

## 1.1. Knowledge and understanding of mental health presentations across the lifespan

An ability to draw on knowledge of the range of mental health and neurodevelopmental conditions usually seen in clinical services and:

the ways these emerge and present in children/young people, adults and older adults

the potential impact of these difficulties on the person and their family/carer(s)

the ways in which developmental issues persist and present across the lifespan (e.g. ADHD)

An ability to draw on knowledge of the range neurodegenerative conditions often but not exclusively seen in older adults in clinical services and:

the ways these emerge and present

the potential impact of these difficulties on the person and their family/carer(s)

An ability to draw on knowledge of the diagnostic criteria for mental health conditions specified in the main classification systems (i.e. the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))

An ability to draw on knowledge of the incidence and prevalence of mental health presentations, and their incidence and prevalence across the lifespan/genders/cultures/ethnicities/social classes

An ability to draw on knowledge that the experience of trauma is part of the life story of many people, and the role trauma plays in the development and maintenance of mental health problems

An ability to draw on knowledge of the influence of normal lifespan development and developmental psychopathology on the ways in which mental health difficulties present

An ability to draw on knowledge of the social, psychological, family and biological factors associated with an increased risk of developing and maintaining mental health problems

An ability to draw on knowledge of factors that promote well-being and emotional resilience (e.g. good physical health, high self-esteem, secure attachment to

caregiver, higher levels of social support)
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An ability to draw on knowledge of problems which commonly co-occur with mental health presentations.
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An ability to draw on knowledge of the ways in which mental health problems can impact on functioning and individual development (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study)
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an ability to draw on knowledge of the ways in which mental health problems can impact on family functioning.
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An ability to draw on knowledge of the ways in which mental health problems can manifest interpersonally, so as to avoid escalating or compounding difficult or problematic behaviour that is directly attributable to the mental health condition
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## 1.2. Knowledge of biopsychosocial models of mental health

An ability to draw on knowledge that the biopsychosocial model aims to understand mental health difficulties in a holistic way by recognising the biological, psychological and social factors that influence a presentation	
An ability to draw on knowledge that the biopsychosocial model is key in the presentation of mental health difficulties, and that:	
	biological factors that contribute to mental health difficulties include (for example) physical health, genetic vulnerabilities, impact of illicit drugs and medication
	psychological factors that contribute to mental health difficulties include self-esteem, trauma, poor family relationships, poor coping skills
	social factors that contribute to mental health difficulties include (for example) addiction, significant financial difficulties, poor interpersonal functioning, unstable or absent occupational history, stressful occupations
An ability to draw on knowledge that the biopsychosocial model is key in the assessment of mental health difficulties and that:	
	biological factors that require assessment include (for example) physical health history, blood tests, neuro-imaging, developmental milestones, family history, medication history, substance misuse history.
	psychological factors that require assessment include (for example, psychological development, relationship history, trauma history, education history, cultural history
	social factors that require assessment include (for example) substance misuse history, social and financial history, relationship history, occupational history, personal and developmental history
An ability to draw on knowledge that the biopsychosocial model is key in the management of mental health difficulties, and that:	
	management that addresses biological factors includes pharmacological management, treatment of co-morbid physical health conditions, management of substance misuse
	management that addresses psychological factors includes psychoeducation, individual psychological therapies, family intervention, group psychological therapies
	management that addresses social factors includes occupational support (e.g. advice on job-hunting), financial advice and support, family interventions, social

skills training, trans-cultural interventions that address cultural beliefs about mental health

### 1.3. Knowledge of mental health interventions

An ability to draw on knowledge of the range of pharmacological, psychological and psychosocial interventions available to people experiencing mental health difficulties	
An ability to draw on knowledge of national guidance that include recommendations regarding the role of different interventions (e.g. NICE or SIGN guidelines):	
	an ability to recognise that interventions can be recommended in the absence of specific NICE/SIGN guidance
	an ability to draw on relevant evidence that indicates the basis for the use of particular interventions, and that there are different levels of evidence
An ability to draw on knowledge that interventions are recommended to people with mental health problems based on a comprehensive assessment and formulation which draws on the biopsychosocial model	
An ability to draw on knowledge of basic non-pharmacological interventions such as online and written self-help programmes or psychoeducation	
An ability to draw on knowledge of specialist interventions and the specific circumstances for which these are indicated (e.g. ECT)	
An ability to draw on knowledge of the interventions commonly offered by members of the multidisciplinary mental health team (e.g. doctors, psychologists, pharmacists, nurses, occupational therapists)	

## 1.4. Knowledge of pharmacology in mental and physical health

An ability to draw on knowledge of mental and physical health disorders where medication potentially forms part of the intervention, and which commonly present in the service

An ability to draw on knowledge of national guidance that include recommendations regarding the role of medication (e.g. NICE or SIGN guidelines):

an ability to recognise that medication can be prescribed in the absence of specific NICE/SIGN guidance

an ability to draw on relevant evidence that indicates the basis for safe and effective prescribing, and that there are different levels of evidence

An ability to draw on knowledge that prescribing and monitoring medication may have varying intensity and time-course, depending on the complexity, co-morbidity and chronicity of the condition treated.

An ability to draw on knowledge of medications for which specific investigations need to be carried out (e.g. blood tests, ECG, blood pressure, pulse)

An ability to draw on knowledge of the role of medication in the treatment of people with mental health problems

an ability to draw on knowledge of evidence for the benefits both of medication-alone and medication offered in combination with psychological interventions

An ability to draw on knowledge of the ways in which medication can be combined with psychological or other interventions in order to maximise its likely effectiveness

An ability to draw on knowledge of those disorders presenting in the service context where there is no evidence base for using medication as a primary treatment e.g.:

Autism spectrum disorders

Intellectual Disability

An ability to draw on knowledge of common concerns/controversies regarding the prescription of medication, while retaining a balanced view of the utility of psychopharmacology e.g.:

the need to weigh-up benefits versus risks for the individual, both in the short and long term

An ability to draw on knowledge of the relative risks of psychiatric medication in patients with modifiable and non-modifiable risk factors and co-morbidities (e.g. age, gender, ethnicity, type 2 diabetes mellitus, cardiac history).

### Implementing knowledge

An ability to carry out an assessment (or to elicit the appropriate help to do so) in order to identify those people with a condition where medication may be indicated.

An ability to discuss in general and specific terms with clients and their significant others/carers/ families:

the potential role and benefits of medication in their treatment regimen

the potential side-effects of medications

An ability to recognise significant side-effects and to take appropriate action (e.g. to liaise with or refer to a psychiatrist or medical practitioner)

### Supervision and support for pharmacology

An ability to identify individuals within the service with sufficient knowledge of pharmacology from whom to seek advice and support, or to be able to refer on appropriately when necessary (e.g. a pharmacist, psychiatrist or other medical practitioner)

An ability for PAs involved in supporting pharmacological treatments to seek ongoing training, professional development and supervision.

### Supporting colleagues

An ability for PAs to act as a resource to their colleagues (e.g. acting as sources of advice or consultation regarding pharmacology)