53 – Transition between inpatient mental health settings and community or care home settings
- Office for Health Improvement and Disparities (20211) No health without mental health. A cross-government mental health outcomes strategy for people of all ages
- Office for Health Improvement and Disparities (2022) Guidance: Wellbeing and mental health: Applying All Our Health

Legislation

- Care Act 2014
- Children and Families Act 2014
- Equality Act 2010
- Health and Care Act 2022
- Homelessness Reduction Act 2017
- Human Rights Act 1988
- Liberty Protection Safeguards
- Mental Capacity Act 2005
- Mental Health Act 1983 (as amended)

Other useful resources

General

- Ann craft trust Safeguarding Adults Definitions
- British Medical Association (September 2020) Beyond parity of esteem – Achieving parity of resource, access and outcome for mental health in England
- Care Quality Commission cqc.org.uk
- Deloitte Wellbeing Statistics
- Health Education England (2020) The Competence Framework for Mental Health Peer Support Workers. Part 2 Full listing of the competences
- The Kings Fund (November 2022) The health and care workforce: Planning for a sustainable future
- NHS England Accessible Information Standard
- NHS England 2025/26 priorities and operational planning guidance
- NHS England (September 2022) Research demand signalling: National Mental Health Programme
- NHS England Staying safe from suicide
- Rethink Mental Illness www.rethink.org
- Royal College of Psychiatrists professional standards and good practice guides Core standards for mental health services
- Social Care Institute for Excellence
- Surgo Ventures (September 2021) Why do so many suffer silently with mental health difficulties instead of seeking care?
- The Wellbeing Project (2022) Mental Health First Aider Training

Children and young people

- NHS Children and young people: consent to treatment (Gillick competency)
- NSPCC Learning Gillick competency and Fraser guidelines
- NSPCC Young Carers Rights Supporting your child as a young carer | We Can Talk
- Routledge (2021) Child and Adolescent Mental Health: Theory and Practice – 3rd Edition
- Children and Families Act 2014

Dementia

- Skills for Health/Skills for Care/HEE (2018 but currently being reviewed 2025) Dementia Training Standards Framework

Health and wellbeing/community health

- NHS England (2019) The Community Mental Health Framework for Adults and Older Adults
- Public Health England (2018) Health Matters: Community-centred approaches for health and wellbeing
- Realising the Value (2016) Making the change: Behavioural factors in person- and community-centred approaches for health and wellbeing
- Royal College of Psychiatrists (2021) The Community Mental Health Framework for Adults and Older Adults

Homelessness and housing

- A film of personal stories and journeys to health from people who have experienced and overcome homelessness Less? A film of personal stories and journeys to health from people who have experienced and overcome homelessness
- BMJ Journals Barriers and facilitators to accessing health and social care services for people living in homeless hostels: a qualitative study of the experiences of hostel staff and residents in UK hostels
- Crisis UK Homelessness: causes, types and facts
- Homeless Link (2022) The Unhealthy State of Homelessness | Mind (2017)
- NICE (2022) Guidance NG214: Integrated health and social care for people experiencing homelessness
- Pathway Healthcare for homeless people Inclusion Health Education Mapping and Review: Professional Group Report

Learning disabilities and autism

- Department of Health and Social Care (2019) Core Capabilities Framework for Supporting Autistic People
- Health Education England (2020) Physical Health Competency Framework for Mental Health and Learning Disability Settings
- Health Education England and Skills for Health (2019) Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism
- NHS England (updated November 2025) Oliver McGowan Mandatory Training on Learning Disability and Autism
- Skills for Health/Skills for Care/HEE (2016 – updated 2019) Core Capabilities Framework for Supporting People with a Learning Disability

Mental health leadership and workforce development

- Public Health England (2015) Public mental health leadership and workforce development framework
- The Kings Fund Leadership and organisational development

Mental health nursing

- Health Education England (April 2022) Commitment and Growth: advancing mental health nursing now and for the future
- Skills for Health (2020) Mental Health Nursing: Competence and Career Framework

Older people

- Health Education England (2020) Older People's Mental Health Competency Framework

Person-centred approaches

- Health Education England and Skills for Health (2017) Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support.
- NHS choices (updated 2023) Personalised care and support planning handbook: The journey to person-centred care
- NHS England Personalised care and support planning
- Public Health England (2019) All Our Health: personalised care and population health | Positive Behaviour Support

Self-harm and suicide prevention

- Health Education England (2018) Self-harm and Suicide Prevention Competence Framework: Adults and older adults
- Health Education England (2018) Self-harm and Suicide Prevention Competence Framework: Children and young people
- Health Education England (2018) Self-harm and Suicide Prevention Competence Framework: Community and public health
- Health Education England (2018) Self-harm and Suicide Prevention Competence Framework: What does the competence framework mean for my care?
- NHS Workforce Training and Education Self-harm and suicide prevention: Resources and training | Health matters: Prevention – a life course approach

Social prescribing

- Office for Health Improvement and Disparities (2022) Social prescribing: applying All Our Health