
A Competence Framework for Liaison Mental Health Nursing

**Developed and Written by the
London Liaison Mental Health Nurses' Special Interest Group**

**Edited by
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1. Introduction

The initial work to identify core competencies for Mental Health Liaison Nurses was carried out in 2002/ 2003. It was a result of discussion among the members of the London Liaison Mental Health Nurses' Special Interest Group about the need to define the core competencies required for nurses working within the speciality. Given the wide variety of patient presentations liaison mental health nurses see, limited availability of educational preparation for the role, and the lack of any strategic professional overview or common service model (Roberts and Whitehead 2002, Hart *et al* 2003, Harrison 2004) the competency framework was developed. This competency framework has acted as a solid base upon which teams of liaison mental health nurses have built and developed their practice.

The competency framework has subsequently been reviewed and updated in 2014 by a sub group of the Liaison Nurses Special Interest Group. This revision has resulted in the inclusion of additional specific competencies which recognise the needs of older adults, mothers and babies, people with learning disabilities and children and young people. Specific competencies about the liaison mental health nurse's role in assessment and education and supervision have also been added to this document.

2. Assessing Competency

The initial intention was to produce a document that was user-friendly, encapsulating the competencies within the context of a recognisable framework, and which could be incorporated relatively easily into existing good practice as a basis for the clinical development of nurses. It was designed to be used as a positive, supportive process that enables practitioners to develop in a collaborative relationship with peers and senior staff.

As will be seen below, the Competence Framework was designed to be used with a credible assessment tool, the DACUM Performance Rating Scale (Herman and Kenyon 1987), which was modified slightly. There was also an outline for a programme of supervision and practice development that could be implemented over a relatively brief period, allowing the individual nurse to undertake a self-assessment, peer observation and move through a cycle of clinical development that could see the practitioner move from being inexperienced in the speciality to become an expert. The above principles have not been amended during the review as they appear to service the specific competencies effectively.

This competency framework inevitably does not accommodate every single aspect of the work of the liaison mental health nurse. There are a number of aspects of that work which are generic and common to mental health nurses in other areas e.g. community mental health teams, crisis services and even acute inpatient wards. Rather than write an exhaustive, and very lengthy, text, it was decided that the work should be focused and specific.

Finally, this document and the process it details recognises that mental health nursing is not static. A practitioner may be expert in one area for a period of time but, for any variety of reasons, 'lose' some of that expertise. An area of practice that is not frequently employed might be an example of this. Equally, it is possible to be perfectly competent in an area of practice in certain conditions but perform at a less expert level if those conditions vary. Regular use of this document, coupled with reflective practice and critical thinking on the part of the nurse, can help the practitioner re-assess their competence in the key areas of practice and maintain a positive and less subjective approach to their continuing practice.

3. A definition of nurse competencies

A definition of nurse competencies is:

The ability to perform in a specific role, demonstrating the necessary skills, knowledge and appropriate attitude to a pre-determined level, thus providing adequate levels of knowledge based care to a specified client group.

Short (1984) postulated four normative conceptualisations of competence:

1. Performance that may be measured for competence regarding specific behaviours.
2. Competence can be viewed as having command of pertinent knowledge and/or skills.
3. Competence may be seen as indicative of a degree of capability deemed sufficient in a particular activity.
4. A holistic conceptualisation of competence includes knowledge, skills, attitudes, performances and levels of sufficiency.

A number of other issues are relative to the use of a competence framework for self-assessment or within a structured supervision framework:

- Competency statements must be measurable and minimise subjective assessment.
- Competencies cannot be formulated for all aspects of liaison mental health nursing as it is not possible to assess and evaluate them. However, assessment and evaluation is a key component in establishing competencies and it is, therefore, necessary to have an assessment tool.
- Competency based education is concerned primarily with ensuring that learners can fulfil the daily role required as practitioners and performance criteria need to be made explicit. Each competency should be identified from best practice from research (Fearon 1998).

4. Using the Performance Rating Scale: The assessment of competencies

The primary intention for this framework is that it is 'user friendly'. It should be used within the normal supervision and educational framework of the clinical team and complement existing clinical supervision structures.

In practice, the initial assessment process can be completed within a series of four stages spread approximately over a period of 2 - 3 months at most. The four stages are:

Stage 1 - Self assessment from the nurse identifies initial level of performance:

The nurse undertakes a self-assessment, using the competence framework detailed above, reflecting upon their own practice, theoretical knowledge, practical skills and experience.

Stage 2 - Supervised practice leads to a formative assessment in a clinical setting:

The nurse will meet with their supervisor to discuss the self-assessment. It may be that the supervisor will have carried out an independent assessment, based on earlier observation of clinical work, documentation, supervision sessions and appraisal that can be compared with the nurse's own self-assessment. The DACUM Performance Rating Scale can now be used as the basis of a detailed discussion and assessment of the nurse's clinical progress to date, with an agreed level of competence being recorded.

It should be noted that this stage may require more than one meeting.

Stage 3 - Theoretical assessment, which must consist of written or oral presentations, drawing on research and evidence based practice:

The nurse can then, with their supervisor, look at theoretical aspects of the work and how these apply, and relate to, actual practice. Discussion can focus on the nurse's knowledge, rather than practical skills, and ability to draw upon relevant literature and evidence.

Further assessment can be undertaken jointly through observing initial assessments and follow up sessions of patients, reading documentation/notes of sessions and interview.

Stage 4 - Re-assessment, further training, education and supervision provided if performance is not at the required level:

The nurse can re-assess him/ herself on an ongoing process to monitor their progress, although it should be remembered that competency in a particular area of work cannot be assumed to have been permanently acquired and remains subject to constant re-evaluation.

If performance is not at the required level, the nurse and the supervisor can draw up a plan for addressing areas where further work is needed with the aim of reaching an agreed point on the performance rating scale. This might include some or all of the following:

- Formal and/or informal teaching;
- Reflective practice;

- Ongoing 'live' supervision and focused use of supervision sessions to address agreed issues;
- Further training in specific areas and/or;
- Focused study;
- Shadowing specialist practitioners.

5. DACUM (Developing a curriculum model) Performance Rating Scale (Herman and Kenyon 1987)

The DACUM Performance Rating Scale can be used to enable the practitioner and the supervisor to rate the level of achievement in all areas of the competency framework. This means that a nurse may identify him/ herself as being expert in one aspect of a competency while competent in another and only working at a level of the inexperienced practitioner in yet another. The grading, or scoring, system is to further discriminate levels of achievement.

It is also possible to identify an overall level of performance and achievement by combining the scores from all competencies, thus giving the practitioner a sense of progress in all aspects of their role.

Inexperienced practitioner in this field ↓ Competent practitioner ↓ Expert practitioner	Level of achievement	Grade	Box marking
	Cannot perform this activity satisfactorily to participate in the clinical environment	0	
	Can perform this activity but not without constant supervision and some assistance	1	
	Can perform this activity satisfactorily but requires supervision and some assistance	2	
	Can perform this activity satisfactorily with supervision but no assistance	3	
	Can perform this activity satisfactorily without supervision	4	
	Can perform this activity with initiative and adaptability to special problem situations	5	
	Can perform this activity with initiative and adaptability to special problem situations and lead others	6	

6. Individual Competency Frameworks for Liaison Mental Health Nursing

Each individual area of competency identified by the London Liaison Mental Health Nurses' Forum is now described in detail, with numbered boxes and where necessary notes at the end. It is these which provide the actual framework for ongoing specific self-assessment, supervised practice and formative assessment, theoretical assessment (if used) and the basis of focused training, education and supervision.

1. Competency for providing liaison mental health nursing assessment and consultation
2. Competency for the assessment of risk including self-harm
3. Competency for providing nursing assessment and advice of patient's capacity
4. Competency in identifying and considering ethical issues
5. Competency for providing nursing advice on legal issues
6. Competency for interventions used in liaison mental health nursing
7. Competency for the admission and discharge of patients
8. Competency for Liaison Mental Health Nurses maintaining accurate records, documentation and report writing
9. Competency for providing nursing advice on the management and care of patients with complex psychosocial and/or challenging presentations
10. Competency for providing nursing advice on medication
11. Competency for Liaison Mental Health Nurses in working with people with specific physical illnesses
12. Competency for Liaison Mental Health Nurses in working with older adults
13. Competency for Liaison Mental Health Nurses working with people with a substance misuse problem
14. Competency for Liaison Mental Health Nurses in working with people with specific psychosomatic disorders
15. Competency for Liaison Mental Health Nurses in working with people with learning disabilities
16. Competency for Liaison Mental Health Nurses in working with mothers and babies
17. Competency for Liaison Mental Health Nurses in working with children & young people
18. Competency for education, training, and supervision
19. Competency for evaluating Liaison Mental Health Nursing provision

Competency for providing liaison mental health nursing assessment and consultation		
No.	Competency	Level attained
1.	Can demonstrate knowledge of the different components of liaison mental health assessment within a biopsychosocial model, including risk assessment and mental state examination.	
2.	Can demonstrate an up to date knowledge of mental health issues, their diagnosis and treatment.	
3.	Can demonstrate an up to date knowledge of health issues encountered in the acute hospital setting by liaison mental health nurses.	
4.	Can demonstrate the ability to engage acute trust clinical staff to obtain information relevant to the assessment of comorbid physical-psychological presentations.	
5.	Can demonstrate the ability to obtain information from a wide variety of sources to inform the patient assessment.	
	Can demonstrate the ability to consider safety in the context of undertaking an assessment with the patient and their carers.	
6.	Can demonstrate the ability to engage and establish an empathic rapport with patients and their carers in a variety of acute hospital settings, e.g. Emergency Departments, in-patients wards and out-patients departments.	
	Can demonstrate a range of communication skills to obtain a comprehensive assessment in the context of the patient's presentation.	
7.	Can demonstrate the ability to complete a formulation and management plan based on the assessed needs of the patient and taking in consideration the views and preferences of the patient and carers.	
8.	Can demonstrate the ability to document the assessment, formulation and agreed management plan based on the assessed needs of the patient. Documentation should take various forms to accommodate the communication needs of the patient, carers and the wider clinical team.	
9.	Can demonstrate the ability to communicate the formulation and management plan to the patient, carers, clinical team and the wider multi-agency team.	
10.	Can demonstrate the ability to use negotiation and assertiveness skills to advocate for the mental health needs of the patient in the acute hospital setting.	
11.	Can demonstrate the ability to manage own time and prioritise workload to ensure short and long term tasks are achieved.	

Competency for the assessment of risk including self-harm		
No.	Theoretical Competencies	Level attained
1.	Can demonstrate knowledge of mental illness and different mental health problems in relation to risk to self and others.	
2.	Can demonstrate knowledge of the principles, different factors and clinical indicators contributing to risk to self and others.	
	Can demonstrate up to date knowledge of changing trends, risk indicators, national targets and national guidance related to the assessment of risk to self and others.	
3.	Can demonstrate knowledge of the use and effectiveness of particular risk screening and assessment tools.	
4.	Can demonstrate knowledge of the effectiveness of specific interventions for people who present with risk to self or others.	
5.	Can demonstrate knowledge of relevant research and its application to practice.	
6.	Can explain the rationale for carrying out an assessment of risk with all patients referred as an integral part of the assessment process.	
7.	Can describe the techniques involved in the assessment of risk and teach other clinical staff where appropriate.	
8.	Can demonstrate knowledge of local and national policies that might impact on the assessment of risk as well as the liaison mental health nurse's legal and clinical responsibilities in this area.	
9.	Can demonstrate knowledge of mental health promotion and preventative strategies in relation to risk.	
	Clinical Competencies	
10.	Can combine theoretical knowledge with practical, clinical skills in assessing risk.	
11.	Can demonstrate the ability to gather all necessary information to assist in the risk assessment process.	
	Can demonstrate the skills, including those of communication, necessary to move through the different phases of a therapeutic relationship with the patient during the assessment and treatment process.	
12.	Can make effective use of assessment tools.	
13.	Can demonstrate the necessary clinical skills and interventions to undertake a risk assessment utilising a structured clinical judgement approach.	
14.	Can demonstrate the ability to undertake risk assessment such that changes in pattern of risk behaviour are identified and appropriate amendments of risk management plans are implemented.	
15.	Can demonstrate the ability to arrive at a formulation of risk following assessment which incorporates the principles of positive	

	risk taking	
16.	Can formulate a comprehensive risk management plan to address areas of identified risk and oversee this until clinical responsibility is passed to another clinician or clinical team.	
	Communication Skills	
17.	Can accurately and comprehensively document a risk assessment and risk management plan once it is completed.	
18.	Can demonstrate the ability to actively involve the patient and where possible the patient's carers in agreeing the detail of a risk management plan..	
19.	Can communicate the level and nature of risk identified, and an effective risk management plan, to other relevant professionals involved in the patient's care.	
20.	Can co-ordinate the role of different members of the clinical team in managing clinical risk.	

Notes: This is the largest of the individual competency frameworks, which is why it has been split into three parts. It should be read for the assessment of patients who pose a risk to self or others and for risk assessment in its widest sense. Risk assessment should always be a part of a more comprehensive assessment process and the nurse should be as competent in undertaking a full psychosocial mental health assessment as in assessing risk.

Competency for providing nursing assessment and advice of patient's capacity		
No.	Competency	Level attained
1.	Can demonstrate up to date knowledge of the legislation and guidance involved in determining a person's capacity.	
2.	Can demonstrate knowledge of the legal principles and guidelines involved and the liaison mental health nurse's role in the process, as well as those of other clinicians.	
3.	Can describe the process and techniques involved in assessing the capacity of a patient related to a particular instance of care or treatment decision.	
4.	Can explain the rationale for undertaking an assessment of an individual's capacity.	
5.	Ensure that any advance decisions are incorporated into the decision making process and that this process is clearly documented including the rationale.	
6.	Can accurately and comprehensively record, in all relevant documentation, the process undertaken to assess the capacity of a patient, including the findings and any specific advice and/or recommendations that result from the assessment.	
7.	Can communicate any advice and/or information to other members of the wider clinical team.	

Competency in identifying and considering ethical issues		
No.	Competency	Level attained
1.	Can demonstrate knowledge of ethical issues relating to patient care in the acute hospital setting.	
2.	Can demonstrate knowledge of ethical principles underpinning patient care in the acute hospital setting.	
3.	Can explain the rationale for identifying ethical issues relating to the care and treatment of individual patients.	
4.	Can explain the role of different disciplines and/or agencies in meeting the needs of patients in relation to ethical issues.	
5.	Can demonstrate how the nurse can assist the patient and/ or carers in addressing ethical issues relating to the patient's care and treatment.	
6.	Can accurately document any ethical issues that arise out of nursing interventions in an individual patient's care and treatment.	
7.	Can communicate concerns and issues about an individual patient's care and treatment with other members of the clinical team.	

Notes: As with legal issues, this is an area of work that raises problems of inconsistency in practice and difficulties gaining consensus among practitioners and other involved. The identification and consideration of ethical issues has much in common with both legal issues and the capacity to consent but not exclusively so. A forum for both reflection and review is once more a necessary component of helping nurses to develop and maintain the consistent application of principles and practice in this area. An important concern for liaison mental health nurses in all cases where there are legal and/or ethical considerations is the duty of care and responsibilities as identified by their own trust policies and the Nursing and Midwifery Council.

Competency for providing nursing advice on legal issues		
No.	Competency	Level attained
1.	Can demonstrate up to date knowledge of relevant legislation and common law principles as they apply to patient care in the acute hospital.	
2.	Can demonstrate knowledge of principles underpinning legislation and legal issues related to patient care including relevant Codes of Conduct, accountability and scope of practice.	
3.	Can describe local procedures involved in the application of particular legislative aspects related to patient care.	
4.	Can explain the roles of different agencies and/or disciplines involved in the application of a particular legislative function in a patient's care and/or treatment.	
5.	Can describe the nurse's role in the implementation of any statutory legal procedures relating to patient care.	
6.	Can accurately document any nursing involvement and/or responsibilities in the implementation of legislative procedures or legal issues relating to patient care.	
7.	Can communicate with other members of the clinical team relevant information about legal aspects of an individual patient's care.	
8.	Can follow through all aspects of the liaison mental health nurse's role in the implementation of the legal aspects related to an individual patient's care ensuring that all members of the treating clinical team are involved in the decision making process.	
9.	Can support treating clinical teams to consider accessing legal advice in complex and challenging clinical situations.	
10.	Ensure that any acts or omissions which breach local policy or legal principles are reported to the appropriate parties.	

Notes: Legislation impacting upon nurses' practice is wide and varied. Some relates entirely to nursing itself while others may be related to the treatment of people with mental illness e.g. the Mental Health Act (1983) and the subsequent 2007 amendment. Within the acute trust the Mental Capacity Act (2005) and the subsequent Deprivation of Liberty Safeguards are also pertinent. Common Law refers to law where there is no specific legislation but a collection of case precedents that determine future legal judgements until re-defined by the courts

Competency for interventions used in liaison mental health nursing		
No.	Competency	Level attained
1.	Can demonstrate knowledge of evidence based bio-psychosocial approaches and a range of therapies suitable for crisis work, physical-psychological co-morbidities and mental health emergencies.	
2.	Can demonstrate knowledge of evidence based approaches for providing therapeutic interventions both in a single assessment and in on-going short term work.	
3.	Can explain the rationale for providing a particular therapeutic response to an assessment.	
4.	Can demonstrate in practice the necessary skills to undertake a therapeutic intervention in a range of clinical situations e.g. crisis work, risk management, mental health emergencies and a range of psychosocial and behavioural presentations in the acute hospital environment.	
5.	Can produce accurate and comprehensive documentation of assessments, case formulations, interventions and outcomes with consideration for clinical governance and audit needs.	
6.	Can demonstrate in theory and in practice a collaborative approach working across boundaries and services/agencies with patients and their carers, as meets the individual need to include vital people in treatment plans.	
7.	Can demonstrate the ability to interview a patient and produce a case formulation, developing a collaborative treatment approach. This will consider all aspects of the patient and his/her particular needs.	
8.	Can communicate and explain core aims and expected outcomes to other members of the wider clinical team.	
9.	Can provide direct and indirect care to a specified patient population by overseeing the implementation of therapeutic interventions including facilitation and clinical and management supervision of staff, through to the point at which clinical responsibility is passed to another team or, to the patient.	
10.	Can consider the whole liaison service development in response to a specific patient population need and provide information to develop the psychological/mental health care to an acute hospital environment.	
11.	Can demonstrate the ability to promote positive attitudes to people with psychological problems through education and the challenging of stigma.	
12.	Can demonstrate an up to date knowledge of the locally agreed role of the liaison mental health nurse in responding to major incidents.	
13.	Actively participates in supervision relating to any therapeutic interventions they provide.	

Competency for the admission and discharge of patients		
No.	Competency	Level attained
1.	Can demonstrate knowledge of the principles that will govern decisions about admitting or discharging patients e.g. risk/safety, acting in accordance with existing treatment plans.	
2.	Can explain the rationale for decisions about whether or not to admit or discharge a patient following assessment and, where applicable, a period of treatment.	
3.	Can demonstrate knowledge of the principles involved in making a decision to admit a patient into a certain area of mental health services e.g. an acute inpatient psychiatric ward or for follow up within the liaison mental health service.	
4.	Can demonstrate knowledge of the principles involved in making a decision to discharge a patient from the liaison mental health service but refer onto another service e.g. a community mental health team, social services or voluntary sector agency.	
5.	Can demonstrate the ability to negotiate, with relevant clinicians, an admission to another part of a mental health service e.g. an acute inpatient psychiatric ward, providing the necessary information on all matters pertinent to the admission.	
6.	Can demonstrate consultation and effective communication with the referrer and other clinicians involved in the patients care.	
7.	Can accurately and comprehensively document the rationale for all decisions about the admission and discharge of patients, including information, where relevant, about different options considered.	
8.	Can demonstrate an understanding of relevant policies, national and local, that are applicable to the mental health liaison nurse's rights, responsibility and accountability in making decisions about the admission and discharge of patients.	
9.	Can demonstrate self-awareness and an understanding of the varying nature of one's own capabilities in different clinical situations, particularly in relation to recognising when it is safe and reasonable to act semi-independently or when to seek a second opinion from colleagues before admitting or discharging a patient.	

Notes: It should be noted that nurses working in mental health liaison services will often have more freedom to act clinically than colleagues in other specialities. While all practitioners should work within the parameters of their teams, they will also be making major clinical decisions in a semi-autonomous fashion, particularly in relation to the discharge of patients following an initial assessment. This is an area where nurses should be identified as being both competent and confident before taking on this responsibility.

Competency for Liaison Mental Health Nurses maintaining accurate records, documentation and report writing		
No.	Competency	Level attained
1.	Can demonstrate knowledge of the rationale for comprehensive record keeping and documentation in a clinical arena.	
2.	Can demonstrate knowledge of local policies, and national/NMC guidelines on documentation, record keeping, report writing, as well as available support in decisions related to responding to requests for, and the writing of, reports.	
3.	Can demonstrate effective communication through written documentation.	
4.	Can demonstrate an understanding of the processing of requests for different types of documentation e.g. G.P. letters or incident reports.	
5.	Can demonstrate the ability to write a comprehensive account of patient contact or report, including the pertinent and relevant information required for different types of documentation.	
6.	Can demonstrate an understanding of the need to separate information given by the patient, other health professionals, carers/family or others, and subjective impressions.	
7.	Can demonstrate a working knowledge of the Data Protection Act (1998) and NHS Information Governance. Including the need to balance a patient's right to confidentiality with the requirement to share essential written information that could affect the safety of the patient and/or others.	
8.	Can demonstrate an understanding of the need to safeguard the confidentiality of third party information where disclosure would present a risk to the third party.	
9.	Can demonstrate appropriate decision making regarding the dissemination of completed written documentation and patient information to relevant parties e.g. what written information constitutes a good written referral and how it should be laid out.	
10.	Can demonstrate the ability to write a clear and comprehensive account of an assessment, including a core biographical history, the history of the presenting complaint, mental state examination, documentation of risk, and a formulation indicating the nurse's overall impression of the patient's current presentation, recommendations for treatment and care, the details and rationale for a management plan, incorporating who will take responsibility for its different components.	
11.	Can demonstrate an understanding of the need for all patient records and documentation to be stored securely and privately.	

Competency for providing nursing advice on the management and care of patients with complex psychosocial and/or challenging presentations

No.	Competency	Level attained
1.	Can demonstrate theoretical knowledge of the reasons why a patient's presentation may be perceived as 'difficult' e.g. understanding the organisational, environmental and cultural context, as well as clinical issues such as physical and/or mental health problems.	
2.	Can demonstrate the ability to undertake an assessment of the immediate issues and any risk factors associated.	
3.	Can demonstrate the ability to assist the responsible clinical team to develop and implement an immediate management plan which also considers risk management.	
4.	Can demonstrate an ability to complete a detailed assessment of any 'challenging behaviour', its history and context and place this within a full biographical assessment wherever necessary.	
5.	Can demonstrate the ability to help relevant staff understand the overall difficulties being experienced and communicate effectively to develop both short and/or longer term management and care plans.	
6.	Can accurately document any liaison mental health nursing involvement and/or responsibilities in the implementation of the assessment and treatment process, incorporating any legal issues wherever appropriate.	
7.	Can demonstrate the necessary clinical skills to contain, defuse and manage a patient exhibiting challenging behaviours with reference to local policy.	
8.	Can demonstrate a theoretical knowledge of boundary and limit setting.	
9.	Can demonstrate an ability to review, evaluate and revise care and treatment plans in conjunction with other clinicians involved.	
10.	Can demonstrate an ability to assess the impact of challenging behaviours and/or a particular incident experienced as 'difficult' by clinicians in the acute hospital, as well as what support can be provided and by whom.	
11.	Can demonstrate the ability to provide education on mental health issues and clinical supervision related to work clinicians are undertaking with patients who have mental health problems in a non mental health setting.	

Notes: Support for clinicians working with a patient identified as behaving in a challenging manner or with a more complex psychosocial presentation may take the form of supporting the responsible clinical team rather than direct assessment of the patient by the LMHN. The work may include helping the clinical team address organisational or functional issues which might be highly practical e.g. staffing levels or more complex issues within their team e.g. about communications and relationships.

Competency for providing nursing advice on medication		
No.	Competency	Level attained
1.	Can explain the rationale and limitations for mental health nursing involvement in advice about medication including adherence to local policy.	
2.	Can demonstrate knowledge of the principles involved in the prescription of medication.	
3.	To demonstrate a knowledge of the impact upon mental state of a broad range of medications including psychotropic medication and polypharmacy.	
4.	Can explain the rationale for providing advice on medication prescribing for patients with mental health problems.	
5.	Can explain the role of different members of the broader clinical team in the prescribing of medication.	
6.	Can accurately and comprehensively record, in all relevant documentation, any involvement in advice or requests for advice about prescribing issues.	
7.	Can communicate any advice and/or information to other members of the wider clinical team.	
8.	Has knowledge of how to assist physicians with the prescription of medication by involving an appropriate psychiatrist/ pharmacist.	
9.	Can communicate the rationale for and impact of psychotropic medication to patients, carers and the wider clinical team.	

Notes: Nurses involved in discussing issues related to the prescription and/or administration of medication should be clear about the limits of their own role, education and responsibility. Although they may be able to provide initial guidance for inexperienced physicians or nurses not familiar with all aspects of psychotropic medication and/or its interactions with other drugs, this is no substitute for consultation with psychiatrists and/or pharmacists.

Competency for Liaison Mental Health Nurses in working with people with specific physical illnesses		
No.	Competency	Level attained
1.	Can demonstrate evidence based knowledge of the prevalence of psychological morbidity associated with specific physical illnesses and its effect on treatment and prognosis.	
2.	Can demonstrate knowledge of the psychological impact associated with physical illness.	
3.	Can demonstrate knowledge of support groups and specialist services available for people with specific illnesses including expert patient programmes	
4.	Can demonstrate effective communication with patients with physical-psychological co-morbidities, their carers and members of the care team.	
5.	Can demonstrate the ability to educate patients, their carers and members of the care team about the psychological issues associated with physical illness.	
6.	Can demonstrate the ability to develop effective working relationships with patients, their carers and members of the care team.	
7.	Can demonstrate the ability to support patients, their carers and members of the care team in participating in all aspects of the patient's health care.	
8.	Can demonstrate the ability to recognise the mental health needs associated with an individual's physical illness.	
9.	Can demonstrate the ability to participate in the development and documentation of all aspects of care, including care plans, addressing the mental health needs of patients with specific physical illness.	
10.	Can demonstrate the ability to implement a range of appropriate interventions, supported by an evidence base, that address the mental health needs of patients with physical illness.	
11.	Can demonstrate the ability to evaluate care that addresses the mental health needs of patients with physical illness, and document the results of the evaluation adjusting the care plan to ensure relevant and effective care is continually provided.	

Competency for Liaison Mental Health Nurses in working with older adults		
No.	Competency	Level attained
1.	Can demonstrate an understanding of normal aging processes.	
2.	Can demonstrate up to date knowledge of mental health issues associated with the ageing process.	
3.	Can demonstrate up to date knowledge of the psychosocial risk factors for mental health issues in older adults and specific groups more vulnerable to mental health issues e.g. patients at increased risk of developing dementias associated with cardio-vascular disease.	
4.	Can demonstrate a comprehensive knowledge of dementia, delirium and depression/anxiety and specific medical conditions which commonly produce psychological effects in older adults.	
5.	Can demonstrate up to date knowledge of the impact of aging on risk and its assessment & management, e.g. suicide and falls.	
6.	Can demonstrate effective communication with older adults with physical-psychological co-morbidities, including cognitive and sensory impairment, their carers and members of the care team.	
7.	Can demonstrate the ability to develop effective working relationships with older adults, their carers and members of the care team.	
8.	Can demonstrate the ability to undertake an effective assessment of the older adult patient, utilising evidence based assessment tools as appropriate.	
9.	Can demonstrate the ability to support older adults, their carers and members of the care team in participating in all aspects of the patient's health care.	
10.	Can demonstrate the ability to help relevant staff understand the overall difficulties being experienced by the older adult patient and communicate effectively with carers and relevant clinical teams to develop both short and/or longer term management and care plans.	
11.	Can demonstrate the necessary clinical skills to contain and manage the older adult patient exhibiting challenging behaviours with reference to local policy.	
12.	Can demonstrate an up to date understanding of potential effects of psychotropic medication and polypharmacy in older adults and demonstrate a capability in advising both patients, carers and other clinicians involved in the patient's care and treatment.	
13.	Can demonstrate the ability to participate in the development and documentation of all aspects of care, including care plans, addressing the mental health needs of older adults.	
14.	Can demonstrate the ability to implement a range of appropriate interventions, supported by an evidence base, that address the mental health needs of older adults.	
15.	Can demonstrate the ability to evaluate care that addresses the mental health needs of older adults, and document the results of the	

	evaluation adjusting the care plan to ensure relevant and effective care is continually provided.	
16.	Can demonstrate the ability to act upon concerns about safeguarding issues.	
17.	Can demonstrate the ability to liaise effectively with, other services involved in the patient's care including MHCOP, physical care team, social services and primary care services and to discuss and assist in the implementation of effective care programmes for older adults.	

Competency for Liaison Mental Health Nurses working with people with a substance misuse problem		
No.	Competency	Level attained
1.	Can demonstrate up to date knowledge of legal and illicit substances that can potentially be abused.	
2.	Can demonstrate up to date knowledge of the physical and psychological effects of substance misuse.	
3.	Can demonstrate up to date knowledge of signs and symptoms of withdrawal from addictive substances.	
4.	Can demonstrate up to date knowledge of the theory and application of detoxification regimes.	
5.	Can demonstrate an understanding of the interaction between substance misuse and mental health problems.	
6.	Can demonstrate the ability to undertake a comprehensive assessment of the patient's drug and alcohol history and current use.	
7.	Can demonstrate the ability to undertake an initial risk assessment of an intoxicated patient and develop an interim management plan* to maintain the safety of the patient and others pending full biopsychosocial assessment once the patient is capable of meaningful engagement.	
8.	Can demonstrate the clinical skills and knowledge to therapeutically engage patients who misuse substances in the assessment and treatment process.	
9.	Can demonstrate the clinical skills and knowledge of evidence based interventions for patients who misuse substances e.g. harm minimisation work, health education, brief interventions.	
10.	Can demonstrate up to date knowledge of the range of services available to patients who misuse substances, both at the time of referral and for longer term treatment & support.	
11.	Can demonstrate the ability to provide educational information to acute hospital staff, carers and relatives.	
12.	Can demonstrate the ability to participate in the development and documentation of all aspects of care, including care plans, addressing the mental health needs of patients who misuse substances.	
13.	Can demonstrate the ability to evaluate care that addresses the mental health needs of patients who misuse substances, and document the results of the evaluation adjusting the care plan to ensure relevant and effective care is continually provided.	

*Note: LMHN assessment should occur in tandem with medical treatment. Where it is not appropriate to assess the patient directly due to their intoxication and or their physical health status background information and information from third parties can be obtained to feed into the full assessment process once the patient's physical status improves such that they can engage with the assessment. Prior to the point of patient engagement an initial risk assessment of the patient should be undertaken to inform interim management of the patient.

Competency for Liaison Mental Health Nurses in working with people with specific psychosomatic disorders		
No.	Competency	Level attained
1.	Can demonstrate knowledge of the prevalence of psychosomatic disorders.	
2.	Can demonstrate knowledge of the impact associated with psychosomatic disorders.	
3.	Can demonstrate ability to communicate effectively with patients with psychosomatic disorders, their carers and members of the care team.	
4.	Can demonstrate the ability to educate patients, their carers and members of the care team about the issues associated with psychosomatic disorders and promoting positive attitudes towards people with psychological problems in this context.	
5.	Can demonstrate the ability to develop effective, collaborative working relationships with patients, their carers and members of the care team.	
6.	Can demonstrate the ability to support patients, their carers and members of the care team in participating in all aspects of the patient's mental health care.	
7.	Can demonstrate the ability to assess the mental health needs associated with an individual's psychosomatic disorder.	
8.	Can demonstrate the ability to participate in the development and documentation of all aspects of care, including care plans addressing the mental health needs of patients with specific psychosomatic disorders.	
9.	Can demonstrate the ability to implement a range of appropriate interventions, supported by an evidence base, that address the mental health needs of patients with psychosomatic disorders.	
10.	Can demonstrate the ability to evaluate care that addresses the mental health needs of patients with psychosomatic disorders, and document the results of the evaluation adjusting the care plan to ensure relevant and effective care is continually provided.	

Notes: This competency can be used for looking at the work of the nurse in relation to patients who present with a variety of problems, including medically unexplained symptoms, conversion disorders, factitious disorders, somatisation and hypochondriasis.

Competency for Liaison Mental Health Nurses in working with people with learning disabilities		
No.	Competency	Level attained
1.	Can demonstrate an understanding of learning disabilities.	
2.	Can demonstrate an evidence based understanding of the increased morbidity and mortality due to physical and/ or mental health issues in people with learning disabilities.	
5.	Can demonstrate up to date knowledge of the impact of learning disability on risk and its assessment & management, e.g. vulnerability.	
6.	Can demonstrate effective communication with people with learning disabilities, including sensory impairment, their carers and members of the care team.	
7.	Can demonstrate the ability to develop effective working relationships with people with learning disabilities, their carers and members of the care team.	
8.	Can demonstrate the ability to undertake an effective assessment of the learning disability patient, utilising evidence based assessment tools as appropriate.	
9.	Can demonstrate the ability to support patients with learning disabilities, their carers and members of the care team in participating in all aspects of the patient's health care, promoting choice and dignity in care.	
10.	Can demonstrate the ability to help relevant staff understand the communication needs of individual patients with learning disabilities and support approaches which promote effective communication of treatment plans and choices.	
11.	Can demonstrate the necessary clinical skills to contain and manage any identified challenging behaviours with reference to local policy.	
12.	Can demonstrate an up to date understanding of potential effects of psychotropic medication and polypharmacy in patients with learning disabilities and demonstrate a capability in advising both patients, carers and other clinicians involved in the patient's care and treatment.	
13.	Can demonstrate the ability to participate in the development and documentation of all aspects of care, including care plans, addressing the mental health needs of patients with learning disabilities.	
15.	Can demonstrate the ability to evaluate care that addresses the mental health needs of patients with learning disabilities, and document the results of the evaluation, adjusting the care plan to ensure relevant and effective care is continually provided.	
16.	Can demonstrate the ability to act upon concerns about safeguarding issues.	
17.	Can demonstrate the ability to liaise effectively with, other services involved in the patient's care including learning disability services, physical care team, social services and primary care services and to discuss and assist in the implementation of effective care programmes for patients for learning disabilities.	

Competency for Liaison Mental Health Nurses in working with mothers and babies		
No.	Competency	Level attained
1.	Can demonstrate up to date knowledge of mental health issues specific to motherhood.	
2.	Can demonstrate knowledge of the psychosocial risk factors for mental health issues in the perinatal period.	
3.	Can demonstrate an up to date understanding of the potential effects of psychotropic medication in the pre and post partum woman and demonstrate a capability in advising both patients and other clinicians involved in the mother's care and treatment.	
4.	Can demonstrate an understanding of the risk of relapse for women with a history of mental illness who are pregnant.	
5.	Can demonstrate an understanding of the effects of mental illness on the developing child.	
6.	Can demonstrate knowledge of evidence based treatment approaches and good practice in the care of women with perinatal mental illness.	
7.	Can demonstrate knowledge of local, regional and national resources available to support women with mental health problems in motherhood.	
8.	Can demonstrate knowledge and understanding of safeguarding issues, as well ethical and legal considerations in relation to childbirth and motherhood.	
9.	Can demonstrate the ability to act upon concerns about safeguarding issues.	
10.	Can demonstrate the ability to conduct a biopsychosocial assessment of the mental health needs of a woman during the perinatal period.	
11.	Can demonstrate the ability to utilise evidence based assessment tools in the assessment of perinatal mental health.	
12.	Can demonstrate the ability to formulate and communicate a plan of recommended support to relevant services.	
13.	Can demonstrate the ability to liaise effectively with midwifery, health visiting and children's and families social work teams to discuss and assist in the implementation of effective care programmes for women suffering, or at risk from, perinatal illness or relapse of existing mental health problems.	

Competency for Liaison Mental Health Nurses in working with children & young people		
No.	Competency	Level attained
1.	Can demonstrate up to date knowledge of mental health issues specific to childhood and adolescence.	
2.	Can demonstrate knowledge of the psychosocial risk factors for mental health issues in childhood and adolescence, identifying specific groups more vulnerable to mental health issues.	
3.	Can demonstrate an understanding of the effects of mental illness on the psychological development and life chances of children and young people.	
4.	Can demonstrate an understanding of the risk of relapse for children and young people with serious mental illness, including early onset psychosis.	
5.	Can demonstrate knowledge of evidence based treatment approaches and good practice in the care of children and young people.	
6.	Can demonstrate an up to date understanding of potential effects of psychotropic medication in children and young persons and demonstrate a capability in advising both patients, carers and other clinicians involved in the child and young person's care and treatment.	
7.	Can demonstrate knowledge of local, regional and national resources available to support children and young people with emotional difficulties and mental health problems including services in the 4 tiers.	
8.	Can demonstrate knowledge and understanding of safeguarding issues, as well ethical and legal considerations in relation to competency, consent and the legal frameworks of the Mental Health Act (1983 amended 2007) and Children Act (2004).	
9.	Can demonstrate the ability to conduct a biopsychosocial assessment of the mental health needs of a child or young person, including carers and family members in the assessment wherever appropriate.	
10.	Can demonstrate the ability to utilise evidence based assessment tools in the assessment of child and adolescent mental health.	
11.	Can demonstrate the ability to formulate and communicate a plan of recommended support to relevant services.	
12.	Can demonstrate the ability to act upon concerns about safeguarding issues.	
13.	Can demonstrate the ability to liaise effectively with, other services involved in the patients care including CAMHS, paediatrics, social services and educational services and to discuss and assist in the implementation of effective care programmes for children and young people suffering, or at risk from, acute, chronic or relapsing mental health problems.	

Competency for education, training, and supervision		
No.	Competency	Level attained
1.	Can demonstrate knowledge of different methods that could be used to educate/ train acute trust colleagues regarding the mental health needs of general hospital patients	
2.	Can develop resources to facilitate effective education/ training of acute trust colleagues.	
3.	Can demonstrate use of local and national policies/ initiatives and evidence based materials to inform education and training.	
4.	Can demonstrate the ability to actively engage all relevant stakeholders including commissioners, acute trust partners, patients and carers in the education/ training process.	
5.	Can undertake evaluation of education/ training which identifies recommendations for improvement.	
6.	Can demonstrate knowledge of the principles underpinning supervision of acute trust clinical colleagues.	
7.	Can identify a variety of methods of delivering effective supervision to acute trust clinical colleagues.	
8.	Can demonstrate the ability to undertake an evaluation of the effectiveness of supervision.	
9.	Can demonstrate a commitment to use and development of self-awareness and inter-personal skills in non-mental health settings.	
10.	Can demonstrate the ability to work autonomously, drawing on support as appropriate and to work within own limitations.	
11.	Can demonstrate a commitment to engage in own clinical and managerial supervision on a regular basis utilising a reflective approach to self-development.	
12.	Can demonstrate the ability to identify development needs and to seek out relevant education/ training to meet those needs.	

Competency for evaluating Liaison Mental Health Nursing provision		
No.	Competency	Level attained
1.	Can demonstrate knowledge of different audit tools and methodology that could be used to evaluate interventions used in liaison mental health nursing.	
2.	Can demonstrate knowledge of the principles underpinning audit and evaluation e.g. clinical governance, risk management.	
3.	Can describe the evaluation process in relation to specific interventions that are used within the liaison mental health team.	
4.	Can demonstrate knowledge of local and national policies/ initiatives underpinning evaluation and audit applicable to liaison mental health nursing, e.g. the Royal College of Psychiatrists Psychiatric Liaison Accreditation Network.	
5.	Can demonstrate the ability to actively engage all relevant stakeholders including commissioners, acute trust partners, patients and carers in the evaluation process.	
6.	Can produce and present reports based on the evaluation and audit of liaison mental health nursing which identify recommendations for service improvement.	
7.	Can demonstrate the ability to actively engage with research projects undertaken within the liaison mental health service	

7. References

- Fearon F, (1998) Assessment and measurement of competence in practice. *Nursing Standard* 12 (22) pp43-47
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- Herman GD, Kenyon RJ (1987) *Competency-Based Vocational Education: A Case Study*. Shaftesbury, Further Education Unit/Professional Industrial and Commercial Updating, Blackmore Press.
- Roberts D and Whitehead L (2002) Liaison Mental Health Nursing: an overview of its development and current practice, in: Regel S and Roberts D (eds) *Mental health liaison: A handbook for nurses and health professionals*. London: Bailliere Tindall
- Short EC (1984) Competence re-examined. *Educational Theory*, 34 pp201-207

8. Referencing and using the Competence Framework

You are welcome to make use of the Competence Framework for Liaison Mental Health Nursing and we welcome feedback on its use.

When referencing the document we recommend the following:

Eales, S., Wilson, N. & Waghorn, J. (Eds) (2014) A Competency Framework for Liaison Mental Health Nursing. London, London Wide Liaison Nurses Special Interest Group.

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