

## **Introduction to the standards and practice competences to achieve the Mental Health Officer Award (MHOA)**

- 1.1 This document sets out the standards and practice competences which each candidate must achieve and competently demonstrate to obtain the new MHOA.
- 1.2 Training programme providers will use this set of standards when developing their programmes leading to the MHOA. The standards have been developed by the SSSC in partnership with the Scottish Executive and other stakeholders. These standards will be used primarily:
  - by educational institutions and programme provider partnerships, including service user representatives, to level (SCQF Level 11), design, deliver, monitor and review MHOA programmes (after 2008)
  - by those responsible for assessing the work of candidates as the criteria for the achievement of the MHOA award
  - as standards, recognised by the SSSC, which form part of the approval criteria to be met by programme providers in complying with the SSSC's Rules and Requirements for Specialist Training for Social Services Workers in Scotland 2005
  - by social workers and their employers as a basis for planning further professional development so that local authorities have appropriate numbers of qualified workers to carry out the MHO role.

## **2. Background**

- 2.1 The Scottish Social Services Council (SSSC) was asked by the Scottish Executive, as part of its duties under the Regulation of Care (Scotland) Act 2001, to lead in the development of a replacement for the Mental Health Social Work Award (MHSWA). The Regulation of Care (Scotland) Act 2001, gives the SSSC the responsibility for registering people who work in social services and for regulating their education and training. Ministerial Directions require that social workers, prior to their appointment as Mental Health Officers (MHOs), undertake a course of training approved by the SSSC.
- 2.2 The need to develop the new award arose from the introduction of the Mental Health (Care and Treatment) (Scotland) Act 2003 which introduced a new range of duties and requirements for MHOs along with the outcome of work undertaken by the SSSC during 2005 to review the mode of delivery of the MHSWA. Whilst there was a general view that the competences on which the award is based remain fit for purpose and there are no significant concerns about

quality assurance, it was acknowledged that greater standardisation and consistency across the programmes was required given the increased legislative requirements. Opportunity was further supported by the review of the post qualifying framework and the commitment of the SSSC to the creation of specialist awards for social service workers where necessary. It was agreed at the SSSC's Learning and Development Committee meeting on 16 May 2006 that new arrangements needed to be put in place for the training of social workers as MHOs. A short life working group was established to support officers of the SSSC to complete this work.

### **3. Purpose of the Mental Health Officer Award**

- 3.1 The primary purpose of the award is to train local authority-employed, qualified and registered social workers for appointment to the role of Mental Health Officer as defined in Section 32 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and as qualified by the direction of the Scottish Ministers (Requirements for Appointment as Mental Health Officers) Direction 2005.
- 3.2 The provision of sufficient MHOs to fulfil their prescribed role is a major statutory duty of local authorities. The duties of MHOs are in relation to protection of the health, safety and welfare of people vulnerable because of mental disorder; the safeguarding of their rights and freedoms; the protection of health, safety, welfare, finances and property of adults with incapacity; duties to the Court and to public protection in relation to mentally disordered offenders and, possibly, new roles as detailed in forthcoming guidance in relation to adult support and protection.
- 3.3 A secondary purpose may be to make aspects of the training available to a wider group in social work and related professions, who do not wish, or are not qualified to become MHOs. This would be determined by the needs of the sector and the capacity of any programme to appropriately widen access.

### **4. Guiding principles**

- 4.1 Social Work has a strong ethical basis which emphasises the importance of working through positive professional relationships with people who use services and with colleagues. This is evident in the Scottish Social Services Council's (SSSC's) Codes of Practice for Social Service Workers.
- 4.2 The Millan Principles informed the principles within The Mental Health (Care and Treatment) (Scotland) Act 2003 which are binding upon MHOs and other formal agents of the Act. The ten key principles developed by the Millan Committee<sup>1</sup> are non-

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<sup>1</sup> New Directions, Report of the Review of the Mental Health (Scotland) Act 1984  
Millan, The Rt Hon, B. (Chair), Scottish Executive, 2001

discrimination, equality, respect for diversity, reciprocity, informal care, participation, respect for carers, least restrictive alternative, benefit and child welfare.

- 4.3 A core guiding principle of the work in progressing new standards and competences is to achieve an award that facilitates access and progression while maintaining standards. Both the Millan Principles and the SSSC Codes of Practice inform the professional standards that underpin the new award.
- 4.4 A further guiding principle is that learning and assessment in practice is essential to achieving the competence required for appointment to the MHO role and will be the core element of any programme.

## **5. Legal context**

- 5.1 The specialist programme leading to the MHOA requires a significant level of detail within the standards framework because of the complexity of the legislation, policy and practice context of the MHO role for which candidates are preparing. It should be noted that some changes in the law, policy and procedure, (as determined by national and local bodies) are anticipated which may change aspects of the context at any time in the future. Therefore within the document phrases such as “relevant legislation” are used. Currently, that refers to:

- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003
- amendments to the Criminal Procedures (Scotland) Act 1995 by the 2003 Act and
- other relevant legislation including the Adult Support and Protection (Scotland) Act 2007.

- 5.2 The specialist MHOA standards framework gives details of the legislation for a specified purpose if necessary. Relevant research and developing knowledge will also be reflected in the scope of the proposed framework. A specific expectation and requirement for programme providers will be to focus on the currency and validity of all teaching, learning and assessment strategies within each learning focus of the MHOA.

## **6. The nature and scope of the MHOA standards**

- 6.1 These standards provide the proposed framework for the continuing professional development of social workers who work with service users in relation to issues of mental wellbeing and disorder and who wish to achieve the MHOA and be appointed as MHOs.
- 6.2 The layout of the standards broadly reflects approaches adopted for the SiSWE and Key Capabilities.

- 6.3 They set out the learning required to achieve the MHOA in terms of:
- the relevant extensive critical knowledge and understanding
  - the appropriate skills to be consolidated and developed
  - the integrated ethical and professional approach required of a registered social worker
  - the specialist professional practice which must be competently demonstrated and assessed.
- 6.4 The learning areas are:
- mental wellbeing and mental disorder
  - powers and duties
  - collaborative working in relation to roles and organisations
  - assessment and management of need, care and risk.
- 6.5 The standards do not read sequentially across but the column which emphasises the demonstration of professional competence brings together the sum of knowledge, skill and values to be evidenced within the particular learning focus.
- 6.6 Although there are four learning foci these will not necessarily reflect the number of learning modules which need to be developed nor the creation of a fully integrated assessment strategy.
- 6.7 These standards and practice competences have used conditional terms such as “would” ; “supervised”; and “shadowed” as they detail all the tasks a newly qualified MHO can undertake and against which (s)he has been assessed while shadowing an MHO in practice. However, by definition the MHO in training is not eligible to actually perform the role and tasks, until (s)he has achieved the MHOA.
- 6.8 Abbreviations and acronyms are used in the document in relation to relevant legislation and in various dimensions of this area of social work practice so we have included a glossary of terms.

## **7. SCQF Level**

- 7.1 The standards have been set at SCQF level 11.
- 7.2 SCQF level descriptors give broad general indicators of the characteristics of learning outcomes at each level. They are to help programme designers look at the range of knowledge and skills that might be covered or required, and match the level of learning outcomes to the appropriate characteristics at a particular SCQF level.
- 7.3 There are 12 levels from access at level 1 to PhD at level 12. Each level gives a clear picture of the complexity of learning and each level describes expectations of knowledge and skills under 5 headings.
- knowledge and understanding

- practice-applied knowledge and understanding
- generic cognitive skills
- communications, ICT and Numeracy
- autonomy, accountability and working with others.

7.4 Knowledge and understanding and/or practice-applied knowledge and understanding are key to allocating levels. Within the level 11 descriptors the outcomes of learning include demonstrating extensive, detailed and critical knowledge and understanding of a specialism informed by developments at the forefront. It also includes practicing in a wide and often unpredictable variety of professional level contexts.

7.5 The levelling of the standards at level 11 assumes an approach to programme development which includes a rigorous integration of evidence based practice and research and a high degree of critical reflection on and evaluation of practice within a wide professional context.

**Scottish Social Services Council  
Draft standards and practice competences to achieve the Mental Health Officer Award**

MHOA SLWG – Standards Sub-group – Draft

<b>Learning Focus</b>	<b>To achieve MHOA award candidates need extensive critical knowledge and understanding of:</b>	<b>To achieve MHOA award candidates will consolidate and develop skills to:</b>	<b>To achieve the MHOA award candidates will work ethically and professionally to:</b>	<b>To achieve the MHOA award candidates must competently demonstrate :</b>
1) Mental Wellbeing and Mental Disorder	<ul style="list-style-type: none"> <li>• the significance of mental health and well-being for human growth and development</li> <li>• the possibilities of improving the mental well-being of vulnerable people affected by mental disorders, including applicable research evidence</li> <li>• the ways in which the symptoms and experience of mental disorders impact upon the lives of individuals, families and carers, including drawing on relevant research</li> <li>• all component elements of mental disorders as defined in relevant legislation</li> <li>• key diagnostic categories, symptoms and causal factors of mental disorders within a clinical framework</li> </ul>	<ul style="list-style-type: none"> <li>• address issues of effective communication with adults who have individual communication support needs</li> <li>• apply knowledge and understanding of mental disorder to construct, comment upon and challenge reports and applications</li> <li>• apply knowledge and understanding of mental disorders to supervision of restricted patients</li> <li>• apply knowledge of care, support and treatment, and alternative perspectives in discussing and challenging views within a multi-disciplinary team</li> </ul>	<ul style="list-style-type: none"> <li>• integrate a substantial degree of professional confidence, competence and authority in the activities related to the MHO role</li> <li>• work within the principles of the relevant legislation in terms of the formal legal protection of the service users human rights as embodied in the ECHR and the HR Act 1998</li> <li>• show sensitivity, and understanding through anti-discriminatory practice in all consultation with individuals, families and carers</li> <li>• show sensitivity to alternative ways of understanding the experience of mental disorders.</li> </ul>	<p>1.1 engagement with individuals affected by mental disorder, and where appropriate with families, carers and relevant others, in ways appropriate to the performance of the MHO role</p> <p>1.2 application of knowledge and understanding of mental disorders in work with individuals, families and carers</p> <p>1.3 application of knowledge of the legal parameters of capacity and incapacity in relation to mental disorder</p> <p>1.4 application of knowledge and understanding of the key symptoms, causal factors and potential negative stereotyping of mental disorder, and of the impact they have upon people's lives</p>

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1) Mental Wellbeing and Mental Disorder	<ul style="list-style-type: none"> <li>• research evidence about the potential for negative stereotyping to affect understanding of diversity in mental wellbeing</li> <li>• the nature of capacity and incapacity in relation to mental disorders</li> <li>• the range of care, support and treatment for mental disorders and the meaning of "treatment" given in the 2003 and 2000 Acts</li> <li>• the range of possible care, treatment and intervention other than compulsion or formal hospital admission</li> <li>• the concept of recovery in relation to the range of mental disorders</li> <li>• the diverse ways in which people who have mental disorders will construct and express their experience.</li> </ul>	<ul style="list-style-type: none"> <li>• apply knowledge of mental disorders, care, support and treatment in consultation with individuals, families and carers.</li> </ul>		<p>1.5 application of knowledge of the range of care, support and treatments for mental disorders, to the potential outcomes for vulnerable people at risk of being subject to the powers of the relevant legislation</p> <p>1.6 application of knowledge and understanding of mental disorders in carrying out the specific duties of the MHO role in relation to relevant legislation</p> <p>1.7 application of social models of mental wellbeing</p> <p>1.8 application of knowledge and understanding of mental disorder in relation to offending behaviour, in work with mentally disordered offenders.</p>

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2) Powers and Duties	<ul style="list-style-type: none"> <li>• the legislation related to the performance of the role of MHO contained in the 2000 Act, the 2003 Act and the 1995 Act and other relevant legislation</li> <li>• the principles of the relevant legislation in relation to all action and decision making of MHOs in respect of their powers and duties</li> <li>• the codes of practice related to relevant legislation</li> <li>• the nature, prescribed content and purpose of the full range of statutory reports required of MHOs</li> <li>• the rights of individuals, families and carers involved in statutory processes, including those of appeals, termination and maintenance of orders</li> </ul>	<ul style="list-style-type: none"> <li>• consider, give or withhold consent and make applications to legal systems and hearings based on professional and legally justifiable assessments</li> <li>• examine medical opinions and challenge conclusions in relation to proposed orders and applications</li> <li>• present a coherent set of arguments as before a legal hearing, reflecting the needs of the service user, demonstrating an understanding of real and meaningful alternatives to hospital care where appropriate</li> <li>• make recommendations to the court relating to powers under the 1995 Act</li> </ul>	<ul style="list-style-type: none"> <li>• work within the SSSC Code of Practice for Social Service Workers in relation to MHO duties to explore and work with the degree of autonomy given to MHOs in terms of their assessment and decision making while working with appropriate accountability to their employing authority</li> <li>• work with and manage professional tensions, challenges and conflicts in relation to MHO duties</li> <li>• show sensitivity to the welfare and protection needs of children</li> </ul>	<ul style="list-style-type: none"> <li>2.1 application of the principles of the relevant legislation to the actions and decisions which an MHO would make in respect of their powers and duties in MHO Practice</li> <li>2.2 application of integrated knowledge to MHO practice in relation to aspects of compulsion under the relevant legislation and associated codes of practice</li> <li>2.3 preparation of 'shadow' applications in relation to the relevant legislation</li> <li>2.4 application of lawful interpretations of capacity and incapacity in relation to powers under the relevant legislation</li> <li>2.5 completion of shadow statutory reports that evidence practice across the spectrum of MHO work</li> </ul>

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2) Powers and Duties	<ul style="list-style-type: none"> <li>• the grounds for making investigations under the 2003 Act, inquiries under the 2000 Act and the process of application for warrants under the 2003 Act</li> <li>• the role of the designated MHO</li> <li>• lawful interpretations of capacity and incapacity under the relevant legislation</li> <li>• duties under the 2003 Act to uphold the welfare of children in families affected by compulsory measures</li> <li>• the duties of the Supervising officer in relation to private welfare guardians</li> <li>• the implications of court &amp; tribunal decisions upon practice</li> <li>• the powers of compulsion in relation to care, treatment and detention</li> </ul>	<ul style="list-style-type: none"> <li>• lead evidence from witnesses and cross examine witnesses in a tribunal</li> <li>• write 'shadow' SCRs and court reports in relation to the relevant legislation</li> <li>• work within local and national policy guidance and procedure</li> <li>• supervise restricted patients</li> <li>• communicate to anyone, potentially subject to the powers in the relevant legislation, their rights and the availability of legal support and advocacy.</li> </ul>		<p>2.6 addressing the rights of the individual and others involved in statutory processes, including those relating to appeals, termination and maintenance orders.</p> <p>2.7 awareness of relevant practice and referral procedures underpinning child welfare and protection</p>

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2) Powers and Duties	<ul style="list-style-type: none"> <li>• the power to make decisions in relation to adults' health safety and welfare in relation to the 2000 Act</li> <li>• the powers of the courts, RMA, CJA and MAPPA in relation to mentally disordered offenders</li> <li>• current national and local policy surrounding MHO practice and its influence on the MHO role and relevant mental health service provision, including relevant research</li> <li>• national and local guidance, procedure and the SSSC Code of Practice for Social Service Workers.</li> <li>• the powers and duties of social workers in relation to child welfare and protection in the context of MHO work.</li> </ul>			

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<p>3) Collaborative Working in relation to roles and organisations</p>	<ul style="list-style-type: none"> <li>• the roles and contributions of each individual with whom an MHO will normally work in carrying out the MHO role (a detailed although not exclusive list is appended for information and guidance)</li> <li>• the functions and contribution of organisations usually involved in the work of the MHO (a detailed although not exclusive list is appended for information and guidance);</li> <li>• relevant research and reports which focus on collaborative practice issues and development in the specialist context</li> <li>• key agencies and services who will be involved in collaborative processes of assessment and management of risk</li> </ul>	<ul style="list-style-type: none"> <li>• to network and practice collaboratively in relation to roles and organisations, including those skills related to : <ul style="list-style-type: none"> <li>(i) facilitation</li> <li>(ii) negotiation</li> <li>(iii) problem-solving</li> <li>(iv) coordination in relation to interpersonal collaboration with service users</li> <li>(v) coordination – in relation to inter-professional leadership</li> </ul> </li> <li>• work with inter and intra disciplinary boundaries</li> <li>• work effectively across and between differing resource and funding structures</li> <li>• work effectively with differing communication strategies and approaches</li> <li>• work effectively with differing leadership and management cultures and systems</li> </ul>	<ul style="list-style-type: none"> <li>• recognise and work sensitively in relation to role boundaries/ambivalence and ambiguity</li> <li>• recognise and work with different professional and organisational perspectives</li> <li>• recognise and work with different models of understanding of issues related to mental well-being</li> <li>• manage the responsibility and authority inherent in the MHO role</li> <li>• manage professional tensions, dilemmas and conflicts</li> </ul>	<p>3.1 awareness of the respective professional roles, responsibilities, accountabilities and inter-relationships in the context of the relevant legislation;</p> <p>3.2 engaging and relating ethically and professionally with the relevant professionals, agencies and organisations in undertaking the role of the MHO in the context of relevant legislation;</p> <p>3.3 engaging and relating effectively with relevant individuals, family and carers;</p> <p>3.4 leadership in contributing to planning and implementation of interventions, in the assessment and management of care, support and treatment</p> <p>3.5 managing professional tensions, dilemmas and conflicts.</p>

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4) Assessment and Management of Need, Care and Risk	<ul style="list-style-type: none"> <li>• the differing perspectives and frameworks, including environmental, social, psychological and psychiatric factors which contribute to a holistic and comprehensive assessment of need</li> <li>• the nature of risk as it affects individuals who experience mental disorder, their friends, families, carers, service providers (including the MHO) and the public</li> <li>• the range of factors, perspectives and frameworks, that impinge on assessment and increase or reduce levels of risk</li> <li>• widely used risk assessment and management tools and the contexts in which they can be used.</li> </ul>	<ul style="list-style-type: none"> <li>• undertake comprehensive assessments of need and of risk</li> <li>• take account of the views of the person, family and other professionals</li> <li>• weigh information gathered in relation to individual factors, including risk, to present assessments verbally and in written format as required for legal and agency procedures</li> <li>• develop plans to manage care and risk; and implement, monitor and review these plans in accordance with national and local guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• uphold the principles of the relevant legislation under which MHO assessments are made</li> <li>• reach assessments which demonstrate ethically sound and therefore, anti-discriminatory practice</li> <li>• challenge and report actions that are impacting on the management of risk as per the SSSC Codes of Practice for Social Service Workers and Employers</li> <li>• balance rights of the individual to make decisions which may involve risk to self and others within the context of the responsibility of the MHO in relation to public protection</li> <li>• take account of negative stereotyping and approaches to assessment and risk which reduce the scope for positive risk taking.</li> </ul>	<p>4.1 comprehensive assessment of need and risk which takes account of integrated knowledge, critical understanding, and practice</p> <p>4.2 consulting about their assessment and evaluation of risk with the person, their family and other professionals</p> <p>4.3 presenting, verbally and in writing, comprehensive assessment of need, care and risk to the person, their family, other professionals and legal hearings</p> <p>4.4 assessing and managing risk, planned and unplanned, within the existing risk management frameworks, in conjunction with other disciplines</p>

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4) Assessment and Management of Need, Care and Risk	<ul style="list-style-type: none"> <li>• local and national policy in relation to integrated assessment and management of care and risk.</li> <li>• multidisciplinary approaches to risk assessment and management</li> <li>• risk in relation to conditions for compulsion under the 2003 Act and the grounds for invoking proxy powers under the 2000 Act and the range of assessments required for and by the court under the 1995 Act.</li> </ul>			

## LEARNING FOCUS 3 APPENDIX

A list of collaborative working in relation to roles and organisations

### Roles

- Named person/nearest relative
- Family/carer
- GP/RMO/Approved Medical Practitioner
- Mental Health Tribunal Members
- Sheriff Clerk/Sheriff and Justice of the Peace
- Police constable
- Legal Representative/Legal Adviser
- Curators-ad-litem, Safeguarders, Welfare Guardian, Welfare Power of Attorney
- Advocacy worker
- Allied Health Professionals - community or hospital based
- other relevant social services staff

### Organisations:

- Mental Health Tribunal Scotland
- Mental Welfare Commission
- Courts
- Office of Public Guardian
- Scottish Executive
- Local NHS Board - Mental Health Services, Direct and contracted service provision, /Primary Care Services/Local CHPs/Ambulance/Hospital Transport, Community Health Partnerships
- Local Authority Social Work Resources, Direct and contracted Local Service Provision
- Advocacy services
- Legal services
- Police