All Wales Curriculum for Primary Mental Health Workers

(within Local Primary Mental Health Support Services established under Part 1 of the Mental Health (Wales) Measure 2010)

The National Curriculum for the Education and Development of Primary Mental Health Workers
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Electronic copies of this curriculum are available from [http://www.weds.wales.nhs.uk/](http://www.weds.wales.nhs.uk/)
References
The Mental Health (Wales) Measure 2010
http://www.legislation.gov.uk/mwa/2010/7/contents

The National Service Model for Local Primary Mental Health Support Services

The Mental Health (Wales) Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments (Wales) Regulations (2012)
http://www.legislation.gov.uk/wsi/2012/1305/contents/made

Abbreviations
APEL  Assessment of Prior Experiential Learning
CPD   Continuing Professional Development
CQFW  Credit and Qualifications Framework for Wales
HPW   Health Professions Wales
KSF   Knowledge and Skills Framework
LPMHSS Local Primary Mental Health Support Services
NHS   National Health Service
NLIHA National Leadership and Innovation Agency for Healthcare
NOS   National Occupational Standards
QALL  Quality Assured Lifelong Learning
QCF   Qualifications and Credit Framework
SfH   Skills for Health
PMHW  Primary Mental Health Worker
Foreword

The duty on Local Health Boards and Local Authorities in Wales to jointly provide Local Primary Mental Health Support Services (LPMHSS) is a key requirement of the Mental Health (Wales) Measure 2010. The aim of these services is to improve access to mental health care within primary care settings, and to improve the outcomes for individuals who access these services. LPMHSS will support, not supplant, the General Medical Services with the aim of helping providers to improve the health and well-being of people with mental health problems within their communities.

The delivery of high quality, accessible, and timely LPMHSS by Health Boards and Local Authorities requires a skilled and competent workforce who can work within a recognised competency framework, and who have appropriate opportunities for continuing professional development and supervision. This curriculum has been developed in response to the demand from the services for training to support Primary Mental Health Workers (PMHWs). It will provide primary care professionals across Wales with the necessary skills, knowledge and competence to deliver effective and holistic services that will have a positive impact on the lives of the individuals who use these services.

The curriculum is a workforce resource to help the local Mental Health Partners and managers in the delivery of an effective and efficient service. It will assist in defining the roles and responsibilities of the PMHW and will support the recruitment and retention of staff.

We are delighted to endorse this new, innovative and flexible curriculum which supports the Welsh Government’s requirement for a more flexible and sustainable workforce and which we see as an exemplar of best practice. Significant partnership working with the mental health service providers and partner organisations has supported the development of this curriculum. We are grateful to all individuals and organisations who contributed to the successful development of this curriculum and, in particular, Agored Cymru.

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1. Introduction and Background

The foundation for the development of a national curriculum for PMHW lies in the Mental Health (Wales) Measure 2010 which, under Part 1, requires Local Health Boards and Local Authorities to work together to provide LPMHSS. Discussions with the Implementation Leads for Part 1 of the Measure identified the need for a standardised approach to be developed across Wales for the training and development of PMHWs who will be responsible for delivering these services.

Welsh Government commissioned the National Leadership and Innovation Agency for Healthcare (NLIAH) to undertake this work in 2012/13.

The purpose of the curriculum is to produce an accredited, flexible and transferable qualification that will provide a standardised and coherent approach to training and education provision for PMHWs in LPMHSS in Wales.

Benefits of the curriculum include:
- Establishment of structured and well-planned training pathways to support retention rates for PMHWs.
- Clarity of the roles and responsibilities of PMHWs.
- Efficient deployment of available workforce resources.
- Transferability of skills.
- Reduced risk to the provision of LPMHSS.

2. Legislative Context

The Mental Health (Wales) Measure 2010, (“the Measure”) is a piece of legislation made by the National Assembly for Wales which deals with accessing and receiving care and interventions within primary and secondary mental health care services. The Measure has the same legal status in Wales as an Act of Parliament. It was passed by the National Assembly for Wales in November 2010, and received Royal Assent in December 2010.

Part 1 of the Measure seeks to strengthen the role of primary care in delivering effective mental health care and treatment, and sets out the requirement for the delivery of LPMHSS throughout Wales. The duties to provide these services came into force in October 2012.

The Measure places a statutory duty on all Local Health Boards (LHBs) and Local Authorities in Wales to provide, in partnership, LPMHSS to ensure delivery of the five required functions of the Measure. These five functions are:

a) The carrying out of primary mental health assessments;
b) The provision of the treatment which is considered might improve or prevent a deterioration in the individual’s mental health;
c) Making referrals to other services which it is considered might improve or prevent a deterioration in the individual’s mental health;
d) The provision of information, advice and other assistance to primary care providers to improve the services related to mental health which they provide or arrange;
e) The provision for patients and their carers of information and advice. This may include providing information about self management strategies and ‘signposting’ to other services available to them.

The National Service Model for LPMHSS provides guidance on the requirements for LPMHSS.

It clarifies that:
- LPMHSS will provide local access to support for people of all ages who have mild to moderate and/or stable to severe and enduring mental health problems.
- Services are expected, in the main, to operate within or alongside existing GP practices.
- Although the statutory duty for the provision of LPMHSS lies with Local Authorities and Local Health Boards, they may wish to secure their provision through other agencies and organisations on their behalf.
• It is expected that staff will have appropriate skills and experience for this work, and will work within a recognised competency framework and within their limits of competency. It is also expected that staff will have regular clinical supervision and regular opportunities for appropriate continuing professional development.

• Local Authorities and LHBs will need to work together, and at times in collaboration with primary care providers, to:
  – define specific roles and responsibilities within the LPMHSS, and ensure appropriate and timely recruitment, training and deployment of staff to fulfil these roles;
  – manage the resources for the LPMHSS to ensure its effective and efficient operation;
  – provide mechanisms for the support, supervision and training for LPMHSS staff;

Eligibility to conduct primary mental health assessments within the LPMHSS have been determined under the Mental Health (Wales) Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments (Wales) Regulations (2012). These regulations stipulate that only registered social workers, registered nurses in mental health or learning disability, registered occupational therapists, registered practitioner psychologists or registered medical practitioners can conduct primary mental health assessments (see Appendix 1). In addition these practitioners must satisfy the relevant local mental health partners that he or she has an appropriate combination of experience, skills and training.

3. Rationale
The all Wales Curriculum for Primary Mental Health Workers has been designed to offer an accredited flexible and transferable education programme. This will standardise the knowledge and skills required by PMHWs of any profession and will be recognised nationally.

The impetus to support the education and training of PMHWs came from the service, who recognised the need to develop a flexible and sustainable workforce capable of delivering the services required under Part 1 of the Mental Health (Wales) Measure 2010.

The curriculum is designed for PMHWs of any profession at Agenda for Change Band 6 or equivalent and maps to the five functions of Part 1 of the Measure. However, as set out in paragraph 2, under the legislation, only certain registered professionals can conduct primary mental health assessments. Only those staff who are legally eligible to assess can benefit from undertaking the assessment unit.

4. Curriculum Development
A core curriculum planning group with representation from practitioners and managers of primary mental health services led the work to develop the curriculum. Additional input and advice was provided by a wider group involving representatives from other professions and the Third Sector.

The curriculum was approved by the NHS Wales Accredited Learning Panel in March 2013. The panel was responsible for providing expert occupational opinion and expertise in qualification development to produce a national curriculum for the education and development of primary mental health workers.

5. Aims of the All Wales Primary Mental Health Worker Curriculum
The All Wales Primary Mental Health Support Worker Curriculum aims to:
• Develop the knowledge, skills and attitudes of PMHWs to enable them to deliver LPMHSS, as required by the Mental Health (Wales) Measure 2010, to a high standard.
• Provide clarity for employers, PMHWs and primary care providers about the knowledge, skills and attitudes required to undertake the five functions of LPMHSS.
• Raise the profile of PMHWs.

6. Target Learners
The All Wales Curriculum is designed to be of benefit to PMHWs from a range of professions (nursing, psychology, occupational therapy, social work, counselling and medical staff) who are employed by LHBs, Local Authorities or third sector organisations in the provision of LPMHSS as required under Part 1 of the Mental Health (Wales) Measure 2010. It maps on to the five functions of LPMHSS and is equally relevant to staff who have a background in secondary mental health services and to new recruits. It will support the development of specific skills and is tailored to the existing skills and knowledge of learners whether or not they have previous experience of working within primary mental health care settings.

It is anticipated that the curriculum will be used to support the professional development of those staff providing the services within primary care. Whilst it will be best practice for people undertaking all five functions of LPMHSS to undertake all five units, the curriculum offers flexibility for learners to select elements of the curriculum that are needed for the services that they provide.

7. Awarding Organisation
The awarding organisation for this programme is www.agored.org.uk. In order for a qualification to be recognized as part of the “National Qualifications Framework”, and transferable between courses, institutions and occupations, it must be accredited through one of the United Kingdom Awarding Bodies. Agored Cymru is the Welsh awarding organisation specialising in meeting the needs of learners in Wales. They develop qualifications and accreditation opportunities to meet the priorities of the Welsh Government in supporting learners and employers.

8. Credit
The curriculum is approved on the devolved Credit and Qualifications Framework for Wales (COFW) and has been assigned a credit value and level in line with the Ofqual General Conditions of Recognition and unit writing guidance.

9. Education Providers
This curriculum will be provided by LHBs and may also be provided by Local Authorities, third sector organisations or further education colleges.

The Training Coordinators and the Agored Cymru Centre Coordinators in the Health Boards and NHS Organisations are jointly responsible for learner registration, certification and quality assurance processes.

10. Benefits of the Curriculum
The advantages and benefits of an All Wales Curriculum for PMHWs are wide-ranging, as outlined in the following table shown overleaf:
11. Teaching and Learning Strategies
The teaching and learning strategies are based on established adult education theories. It is acknowledged that learners accessing the programme may have a wealth of experience and knowledge. The teaching and learning strategies employed will introduce new concepts, develop and enhance existing skills and support underpinning knowledge. Learning will be achieved through a range of resources and teaching methods including group work and discussions, workbooks, scenarios and role play, demonstrations, videos and presentations. Reflective practice will also be embedded throughout the curriculum; applying reflective practice will assist in learning and improve practice.

All of these activities will be reflected in the assessment strategy.
12. Assessment of Learners
Learners will develop a portfolio containing evidence that can be assessed against the Agored Cymru credit based units and competences.

13. Assessment Strategy
Assessment describes any processes that appraise an individual’s knowledge, understanding, abilities or skills. The approach to assessment and design of assessment material will:
- Develop learning by providing assessor feedback to learners.
- Evaluate knowledge, understanding, abilities or skills of learners.
- All submitted evidence will be subject to assessment and verification in line with regulatory requirements upheld by Agored Cymru.

14. Assessment Principles
Assessments provide an opportunity for learners to demonstrate their learning and the range and type of assessments used throughout the accredited learning will enable the learner’s development of competence and acquisition of knowledge. In addition the assessment process and activities will be clearly explained to learners by the assessors and will be available in course material. In keeping with good assessment practice, learners will receive regular feedback with regard to their progress and development from the assessor.

15. Assessor Support for Learners
Learners will receive support from qualified assessors who attended the ‘Introduction to Assessment’ course conducted by Agored Cymru.

16. Criteria for Assessment
Each unit consists of learning outcomes and corresponding assessment criteria. Learners will be required to provide evidence to support the achievement of all assessment criteria in order to be eligible for the Award of Credit. Evidence takes a variety of forms and may include:
- Observation – skills, presentations, group discussion, role play, simulation.
- Practical demonstrations.
- Written – questions, reflections, essays, workbooks, reports.
- Oral questions and answers.

17. Unit Overview
The curriculum comprises of the following five units:

1. Conducting Primary Care Mental Health and Wellbeing Assessments
The purpose and aim of this unit is to assess the knowledge, attitudes and skills of practitioners in LPMHSS in undertaking assessments for Part 1 of the Mental Health (Wales) Measure 2010. As a result of completing this unit, learners will:
- Understand the values that underpin the provision of mental health and wellbeing services in a primary care setting.
- Understand mental health and wellbeing assessment in primary care settings.
- Understand the mental health and wellbeing assessment process.
- Understand how to adapt assessments in primary mental healthcare settings.
- Be able to communicate with individuals and others during a mental health assessment.
- Be able to conduct mental health and wellbeing assessments in a primary care setting.
- Be able to use clinical supervision to inform practice in primary care mental health assessment.

2. Conducting Psycho-Social Interventions in Primary Care
The purpose and aim of this unit is to assess the knowledge and skills and attitudes required of practitioners in LPMHSS in conducting psycho-social interventions for Part 1 of the Mental Health (Wales) Measure 2010. As a result of completing this unit, learners will:
• Understand the values that underpin the provision of mental health and wellbeing services in a primary care setting.
• Understand mental health and wellbeing interventions in primary care settings.
• Understand the use of an integrated, stepped and matched approach in mental health services.
• Understand how to adapt psycho-social mental health and wellbeing interventions in primary care.
• Be able to justify the choice of psycho-social interventions.
• Be able to deliver interventions in primary care.
• Be able to use clinical supervision to inform the delivery of interventions in primary care.

3. Managing Onward Referral from Local Primary Mental Health Support Services
The purpose and aim of this unit is to assess the knowledge, skills and attitudes of practitioners in LPMHSS in managing onward referral for Part 1 of the Mental Health (Wales) Measure 2010. As a result of completing this unit, learners will:
• Understand the values that underpin the provision of mental health and wellbeing services in a primary care setting.
• Understand the service context of onward referral in local primary mental health support services.
• Know the process for the onward referral of individuals following a primary care mental health assessment and be able to refer individuals from the LPMHSS following a mental health assessment.
• Be able to manage the tensions within and between services in relation to referral.
• Be able to communicate with individuals and others during onward referral following a mental health assessment and be able to use clinical supervision to inform practice in primary care mental health referrals.

4. Providing Information and Advice to Primary Care Providers about Mental Health and Wellbeing
The purpose and aim of this unit is to assess the knowledge, skills and attitudes of practitioners in LPMHSS in providing information and advice to primary care providers for Part 1 of the Mental Health (Wales) Measure 2010. As a result of completing this unit, learners will:
• Understand the values that underpin the provision of mental health and wellbeing services in a primary care setting.
• Understand how to promote collaborative relationships with local primary care providers to manage mental health and wellbeing issues.
• Be able to promote collaborative relationships with local primary care providers to manage mental health and wellbeing issues.
• Be able to support primary care providers to manage mental health and wellbeing issues.
• Be able to use clinical supervision to inform practice in primary care mental health assessment.

5. Providing Information and Advice to individuals and carers about Mental Health and Wellbeing
The purpose and aim of this unit is to assess the knowledge, skills and attitudes of practitioners in LPMHSSs in providing information and advice to individuals and their carers about mental health and well-being for Part 1 of the Mental Health (Wales) Measure 2010. As a result of completing this unit, learners will:
• Understand the values that underpin the provision of mental health and wellbeing services in primary care.
• Be able to provide information and advice to individuals and their carers about mental health and wellbeing.
• Be able to promote the engagement of individuals and carers in managing their own mental health and wellbeing.
• Understand how to adapt the provision of advice and information to individuals and others.
• Be able to use clinical supervision to inform practice in giving information and advice about mental health and wellbeing.
### 18. Link to NOS and KSF

The units are each set at defined levels and carry an agreed number of credits. These are mapped to the National Occupational Standards (NOS) and the NHS Knowledge and Skills Framework as shown in the following table:

<table>
<thead>
<tr>
<th>Unit Title</th>
<th>Unit Level</th>
<th>Unit Credits 1 credit equals 10 Hours Learning</th>
<th>Links NOS*</th>
<th>KSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducting Primary Care Mental Health and Wellbeing Assessments</td>
<td>6</td>
<td>6</td>
<td>GEN99 MH20 CHS233 SCDHSC0225 MH62</td>
<td>Core 1 level 3 HWB2 Level 3 HWB4 Level 3</td>
</tr>
<tr>
<td>Conducting Psychosocial Interventions in Primary Care</td>
<td>6</td>
<td>6</td>
<td>GEN99 MH20 CHS233 SCDHSC0225 MH62</td>
<td>Core 1 level 3 HWB2 Level 3 HWB4 Level 3</td>
</tr>
<tr>
<td>Managing Onward Referral from Local Primary Mental Health Support Services</td>
<td>6</td>
<td>5</td>
<td>GEN99 MH20 SCDHSC0420</td>
<td>HWB2 Level 3 HWB4 Level 3 G7 Level 3</td>
</tr>
<tr>
<td>Providing Information and Advice to Primary Care Providers about Mental Health and Wellbeing</td>
<td>6</td>
<td>5</td>
<td>MH67 Gen121 MH90 GEN 131</td>
<td>Core 1 level 3 Core 4 level 3 Core 5 level 3 HWB1 Level 3 HWB4 Level 3 G7 Level 3</td>
</tr>
<tr>
<td>Providing Information and Advice to individuals and carers about Mental Health and Wellbeing</td>
<td>6</td>
<td>5</td>
<td>GEN 99 GEN100 CMD7</td>
<td>Core 1 level 3 HWB4 Level 3</td>
</tr>
</tbody>
</table>

*The mental health NOS have recently been revised, the table above reflects the upgraded NOS.*
### Purpose and Aim:

To assess the knowledge, skills and attitudes of practitioners in local primary mental health support services (LPMHSS) in managing onward referral for Part 1 of the Mental Health (Wales) Measure 2010.

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Assessment Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will</td>
<td>The learner can</td>
</tr>
<tr>
<td>1. Understand the values that underpin the provision of mental health and wellbeing services.</td>
<td>1.1 Explain the values that underpin the provision of mental health and wellbeing services in primary care.</td>
</tr>
</tbody>
</table>
| 2. Understand the service context of onward referral in local primary mental health support services (LPMHSS). | 2.1 Explain the remit and limits of a Local Primary Mental Health Support Service (LPMHSS).  
2.2 Identify the current provision of resources for onward referral in a geographical area.  
2.3 Explain the remit of and eligibility for statutory services to which onward referrals are made.  
2.4 Explain the remit and limits of non-statutory services to which onward referrals are made. |
| 3. Know the process for the onward referral of individuals following a primary care mental health assessment. | 3.1 Explain the role of a primary care mental health practitioner in onward referral.  
3.2 Outline the current legal requirements for onward referral under the Mental Health (Wales) Measure, following a primary care mental health assessment.  
3.3 Outline organisational processes for the onward referral of individuals.  
3.4 Explain why onward referrals are not made.  
3.5 Explain the actions to take when referrals are not made. |
| 4. **Be able to refer individuals from the LPMHSS following a mental health assessment.** | 4.1 Use professional judgement to assess options for the onward referral of an individual.  
4.2 Work with an individual and others to reach a collaborative decision about onward referral, seeking the consent of the individual and others.  
4.3 Make a referral from a primary mental healthcare assessment:  
   - following the agreed referral protocols  
   - evidencing the outcomes of an assessment  
   - communicating the reasons for the referral  
   - managing the risks in the referral  
   - communicating the risks which identify the urgency of the referral  
   - recording the referral and the outcome  
   - informing the GP, the individual and others that a referral has been made |
|---|---|
| 5. **Be able to manage the tensions within and between services in relation to referral.** | 5.1 Explain why tensions arise within and between services in relation to referral.  
5.2 Identify the skills required to negotiate within and between services in relation to referral.  
5.3 Negotiate within and between services in relation to the referral of individuals from LPMHSS:  
   - identifying the desired outcomes  
   - justifying the strategies used to support the referral  
5.4 Identify the actions to take when a referral is refused. |
| 6. **Be able to communicate with individuals and others during onward referral following a mental health assessment.** | 6.1 Assess the communication needs and preferred communication style of individuals.  
6.2 Identify strategies to meet the communication needs of individuals.  
6.3 Evaluate own communication throughout the onward referral process:  
   - with the individual  
   - with others  
   - with the general practitioner  
   - with the recipient of the referral  
   - sharing confidential information  
6.4 Contribute to the quality monitoring and audit of assessment for local and national purposes. |
7. Be able to use clinical supervision to inform practice in primary care mental health referrals.

7.1 Explain the purpose of clinical supervision.
7.2 Explain how to optimise own use of clinical supervision.
7.3 Evaluate practice in conducting primary care health assessments to include:
   - using clinical supervision to develop personal practice in assessments
   - analysing personal strengths and weaknesses
   - undertaking action planning for personal development
   - maintaining a record of supervision

Assessment Methods:
- Case study
- Oral question and answer
- Practice file

Assessment Information:
AC 1.1 Values must include:
- Recovery and social inclusion
- Choice of treatment
- Care closest to home
- Working and learning together
- Self-care
- Age and ability inclusiveness

AC 2.4 Statutory services may include secondary and tertiary mental health services, social services, housing, education or training.

AC 2.5 Non-statutory services may include third sector services.

AC 4.2, 4.3 and 6.3 Others may include:
- Parents
- Family members
- Carers
- Advocates
- Support workers

LO6 Examples must be given from a minimum of three individuals.

AC 6.1 and 6.2 Evidence about the communication needs for a minimum of three individuals must be given and will include:
- Language
- Sensory impairment
- Cognition
- Literacy
- Numeracy

AC 6.2 Evidence must include a minimum of three strategies.
The following key themes can be integrated into this unit:

- Health
- Choices & Decisions

Other Mappings:

- NOS: MH1, MH20, MH45, MH78.
- KSF: HWB2 Level 3, HWB4 Level 3, G7 Level 3.

Assessor Requirements:

This unit must be assessed by a registered mental health practitioner.
# Conducting Psycho-Social Interventions in Primary Care

Unit Code: **PH46CY009**  
Unit ID: **CDB604**  
Level: **Six**  
Credit Value: **6**  
Sector: **1.2**

This unit is a member of one or more groups of related units.

## Purpose and Aim:

To assess the knowledge, skills and attitudes of practitioners in local primary mental health support services (LPMHSS) in conducting psycho-social interventions for Part 1 of the Mental Health (Wales) Measure 2010.

## Learning Outcomes and Assessment Criteria

<table>
<thead>
<tr>
<th>The learner will</th>
<th>The learner can</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the <strong>values</strong> that underpin the provision of mental health and wellbeing services.</td>
<td>1.1 Explain the <strong>values</strong> that underpin the provision of mental health and wellbeing services in primary care.</td>
</tr>
</tbody>
</table>
| 2. Understand mental health and wellbeing **interventions** in primary care settings. | 2.1 Explain:  
  - the role of a primary mental healthcare worker in delivering **interventions**  
  - the roles of other mental health professionals and agencies in delivering **interventions**.  
  2.2 Evaluate a range of **approaches** used in primary care mental health **interventions**.  
  2.3 Explain how psycho social approaches underpin effective primary care mental health **interventions**.  
  2.4 Explain the theoretical basis for a range of **psycho-social interventions**.  
  2.5 Evaluate a range of mental health **interventions** that can be delivered in primary care settings.  
  2.6 Evaluate evidence based practice, and practice based evidence for **interventions**. |
| 3. Understand the use of an integrated, stepped and matched approach in mental health services. | 3.1 Evaluate an integrated, stepped and matched approach in the delivery of mental health **interventions**. |
| 4. Understand how to adapt psycho-social mental health and wellbeing **interventions** in primary care. | 4.1 Explain why **psycho-social interventions** may need to be adapted for individuals and **others** in primary mental healthcare settings to meet:
- their needs
- their values
- their capacities
- their social context
- the resources available
4.2 Give examples of how to adapt psycho-social mental health and wellbeing **interventions** in primary care. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Be able to justify the choice of <strong>psycho-social interventions</strong>.</td>
<td>5.1 Explain factors that influence decisions about the choice of psycho-social interventions.</td>
</tr>
</tbody>
</table>
| 6. Be able to deliver **interventions** in primary care. | 6.1 Using professional judgement and current best practice guidelines, deliver **psycho-social interventions** with individuals and groups in primary care that:
- are congruent with the theory and therapeutic modality used
- are based on bio-psycho-social understanding
- match the intensity of interventions to be proportionate to complexity and need
- are outcome focussed
- are brief and time limited
- follow ethical principles and organisational processes
- are monitored for effectiveness
- are supported by clinical supervision
- are adapted for age, ability, presenting issues and co-occurring conditions
- are collaborative
- maintain a therapeutic relationship
6.2 Give examples of how to manage the disruption of therapeutic relationships.
6.3 Work with individuals and **others** to manage endings in ways that support constructive disengagement from the service.
6.4 Contribute to the quality and audit monitoring of intervention related data for national and local purposes. |
7. Be able to use clinical supervision to inform the delivery of **interventions** in primary care.

7.1 Explain the purpose of clinical supervision.
7.2 Explain how to optimise own use of clinical supervision.
7.3 Use clinical supervision to develop personal practice in **psycho-social interventions** to:
- review personal practice in **psycho-social interventions**
- analyse personal strengths and weaknesses
- undertake action planning for personal development
- maintain a record of supervision

### Assessment Methods:

- Case study
- Oral question and answer
- Practice file


### Assessment Information:

**AC 1.1 Values** must include:
- recovery and social inclusion
- choice of treatment
- care closest to home
- working and learning together
- self-care
- age and ability inclusiveness

**AC 2.2 Approaches** will include:
- person centred care
- normative and developmental approaches
- personal recovery focussed
- clinical recovery focussed
- co-production (ie working collaboratively with individuals accessing services)
- multi disciplinary and/or agency
- care planning (as opposed to statutory care and treatment planning)
- stepped or tiered care
- matched care

- time limited brief interventions
- individual versus group interventions

**Interventions** will be psychologically minded, using a bio-psycho-social understanding to understand the interaction between physical, psychological, and social factors in wellbeing.

**Psycho-social interventions** will include psychologically minded interventions which are defined in the Policy Implementation Guidance, Psychological Therapies in Wales (March 2012).

AC 2.5 will include a minimum of three different psycho-social interventions.

AC 2.6 will include a minimum of three psycho-social interventions with varying intensity delivered in different formats and settings.
AC 4.1 and 6.3 Others may include:
- parents
- family members
- carers
- advocates
- support workers

AC 4.1 will include adapting interventions for:
- age
- ability
- presenting issues
- co-occurring conditions
- developmental stage

AC 4.2 will include adapting interventions for:
- age
- ability
- presenting issues
- co-occurring conditions

AC 5.1 Factors must include:
- the views of service users
- the literature and evidence base for the interventions
- based on formulation
- the service context
- the therapist’s level of competence
- ethical practice
- and may include other factors, for example the views of families, carers and/or advocates.

AC 6.2 A minimum of three examples must be given.

AC 7.3 Evidence must include at least one example of an intervention from one of the following groups:
- younger children (up to 10 years of age)
- adolescents (aged 10-16 years)
- people with learning disability
- people with cognitive impairment
- older adults

ESDGC:
The following key themes can be integrated into this unit

Health  Choices & Decisions

Other Mappings:
KSF: Core 1 Level 3, HWB2 Level 3, HWB4 Level 3.

Assessor Requirements:
This unit must be assessed by a registered mental health practitioner.
Providing Information and Advice to Primary Care Providers about Mental Health and Wellbeing

Unit Code: PH46CY010  Unit ID: CDB605
Level: Six  learrdirect: PH41
Credit Value: 5  Sector: 1.2

This unit is a member of one or more groups of related units.

Purpose and Aim:
To assess the knowledge, skills and attitudes of practitioners in local primary mental health support services (LPMHSS) in providing information and advice to primary care providers for Part 1 of the Mental Health (Wales) Measure 2010.

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
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<td>The learner will</td>
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<tr>
<td>1. Understand the values that underpin the provision of mental health and wellbeing services.</td>
<td>1.1 Explain the <strong>values</strong> that underpin the provision of mental health and wellbeing services in primary care.</td>
</tr>
<tr>
<td>2. Understand how to promote collaborative relationships with local primary care providers (PCP’s) to manage mental health and wellbeing issues.</td>
<td>2.1 Explain the factors that influence a collaborative working relationship between PCP’s and LPMHSS. 2.2 Explain a model of consultation. 2.3 Explain the remit of the local primary mental health support service (LPMHSS). 2.4 Explain the remit of PCPs in identifying and managing <strong>mental health and wellbeing</strong> issues. 2.5 Explain the benefits of using collaborative approaches for PCP’s and individuals. 2.6 Explain strategies for collaborative working relationships with PCPs.</td>
</tr>
<tr>
<td>3. Be able to promote collaborative relationships with local primary care providers (PCP’s) to manage mental health and wellbeing issues.</td>
<td>3.1 Agree ways of working with PCP’s. 3.2 Use strategies to promote a collaborative working relationship with PCP’s.</td>
</tr>
</tbody>
</table>
4. Be able to support primary care providers (PCP’s) to manage mental health and wellbeing issues.

| 4.1 Maintain constructive working relationships with PCP’s. |
| 4.2 Explain how to access current information about mental health and wellbeing in a PCP population. |
| 4.3 Promote a person centred, holistic understanding of mental health and wellbeing in primary healthcare settings. |
| 4.4 Promote wellbeing, recovery and resilience in primary healthcare settings. |
| 4.5 Support PCP’s to identify, treat and manage **common mental health issues and enduring stable mental health conditions** by: |
  | • providing training about common mental health issues |
  | • providing training about enduring stable mental health conditions |
  | • providing advice on treatment and management options |
  | • providing support for PCP’s to manage the emotional demands of working with individuals with enduring mental health needs |
  | • promoting the physical health needs of individuals |
  | • providing feedback on individuals referred to the LPMHSS |
  | • sharing evidence based protocols for treatment |
  | • evaluating the outcomes of referrals |
4.6 Share information about resources for signposting and referral by the PCP’s.

4.7 Contribute to the quality monitoring and audit of providing information and advice to primary care providers, for local and national purposes.
5. Be able to use clinical supervision to inform practice in primary care mental health assessment.

| 5.1 Explain the purpose of clinical supervision. |
| 5.2 Explain how to optimise own use of clinical supervision. |
| 5.3 Evaluate practice in providing information to primary care providers to include: |
| • using clinical supervision to develop personal practice |
| • analysing personal strengths and weaknesses |
| • undertaking action planning for personal development |
| • maintaining records of supervision. |

**Assessment Methods:**

- Oral question and answer
- Practice file


**Assessment Information:**

| AC 1.1 **Values** must include: |
| recovery and social inclusion |
| choice of treatment |
| care closest to home |
| working and learning together |
| self-care |
| age and ability inclusiveness |

AC 2.1 A minimum of six factors must be given.

AC 2.4 **Mental health and wellbeing** will include common mental health problems, emotional and behavioural difficulties, and stable severe conditions, across the ability range and life span.

AC 2.5 A minimum of four benefits must be given.

AC 2.6 A minimum of four strategies must be given.

| AC 4.5 **Common Mental Health Conditions and Enduring Stable Mental Health Conditions** may include: (this is not an exclusive list) |
| anxiety disorders (including OCD, health anxiety, social phobia) |
| individuals with cognitive impairment |
| emotional distress |
| challenging behaviour |
| relationship difficulties |
| psychosis |
| depression |
| peri-and post natal depression |
| traumatic stress |
| eating disorders |
| mental illness |
| severe, stable and enduring conditions |
| personality disorder |
| toileting difficulties in children |
| sleep difficulties in children |
| behavioural difficulties in children |
| eating difficulties in children |
AC 4.5 **Advice on treatment and management options** will include:
- medication management
- signposting to other agencies
- the use of psychological strategies
- why and when to use watchful waiting
- why and when no action should be taken
- normalisation
- why and when to offer emotional support

**ESDGC:**
The following key themes can be integrated into this unit

- Identity & Culture
- Health

**Other Mappings:**
NOS: MH67, MH70, MH90, MH92.
KSF: Core 1 level 3, Core 4 level 3, Core 5 level 3, HWB1 level 3, HWB4 level 3, HWB4 level 3, G7 level 3.

**Assessor Requirements:**
This unit must be assessed by a registered mental health practitioner.
Conducting Primary Care Mental Health and Wellbeing Assessments

Unit Code: PH46CY008       Unit ID: CDB603
Level: Six              learndirect: PH41
Credit Value: 6         Sector: 1.2

This unit is a member of one or more groups of related units.

Purpose and Aim:

To assess the knowledge, skills and attitudes of registered practitioners in local primary mental health support services (LPMHSS) in undertaking assessments for Part 1 of the Mental Health (Wales) Measure 2010.

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Assessment Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will</td>
<td>The learner can</td>
</tr>
</tbody>
</table>

1. Understand the values that underpin the provision of mental health and wellbeing services.
   1.1 Explain the values that underpin the provision of mental health and wellbeing services in primary care.

2. Understand mental health and wellbeing assessment in primary care settings.
   2.1 Explain:
   - the role of a primary mental healthcare worker
   - the roles of other mental health professionals and agencies
   - the purpose of mental health and wellbeing assessment
   - assessment as an ongoing process
   - the barriers to assessment
   - the limits of assessment
   - the selection and use of standardised tools
   - the effects of unexamined negative assumptions

2.2 Evaluate the models used when conducting assessments with a range of individuals in a primary care setting.

2.3 Explain how emotional or psychological distress and common mental health problems present in primary care:
   - in different populations
   - at different stages of life.

2.4 Explain how a range of factors impact on mental health and wellbeing.
<table>
<thead>
<tr>
<th>2. Understand mental health and wellbeing assessment in primary care settings. (cont.)</th>
<th>2.5 Evaluate a range of strategies for mental health and wellbeing assessment in primary care settings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 Explain how to assess and manage risk in a primary care mental health setting.</td>
<td></td>
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<tr>
<td>2.7 Explain how capacity affects mental health assessments.</td>
<td></td>
</tr>
<tr>
<td>3. Understand the mental health and wellbeing assessment process.</td>
<td>3.1 Outline the mental health and wellbeing assessment process for a primary care setting.</td>
</tr>
<tr>
<td>3.2 Explain how to involve others in the assessment process in a way that keeps the needs and wishes of the referred individual at the centre of the process.</td>
<td></td>
</tr>
<tr>
<td>4. Understand how to adapt assessments in primary mental healthcare settings.</td>
<td>4.1 Explain how approaches to assessment in primary mental healthcare settings can be adapted for individuals and others to meet:</td>
</tr>
<tr>
<td>• their needs</td>
<td></td>
</tr>
<tr>
<td>• their values</td>
<td></td>
</tr>
<tr>
<td>• their capacities</td>
<td></td>
</tr>
<tr>
<td>• their social context</td>
<td></td>
</tr>
<tr>
<td>• the resources available</td>
<td></td>
</tr>
<tr>
<td>5. Be able to communicate with individuals and others during a mental health assessment.</td>
<td>5.1 Assess the communication needs and preferred communication style of individuals.</td>
</tr>
<tr>
<td>5.2 Identify strategies to meet the communication needs of individuals during assessment.</td>
<td></td>
</tr>
<tr>
<td>5.3 Evaluate own communication in the assessment.</td>
<td></td>
</tr>
<tr>
<td>5.4 Maintain records of assessment for audit purposes.</td>
<td></td>
</tr>
<tr>
<td>6. Be able to conduct mental health and wellbeing assessments in a primary care setting.</td>
<td>6.1 Comply with current legislation and policies relating to the provision of mental health care.</td>
</tr>
</tbody>
</table>
| 6.2 Using professional judgement and current best practice guidelines, work with individuals and others to conduct mental health and well-being assessments in a primary care setting.
| 6. Be able to conduct mental health and wellbeing assessments in a primary care setting. (cont.) | • justifying the process of the assessment  
• justifying assessment strategies used  
• obtaining informed consent  
• working collaboratively with service users  
• developing and maintaining rapport throughout the assessment process  
• using strategies to support communication between assessor and individual  
• using **standardised assessment** tools  
• managing **obstacles** to the assessment process  
• using assessment information to **co-produce** a shared understanding of the individual’s strengths and difficulties and the implications of them for change  
• justifying the outcomes of the assessment  
• using bio-psycho-social understanding to co-produce an action plan  
• identifying how, when and to whom the information gained from assessments will be communicated  
• communicating the outcomes of the assessment  
6.3 Contribute to the quality monitoring and audit of assessment for local and national purposes.  
6.4 Make **records** of assessments which **comply with current legislation and organisational policies**. |
| --- | --- |
| 7. Be able to use clinical supervision to inform practice in primary care mental health assessment. | 7.1 Explain the purpose of clinical supervision.  
7.2 Explain how to optimise own use of clinical supervision.  
7.3 Evaluate practice in conducting primary care health assessments to include:  
• using clinical supervision to develop personal practice in assessments  
• analysing personal strengths and weaknesses  
• undertaking action planning for personal development  
• maintaining a record of supervision |
Assessment Methods:

- Case study
- Oral question and answer
- Practice file


Assessment Information:

AC 1.1 **Values** must include:
- recovery and social inclusion
- choice of treatment
- care closest to home
- working and learning together
- self-care
- age and ability inclusiveness

AC 2.1 A minimum of three barriers and three limits must be given.

AC 2.2 **Models** must include:
- the bio-psycho-social model
- the medical model
- systemic model
- working with diagnostic uncertainty
- diagnostic vs. formulation-based approaches
- the developmental perspective
- a resilience based model
- and may also include:
- a normative approach
- a contextual approach

AC 2.2 **Individuals** must include:
- children
- young people
- adults
- older adults
- people with cognitive change or impairment
- people with learning disability
- people with substance misuse

AC 2.3 **Emotional or psychological distress and common mental health problems** may include (this is not an exclusive list):
- anxiety disorders (including OCD, health anxiety, social phobia)
- individuals with cognitive impairment
- emotional distress
- challenging behaviour
- relationship difficulties
- psychosis
- depression
- per-and post natal depression
- traumatic stress
- eating disorders
- mental illness
- severe, stable and enduring conditions
- personality disorder
- toileting difficulties in children
- sleep difficulties in children
- behavioural difficulties in children
- eating difficulties in children

AC 2.4 A minimum of six factors must be evidenced.

AC 2.5 **Strategies** will include direct and indirect assessment adapted to the needs and abilities of individuals, to include:
- face to face
- telephone
- electronic
- information from individuals
- information from others involved with the individual
- information from other health and social care professionals
• standardised assessment tools
• formal assessment tools which may not be standardised
• reports
• case records
• using current best practice guidelines
• complying with current legislation and organisational policies
• using supervision
• using an interpreter

AC 2.6 Risk in a primary mental health setting must include:
• vulnerability factors
• risks to self
• risks of self neglect
• risks to others
• risks from others
• risks of exploitation
• safeguarding (children, young people and vulnerable adults)
• lone working
• risks to professionals and colleagues
• forensic risks

AC 3.2 and 4.1 Others may include:
• parents
• family members
• carers
• advocates
• support workers

LO4 An assessment under Part 1 of the Mental Health (Wales) Measure will include the following steps:
• complying with the Mental Capacity Act
• establishing informed consent
• identifying the difficulties they are experiencing
• identifying current medication
• asking about the perceived effects of medication
• asking about existing health conditions
• identify the precipitating factors
• assessing and managing risks
• contextualising the difficulties
• identifying level of emotional literacy
• identifying the impact of biological givens (e.g. disability)
• balancing the need for focussed assessment with the need to develop a contextualised understanding of presenting distress
• identifying an individual’s coping strategies and resources
• identifying significant relationships and social supports
• identifying readiness for change
• identifying realistic goals and targets for change
• agreeing next steps with an individual documenting the assessment

AC 5.1 evidence must include the communication needs of at least three individuals and will include the following needs:
• Language
• Sensory impairment
• Cognition
• Literacy
• Numeracy

AC 6.1 Current legislation and policies will include:
• Mental Health Act 1983 (amended 2007)
• Mental Capacity Act 2005
• Mental Health (Wales) Measure 2010 and the regulations made there under
• All Wales Guidelines for Delegation, September 2010
• Delivering a 5 Year Service, Workforce & Financial Strategic Framework for NHS Wales, 2010
Standardised assessment will include:
- the selection of tools
- the administration of tools
- the interpretation of tools

Co-produced plan is a strengths based, goal centred, jointly created and agreed plan, made with an individual and others.

AC 6.4 Keeping records which comply with current legislation and organisational policies
- Record keeping: Guidance for nurses and midwives Nursing & Midwifery Council (2009)
- Data protection
- Confidentiality and information sharing
- All Wales Child Protection Procedures (2008)
- Protection of Vulnerable Adults
- All Wales Delegation Guidelines

AC 6.2 A minimum of three obstacles must be given.

AC 7.3 Evidence must include a minimum of two assessments of which at least one must be an intervention from one of the following groups:
- younger children (up to 10 years of age)
- adolescents (aged 10-16 years)
- people with learning disability
- people with cognitive impairment
- older adults

ESDGC:
The following key themes can be integrated into this unit

Identity & Culture  Health  Choices & Decisions

Other Mappings:
KSF: Core 1 Level 3, HWB2 Level 3, HWB4 Level 3.

Assessor Requirements:
This unit must be assessed by a registered mental health practitioner.
## Providing Information and Advice to Individuals and Carers about Mental Health and Wellbeing

Unit Code: PH46CY012     Unit ID: CDB607
Level: Six               Learndirect: PH41
Credit Value: 5          Sector: 1.2

This unit is a member of one or more groups of related units.

### Purpose and Aim:
To assess the knowledge, skills and attitudes of practitioners in local primary mental health support services (LPMHSS) in providing information and advice to individuals and carers for Part 1 of the Mental Health (Wales) Measure 2010.

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<td>1.1 Explain the <strong>values</strong> that underpin the provision of mental health and wellbeing services in primary care.</td>
</tr>
</tbody>
</table>
| 2. Be able to provide information and advice to individuals and their carers about mental health and wellbeing. | 2.1 Identify a range of mental health and wellbeing self-management strategies within and outside the LPMHSS.  
2.2 Explain to individuals and their **carers** the value of self-management strategies in managing their mental health needs.  
2.3 Explain to individuals and carers the remit, limits and resources of:  
   - a local primary mental health support service (LPMHSS)  
   - statutory services to which onward referrals are made  
   - non-statutory services to which individuals may be referred or ‘signposted’.  
2.4 Explain to individuals and carers why services to which they may be referred or ‘signposted’ are relevant to their needs.  
2.5 Contribute to the maintenance of a data base of resources and services in a local community to support individuals and **carers**.  
2.6 Explain the support that individuals may need to access interventions. |
<table>
<thead>
<tr>
<th>2. Be able to provide information and advice to individuals and their carers about mental health and wellbeing. (cont.)</th>
<th>2.7 Contribute to the quality monitoring and audit of the provision of advice and guidance to individuals and carers for national and local purposes.</th>
</tr>
</thead>
</table>
| 3. Be able to promote the engagement of individuals and carers in managing their own mental health and wellbeing. | 3.1 Work with individuals and carers to help them make informed choices about options and resources for managing their mental health and wellbeing.  
3.2 Explain the circumstances where information about individuals can and cannot be shared with carers and/or other agencies in the context of accessing option and resources. |
| 4. Understand how to adapt the provision of advice and information to individuals and others. | 4.1 Explain why approaches to the provision of information and advice may need to be adapted for individuals and others.  
4.2 Give examples of how to adapt the provision of information and advice for individuals and others to meet:  
• their needs  
• their values  
• their capacities  
• their social context  
• the resources available |
| 5. Be able to use clinical supervision to inform practice in giving information and advice about mental health and wellbeing. | 5.1 Explain the purpose of clinical supervision.  
5.2 Explain how to optimise own use of clinical supervision.  
5.3 Evaluate practice in conducting primary care health assessments to include:  
• using clinical supervision to develop personal practice in assessments  
• analysing personal strengths and weaknesses  
• undertaking action planning for personal development  
• maintaining a record of supervision |

**Assessment Methods:**
- Case study
- Oral question and answer
- Practice file

Assessment Information:

AC 1.1 Values must include:
- Recovery and social inclusion
- Choice of treatment
- Care closest to home
- Working and learning together
- Self-care
- Age and ability inclusiveness

A carer is defined by the Carers Strategies (Wales) Measure 2010 as someone who does not receive payment for the care and support they give an individual. In this learning outcome a carer may be any person or family member who supports the individual.

AC 2.1, 2.2, 2.3 and 2.4: Evidence for each AC must be given for a minimum of three individuals and their carers.

AC 2.1 A minimum of three strategies must be given.

AC 3.1 options and resources will include:
- Self management options
- LPMHSS interventions
- Other statutory services
- Third sector services
- Other community resources
- Online resources

AC 4.1 Others may include:
- Parents
- Family members
- Carers
- Advocates
- Support Workers

AC 4.2 A minimum of three examples must be given and must include both individuals and others.

ESDGC:

The following key themes can be integrated into this unit

Health Choices & Decisions

Other Mappings:

NOS: MH1, MH4, MH41.
KSF: Core 1 Level 3, HWB4 Level 3.

Assessor Requirements:

This unit must be assessed by a registered mental health practitioner.