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Scope of Practice and Core Competencies for Mental Health Services Version 1.0

Issue date: 31/12/2024

Effective date: 31/02/2025

Health Policies and Standards Department
Health Regulation Sector (2024)

ACKNOWLEDGMENT

The Health Policies and Standards Department (HPSD) developed this Standards in collaboration with Health Standards Organization/Accreditation Canada and the subject matter experts in the field of mental health services.

We would like to acknowledge and thank those stakeholders for their dedication towards improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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Definitions and Abbreviations

Definitions

Addiction Psychiatrist: A psychiatrist specialized in the treatment of substance use disorders and behavioural addictions using medication, neuromodulation, psychotherapy, and harm reduction strategies.

Addiction Psychologist: A psychologist specialized in providing care to individuals with substance use disorders, behavioural addictions, and co-occurring mental health disorders.

Assistant Psychologist: A professional who supports licensed psychologists in the diagnosis, assessment, and treatment of individuals with mental, emotional, and behavioural disorders.

Child and Adolescent Psychiatrist: A psychiatrist specializing in the mental health care of children and adolescents, providing developmentally appropriate treatments for various psychiatric disorders.

Child Psychologist: A clinical psychologist focused on providing mental health care to children and adolescents.

Clinical Neurophysiology Psychiatrist: A psychiatrist who treats psychiatric conditions related to neurological disorders, working closely with neurologists to manage complex cases.

Clinical Psychologist: A psychologist specialized in the research, assessment, diagnosis, evaluation, prevention, and treatment of cognitive, emotional and behavioural disorders.

Consultation and Liaison Psychiatrist: A psychiatrist providing mental health care in medical

settings, collaborating with other healthcare professionals to manage psychiatric symptoms and disorders in physically ill patients.

Forensic Psychiatrist: A psychiatrist who works at the intersection of mental health and the legal system, conducting assessments and providing expert testimony in legal cases.

Forensic Psychologist: A psychologist specializing in the application of psychological principles and techniques within the legal and criminal justice system.

Geriatric Psychiatrist: A psychiatrist specializing in the mental health of older adults, treating conditions like dementia and depression while addressing the complexities of aging.

Health Psychologist: A psychologist who focuses on how biological, psychological, and social factors impact health and illness.

Hospice and Palliative Medicine Psychiatrist: A psychiatrist focused on supporting the mental health of hospitalized and terminally ill patients, helping them and their families cope with illness and end-of-life issues.

Medical Psychotherapy Psychiatrist: A psychiatrist with specialized training in psychotherapy, offering long-term psychological interventions for emotional and behavioural disorders.

Mental Health Nurse: A registered nurse with specialized training in mental health who assesses, plans, and provides care for individuals experiencing mental health challenges.

Occupational Therapist: An occupational therapist specializing in mental health, focusing on helping individuals develop, recover, and maintain skills needed for daily living and meaningful

activities.

Neuropsychologist: A psychologist who specializes in understanding the relationship between the brain and behaviour.

Pain Medicine Psychiatrist: A psychiatrist treating the psychological impact of chronic pain, providing therapeutic interventions to improve pain management and quality of life.

Psychiatrist: A medical professional specializing in diagnosing, treating, and preventing mental health disorders using both biological (including pharmacological, neuromodulation) and psychological methods.

Psychiatry of Learning Disability: A psychiatrist focused on diagnosing and treating individuals with intellectual and developmental disabilities, managing co-occurring mental health disorders.

Psychologist: A mental health professional who applies evidence-based psychological principles, theories, and techniques to assess, diagnose, and treat individuals, groups, and communities. Their work aims to improve mental health, emotional well-being, and overall quality of life.

Psychometrician: A professional with specialized expertise in administering psychological and neuropsychological tests, conducting assessments, and contributing to the development of psychological procedures.

Rehabilitation Psychiatrist: A psychiatrist who helps individuals with chronic illnesses or disabilities achieve rehabilitation and recovery, focusing on mental health and functional improvement.

Sleep Medicine Psychiatrist: A psychiatrist specializing in diagnosing and treating sleep disorders, using behavioural and biological (including pharmacological) treatments to improve patients' sleep health.

Abbreviations

ACEs: Adverse Childhood Experiences

ACT: Acceptance and Commitment Therapy

ADHD: Attention Deficit Hyperactivity Disorder

ADL: Activity of Daily Living

ASI: Addiction Severity Index

AUDIT: Alcohol Use Disorders Identification Test

BA: Bachelor of Arts

BSc: Bachelor of Science

CBT: Cognitive Behavioural Therapy

CT: Computed Tomography

DBS: Deep Brain Stimulation

DBT: Dialectical Behaviour Therapy

DHA: Dubai Health Authority

ECT: Electroconvulsive Therapy

EEG: Electroencephalography

fMRI: Functional MRI

HBM: Health Belief Model

HRS: Health Regulation Sector

MAR: Medication Administration Record

MBBS: Bachelor of Medicine and Bachelor of Surgery

MBChB: Medicine Baccalaureus, Baccalaureus Chirurgiae

MRI: Magnetic Resonance Imaging

MSE: Mental Status Examinations

OT: Occupational Therapist

PQR: Unified Healthcare Professional Qualification Requirements

PTSD: Post-Traumatic Stress Disorder

rTMS: Transcranial Magnetic Stimulation

SCT: Social Cognitive Theory

SFT: Solution-Focused Therapy

SMI: Serious Mental Illness

SOP: Scope of Practice

tDCS: 2-Transcranial Direct Current Stimulation

TNS: 3-Trigeminal Nerve Stimulation

TPB: Theory of Planned Behaviour (TPB)

UAE: United Arab Emirates

VNS: Vagal Nerve Stimulation

1. Introduction

Dubai Health Authority (DHA) is responsible for regulating mental health services in the Emirate of Dubai in United Arab Emirates (UAE). Scope of Practice (SOP) refers to the activities that mental healthcare professionals are educated, authorized and competent to perform. Such activities are established through the legislated definition of licensed mental health service practice, complimented by standards, limits, conditions and education, and are influenced by setting, environment and health needs of the population.

Health Regulation Sector (HRS) endorses the SOP for licensed mental healthcare professionals. This document should be read in conjunction with the DHA Code of Ethics and Professional Conduct. The SOP for Mental Health Services is neither comprehensive nor exhaustive but rather provides guidelines for practice.

2. DHA Licensing Titles

2.1. Licensed HPs are permitted to practice in DHA licensed facilities providing mental health services as per the Healthcare Professionals Qualification Requirements (PQR), under the following licensing titles and their recognized subspecialties, this may include but not limited to:

- Psychiatry
- Psychology

- Mental Health Nursing
- Occupational Therapy

2.2. DHA licensed HPs are permitted to practice in the DHA licensed health facilities to provide mental health services. This may include but not limited to:

- Hospitals
- Outpatient Health Facilities
- Specialized Units
- Long term residential healthcare facilities

3. Psychiatry

3.1. Psychiatrist

3.1.1. Definition: A psychiatrist is a medical professional specializing in diagnosing, treating, and preventing mental health disorders using a combination of biological and psychological methods. They integrate medical and therapeutic approaches to offer comprehensive care, addressing both the biological and psychological aspects of mental health. This multifaceted approach ensures holistic treatment and well-being for their patients.

3.1.2. Roles and Responsibilities

3.1.2.1. Assessment: Conducts thorough psychiatric evaluations, including clinical interviews, mental status examinations (MSE), and diagnostic assessments, to identify mental

health disorders.

3.1.2.2. Diagnosis: Diagnoses psychiatric conditions based on the integration of clinical findings, standardized diagnostic tools (e.g., DSM-5-TR, ICD-11), and patient history.

3.1.2.3. Treatment Planning: Develops and implements individualized treatment plans, incorporating evidence-based biological treatments (including psychopharmacological, ECT, and neuromodulation) interventions and psychotherapy.

3.1.2.4. Pharmacological Management: Prescribes, monitors, and adjusts medications based on patient response and clinical guidelines, ensuring safe and effective management of psychiatric symptoms.

3.1.2.5. Neuromodulatory Interventions: Provides non-invasive and invasive neuromodulatory interventions such as Electroconvulsive Therapy (ECT), 1-Repetitive Transcranial Magnetic Stimulation (rTMS), 2-Transcranial Direct Current Stimulation (tDCS), and 3-Trigeminal Nerve Stimulation (TNS).

3.1.2.6. Psychotherapy: Provides therapeutic interventions such as Cognitive Behavioural Therapy (CBT), psychodynamic therapy, and other appropriate modalities based on patient needs.

3.1.2.7. Collaboration: Works collaboratively within multidisciplinary teams, consulting with psychologists, nurses, and other healthcare providers to ensure integrated care.

3.1.2.8. Education and Advocacy: Engages in mental health education, advocates for patient

rights, and promotes mental health awareness within the community.

3.1.2.9. Supervision: Provides clinical supervision to medical residents, psychiatric residents, and other mental health professionals, ensuring adherence to clinical and ethical standards.

3.1.2.10. Documentation: Maintains comprehensive, confidential patient records, ensuring legal compliance and continuity of care.

3.1.3. Core Competencies

3.1.3.1.1. Knowledge:

- Psychiatrists are expected to have an in-depth understanding of neurobiological, psychological, and social factors contributing to mental health disorders. This includes familiarity with diagnostic frameworks (e.g., DSM-5-TR, ICD-11), biological interventions including psychopharmacology, and theories of human development. Psychiatrists are expected to be proficient in understanding medical comorbidities that affect mental health, including the influence of neurological, cardiovascular, and endocrine systems on psychiatric conditions.
- Psychiatrists are expected to have knowledge of psychotropic medications, their mechanisms of action, indications, side effects, and interactions with other treatments is essential. This includes, but not limited to, mood stabilizers, antipsychotics, antidepressants, and anxiolytics.

- Psychiatrists are expected to be familiar with the mechanisms of action, indications, contraindications, potential side effects, and the evidence base supporting each of these interventions. Additionally, they should stay updated on the latest research and clinical trials in this rapidly evolving field.
- Psychiatrists are expected to be proficient in evidence-based psychotherapeutic techniques. This includes, but not limited to, CBT, psychodynamic therapy, and family therapy.
- Psychiatrists are expected to be familiar with the provision of digital psychiatry through the use of apps, telemedicine, and wearable devices to monitor mental health.
- Psychiatrists are expected to critically evaluate psychiatric research and incorporate new findings into clinical practice, ensuring evidence-based care.
- Psychiatrists are expected to have familiarity with laws, regulations, and ethical standards governing psychiatry, particularly concerning patient confidentiality, informed consent, and involuntary treatment procedures.

3.1.4. Clinical Skills

3.1.4.1. Assessment: Psychiatrists are expected to be highly proficient in performing comprehensive, person-centered assessments that incorporate a biopsychosocial framework and an understanding of cultural, developmental, and systemic factors.

3.1.4.1.1. Comprehensive Psychiatric Evaluation: Psychiatrists are expected to conduct thorough assessments, including psychiatric history and MSE, to identify mental health and neurodevelopmental disorders across all age groups. They must be skilled in gathering information about the patient's symptoms, emotional and cognitive functioning, and insight, while considering the diagnostic criteria (e.g., DSM-5-TR, ICD-11).

3.1.4.1.2. Developmental and Social Context: Psychiatrists are expected to have a deep understanding of human development, particularly the impact of early relationships, attachment styles, adverse childhood experiences (ACEs), trauma, and resilience on mental health. Psychiatrists must be skilled in assessing patients holistically, recognizing the importance of cultural, spiritual, religious, and socio-economic factors in shaping mental health outcomes. This includes considering how social determinants of health, such as poverty, racism, and social isolation, contribute to the onset and course of mental illness.

3.1.4.1.3. Neurobiological and Genetic Factors: Psychiatrists are expected to be able to integrate knowledge of genetic, epigenetic, and neurobiological underpinnings of mental health conditions. This includes understanding the role of brain development, neurotransmitters, and neuroplasticity, alongside the genetic vulnerabilities that may predispose individuals to psychiatric conditions.

3.1.4.1.4. Risk Assessment and Safety Planning: Psychiatrists are expected to be skilled in assessing and managing risk factors such as suicide, self-harm, violence, and vulnerability. They should develop safety plans in collaboration with patients, families, the community (as required) and the care team. This involves recognizing specific risks associated with particular psychiatric conditions (e.g., psychosis, substance use), as well as accounting for social and cultural factors that may influence risk.

3.1.4.1.5. Physical Health Evaluation: Psychiatrists are expected to be skilled in assessing physical health with a focus on how physical health intersects with mental health. Psychiatrists must assess for medical comorbidities, substance use, and the effects of psychotropic medications on physical health. This includes knowledge of nutritional, metabolic, endocrine, and reproductive health, particularly in the context of psychiatric conditions like eating disorders or substance use disorders.

3.1.4.1.6. Cultural Competency and Inclusivity: Psychiatrists are expected to be attuned to cultural, spiritual, and religious factors that affect clinical presentations and treatment adherence. This includes assessing individuals from marginalized or underserved populations, and an awareness of the impact of systemic inequalities, such as poverty, racism, and trauma, is critical to providing equitable care.

3.1.4.1.7. Collaborative History Gathering: Psychiatrists are expected to be skilled in

assessing and obtaining collateral histories from family members, caregivers, or other involved professionals where patients may have impaired insight or judgment. This contributes to a more comprehensive understanding of the patient's mental health condition, social support, and functionality.

3.1.4.2. Interventions: Psychiatrists are expected to demonstrate mastery in delivering a range of evidence-based interventions that are safe, effective, and tailored to individual patient needs, with particular attention to biological (pharmacological, neurobiological), psychotherapeutic, and collaborative treatment planning approaches.

3.1.4.2.1. Pharmacological Management: Psychiatrists are expected to have in-depth knowledge of psychotropic medications, including their pharmacodynamics and pharmacokinetics, as well as their efficacy, interactions, and side effects. Safe prescribing practices, particularly in managing polypharmacy or in vulnerable populations (e.g., children, elderly, pregnant women), are essential. Psychiatrists must monitor treatment efficacy, adjusting dosages and medications as needed, while considering the patient's overall health, including metabolic, cardiovascular, and neurological impacts of long-term medication use.

3.1.4.2.2. Psychotherapeutic Interventions: Psychiatrists are expected to be proficient in delivering a range of psychotherapeutic modalities. This includes CBT, psychodynamic therapy, and other evidence-based interventions. Psychotherapy

must be adapted to the specific needs of the patient, whether addressing trauma, mood disorders, or personality disorders. Psychiatrists should engage in psychotherapeutic practice under supervision, ensuring that therapy is delivered safely and effectively within an appropriate therapeutic setting.

3.1.4.2.3. Neuromodulation Interventions: Psychiatrists must be familiar with the use of non-invasive and invasive treatments, such as ECT, rTMS, tDCS, TNS, Vagal Nerve Stimulation (VNS), Deep Brain Stimulation (DBS), and other neuromodulation techniques, in managing severe psychiatric conditions like treatment-resistant depression or schizophrenia. These interventions must be applied following clinical guidelines, with careful consideration of patient safety, informed consent, and monitoring of outcomes.

3.1.4.2.4. Integrated Treatment Planning: Psychiatrists are expected to develop comprehensive, treatment plans that incorporates biological, psychological, and social interventions. These plans should be developed in collaboration with the patient, their family (where appropriate), and other healthcare professionals, ensuring continuity of care across services. The treatment plan must address both immediate and long-term needs, with an emphasis on recovery, rehabilitation, and relapse prevention.

3.1.4.2.5. Substance use disorders and Behavioural addictions: Psychiatrists are expected

to be adept at managing patients with substance use disorders and behavioural addictions, using a combination of pharmacological (e.g., opioid agonist therapy) and behavioural interventions (e.g., motivational interviewing). They should apply harm reduction principles and work with multidisciplinary teams to ensure holistic care for individuals with co-occurring mental health and substance use disorders.

3.1.4.2.6. Trauma-Informed Care and Power Dynamics: Psychiatrists are expected to provide trauma-informed care, acknowledging the impact of trauma on mental health and recognizing how power imbalances between clinicians and patients may affect treatment dynamics. It is essential for psychiatrists to empower patients through shared decision-making, ensuring that their voices and preferences are integral to the treatment process.

3.1.4.2.7. Multidisciplinary Collaboration and Advocacy: Psychiatrists are expected to work within multidisciplinary teams to provide coordinated care for patients with complex needs. This includes collaborating with psychologists, occupational therapists (OTs), and other professionals. Psychiatrists must also serve as advocates for their patients, addressing systemic barriers to care (e.g., access to services, social inequality) and promoting the patient's overall well-being.

3.1.5. Limitations and Boundaries of Practice

3.1.5.1. Scope of competence: Psychiatrists are expected to only practice within their expertise, referring patients when specialized knowledge or treatment is required.

3.1.5.2. Pharmacological boundaries: Psychiatrists are expected to be responsible for managing psychiatric medications but must collaborate with other medical professionals for non-psychiatric medical conditions.

3.1.6. Professional Development

3.1.6.1. Psychiatrists are expected to engage in continuing professional development (CPD) to maintain licensure and update clinical knowledge and skills.

3.1.6.2. Psychiatrists are expected to participate in reflective practice and supervision to enhance professional competence and address challenges in clinical practice.

3.1.6.3. Psychiatrists are expected to stay current with research, trends, and developments in psychiatry to provide high-quality, evidence-based care.

3.1.7. Advocacy

3.1.7.1. Psychiatrists are expected to advocate for patient rights, ensuring that they are informed about their treatment options and empower patients to make informed choices and take an active role in their treatment plans.

3.1.7.2. Psychiatrists are expected to advocate for patient access to appropriate mental health care and resources, ensuring that patients receive the necessary mental health services, including referrals to specialized care, when needed.

3.1.7.3. Psychiatrists are expected to advocate for integrated service delivery by working collaboratively with other healthcare professionals, including psychologists, nurses, OTs, and speech therapists.

3.1.7.4. Psychiatrists are expected to advocate for mental health awareness and reducing stigma through public education, community outreach, and professional advocacy efforts aimed at dispelling myths about mental illness, promoting understanding, and encouraging early intervention and treatment-seeking behaviour.

3.1.7.5. Psychiatrists are expected to advocate for actions that protect patients from abuse, neglect, exploitation, and violence. This includes advocating for safe living environments and working with relevant authorities and organizations to ensure that patients receive the protection and support they need.

3.1.7.6. Psychiatrists are expected to advocate for legislation and policies that improve access to mental health care and enhance the quality of services provided.

3.1.8. Legal and Ethical Conduct

3.1.8.1. Psychiatrists are expected to understand and strictly comply with DHA regulations, including those related to licensure, scope of practice, and CPD.

3.1.8.2. Psychiatrists are expected to understand local laws governing mental health care in Dubai, including involuntary treatment, patient rights, and protocols for emergency psychiatric interventions. This includes understanding the legal processes involved in

detaining or treating patients without consent in cases where they pose a risk to themselves or others, as well as respecting the legal rights of patients throughout the treatment process.

3.1.8.3. Psychiatrists are expected to know the laws that govern prescribing controlled substances in UAE. This includes understanding federal regulations, like (Ministerial Resolution no. (888) of 2016 concerning the rules of regulations for the prescription and disposal of narcotic, controlled and Semi-controlled drugs, Ministerial Resolution no. (379) of 2019 concerning the unified electronic platform for prescribing and dispensing narcotic, controlled and Semi-controlled drugs, in addition to other related references)

3.1.8.4. Psychiatrists are expected to closely monitor patients taking controlled medications. They are expected to regularly assess how well the treatments are working, check for side effects, and look out for any signs of misuse.

3.1.8.5. Psychiatrists are expected to carefully consider the positive effects of prescribing controlled medications against the risks of addiction, dependence, and withdrawal. Each patient's unique situation is important in this decision-making process.

3.1.8.6. Psychiatrists are expected to reduce the risk of medication misuse. This can involve using monitoring programs and teaching patients how to use their medications responsibly.

3.1.8.7. Psychiatrists are expected to collaborate with other healthcare professionals, such as psychologists, social workers, and nurses, to provide complete care for their patients.

3.1.8.8. Psychiatrists are expected to understand the cultural backgrounds and beliefs of their patients. These factors can influence how patients view medication and mental health treatment.

3.1.8.9. Psychiatrists are expected to find a balance between respecting a patient's right to make their own choices and their responsibility to ensure the patient receives necessary care, especially if the patient is hesitant about treatments.

3.1.8.10. Psychiatrists are expected to adhere to the ethical guidelines set by the DHA and international psychiatric bodies, ensuring that psychiatric care is provided with the highest professional integrity, respect for human dignity, and a commitment to patient welfare.

3.1.8.11. Psychiatrists are expected to adhere to guidelines for Informed Consent, ensuring that informed consent from patients (or their legal guardians) before conducting assessments, initiating treatment, or sharing confidential information. Psychiatrists must make sure that patients understand the risks, benefits, and other options related to their medications. Getting informed consent from patients is a key ethical duty.

3.1.8.12. Psychiatrists are expected to maintain strict confidentiality regarding patient information, as outlined in both local and international ethical guidelines, understanding

the limits of confidentiality and the legal obligations to report in certain cases (e.g., child protection, threats of violence).

3.1.8.13. Psychiatrists are expected to take full responsibility for their clinical actions and decisions, understanding the potential legal and ethical consequences of their work.

3.1.8.14. Psychiatrists are expected to maintain accurate, comprehensive, and confidential patient records, ensuring that documentation meets both legal requirements and ethical standards.

3.1.8.15. Psychiatrists are expected to uphold ethical guidelines, ensuring patient autonomy, informed consent, and confidentiality.

3.1.8.16. Psychiatrists are expected to stay informed about changes to local and international laws, ethical guidelines, and best practices that affect mental health care.

3.1.8.17. Psychiatrists are expected to report any unethical practices and advocate for the highest standards of professional conduct.

3.1.9. Cultural Awareness

Psychiatrists practicing in Dubai are expected to demonstrate cultural competence across all subspecialties, recognizing and respecting the cultural, religious, and socioeconomic factors that influence mental health, treatment, and recovery. This includes utilizing culturally adapted assessment tools and treatment strategies to address the unique needs of diverse populations while actively working to reduce stigma and barriers to care. Psychiatrists must remain particularly

sensitive to how cultural perceptions affect the presentation of mental health symptoms, attitudes toward psychiatric interventions, and treatment adherence. By delivering culturally informed and inclusive care, psychiatrists ensure that individuals from all backgrounds feel understood, respected, and empowered in their mental health journeys

3.2. Addiction Psychiatrist

3.2.1. Definition: Addiction Psychiatry is a specialized field within psychiatry that focuses on the assessment, diagnosis, and treatment of individuals living with substance use disorders and behavioural addictions (such as gambling or gaming). Addiction psychiatrists use their expertise in psychiatric theory and practice to assess, diagnose, and treat individuals with substance use disorders, behavioural health disorders, and co-occurring mental health disorders. Their work involves applying evidence-based interventions to help individuals reduce the harms of their substance use disorders, behavioural addictions, and manage the psychological, medical, and social factors that contribute to these challenges.

3.2.2. Core Competencies

3.2.2.1. Theories: Addiction psychiatrists are expected to possess a robust understanding of the theories and models related to substance use disorders and behavioural health disorders. This includes biological, psychological, and social factors that contribute to these challenges. They are expected to have proficiency in the neurobiological

underpinnings of substance use disorders and behavioural addictions, the biopsychosocial model, and recovery-oriented frameworks. Knowledge of the interplay between substance use disorders and mental health disorders, as well as developmental factors influencing addiction, must inform their treatment planning.

3.2.2.2. Foundational Knowledge: Addiction psychiatrists are expected to have comprehensive knowledge of the effects of various substances, including alcohol, opioids, stimulants, and sedatives, on mental health. They are expected to be well-versed in the diagnostic criteria for substance use disorders as outlined in the DSM-5-TR and ICD-10. In addition, they are expected to have expertise in the identification and management of comorbid psychiatric disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD), which frequently accompany substance use disorders and behavioural addictions.

3.2.3. Clinical Skills

3.2.3.1 Assessment: Addiction psychiatrists are expected to conduct thorough assessments for substance use disorders and related psychiatric disorders/symptoms. They must utilize standardized assessment tools (e.g., DSM-5-TR criteria, Alcohol Use Disorders Identification Test (AUDIT), Addiction Severity Index (ASI)) and clinical interviews to determine the severity of the substance use disorders or behavioural addictions and its impact on the individual's functioning. Comprehensive evaluations must also assess the

patient's readiness for change and identify risk factors and recovery capital.

3.2.3.2 Interventions: Addiction psychiatrists are expected to implement evidence-based treatment modalities, including pharmacotherapy, psychotherapy, neuromodulation interventions, motivational interviewing, and harm reduction strategies. They are expected to develop individualized treatment plans that address the complexities of addiction and promote recovery. This must include medication management to help manage withdrawal symptoms, reduce cravings, and support long-term recovery.

3.2.4. Collaboration with Partners: Addiction psychiatrists are expected to work collaboratively with a multidisciplinary team, including psychologists, primary care providers, and other professionals, to provide comprehensive care. They are expected to engage with families and community resources to ensure support systems are in place, facilitating access to rehabilitation services and ongoing support throughout the recovery process. Additionally, addiction psychiatrists are expected to provide expert consultation to legal systems, schools, higher education organizations and employers regarding substance use disorders and behavioural addictions when necessary.

3.2.5. Ethical and Professional Conduct: Addiction psychiatrists are expected to uphold the highest ethical standards in their practice. This includes ensuring patient confidentiality, obtaining informed consent, and delivering culturally sensitive care. They must navigate complex ethical dilemmas, such as dual relationships and the implications of impaired

decision-making capacity in individuals with severe addiction issues, with professionalism and integrity. They are expected to have the latest updates about national and local laws, such as Federal Law No. (10) of 2023 concerning Mental Health, Federal Law No. (28) of 1981 concerning the detains and treatment of people with a mental disorder, and Federal Law No. (14) of 1995 on the combat of narcotic drugs and psychotropic substances, as well as other regulations and mandates in the field. Addiction psychiatrists must maintain constant communication with local authorities.

3.2.4. Child and Adolescent Psychiatrist

3.2.5. Definition: Child and Adolescent Psychiatry is a specialized field within psychiatry that focuses on the assessment, diagnosis, and treatment of individuals aged 0-18 with mental health disorders. Child and adolescent psychiatrists leverage their expertise in psychiatric theory and practice to address the unique developmental, psychological, and social factors affecting children and adolescents. Their work involves applying evidence-based interventions to help individuals and their families manage and overcome mental health challenges, enhance coping skills, and promote overall well-being.

3.2.6. Core Competencies

3.2.6.1.Theories: Child and adolescent psychiatrists are expected to possess a robust understanding of the theories and models related to child and adolescent mental health, including developmental, behavioural, cognitive, genetic, metabolic, biological and

systemic frameworks. This is expected to include expertise in attachment theory, the biopsychosocial model, and developmental psychopathology, along with a deep understanding of the interplay between mental health, developmental stages, and familial influences.

3.2.6.2. Foundational Knowledge: Child and adolescent psychiatrists are expected to have comprehensive knowledge of a wide range of mental health disorders affecting children and adolescents, including mood disorders, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorders, and conduct disorders. They are expected to be proficient in the diagnostic criteria outlined in the DSM-5-TR and ICD-10, as well as in identifying and managing comorbid conditions such as learning disabilities and trauma-related disorders. Additionally, they are expected to have a thorough understanding of pharmacological and other biological treatments and interventions available for these disorders, including indications, contraindications, and potential side effects of various medications, ensuring safe and effective prescribing practices tailored to the developmental needs of children and adolescents.

3.2.7. Clinical Skills

3.2.7.1. Assessment: Child and adolescent psychiatrists are expected to conduct thorough assessments for mental health disorders in children and adolescents, using standardized

assessment tools (e.g., CBCL, BASC-3) and clinical interviews to evaluate symptoms, functioning, and the impact of mental health disorders on development and family dynamics. Their comprehensive evaluations are expected to include assessments of the child's social environment, family dynamics, and academic performance to inform treatment planning. Furthermore, they are expected to integrate information about the child's response to previous pharmacological or other treatment modalities, including efficacy and tolerability, to guide future medication decisions and optimize therapeutic outcomes.

3.2.7.2. Interventions: Child and adolescent psychiatrists are expected to implement evidence-based treatment modalities, including pharmacotherapy, psychotherapy (such as cognitive-behavioural therapy, play therapy, and family therapy), neuromodulation interventions and psychoeducation. They are expected to carefully evaluate the appropriateness of pharmacotherapy, considering the unique developmental, physiological, and psychological needs of each child or adolescent. Treatment plans must be individualized, taking into account the child's developmental stage, strengths, and challenges, with strategies that promote resilience and emotional regulation. Psychiatrists must monitor treatment efficacy and side effects to ensure optimal therapeutic outcomes.

3.2.8. Collaboration with Partners: Child and adolescent psychiatrists are expected to

collaborate with a multidisciplinary team, including psychologists, educators, and pediatricians, to provide comprehensive care. They are expected to engage with families, schools, and community resources to ensure appropriate support systems are in place, facilitating access to interventions and ongoing support throughout the treatment process. Additionally, they are expected to provide expert consultation to educational systems and child welfare organizations on mental health disorders and their implications.

3.2.9. Ethical and Professional Conduct: Child and adolescent psychiatrists are expected to uphold the highest ethical standards in their practice, ensuring patient confidentiality, obtaining informed consent, and delivering culturally sensitive care. They are expected to navigate complex ethical dilemmas, such as issues of consent and parental involvement in treatment decisions, while consistently advocating for the best interests of the child or adolescent.

3.3. Clinical Neurophysiology Psychiatrist

3.3.1. Definition: Clinical Neurophysiology psychiatry is a specialized field that combines principles from both neurology and psychiatry to assess, diagnose, and treat patients with brain dysfunction and associated neurobehavioural, neurocognitive and neuropsychiatric conditions. Clinical Neurophysiology psychiatrists utilize their expertise to evaluate cognitive, emotional, and behavioural aspects of neurological and psychiatric disorders. They are equipped to implement evidence-based interventions aimed at managing these

complex conditions, enhancing patient well-being, and facilitating their overall recovery.

3.3.2. Core Competencies

3.3.2.1.Theories: Clinical Neurophysiology psychiatrists are expected to possess a thorough understanding of relevant theories and models in neuropsychiatry and behavioural neurology. This is expected to include expertise in neuroanatomy, neurochemistry, and the biopsychosocial model, with a clear appreciation for the interaction between neurological and psychiatric disorders.

3.3.2.2.Foundational Knowledge: Clinical Neurophysiology psychiatrists are expected to have comprehensive knowledge of various neuropsychiatric disorders, including traumatic brain injury, dementia, epilepsy, multiple sclerosis, stroke, mood disorders with neurological correlates, and neurodevelopmental disorders such as autism and ADHD. They are expected to be proficient in the diagnostic criteria from the DSM-5-TR and ICD-10, as well as in identifying and managing comorbid neurological conditions. Additionally, they are expected to have a solid understanding of neuropsychopharmacology, and biological interventions including neuromodulation as well as indications, contraindications, and potential side effects of medications, to ensure safe prescribing practices tailored to the neurological context.

3.3.3. Clinical Skills

3.3.3.1.Assessment: Clinical Neurophysiology psychiatrists are expected to be skilled in conducting comprehensive assessments of neurobehavioural and neuropsychiatric conditions such as traumatic brain injury, Alzheimer’s disease, schizophrenia, mood disorder, autism spectrum disorders and ADHD. They are expected to utilize neurological examinations, standardized assessment tools, and clinical interviews to evaluate symptoms and their impact on cognitive, emotional, and functional capacities. Their evaluations are expected to take into account the patient’s medical history, social environment, and familial dynamics to inform accurate diagnosis and effective treatment planning. Additionally, they are expected to assess the patient’s response to previous medication regimens and other treatment modalities, ensuring that prescribed treatments are appropriate and effective while monitoring for potential side effects and interactions with other medications or treatment modalities.

3.3.3.2.Interventions: Clinical Neurophysiology psychiatrists are expected to implement evidence-based treatment approaches, including pharmacotherapy, CBT, neuromodulation interventions and neurorehabilitation strategies. They are expected to carefully evaluate the appropriateness of treatment modalities, considering the unique neurological and psychiatric needs of each patient. Treatment plans must be individualized, focusing on enhancing cognitive functioning, emotional regulation, and overall quality of life while monitoring for treatment efficacy and side effects. Clinical

Neurophysiology psychiatrists are expected to make informed decisions regarding pharmacological interventions and other treatment modalities, ensuring that medications are tailored to address both neuropsychiatric symptoms and any comorbid conditions, while continuously assessing the patient's response to optimize therapeutic outcomes.

3.3.4. Collaboration with Partners: Clinical Neurophysiology psychiatrists are expected to work collaboratively within multidisciplinary teams, including neurologists, psychologists, and rehabilitation specialists, to provide comprehensive care. They are expected to engage with families, educational institutions, and community resources to ensure that appropriate support systems are established, facilitating access to interventions and ongoing care throughout the treatment process.

3.3.5. Ethical and Professional Conduct: Clinical Neurophysiology psychiatrists are expected to uphold the highest ethical standards in their practice, ensuring patient confidentiality, informed consent, and culturally sensitive care. They are expected to navigate complex ethical dilemmas, such as decision-making capacity and the involvement of family members in treatment discussions, while advocating for the best interests of the patient. Additionally, they are expected to consider the impact of neurological impairments on a patient's autonomy and capacity for informed consent, ensuring that treatment decisions are made collaboratively and respect the unique challenges presented by neuropsychiatric

conditions.

3.4. Consultation and Liaison Psychiatrist

3.4.1. Definition: Consultation and Liaison Psychiatry, also known as Psychosomatic Medicine, is a specialized field within psychiatry focused on the interface between general medicine and psychiatry. Consultation and Liaison Psychiatrists work within general medical settings, such as hospitals and outpatient clinics, providing psychiatric assessment, diagnosis, and management for patients with co-occurring medical and psychiatric conditions. They are skilled in addressing the psychiatric aspects of physical illnesses and collaborate with other medical professionals to ensure holistic care, integrating mental health interventions into the broader medical treatment plan.

3.4.2. Core Competencies

3.4.2.1.Theories: Consultation and Liaison Psychiatrists are expected to possess a strong understanding of the interaction between physical health and psychiatric conditions. They are expected to be knowledgeable in psychosomatic medicine and the biopsychosocial model, and understand how medical conditions like cancer, cardiovascular disease, and chronic pain impact mental health. Familiarity with stress response theories and their role in medical and psychiatric co-morbidities must also be part of their expertise.

3.4.2.2.Foundational Knowledge: Consultation and Liaison Psychiatrists are expected to have

comprehensive knowledge of a wide range of psychiatric conditions that occur in medical settings, such as depression, anxiety, delirium, and substance use disorders, particularly in the context of chronic illnesses, cancer, heart disease, and post-surgical recovery. They are expected to be proficient in DSM-5 and ICD-10 diagnostic criteria and skilled in identifying psychiatric symptoms secondary to medical conditions like endocrine disorders, neurological illnesses, or medication side effects. Additionally, they are expected to be familiar with biological interventions including psychopharmacology, understanding the interactions between psychiatric medications and medical treatments, including potential contraindications and side effects. Their foundational knowledge is expected to also include legal aspects, such as involuntary commitment, end-of-life care, guardianship, and workplace laws, to navigate ethical and legal complexities in medical settings.

3.4.3. Clinical Skills

3.4.3.1. Assessment: Consultation and Liaison Psychiatrists are expected to be skilled in conducting psychiatric assessments within a medical context. They are expected to utilize standardized psychiatric evaluation tools, medical records, and clinical interviews to assess the mental health impact of physical illness. Their evaluations are expected to incorporate the patient's medical history, treatment regimen, and family dynamics to formulate a comprehensive diagnosis and management plan. They must consider the

impact of medications used in medical treatments and how these interact with psychiatric symptoms, adjusting pharmacotherapy as necessary.

3.4.3.2. Interventions: Consultation and Liaison Psychiatrists are expected to implement evidence-based treatments, such as pharmacotherapy, cognitive-behavioural therapy (CBT), and psychoeducation, tailored for a medical setting. They are expected to develop individualized treatment plans that account for the patient's physical health, medical treatments, and psychiatric needs, ensuring the interventions promote both mental and physical well-being. They are expected to also monitor for potential interactions between psychiatric and medical treatments, adjusting medication plans to ensure optimal patient outcomes. The focus is expected to be on managing symptoms, improving emotional well-being, and enhancing the patient's overall quality of life.

3.4.4. Collaboration with Partners: Consultation and Liaison Psychiatrists are expected to work collaboratively with a multidisciplinary team, including internists, surgeons, nurses, and other healthcare professionals, to ensure that both the psychiatric and medical needs of patients are met. They are expected to regularly consult with medical teams to provide expert guidance on the psychiatric management of patients in medical settings. Additionally, they are expected to engage with families and support networks to ensure patients have the necessary resources for mental health support during their medical

treatment.

3.4.5. Ethical and Professional Conduct: Consultation and Liaison Psychiatrists are expected to uphold the highest ethical standards, ensuring patient confidentiality, informed consent, and respect for patient autonomy. They are expected to be adept at navigating ethical dilemmas, such as decision-making capacity, end-of-life care, and the role of psychiatric intervention in medically complex cases. They are expected to balance the involvement of family members in care decisions while advocating for the patient's mental and physical health needs.

3.5. Forensic Psychiatrist

3.5.1. Definition: Forensic psychiatry is a subspecialty of psychiatry that merges psychiatric expertise with the legal system, addressing mental health disorders that arise within criminal and civil legal contexts. Forensic psychiatrists provide assessments and treatment for individuals involved in legal matters, including offenders, victims, and those in civil disputes. Their work often informs legal decisions concerning criminal responsibility, fitness to stand trial, risk of reoffending, and involuntary treatment. Forensic psychiatrists are also involved in the psychiatric care of individuals in secure facilities, such as prisons and forensic hospitals, offering expert testimony and contributing to legal decision-making.

3.5.2. Core Competencies

3.5.2.1. Theories: Forensic Psychiatrists are expected to possess an advanced understanding of

psychiatric and criminological theories as they relate to behaviour and mental illness in legal contexts. This includes expertise in how psychiatric disorders, such as psychosis, mood disorders, and personality disorders, affect criminal responsibility and behaviour. They are expected to also understand the relationship between psychiatric conditions, violence, and recidivism. Familiarity with theories addressing competency, criminal intent (*mens rea*), and the impact of substance use on behaviour in forensic settings is critical.

3.5.2.2. Foundational Knowledge: Forensic Psychiatrists are expected to have a comprehensive understanding of the legal and judicial systems, including criminal, civil, and mental health law. They are expected to be knowledgeable about laws governing criminal responsibility, involuntary hospitalization, and the capacity to consent to treatment. Additionally, they must be familiar with ethical and legal guidelines that regulate psychiatric practice in legal contexts. Their knowledge is expected to include understanding the mental health needs of individuals in the criminal justice system, including incarcerated populations, and the interplay between psychiatric treatment and legal decision-making.

3.5.3. Clinical Skills

3.5.3.1. Assessment: Forensic Psychiatrists are expected to be highly skilled in conducting psychiatric assessments that address legal questions, such as fitness to stand trial,

criminal responsibility, risk of violence, and competency in civil matters (e.g., guardianship, capacity to consent). They are expected to use validated assessment tools and techniques to gather reliable data, ensuring that their assessments are comprehensive and legally defensible. Forensic Psychiatrists also are expected to be adept at detecting malingering and other attempts to manipulate assessments within legal contexts.

3.5.3.2. Interventions: Forensic Psychiatrists are expected to develop and implement psychiatric treatment plans for individuals involved in legal proceedings, including offenders, victims, and others affected by legal issues. They are expected to tailor interventions to address mental health conditions that may influence behaviour, such as psychosis or personality disorders, and provide treatment aimed at reducing the risk of reoffending. In correctional or forensic hospital settings, they are expected to manage psychiatric care for individuals under legal supervision, ensuring appropriate rehabilitation and reintegration plans. Forensic Psychiatrists are also expected to support the development of diversion programs and alternative dispute resolution strategies when mental health disorders are involved.

3.5.4. Collaboration with Partners: Forensic Psychiatrists are expected to work collaboratively with legal professionals, law enforcement, social services, and other mental health providers. They are expected to provide expert psychiatric opinions in court, communicate

psychiatric findings clearly and impartially, and consult with legal teams to assist in case resolution. Additionally, they are expected to collaborate with multidisciplinary teams in correctional and forensic settings, including psychologists, and medical staff, to ensure coordinated care for forensic patients. Their ability to present psychiatric evidence effectively, both orally and in writing, to judges, lawyers, and other legal stakeholders is essential for influencing legal outcomes.

3.5.5. Ethical and Professional Conduct: Forensic Psychiatrists are expected to adhere to the highest ethical standards, balancing their dual roles as healthcare providers and legal experts. They are expected to maintain impartiality in assessments and testimony, ensuring that their work remains objective and unbiased. Forensic Psychiatrists are expected to uphold patient confidentiality while also meeting legal obligations, such as mandatory reporting of risks. They are expected to navigate potential conflicts between legal duties and ethical psychiatric practice, ensuring that patient rights and dignity are preserved, while fulfilling their legal responsibilities.

3.6. Geriatric Psychiatrists

3.6.1. Definition: Geriatric Psychiatry is a subspecialty of psychiatry focused on the mental health care of older adults, particularly those dealing with complex psychiatric disorders in the context of aging. Geriatric psychiatrists specialize in the diagnosis, treatment, and management of psychiatric conditions that often co-occur with medical, neurological, and

cognitive disorders in elderly populations. This includes the assessment and treatment of conditions such as dementia, depression, anxiety, and psychosis, as well as the management of behavioural and psychological symptoms associated with neurocognitive disorders.

3.6.2. Core Competencies

3.6.2.1.Theories: Geriatric Psychiatrists are expected to have a deep understanding of theoretical frameworks that guide their practice, including the biopsychosocial model, which considers biological, psychological, and social factors in assessing and treating older adults. They are expected to be knowledgeable about aging theories, which provide insights into normal and abnormal changes in psychological, cognitive, and functional capacities that occur with aging. Expertise in neurocognitive disorders, including the etiology and treatment of conditions like Alzheimer’s disease, vascular dementia, and other forms of dementia, is essential. Geriatric Psychiatrists are expected to also be well-versed in psychosocial theories of aging, which examine how social roles and life changes affect mental health in older adults.

3.6.2.2.Foundational Knowledge: Geriatric Psychiatrists are expected to possess comprehensive knowledge of mental health disorders commonly seen in older adults, including depression, anxiety, bipolar disorder, schizophrenia, sleep disorders, and substance use disorders. They are expected to also have expertise in diagnosing and managing neurocognitive disorders, delirium, and conditions like Parkinson’s disease and

stroke, which can impact mental health. Their understanding of pharmacology is critical, as older adults experience unique changes in pharmacokinetics and pharmacodynamics, making medication management more complex. In addition, Geriatric Psychiatrists are expected to be familiar with the principles of capacity and consent, as they often assess decision-making abilities in older adults regarding healthcare, finances, and personal matters.

3.6.3. Clinical Skills

3.6.3.1. Assessment: Geriatric Psychiatrists are expected to be skilled in conducting comprehensive, multidimensional assessments that address psychiatric, cognitive, medical, functional, and social factors in older adults. They are expected to use structured cognitive assessments and neuropsychological evaluations to diagnose cognitive impairments and dementia. Additionally, they are expected to conduct risk assessments to identify safety concerns, such as suicide, self-neglect, and falls. Geriatric Psychiatrists are responsible for assessing decision-making capacity in older adults, often in complex situations related to consent for medical treatments, financial management, and personal care.

3.6.3.2. Interventions: Geriatric psychiatrists are expected to implement evidence-based treatments, including pharmacotherapy, psychotherapy (such as cognitive-behavioural therapy, supportive counseling, and family therapy), and neurostimulation techniques

when appropriate, all tailored to the unique needs of older adults. Treatment plans are expected to be individualized, considering the patient's age-related changes in cognitive function, physical health, and psychosocial factors. Pharmacotherapy must be carefully chosen, taking into account age-related alterations in metabolism, potential drug interactions, and the increased sensitivity to medications in older populations. Psychotherapies should be adapted to accommodate cognitive impairments or sensory changes, with an emphasis on enhancing emotional regulation, coping strategies, and quality of life. Geriatric psychiatrists must also manage behavioural and psychological symptoms of neurocognitive disorders, providing interventions that address both the patient's mental health and the broader context of aging.

3.6.3.3. Collaboration with Partners: Geriatric Psychiatrists are expected to provide a range of interventions and work closely with other professionals to ensure holistic care. Psychopharmacological treatment is central to their role, with a focus on minimizing adverse effects due to age-related changes. They also are expected to utilize psychotherapeutic approaches, such as CBT and supportive counseling, tailored to older adults. In some cases, neurostimulation techniques like ECT may be employed. Geriatric Psychiatrists also are expected to engage in palliative care and end-of-life planning, ensuring patients and families receive appropriate support during these critical stages. Collaboration with multidisciplinary teams, including geriatricians, nurses, and

rehabilitation therapists, is essential for providing comprehensive care. This teamwork is expected to extend to community resources and long-term care facilities to support older adults across various care settings.

3.6.4. Ethical and Professional Conduct: Geriatric Psychiatrists are expected to uphold the highest standards of ethical and professional conduct, with a focus on respecting patient autonomy, particularly when assessing decision-making capacity and consent. They are expected to navigate confidentiality concerns carefully, especially regarding sensitive issues like elder abuse or cognitive decline. Geriatric Psychiatrists are expected to play a critical role in identifying and reporting elder abuse and neglect, advocating for vulnerable older adults. Ethical considerations surrounding end-of-life care, including palliative treatments, must be navigated in accordance with local laws and patient preferences.

3.7. Medical Psychotherapy

3.7.1. Definition: Psychotherapy is a subspecialty of psychiatry that emphasizes the integration of psychiatric, medical, and psychological understandings of patients presenting to mental health services. This field is deeply committed to a person-centered, holistic approach, addressing the biological, psychological, and social aspects of mental health. Specialists in Medical Psychotherapy are tasked with providing evidence-based psychotherapeutic interventions for complex and severe mental disorders, including personality disorders, trauma-related issues, and psychosomatic conditions.

3.7.2. Core Competencies

3.7.2.1.Theories: Medical Psychotherapy are expected to be grounded in diverse theoretical frameworks, including psychodynamic theory, which focuses on unconscious processes and their effects on behaviour, and CBT, which examines the interaction between thoughts, emotions, and behaviours. Humanistic approaches emphasize personal growth and the therapeutic relationship, while systems theory considers individuals within the broader context of their relationships and environment. There are recent developed theories such as Mindfulness-Based Interventions that incorporate mindfulness practices to help individuals become more aware of their thoughts and feelings without judgment, promoting mental well-being and or Positive Psychology that focuses on enhancing well-being and promoting positive mental health, rather than just treating mental illness. Trauma-informed care is also vital, recognizing the lasting effects of trauma on mental health and ensuring that treatment is adapted to accommodate these impacts.

3.7.2.2.Foundational Knowledge: Medical Psychotherapy Psychiatrists are expected to have a deep understanding of psychiatric disorders, including classification, etiology, and clinical features. They are expected to be proficient in various psychotherapeutic techniques and evidence-based interventions, such as individual and group therapies. A foundational knowledge of developmental psychology is critical, as adverse childhood

experiences and developmental factors often shape mental health. Practitioners are expected to adopt a biopsychosocial model, emphasizing the interconnectedness of biological, psychological, and social factors in mental health.

3.7.3. Clinical Skills

3.7.3.1. Assessment: Medical Psychotherapy Psychiatrists are expected to perform comprehensive clinical interviews to gather detailed patient histories, including psychological, medical, and social aspects. Psychometric testing is often used to assess psychological functioning and personality traits, and risk assessments are conducted to evaluate the potential for self-harm, harm to others, or deterioration in the patient's condition. A collaborative assessment approach is encouraged, involving patients in the process to enhance engagement and commitment to treatment planning.

3.7.3.2. Intervention: Medical Psychotherapy interventions are expected to include a range of evidence-based psychotherapies, such as psychodynamic therapy, CBT, and interpersonal therapy. Psychoeducation is a vital component, ensuring that patients and their families understand mental health conditions and treatment options. Crisis intervention strategies are essential for managing acute emotional distress, alongside the creation of long-term, individualized treatment plans. Medical Psychotherapy Psychiatrists are expected to also be equipped to prescribe and manage psychotropic medications as part of a holistic treatment plan that integrates pharmacological and

psychotherapeutic approaches.

3.7.4. Collaboration with Partners: Collaboration is central to Medical Psychotherapy practice.

Psychiatrists are expected to work with multidisciplinary teams, including psychologists, OTs, and other medical professionals, to provide comprehensive care. Engaging community resources is essential for ensuring patients receive necessary support and referrals. Medical Psychotherapy specialists are expected to also play a crucial role in the training and supervision of trainees and colleagues, promoting continuous learning and improvement in psychotherapeutic practices.

3.7.5. Ethical and Professional Conduct: Ethical and professional conduct in Medical

Psychotherapy Psychiatry is expected to adhere to strict principles of confidentiality and privacy, with patient information handled with integrity. Practitioners are expected to obtain informed consent, ensuring that patients are fully aware of their treatment options and actively involved in decision-making. Cultural competence is crucial, requiring practitioners to be sensitive to and respectful of diverse cultural backgrounds and values in their clinical work.

3.8. Psychiatry of Learning Disability

3.8.1. Definition: Psychiatry of Learning Disability is a specialized subspecialty focused on the assessment, diagnosis, treatment, and support of individuals with intellectual disabilities and or learning disorders, also referred to as People of Determination in the DHA context.

This field addresses the complex and interrelated needs of individuals who have significant limitations in intellectual functioning and adaptive behaviours, including everyday social and practical skills. Learning Disability Psychiatrists work with patients who often present with comorbid conditions such as autism spectrum disorder, epilepsy, and mental health disorders including anxiety, and depression. The goal of the specialty is to enhance quality of life through tailored interventions that consider the biological, psychological, and social needs of these individuals. Psychiatrists in this subspecialty are equipped to provide holistic care, including psychopharmacological treatments, psychotherapeutic interventions, and collaboration with multidisciplinary teams to address the specific challenges faced by individuals with intellectual disabilities. Their work spans across different settings, from inpatient care to community services, ensuring that care is continuous and well-coordinated.

3.8.2. Core Competencies

3.8.2.1. Theories: Psychiatry of Learning Disability draws from multiple theoretical frameworks.

Developmental theories help psychiatrists understand growth patterns and developmental stages in individuals with intellectual disabilities. Behavioural theories provide strategies for managing challenging behaviours, while CBT can be adapted for patients with mild to moderate intellectual disabilities. Trauma-informed care principles are essential due to the high prevalence of trauma and abuse in this population.

Additionally, attachment theory and systemic family therapy are important for working with families, ensuring that the support provided encompasses both the individual and their social environment.

3.8.2.2. Foundational Knowledge: Learning Disability Psychiatrists are expected to possess a comprehensive understanding of the etiology, genetic, classification, and neurodevelopmental aspects of intellectual disabilities. They should be skilled at recognizing associated mental health conditions and physical comorbidities, such as sensory impairments, epilepsy, and sleep disorders. They are expected to be proficient in biological interventions such as psychopharmacology and neuromodulation are essential for managing challenging behaviours, mood disorders, and anxiety, with special attention to medication side effects and monitoring. The psychiatrist is expected to adopt a biopsychosocial model of care, addressing the interaction between biological, environmental, and psychological factors.

3.8.3. Clinical Skills

3.8.3.1. Assessment: Learning Disability Psychiatrists conduct comprehensive assessments, including cognitive, developmental, and psychiatric evaluations. They utilize standardized tools to assess intellectual functioning, adaptive behaviours, and co-occurring neurodevelopmental, genetic, metabolic or mental health disorders. Detailed interviews with patients, caregivers, and family members are necessary for gathering a

comprehensive history. Social determinants, such as access to education, housing, and community resources, must also be considered. Risk assessments are crucial in identifying potential self-harm or exploitation risks, given the vulnerability of this population.

3.8.3.2. Intervention: Interventions in Psychiatry of Learning Disability are personalized and holistic. Evidence-based treatments include modified CBT, behavioural interventions, and psychoeducation for patients and families. Pharmacological and neuromodulation intervention management is tailored to address challenging behaviours and psychiatric symptoms, with care taken in managing comorbid physical conditions like epilepsy. Crisis intervention strategies may be needed in more severe cases to ensure patient safety. Long-term care is a focus, with ongoing monitoring and adjustments to interventions to meet evolving needs.

3.8.4. Collaboration with Partners: Collaboration is at the heart of Psychiatry of Learning Disability. Psychiatrists work alongside clinical psychologists, speech and language therapists, OTs, special educators, and community support workers to deliver comprehensive care. Close collaboration with family members and caregivers is essential for providing psychoeducation and training. In the UAE, where "People of Determination" are benefit from a comprehensive inclusive program at the school level, psychiatrists should have clear understanding and collaboration with these programs at the school and KHDA

(Knowledge and Human Development Authority). Psychiatrists also advocate for patients' access to appropriate housing, educational opportunities, and community resources, ensuring that medical and social support needs are met.

3.8.5. Ethical and Professional Conduct: Learning Disability Psychiatrists are expected to follow ethical standards, respecting patient autonomy, consent, and confidentiality while addressing the specific vulnerabilities of this population. Informed consent may be challenging, requiring careful assessment of the patient's capacity and involving family or legal guardians when necessary. Caution in prescribing medications is essential, especially in minimizing the use of restraint and managing polypharmacy. Ethical dilemmas often arise when balancing patient autonomy with safety, and psychiatrists must make carefully considered decisions in the patient's best interest.

3.9. Rehabilitation Psychiatry

3.9.1. Definition: Rehabilitation Psychiatry is a specialized subspecialty focused on the long-term care and recovery of individuals with severe and enduring mental health conditions. These conditions often include serious mental illnesses (SMI) such as schizophrenia, bipolar disorder, and other psychotic disorders, as well as complex cases where mental illness is accompanied by chronic disability. Rehabilitation Psychiatry emphasizes the restoration of patients' functionality and well-being through a combination of medical, psychological, and social interventions, enabling individuals to regain their independence and quality of life.

The specialty addresses the complex interplay of mental health, physical health, social factors, and cognitive functioning in patients who have been significantly impacted by psychiatric disorders. Rehabilitation Psychiatrists work across various settings, including inpatient units, community mental health teams, and supported housing services. Their role extends beyond symptom management, focusing on social inclusion, skill development, and improving patients' ability to live as independently as possible.

3.9.2. Core Competencies

3.9.2.1.Theories: Rehabilitation Psychiatry is rooted in various theoretical frameworks that guide patient care. The biopsychosocial model is central, emphasizing the interplay between biological, psychological, and social factors in the recovery process. The Recovery Model plays a key role in encouraging individuals to live meaningful lives and focusing on building resilience, despite their mental illness. Psychotherapeutic approaches such as CBT, motivational interviewing, and ACT help patients manage symptoms, develop coping strategies, and achieve personal goals. Addressing and reducing the stigma associated with mental illness is crucial. Rehabilitation Psychiatry also incorporates principles from community psychology and social inclusion, promoting the reintegration of patients into their communities.

3.9.2.2.Foundational Knowledge: Rehabilitation Psychiatrists are expected to deeply understand the long-term trajectory and prognosis of severe mental illnesses. This

includes expertise in biological treatments including psychopharmacology, specifically in the management of antipsychotics, mood stabilizers, and other medications used for chronic psychiatric conditions. Psychiatrists are expected to also be adept at addressing the side effects of long-term medication use, such as metabolic syndrome and tardive dyskinesia. Awareness of the social determinants of health—including housing, employment, and education—is crucial for supporting patients’ recovery. Teaching individuals’ skills to manage their mental health conditions, including medication management, coping strategies, and relapse prevention. Additionally, knowledge of legal and ethical frameworks surrounding psychiatric disability, including mental health laws, guardianship, and supported decision-making, is essential.

3.9.3. Clinical Skills

3.9.3.1. Assessment: Rehabilitation Psychiatrists are expected to evaluate psychiatric symptoms, functional capacity, social environment, cognitive abilities, and physical health. This includes assessing the patient’s capacity for daily living activities, social skills, and vocational potential. Standardized tools are often used to measure symptom severity, functional outcomes, and quality of life. Risk assessments are also vital, particularly for managing the risk of relapse, self-harm, or harm to others. Rehabilitation Psychiatrists focus on long-term goals, helping patients move towards greater autonomy and integration into the community.

3.9.3.2. Intervention: Interventions in Rehabilitation Psychiatry are personalized and multidisciplinary. Medication management is central, but equal importance is placed on psychosocial interventions, such as psychoeducation, CBT, social skills training, and vocational rehabilitation. Therapeutic communities, day programs, and supported employment initiatives are essential to the recovery process. Connecting patients with peer support groups, where they can share experiences and receive encouragement from others with similar challenges. Holistic Approaches are important such as incorporating mindfulness, relaxation techniques, and stress management strategies to support overall well-being. Psychiatrists collaborate with OTs, and case managers to help patients rebuild their social networks, develop skills, and achieve independence. Crisis intervention and relapse prevention strategies are regularly reviewed and adjusted to meet the evolving needs of the patient over time.

3.9.4. Collaboration with Partners: Rehabilitation Psychiatrists are expected to work closely with psychologists, OTs, vocational specialists, and primary care providers to deliver holistic care. Additionally, partnerships with housing services, legal representatives, and family members are crucial to ensuring that patients receive the necessary support throughout their recovery journey. Regular communication and shared decision-making among team members are vital in creating comprehensive, sustainable care plans. Psychiatrists also work with community mental health teams and support services to ensure seamless

transitions from inpatient care to independent living.

3.9.5. Ethical and Professional Conduct: Rehabilitation Psychiatrists are expected to navigate complex ethical issues, particularly around balancing patient autonomy with protection in cases of chronic disability. They are expected to manage decisions related to capacity, informed consent, and the use of restrictive practices such as involuntary treatment or community treatment orders. Ethical considerations also encompass long-term psychotropic medication use, including the risks of dependency and over-reliance on pharmaceuticals. Confidentiality and respect for the patient's rights are paramount. They are expected to involve patients and their families in treatment decisions, ensuring care is patient-centered and aligned with individual preferences. Acting as advocates for patients, especially those who may be vulnerable or unable to advocate for themselves is another aspect of care psychiatrists should provide.

3.10. Sleep Medicine Psychiatry

3.10.1. Definition: Sleep Medicine Psychiatry is a subspecialty that focuses on the evaluation, diagnosis, and management of psychiatric conditions associated with sleep disorders. It recognizes the bidirectional relationship between sleep disturbances and mental health, as conditions like insomnia, sleep apnea, parasomnias, and circadian rhythm disorders are often linked to psychiatric issues such as depression, anxiety, bipolar disorder, and schizophrenia. Sleep Medicine Psychiatrists combine sleep science with psychiatric

expertise to improve both mental well-being and overall quality of life, addressing how sleep disorders can contribute to or exacerbate psychiatric symptoms.

3.10.2. Core Competencies

3.10.2.1. Theories: Sleep Medicine Psychiatry is grounded in multiple theoretical models that explain the complex relationship between sleep and mental health. The biopsychosocial model is foundational, emphasizing how biological, psychological, and social factors influence sleep disorders. Circadian rhythm theory helps psychiatrists understand disruptions in the body's natural sleep-wake cycle, which can be influenced by psychiatric conditions. Cognitive-behavioural theories inform non-pharmacological interventions like Cognitive Behavioural Therapy for Insomnia (CBT-I), which focuses on changing negative sleep-related thoughts and behaviours. The two-process model of sleep regulation—involving homeostatic sleep drive and circadian rhythms—provides insight into how psychiatric conditions disturb sleep patterns. Additionally, trauma-informed care and stress models are applied to address sleep disturbances related to PTSD.

3.10.2.2. Foundational Knowledge: Sleep Medicine Psychiatrists must have a deep understanding of sleep neurobiology, including the stages of sleep (REM and non-REM) and their impact on brain function. They should be familiar with common sleep disorders, such as insomnia, sleep apnea, restless legs syndrome, narcolepsy, and circadian rhythm

disorders. Expertise in managing the effects of psychiatric medications—such as antipsychotics, antidepressants, and anxiolytics—on sleep architecture is also crucial. Knowledge of sleep hygiene principles and how mental health conditions influence sleep behaviours is essential for developing effective treatment plans. Additionally, they should be proficient in interpreting polysomnography and other diagnostic tools, while recognizing the comorbidity of chronic insomnia with anxiety and mood disorders, particularly depression.

3.10.3. Clinical Skills

3.10.3.1. Assessment: Sleep Medicine Psychiatrists are expected to conduct detailed evaluations of the patient's sleep history, daily routines, psychiatric symptoms, and medical history. They use various assessment tools, such as sleep diaries, the Epworth Sleepiness Scale, the Pittsburgh Sleep Quality Index (PSQI), and polysomnography, to assess sleep patterns and identify specific disorders. They are also expected to assess comorbid psychiatric conditions like depression and anxiety, which frequently exacerbate sleep disorders. Risk assessments are crucial in cases of sleep deprivation, where patients may be at higher risk for accidents, self-harm, or suicidal ideation.

3.10.3.2. Intervention: Sleep Medicine Psychiatrists are expected to involve both psychopharmacological treatments and behavioural therapies. Medications such as sedative-hypnotics, antidepressants, or melatonin agonists are prescribed to regulate

sleep in conjunction with managing underlying psychiatric conditions. Non-pharmacological treatments, particularly CBT-I (the gold standard for treating chronic insomnia), are critical. Sleep hygiene education, which includes lifestyle modifications like limiting caffeine, maintaining regular sleep schedules, and optimizing the sleep environment, is fundamental to treatment. For patients with sleep apnea, collaboration with sleep specialists to manage continuous positive airway pressure (CPAP) therapy is necessary. Patients with parasomnia may benefit from stimulus control therapy and other behavioural interventions.

3.10.4. Collaboration with Partners: Sleep psychiatrists are expected to collaborate with neurologists, pulmonologists, sleep specialists, respiratory therapists, and psychologists to provide comprehensive treatment. For patients with conditions like obstructive sleep apnea, working with pulmonologists and sleep medicine physicians is essential for managing CPAP therapy. Sleep psychiatrists are also to partner with behavioural sleep medicine therapists to deliver interventions like CBT-I. Regular communication and coordinated care are key to addressing both psychiatric and sleep-related health needs.

3.10.5. Ethical and Professional Conduct: Sleep Medicine Psychiatrists are expected to manage ethical challenges, particularly concerning the long-term use of sedative medications and managing risks of dependence, tolerance, and withdrawal. They are expected to balance the need for sleep restoration with the risk of medication overuse which requires careful

consideration. They are expected to obtain informed consent when prescribing sedative-hypnotic drugs, and patients must be fully informed about the risks and benefits of long-term medication use. Sleep psychiatrists are also expected to navigate ethical concerns around patient autonomy, particularly when sleep disorders severely impair functioning, making adherence to treatment crucial for safety and well-being.

3.11. Pain Medicine Psychiatry

3.11.1. Definition: Pain Medicine Psychiatry is a specialized subspecialty of psychiatry focused on the psychiatric and psychological aspects of chronic pain and its management. It integrates both medical and psychological approaches to address the complex relationship between chronic pain and mental health. Psychiatrists in this field provide diagnostic assessments and therapeutic interventions for patients suffering from chronic pain conditions, such as fibromyalgia, neuropathic pain, and somatoform pain disorders. Pain Medicine Psychiatrists play a crucial role in the holistic management of patients, particularly when chronic pain is compounded by psychological disorders, including depression, anxiety, and substance use. The discipline draws on knowledge from psychiatry, pain management, and psychology to improve the quality of life for patients and enhance their emotional and physical well-being.

3.11.2. Core Competencies

3.11.2.1. Theories: Pain Medicine Psychiatry draws on multiple theoretical frameworks, including the biopsychosocial model, which emphasizes the interaction of biological,

psychological, and social factors in chronic pain. CBT is fundamental, targeting maladaptive thought patterns related to pain. Psychodynamic principles are also applied to explore how past experiences, and unconscious conflicts contribute to the perception of pain. ACT and mindfulness-based approaches are commonly used to help patients develop coping strategies and enhance pain tolerance.

3.11.2.2. Foundational Knowledge: Pain Medicine Psychiatrists are expected to possess a comprehensive understanding of pain physiology, neurobiology, and the psychological dimensions of pain. This includes an in-depth knowledge of different pain syndromes, the pathophysiology of chronic pain, and the impact of chronic pain on mental health. They are expected to also be proficient in the biological interventions such as psychopharmacology of pain management, including the use of antidepressants, anxiolytics, anticonvulsants, and opioids. An essential part of their expertise includes understanding how psychiatric conditions like depression, anxiety, and PTSD interact with chronic pain, requiring a holistic treatment approach.

3.11.3. Clinical Skills

3.11.3.1. Assessment: Pain Medicine Psychiatrists are expected to conduct thorough assessments that integrate both mental health and physical pain evaluations. Detailed patient histories, including medical, psychiatric, and pain-related information, form the basis of this assessment. Psychosocial evaluations help to understand the broader

impact of pain on patients' lives. Standardized pain assessment tools and psychometric evaluations are used to measure psychological functioning, pain intensity, and coping mechanisms. Risk assessments for suicide, self-harm, and potential medication misuse are crucial, especially given the common comorbidity of mood and substance use disorders in chronic pain patients.

3.11.3.2. Intervention: Pain Medicine Psychiatrists are expected to involve a multidisciplinary approach, combining psychotherapy with pharmacological treatments. Evidence-based therapies like CBT, acceptance and commitment therapy (ACT), and mindfulness-based stress reduction (MBSR) are applied to alter patients' perceptions of pain and improve coping strategies. Psychoeducation is crucial, empowering patients to understand the chronic pain cycle and the psychological tools available to manage it. Pain Medicine Psychiatrists are expected to prescribe and manage medications, including analgesics, antidepressants, anticonvulsants, and opioids when appropriate. The treatment plan is tailored to each patient, aiming to reduce reliance on medication by integrating psychological interventions and lifestyle adjustments.

3.11.4. Collaboration with Partners: Pain Medicine Psychiatrists are expected to work closely with anesthesiologists, pain specialists, physical therapists, psychologists, and primary care providers to develop comprehensive pain management plans. They are expected to engage with rehabilitation specialists and community resources to provide holistic care, addressing

both physical and psychological aspects of chronic pain. Pain Medicine Psychiatrists are expected to provide consultations to other healthcare professionals, offering expertise in managing the psychiatric aspects of chronic pain and supporting the care of patients with complex conditions.

3.11.5. Ethical and Professional Conduct: Pain Medicine Psychiatrists are expected to follow strict prescribing guidelines and monitoring protocols to ensure the responsible use of medications. They are expected to obtain informed consent, ensuring that patients fully understand the risks and benefits of treatment options. Confidentiality, patient autonomy, and respect for cultural and personal beliefs must be maintained to foster trust and provide effective care.

3.12. Hospice and Palliative Medicine Psychiatry

3.12.1. Definition and Context: A Hospice and Palliative Care Medicine Psychiatrist in the DHA is a subspecialist in psychiatry focused on the intersection of mental health and palliative care in hospital settings. Hospice and Palliative Medicine Psychiatrists provide an integrated, holistic approach to treating patients with life-limiting or terminal illnesses. These psychiatrists address not only psychiatric disorders such as depression, anxiety, and delirium but also work on the psychosocial, emotional, spiritual, and existential aspects of suffering, aligned with the "Total Pain" model in palliative care. This subspecialty bridges the gap between psychiatric care and palliative medicine, ensuring that patients' mental

health needs are met throughout their palliative treatment. This subspecialty of psychiatry focused on addressing the psychological, emotional, and behavioural needs of patients receiving hospital-based care, particularly those with serious or terminal illnesses. This field plays a vital role in providing holistic, patient-centered care in acute and end-of-life settings.

3.12.2. Core Competencies

3.12.2.1. Theories: Hospice and Palliative Medicine Psychiatrists are expected to base their approach on the holistic care model, particularly the Total Pain concept, which addresses the multidimensional nature of suffering—including physical, emotional, psychological, social, and spiritual distress. They are expected to incorporate psychodynamic, cognitive-behavioural, and existential theories to understand how patients process terminal illness and approach life closure. Attachment theory is critical when addressing relationships and loss, while meaning-making frameworks, such as logotherapy, provide a basis for psychotherapeutic interventions in palliative care. They are expected to use these theories to explore patients' fears, values, and experiences to alleviate suffering.

3.12.2.2. Foundational Knowledge: Hospice and Palliative Medicine Psychiatrists are expected to have a deep understanding of psychiatric disorders common in palliative care, such as major depression, anxiety, delirium, and adjustment disorders, along with the psychological aspects of grief, bereavement, and end-of-life care. They are expected

to treat psychiatric conditions in patients with life-limiting illnesses, managing delirium, integrating psychological and psychosocial support with physical symptom management, and offering emotional care to patients' families, especially in end-of-life situations. They are expected to be proficient in using psychotropic medications in terminally ill patients, including managing side effects specific to this population and understanding the off-label use of medications and psychostimulants for rapid intervention. In addition to pharmacology, psychiatrists in this field are expected to be skilled in palliative-specific psychotherapies, such as Dignity Therapy and Meaning-Centered Psychotherapy, which focus on life closure and enhancing the patient's sense of dignity.

3.12.3. Clinical Skills

3.12.3.1. Assessment: Hospice and Palliative Medicine Psychiatrists are expected to conduct comprehensive evaluations of the psychosocial, emotional, and existential needs of patients facing life-limiting illnesses. Standard psychiatric assessments are expected to be tailored to the palliative context, where symptom overlap with physical conditions is common. Differentiating between medical conditions and psychiatric syndromes, such as delirium, is essential for targeted interventions. Screening for depression, anxiety, delirium, and existential distress is crucial, as well as assessing patients' fears about dying, loss, and legacy concerns. They are expected to also evaluate family dynamics,

considering anticipatory grief and potential family conflicts that affect the patient's emotional well-being.

3.12.3.2. Intervention: Hospice and Palliative Medicine Psychiatrists are expected to provide tailored interventions addressing the multidimensional needs of patients with terminal or life-limiting illnesses. Pharmacological interventions include the use of antidepressants, anxiolytics, psychostimulants, and antipsychotics to manage conditions such as depression, anxiety, delirium, and existential distress, ensuring rapid relief while minimizing adverse effects. Medication regimens are carefully adjusted to align with patients' physical conditions, symptom burden, and life expectancy.

Non-pharmacological interventions are a cornerstone of care, including evidence-based psychotherapies such as **Dignity Therapy**, **Meaning-Centered Psychotherapy**, and **Cognitive Behavioural Therapy (CBT)**, which focus on reducing emotional distress and helping patients find purpose, meaning, and closure. Existential therapy is employed to address patients' fears of death, unresolved emotional conflicts, and spiritual concerns.

Psychoeducation is an integral part of interventions, supporting patients and families in understanding the psychological impact of terminal illness, normalizing grief, and addressing anticipatory bereavement. Hospice and Palliative Psychiatrists are also expected to facilitate conversations about **advance care planning**, including discussions

around goals of care, treatment withdrawal, and end-of-life preferences.

The role extends to supporting families and caregivers, providing counseling for anticipatory grief, loss, and bereavement, and helping them navigate the emotional challenges of caring for a loved one at the end of life. Interventions are delivered with compassion, empathy, and cultural sensitivity, ensuring individualized care that aligns with the values, beliefs, and preferences of the patient and their family

3.12.4. Collaboration with Partners: Hospice and Palliative Medicine Psychiatrists provide both pharmacological and psychotherapeutic interventions, including antidepressants, anxiolytics, and psychostimulants, with a focus on treatments that offer rapid relief for patients with limited life expectancy. Their role includes pharmacologic management with tailored medications, brief psychotherapies, existential therapy, and facilitating advance care planning. Non-pharmacological approaches, such as Dignity Therapy and Meaning-Centered Psychotherapy, help patients find meaning and closure at the end of life. Collaboration with interdisciplinary teams is crucial, as psychiatrists work alongside palliative care physicians, nurses, and chaplains to develop individualized care plans. These psychiatrists are essential members of the palliative care team, contributing to care decisions and providing ongoing support throughout the patient's journey.

3.12.5. Ethical and Professional Conduct: Hospice and Palliative Medicine Psychiatrists are

expected to navigate complex ethical issues related to end-of-life care, including requests for hastened death, respecting patient autonomy, and managing consent and capacity. They are expected to engage in discussions about treatment withdrawal, advanced directives, and care goals, balancing respect for patient autonomy with medical best practices. They are expected to also help manage moral distress among healthcare providers and families and ensure that ethical guidelines prioritize alleviating suffering while respecting patients' and families' cultural and spiritual values.

3.13. Psychosomatic Medicine Psychiatry

3.13.1. Definition and Context: Psychosomatic Medicine Psychiatry is a field of psychiatry dedicated to understanding and managing the intricate relationships between mental and physical health, particularly in patients with chronic, complex, or severe medical conditions. Unlike Consultation and Liaison Psychiatry, which primarily addresses psychiatric presentations within medical settings, Psychosomatic Medicine Psychiatry focuses on the biopsychosocial mechanisms underpinning the interaction between psychiatric disorders and medical illnesses. It emphasizes the longitudinal care of patients whose psychological health significantly impacts disease progression, treatment adherence, and overall prognosis. Psychosomatic Medicine Psychiatrists often work in specialized clinics or interdisciplinary programs that address the comprehensive needs of patients with conditions such as autoimmune diseases, chronic pain syndromes, functional somatic

disorders, endocrine conditions, and severe neurological disorders.

3.13.2. Core Competencies

3.13.2.1. Theories: Psychosomatic Medicine Psychiatrists are expected to have expertise in advanced theoretical models that explain the bidirectional relationship between mind and body. These include psychoneuroimmunology, neuroendocrinology, and the stress-response systems, as well as the role of inflammation, neurotransmitters, and endocrine dysregulation in psychiatric and physical comorbidity (e.g., hypothalamic-pituitary-adrenal axis dysfunction). Theories of somatization, functional somatic syndromes (e.g., fibromyalgia, irritable bowel syndrome), and medically unexplained symptoms (MUS) are also essential, alongside theories of illness behaviour, coping mechanisms, and health anxiety (e.g., hypochondriasis). Psychiatrists must also understand the impact of chronic medical illness on brain structure, cognition, and mood, including concepts like neuroplasticity and neurodegeneration.

3.13.2.2. Foundational Knowledge: Psychosomatic Medicine Psychiatrists are expected to possess in-depth knowledge across several domains. First, they must understand medical-psychiatric comorbidities, including the neuropsychiatric aspects of chronic and severe medical conditions such as cancer, autoimmune diseases, chronic pain, neurological disorders, metabolic syndrome, and endocrine disorders (e.g., thyroid dysfunction), as well as the psychiatric consequences of treatments like chemotherapy,

corticosteroids, immunosuppressants, and surgical interventions. They also need expertise in functional disorders and somatization, including diagnostic and treatment strategies for conditions like chronic fatigue syndrome, somatic symptom disorder, and conversion disorder. Advanced knowledge of psychopharmacology is required for managing drug-drug interactions, dose adjustments in organ dysfunction, and psychiatric medication use in the medically ill. In behavioural medicine and health psychology, psychiatrists must be proficient in promoting treatment adherence, lifestyle modification, and stress reduction in patients with chronic illnesses. Lastly, they must understand the neurocognitive effects of systemic illness, such as identifying and managing cognitive impairments secondary to medical conditions (e.g., hepatic encephalopathy, neurodegenerative diseases).

3.13.3. Clinical Skills

3.13.3.1. Assessment: Psychosomatic Medicine Psychiatrists are expected to conduct highly specialized, comprehensive assessments that integrate psychiatric, medical, neurological, and social domains. This includes longitudinal evaluation of psychiatric symptoms in the context of medical conditions and treatment regimens, as well as the use of advanced diagnostic tools for assessing neurocognitive function, somatization, and psychological distress (e.g., PHQ-15, SCL-90, CAM-ICU for delirium). They must identify psychosocial stressors, maladaptive coping strategies, and illness behaviours

that contribute to disease burden, while evaluating the impact of systemic inflammation, hormonal imbalances, and medication side effects on psychiatric symptoms.

3.13.3.2. Interventions: Psychosomatic Medicine Psychiatrists are expected to deliver highly specialized interventions. In pharmacotherapy, they develop personalized psychopharmacological regimens that account for medical comorbidities, drug interactions, and organ function, with expertise in using psychotropic medications for somatic symptom disorders and neuropsychiatric manifestations of medical illness. They also deliver evidence-based psychotherapies tailored to medically ill patients, such as Cognitive Behavioural Therapy for Health Anxiety (CBT-HA), Acceptance and Commitment Therapy (ACT), and biofeedback. Behavioural interventions address illness behaviours, treatment adherence, and symptom amplification. Psychiatrists integrate lifestyle and stress management interventions, including relaxation therapies, mindfulness-based interventions, and sleep hygiene strategies, to reduce physiological stress responses. They also collaborate in care models with other specialists, such as rheumatologists, endocrinologists, neurologists, and pain specialists, to deliver integrated, patient-centered care.

3.13.4. Collaboration with Partners: Psychosomatic Medicine Psychiatrists are expected to collaborate with multidisciplinary teams in specialized medical and psychiatric programs. They act as a bridge between psychiatry and other medical disciplines to address the

complex interplay of psychiatric and physical illnesses. This includes consulting with specialists to optimize treatment plans for medically complex patients with significant psychiatric comorbidity and providing psychoeducation to medical teams, patients, and families regarding the impact of mental health on physical health outcomes. They also work with psychologists, physical therapists, and social workers to address functional impairments, disability, and quality of life.

3.13.5. Ethical and Professional Conduct: Psychosomatic Medicine Psychiatrists are expected to uphold the highest ethical standards in complex medical-psychiatric cases. They must navigate ethical dilemmas such as capacity assessments, medical futility, end-of-life care, and informed consent in medically ill patients. They also ensure patient autonomy while balancing medical and psychiatric recommendations in cases of non-adherence or severe somatization. Additionally, they advocate for equitable access to integrated medical and psychiatric care for patients with complex needs.

4. Psychology

4.1. Psychologist

4.1.1. Definition: A psychologist is a licensed professional trained in the assessment, diagnosis, treatment, and prevention of mental health conditions and behavioural problems. Their work aims to improve psychiatric symptoms, mental health, emotional well-being, and

overall quality of life. Psychologists employ a range of methods, including psychological assessment and therapeutic interventions, tailored to the needs of individuals, groups, or communities. Their focus and approach can vary based on specialization.

4.1.2. Roles and Responsibilities

4.1.2.1. Assessment: Conducts thorough psychological assessments using clinical interviews, observations, and standardized tests to diagnose mental health conditions and formulate clinical impressions.

4.1.2.2. Intervention: Provides evidence-based therapeutic interventions, including individual, group, and family psychotherapy, to address mental health disorders and promote psychological well-being.

4.1.2.3. Treatment Planning: Depending on their specialization, psychologists apply evidence-based therapies to address psychological disorders, improve functioning, and promote mental well-being. This includes individual, group, and family therapies.

4.1.2.4. Collaboration: Psychologists work in collaboration with other professionals, including psychiatrists, social workers, and legal professionals (e.g., in forensic settings), to ensure comprehensive care and to address complex mental health issues.

4.1.2.5. Supervision: Provides clinical supervision to assistant psychologists, psychometricians and students guiding their professional development and ensuring adherence to ethical and clinical standards.

4.1.2.6. Education and Advocacy: Engages in mental health education and advocacy, providing psychoeducation, promoting mental health awareness, and advocating for clients' rights and access to care.

4.1.2.7. Documentation: Maintains accurate and confidential records of all clinical activities, including assessments, treatment plans, and progress notes, ensuring legal compliance and continuity of care.

4.1.3. Core Competencies

4.1.3.1. Knowledge and Application:

4.1.3.1.1. Theoretical Knowledge: Psychologists are expected to have a comprehensive understanding of key psychological theories and frameworks, including the biopsychosocial model that integrates biological, psychological, and social factors influencing mental health. They should be familiar with the diagnostic criteria for mental health disorders (e.g., DSM-5-TR, ICD-11), and should also understand human development, cognitive processes, and behavioural change theories.

4.1.3.1.2. Mental Health Interventions: Psychologists are expected to apply evidence-based interventions that are grounded in research and proven to be effective in promoting mental health and well-being. Whether they are working in clinical settings, forensic environments, or any other field, psychologists must be proficient in selecting and utilizing therapeutic approaches that are appropriate to the specific needs of the

client. This includes understanding the scientific basis of the interventions they employ, staying informed about the latest research, and ensuring that their practice remains up-to-date and effective. The goal is to provide clients with interventions that not only address immediate concerns but also support long-term resilience and recovery, fostering positive outcomes across a variety of contexts.

4.1.3.1.3. Research Literacy: Psychologists are expected to be familiar with basic research principles, including design, experimental methods, and qualitative and quantitative analysis. They are expected to stay current with the latest research findings, evaluate the quality of studies, and apply relevant insights to inform their clinical practice and decision-making.

4.1.3.1.4. Policy and Legislation: Psychologists are expected to be aware of relevant laws, regulations, and policies that impact their practice and client services. This includes understanding the legal requirements for professional conduct and client confidentiality, as well as any local regulations affecting psychology practice in Dubai.

4.1.4. Clinical Skills

4.1.4.1. Assessment

4.1.4.1.1. Psychologists are expected to be proficient in conducting comprehensive biopsychosocial assessments, integrating psychological, biological, and social factors

to understand the client's mental health status, inform clinical impressions, and guide diagnostic decisions.

4.1.4.1.2. Psychologists are expected to be proficient in identifying, assessing, and diagnosing a range of mental health conditions, using standardized diagnostic criteria such as DSM-5-TR or ICD-11 to ensure accurate and reliable clinical diagnoses.

4.1.4.1.3. Psychologists are expected to be proficient in utilizing standardized psychological assessment tools, including cognitive, behavioural, and emotional measures to evaluate areas such as intelligence, personality, and mood, supporting the diagnostic process.

4.1.4.1.4. Psychologists are expected to be proficient in conducting Mental Status Examinations (MSE), systematically assessing appearance, behaviour, mood, cognition, insight, and judgment as part of the evaluation and diagnostic process.

4.1.4.1.5. Psychologists are expected to be proficient in assessing risk factors for self-harm, suicide, violence, or harm to others, identifying immediate risks, protective factors, and underlying psychological issues that contribute to risk and diagnostic clarity.

4.1.4.1.6. Psychologists are expected to be proficient in using clinical interviews and observational techniques to gather relevant information about a client's history,

symptoms, and current challenges, forming the basis for diagnosis.

4.1.4.1.7. Psychologists are expected to be proficient in interpreting and integrating assessment data from multiple sources, including clinical interviews, psychometric tests, collateral information, and observations, to support accurate diagnoses and inform treatment planning.

4.1.4.1.8. Psychologists are expected to be proficient in engaging clients collaboratively during the assessment process, fostering a trusting relationship and ensuring active participation from clients and, when appropriate, their families, to enhance diagnostic accuracy.

4.1.4.1.9. Psychologists are expected to be proficient in recognizing the influence of cultural, ethnic, and socioeconomic factors on the client's presentation, integrating this understanding into assessments to ensure culturally competent evaluations and accurate diagnoses.

4.1.4.1.10. Psychologists are expected to be proficient in assessing cognitive functioning, including memory, attention, executive functioning, and processing speed, particularly in clients presenting with neuropsychological or cognitive concerns, aiding in differential diagnosis.

4.1.4.1.11. Psychologists are expected to be proficient in documenting assessment findings and diagnostic impressions clearly, accurately, and comprehensively, adhering to legal, ethical, and professional standards to maintain client confidentiality and clinical integrity.

4.1.4.1.12. Psychologists are expected to be proficient in identifying client strengths and areas for development based on assessment results, using this information to guide diagnosis and formulate client-centered treatment plans.

4.1.4.1.13. Psychologists are expected to be proficient in evaluating the appropriateness and effectiveness of assessment methods, continuously adapting approaches based on client needs, clinical context, and emerging information to support accurate and effective diagnoses.

4.1.4.1.14. Psychologists are expected to be proficient in assessing psychosocial and environmental stressors, such as family dynamics, work-related stress, or life transitions, and their impact on the client's mental health, contributing to diagnostic considerations.

4.1.4.2. Interventions

4.1.4.2.1. Psychologists are expected to be proficient in providing evidence-based therapeutic

interventions tailored to the unique needs of clients, regardless of specialty. These interventions may include a range of therapeutic approaches, from structured therapies to more specific techniques, ensuring that treatment is grounded in research and best practices.

4.1.4.2.2. Psychologists are expected to be proficient in providing individual, group, family, and caregiver psychotherapy and counseling, drawing on a variety of evidence-based practices to address the specific psychological needs of clients in diverse settings, whether focused on mental health, legal, or health-related challenges.

4.1.4.2.3. Psychologists are expected to be proficient in developing comprehensive intervention plans based on thorough assessment findings, client goals, and evidence-based practices, ensuring that treatment strategies are personalized, effective, and relevant to the client's specific context.

4.1.4.2.4. Psychologists are expected to be proficient in providing crisis intervention, offering immediate support for clients in acute distress, focusing on safety, stabilization, and managing immediate risks while addressing underlying psychological factors that may contribute to the crisis.

4.1.4.2.5. Psychologists are expected to be proficient in providing psychoeducation to clients, families, and caregivers, fostering greater understanding of psychological conditions and treatment approaches, empowering clients to manage their mental health and

well-being effectively.

4.1.4.2.6. Psychologists are expected to be proficient in maintaining a professional and empathetic therapeutic relationship with clients, ensuring trust and openness, and facilitating the therapeutic process throughout the intervention.

4.1.4.2.7. Psychologists are expected to be proficient in adapting interventions based on client feedback, clinical progress, and evolving needs, ensuring that treatment remains responsive to changes in the client's situation or condition.

4.1.4.2.8. Psychologists are expected to be proficient in utilizing effective verbal and non-verbal communication skills to enhance engagement, ensure clarity in therapeutic discussions, and promote client understanding and participation.

4.1.4.2.9. Psychologists are expected to be proficient in continuously assessing and evaluating the effectiveness of interventions, adjusting approaches based on feedback and clinical outcomes, ensuring optimal results for clients.

4.1.4.2.10. Psychologists are expected to be proficient in multidisciplinary collaboration, working alongside other professionals to provide integrated and holistic care, ensuring that clients' psychological, medical, and legal needs are addressed appropriately.

4.1.4.2.11. Psychologists are expected to be proficient in utilizing technology in interventions, such as telepsychology, digital tools, and online resources, ensuring accessibility and

flexibility while maintaining the quality of care.

4.1.4.2.12. Psychologists are expected to be proficient in evaluating treatment outcomes, using evidence-based measures to assess the effectiveness of interventions, and making necessary adjustments to optimize client outcomes and well-being.

4.1.4.2.13. Psychologists are expected to be proficient in writing clear, comprehensive reports that communicate assessment findings, diagnostic impressions, treatment plans, and recommendations, ensuring effective collaboration with clients and other professionals involved in the care process.

4.1.5. Limitations and Boundaries of Practice

4.1.5.1.1. Scope of Competence: Psychologists are expected to only provide services, assessments, and interventions within their areas of education, training, experience, and competence. Engaging in practices outside of these competencies, such as specialized assessments or interventions for which they are not trained, is prohibited.

4.1.5.2. Pharmacological Boundaries: Psychologists are not permitted to prescribe medications, alter medical treatments, or provide any form of medical diagnosis or treatment. Collaboration with medical professionals is required when a client's needs extend into the medical domain.

4.1.5.3. Supervision and Delegation: Psychologists are expected to ensure that any delegation

of tasks to assistant psychologists, psychometrician or other support staff is appropriate, supervised, and within the staff's scope of competence. Delegating tasks that require professional judgment or advanced skills beyond the supervisee's capabilities is not permitted.

4.1.5.4. Boundaries in Dual Relationships: Psychologists are expected to avoid dual relationships that could impair their professional judgment, objectivity, or increase the risk of harm to clients. This includes avoiding personal, financial, or social relationships with current or former clients.

4.1.5.5. Restrictions on Psychological Testing: Administration of specialized psychological tests that require specific qualifications (e.g., neuropsychological or forensic assessments) should only be performed by psychologists who are adequately trained and qualified in those areas.

4.1.6. Professional Development

4.1.6.1. Psychologists are expected to maintain licensure and update knowledge and skills.

4.1.6.2. Psychologists are expected to commit to continuous professional growth through formal education, workshops, training sessions, and self-directed learning to expand theoretical knowledge, therapeutic skills, and emerging psychological practices, including areas of specialty where a psychologist holds a special license.

4.1.6.3. Psychologists are expected to engage in regular self-assessment and reflection on

practice experiences to identify strengths, weaknesses, and areas for improvement.

4.1.6.4. Psychologists are expected to participate in ongoing supervision with experienced psychologists or supervisors to receive feedback, discuss complex cases, and address any professional or ethical dilemmas encountered in clinical practice.

4.1.6.5. Psychologists are expected to keep up to date with current research, trends, and developments in psychology and related fields to enhance practice and service delivery, including areas of specialty where a psychologist holds a special license.

4.1.7. Advocacy

4.1.7.1. Psychologists are expected to advocate for client rights and ensure access to appropriate mental health services.

4.1.7.2. Psychologists are expected to collaborate with other professionals or organizations to enhance the effectiveness of advocacy efforts and referrals.

4.1.7.3. Psychologists are expected to refer clients to external resources such as housing, employment assistance, or specialized care as needed.

4.1.7.4. Psychologists are expected to understand and respect the diverse backgrounds of clients, ensuring that advocacy and referrals are sensitive to their unique cultural, social, and economic contexts.

4.1.7.5. Psychologists are expected to support action to enable people to live a life free of abuse, neglect, exploitation and violence.

4.1.8. Legal and Ethical Conduct

4.1.8.1. Psychologists are expected to understand and adhere to DHA regulations and licensing requirements.

4.1.8.2. Psychologists are expected to understand and adhere to local laws governing psychology practice in Dubai.

4.1.8.3. Psychologists are expected to understand and adhere to the ethical guidelines established by professional associations, ensuring compliance with standards of practice and client rights.

4.1.8.4. Psychologists are expected to understand and adhere to informed consent from clients for assessment, diagnosis, treatment, and the sharing of information, ensuring clients understand their rights and the implications of their decisions.

4.1.8.5. Psychologists are expected to understand and adhere to the legal and ethical requirements surrounding client confidentiality, including exceptions and limits (e.g., duty to report).

4.1.8.6. Psychologists are expected to take responsibility for one's actions and decisions, understanding the implications of legal and ethical breaches, and being prepared to address any issues that arise.

4.1.8.7. Psychologists are expected to understand and adhere to accurate, comprehensive, and confidential records in compliance with legal and ethical standards.

4.1.8.8. Psychologists are expected to understand and adhere to principles of non-discrimination and respect for diversity.

4.1.8.9. Psychologists are expected to report unethical or illegal behaviour by colleagues.

4.1.8.10. Psychologists are expected to understand and apply ethical decision-making frameworks.

4.1.8.11. Psychologists are expected to provide appropriate referrals when outside the scope of practice.

4.1.8.12. Cultural Competence: Psychologists practicing in Dubai are expected to demonstrate cultural competence in all areas of their practice, recognizing and respecting the cultural, religious, and socioeconomic factors that influence mental health, behaviour, and treatment outcomes. They must utilize culturally adapted assessment tools, interventions, and therapeutic approaches to address the diverse needs of the populations they serve. Psychologists should be particularly aware of the cultural stigmas associated with mental health and psychological services, actively working to reduce barriers to care and foster trust within the community. By delivering culturally sensitive and inclusive care, psychologists ensure that clients from all backgrounds feel valued, understood, and supported in their psychological well-being.

4.2. Addiction Psychologist

4.2.1. Definition: Addiction Psychology is a specialized field within psychology that focuses on

understanding the nature, causes, and treatment of people living with substance use disorders and behavioural addictions. Addiction psychologists use their expertise in psychological theory and practice to assess, diagnose, and treat individuals with substance use disorders, behavioural health disorders (such as gambling or gaming), and co-occurring mental health disorders. Their work involves applying evidence-based interventions to help individuals reduce the harms of their substance use disorders, behavioural health disorders, and manage the psychological, emotional, and social factors that contribute to these challenges.

4.2.2. Core Competencies

4.2.2.1.Theories: Addiction psychologists are expected to have an in-depth understanding of the theories and models related to substance use disorders and behavioural health disorders, including biological, psychological, and social factors that contribute to these challenges. They are expected to be well-versed in models such as the disease model of substance use disorders and behavioural health, cognitive-behavioural models, and motivational theories, which are essential for interpreting how these issues develop and persists in individuals. An understanding of relapse prevention, stages of change, and the biopsychosocial approach is crucial for developing treatment strategies to reduce the harms of these issues, promoting harm reduction, wellness and recovery-oriented care.

4.2.2.2.Foundational Knowledge: Addiction psychologists must possess a thorough

understanding of the biological, psychological, and environmental factors that contribute to substance use disorders and behavioural addictions. This includes knowledge of the brain's reward system, neurotransmitters involved (such as dopamine and serotonin), and the psychological mechanisms that reinforce substance use disorders and behavioural addictions. They are expected to be familiar with co-occurring mental health conditions, such as anxiety, depression, and PTSD, which often accompany substance use disorders and behavioural addictions as well as the effects of substances like alcohol, opioids, stimulants, and cannabis on brain function and behaviour.

4.2.3. Clinical Skills

4.2.3.1. Assessment: Addiction psychologists are experts in the assessment of substance use disorders, behavioural addictions and related conditions, utilizing a range of diagnostic tools and clinical interviews to assess the severity of substance use disorders, behavioural addictions, and co-occurring mental health disorders. They are expected to be able to identify the impact of these issues on cognitive, emotional, and social functioning. Addiction psychologists conduct comprehensive assessments that include evaluating the individual's readiness for change, risk factors for harm, and the effects of substance use disorders and behavioural addictions disorders on personal relationships, work, and health. They are skilled in using standardized assessment tools like the ASI, the AUDIT, and other screening instruments to inform treatment planning.

4.2.3.2. Interventions: Addiction psychologists implement evidence-based treatment approaches to help reduce the harms associated with substance use disorders and behavioural addictions. These include CBT, motivational interviewing, contingency management, and DBT. They are expected to be proficient in designing individualized treatment plans that address the psychological, social, and emotional aspects of substance use disorders and behavioural addictions, including coping strategies for managing cravings, preventing relapse, and building resilience. Addiction psychologists also use family therapy, group therapy, and psychoeducation to enhance the recovery process, promoting harm reduction, wellness and recovery-oriented care.

4.2.4. Collaboration with Partners: Addiction psychologists are expected to collaborate with a wide range of healthcare professionals, including psychiatrists, primary care physicians, and rehabilitation counselors, to provide comprehensive care for individuals struggling with substance use disorders and behavioural addictions. They are expected to work closely with families and caregivers, offering support and guidance on how to manage the challenges associated with substance use disorders and behavioural addictions. Addiction psychologists are expected to provide expert consultation to legal systems, schools, higher education organizations and employers regarding substance use disorders and behavioural addictions and related issues.

4.2.5. Ethical and Professional Conduct: Addiction psychologists are expected to adhere to the highest ethical standards when providing care to individuals with substance use disorders and behavioural addictions. This includes respecting patient confidentiality, obtaining informed consent for all interventions, and ensuring that treatment is non-judgmental and respectful of the individual's cultural and social background. Addiction psychologists are expected to also navigate complex ethical issues, such as managing dual relationships, addressing issues of consent and autonomy in cases where cognitive functioning may be impaired due to substance use, and ensuring that interventions do not cause harm. Addiction psychiatrists are expected to uphold the highest ethical standards in their practice. This includes ensuring patient confidentiality, obtaining informed consent, and delivering culturally sensitive care. They are expected to navigate complex ethical dilemmas, such as dual relationships and the implications of impaired decision-making capacity in individuals with severe addiction issues, with professionalism and integrity. They are expected to have the latest updates about national and local laws, such as Federal Law No. (10) of 2023 concerning Mental Health, Federal Law No. (28) of 1981 concerning the detains and treatment of people with mental illness, and Federal Law No. (14) of 1995 on the combat of narcotic drugs and psychotropic substances, as well as other regulations and mandates in the field.

4.3. Child Psychologist

4.3.1. Definition: Child psychology focuses on the mental, emotional, and social development of children and adolescents. Child psychologists apply their expertise to assess and treat psychological issues that affect the well-being of children from infancy through late adolescence. They work in various settings, including hospitals, schools, and community organizations, providing interventions that support children's mental health, promote positive development, and address behavioural concerns.

4.3.2. Core Competencies

4.3.2.1.Theories: Child Psychologists are expected to have knowledge of developmental theories related to child and adolescent behaviour, cognition, and emotional regulation. They are expected to recognize typical developmental milestones and variations in behaviour across different age groups, enabling them to identify atypical patterns. A strong foundation in clinical child psychology is essential, covering normative, adaptive, and maladaptive emotional, cognitive, social, and behavioural development. Understanding of the biological, cognitive, social, affective, and sociocultural influences on children's health and illness, including mechanisms affecting child development, is crucial.

4.3.2.2.Foundational Knowledge: Child Psychologists are expected to have knowledge of pediatric acute and chronic illnesses, their medical management, and the developmental impact of these health conditions on children. Awareness of the role of family dynamics in children's health is critical, including the ways in which health conditions influence

family functioning and child development. Understanding of how various systems, such as healthcare and education, interact and influence children's adaptation to illness and other life challenges.

4.3.3. Clinical Skills

4.3.3.1.Assessment: Child Psychologists are expected to be proficient in conducting comprehensive psychological assessments tailored to children and adolescents, using age-appropriate methods like play therapy, interviews, and standardized testing to assess emotional, cognitive, and behavioural functioning. Proficiency in conducting MSE is essential to assess the child's appearance, behaviour, mood, cognition, insight, and judgment.

4.3.3.2.Interventions: Child Psychologists are expected to be proficient in implementing evidence-based interventions, including individual psychotherapy, family psychotherapy, and behaviour modification techniques, addressing issues such as anxiety, depression, trauma, developmental disorders, and learning disabilities. Proficiency in play therapy and similar approaches is necessary for effective engagement and intervention with young children, facilitating emotional and behavioural change. They are expected to skilled in family psychotherapy and behaviour modification techniques, child psychologists work with children and their families to promote healthy psychological and behavioural development.

4.3.4. Collaboration with Partners: Child Psychologists are expected to work collaboratively with parents, teachers, pediatricians, and other healthcare professionals to create and implement individualized treatment plans. These plans should promote positive outcomes for children across various environments, including home, school, and healthcare settings. They also are expected to develop holistic treatment plans, addressing the psychological, social, and medical needs of children through collaboration with multidisciplinary teams, including educators, and healthcare providers.

4.3.5. Ethical and Professional Conduct: Child Psychologists are expected to navigate ethical issues specific to working with minors, including managing child protection policies, mandatory reporting, and balancing confidentiality with parental involvement. They should demonstrate proficiency in managing confidentiality and obtaining consent and assent when working with children and their families, ensuring ethical integrity in clinical practice.

4.4. Clinical Psychologist

4.4.1. Definition: Clinical Psychologists are trained professionals who specialize in the assessment, diagnosis, treatment, and prevention of psychological problems and mental illnesses. They employ evidence-based psychological theories and techniques to address a wide range of mental health disorders across different populations and age groups. Clinical psychologists work collaboratively with individuals, families, and communities to promote mental health and well-being.

4.4.2. Core Competencies

4.4.2.1.Theories: Clinical Psychologists are expected to have an in-depth understanding of psychological theories explaining mental health conditions, including the relationship between biological, psychological, and social factors. They should understand the interplay of neurobiological processes, psychopharmacology, and mental health conditions. They are expected to have familiarity with psychological theories related to behavioural medicine and health psychology, including the psychological factors affecting physical health and well-being. They are also expected to have the ability to critically evaluate various theories of mental health, recognizing their strengths, limitations, and application to different populations.

4.4.2.2.Foundational Knowledge: Clinical Psychologists are expected to have an in-depth knowledge of Clinical mental health services, including assessment, diagnosis, treatment, prevention, research, and consultation. They are expected to understand psychopathology and the role of psychopharmacology in treating mental disorders, with a focus on neurotoxicity and the neurobiology of mental illness. They are expected to have proficiency in diagnostic systems, such as DSM-5-TR or ICD-11, for identifying and classifying mental disorders. They are expected to have familiarity with qualitative and quantitative research methodologies relevant to clinical psychology, including self-reports, interviews, and advanced technologies like neuroimaging and genetic research.

4.4.3. Clinical Skills

4.4.3.1. Assessment: Clinical Psychologists are expected to have proficiency in employing various assessment methods, including interviews, self-reports, and psychological testing, to evaluate mental health conditions and cognitive functioning. Knowledge of measurement theory, focusing on reliability and validity, and awareness of potential biases, malingering, or impression management are important. They will be skilled in diagnosing mental disorders using structured clinical methods, including standardized diagnostic interviews. They are expected to have proficiency in using valid and reliable measures to assess cognitive, emotional, and behavioural functioning, such as intelligence, memory, personality, and emotional regulation.

4.4.3.2. Interventions: Clinical Psychologists are expected to have proficiency in delivering evidence-based therapies tailored to specific mental health conditions, including individual, group, and family psychotherapy. Competence in implementing behaviour change methodologies, including CBT, dialectical behaviour therapy DBT, and other therapeutic approaches. Clinical psychologists should be proficient in psychotherapy techniques across different modalities, including psychodynamic therapy, humanistic approaches, and integrative therapies.

4.4.4. Collaboration with Partners: Clinical Psychologists are expected to have the ability to

work collaboratively with healthcare professionals, and educators to provide comprehensive mental health services. Expertise in offering consultation, designing care plans, and supervising other professionals in the treatment of mental health disorders. Proficiency in clearly communicating psychological concepts and mental health conditions to both professionals and the public, ensuring understanding of mental health disorders.

4.4.5. Ethical and Professional Conduct: Clinical Psychologists are expected to strictly adhere to ethical guidelines in clinical practice, ensuring confidentiality, informed consent, and respect for patient autonomy. They are expected to have the ability to navigate the complexities of dual roles (e.g., therapist and researcher) and manage conflicts between clinical and ethical responsibilities.

4.5. Forensic Psychologist

4.5.1. Definition: Forensic psychology encompasses the intersection of psychology and the legal system, where forensic psychologists apply their expertise to address legal and justice-related issues. This specialized knowledge enables them to generate legally relevant psychological data and provide services to individuals and organizations involved in legal processes. These services include, but are not limited to, assessments for legal decision-making, risk evaluations, intervention strategies for offenders and victims, and expert testimony in legal proceedings.

4.5.2. Core Competencies

4.5.2.1.Theories: Forensic Psychologists are expected to have an in-depth understanding of psychological and criminological theories, including their relevance to legal processes and judicial decision-making. They are expected to have knowledge of theories that explain the intersection between mental health and law, such as the principles governing criminal responsibility and competency. They are also expertise in how developmental and personality factors impact behaviour relevant to legal settings.

4.5.2.2.Foundational Knowledge: Forensic Psychologists are expected to have a detailed understanding of legal and judicial systems, relevant legislation (e.g., mental health law, criminal law, civil law), and psychological theories applicable to legal processes. They are expected to have awareness of ethical, legal, and professional guidelines that govern practice in forensic psychology, and an understanding of how mental health disorders intersect with the law, such as mental competency and psychological factors influencing legal decision-making.

4.5.3. Clinical Skills

4.5.3.1.Assessment: Forensic Psychologists are expected to have competency in conducting psychological assessments specific to legal contexts, such as evaluations of mental competence, risk of violence, and psychological damage in victims. They are expected to have the ability to use diverse methods, including structured interviews, psychometric tests, and observational assessments, to measure psychological functioning in legal

contexts. They are also expected to have competency in identifying and mitigating potential biases in assessment methods and testimony, and expertise in evaluating future risk for violent or criminal behaviour through evidence-based tools and techniques.

4.5.3.2. Interventions: Forensic Psychologists are expected to be able to develop and implement therapeutic services tailored to offenders, victims, and families undergoing legal proceedings. This includes treatment plans based on evidence-based models for individuals in custody disputes or criminal cases. They are expected to be skilled in providing interventions that include mediation and alternative dispute resolution methods. They also are expected to have expertise in rehabilitation strategies designed to reduce recidivism and aid in reintegration into society.

4.5.4. Collaboration with Partners: Forensic Psychologists are expected to effectively collaborate with legal professionals, social services, law enforcement, and other stakeholders to ensure a holistic approach to forensic psychological services. They are expected to be skilled in presenting psychological concepts and findings in both oral and written formats to legal stakeholders, ensuring clarity and accuracy in court testimonies and legal documentation. They are also expected to have the ability to navigate the dual roles of investigator and therapist when conducting forensic evaluations and providing interventions.

4.5.5. Ethical and Professional Conduct: Forensic Psychologists are expected to understand the

ethical complexities of serving both as a practitioner and an expert for the court, ensuring impartiality, confidentiality, and informed consent while navigating legal obligations. They are expected to have the ability to maintain high ethical standards, particularly in impartiality and the protection of client confidentiality, especially when interacting with the legal system. They are also expected to have the ability to resolve potential conflicts between legal duties and ethical obligations, including communication of these issues to legal stakeholders.

4.6. Health Psychologist

4.6.1. Definition: Health psychology focuses on the interplay between psychological processes and physical health, encompassing a range of practices that aim to promote health, prevent illness, and manage health conditions. Health psychologists apply their expertise to understand how psychological factors influence health behaviours and outcomes that aim to prevent or treat acute and chronic illnesses. They use their psychological knowledge of disease prevention and health promotion methods to support communities and individuals, both in multidisciplinary teams and through individual consultations.

4.6.2. Core Competencies

4.6.2.1.Theories: Health Psychologists are expected to have comprehensive knowledge of psychological theories that explain the role of behaviour, emotions, and cognition in physical health, illness, and recovery. This includes understanding the mind-body

connection, including how psychological factors can influence the onset, progression, and outcome of physical diseases. They are also expected to have familiarity with psychological theories relevant to promoting healthy behaviours and preventing illness such as the Health Belief Model (HBM); Social Cognitive Theory (SCT); Theory of Planned Behaviour (TPB); or the Social Determinants of Health.

4.6.2.2. Foundational Knowledge: Health Psychologists are expected to have a broad understanding of the health system, including the roles of psychologists within healthcare settings and their contribution to patient care. They are expected to have knowledge of the psychological aspects of public health, including community health assessments, needs analysis, and the epidemiology of health-related behaviours. They are also expected to have in-depth understanding of the psychological factors associated with major diseases such as cardiovascular diseases, cancer, metabolic disorders (e.g., diabetes and obesity), and infectious diseases.

4.6.3. Clinical Skills

4.6.3.1. Assessment: Health Psychologists are expected to have competency in conducting psychological assessments of health attitudes and behaviours using interviews, surveys, and psychometric tools. They are expected to be skilled in assessing psychosocial and behavioural aspects of health, such as chronic pain, physical mobility, dietary behaviours, and stress-related psychological issues like anxiety and depression. They are also

expected to have expertise in evaluating patients' overall functioning, focusing on key health indicators like sleep, diet, exercise, and emotional well-being.

4.6.3.2. Interventions: Health Psychologists are expected to be proficient in implementing evidence-based interventions tailored to specific populations, such as hospitalized patients, individuals with chronic illnesses, and those at risk for health problems. They are expected to develop strategies to help individuals modify health-related behaviours, including programs targeting stress management, diet, and physical activity. They are also expected to provide counseling and therapeutic support to patients coping with serious health conditions, addressing both psychological and physical aspects of illness.

4.6.4. Collaboration with Partners: Health Psychologists are expected to have the ability to collaborate effectively with healthcare providers, administrators, and community organizations, ensuring psychological factors are integrated into overall patient care and health promotion programs. They are expected to be skilled in communicating psychological factors that influence health to diverse stakeholders, including health professionals, policymakers, and the public. They are also expected to design and implement community intervention strategies such as social marketing and public health campaigns aimed at behavioural change.

4.6.5. Ethical and Professional Conduct: Health Psychologists are expected to have an understanding and apply ethical guidelines in health psychology, particularly regarding

patient confidentiality, informed consent, and dual roles within healthcare settings. They are expected to have the ability to maintain clear professional boundaries when interacting with patients, families, and healthcare teams, ensuring impartiality and professional integrity. They are also expected to navigate the ethical complexities associated with balancing patient care and systemic healthcare constraints.

4.7. Neuropsychology

4.7.1. Definition: Neuropsychology is a specialized field within psychology that focuses on understanding the relationship between brain function and behaviour. Neuropsychologists use their expertise in both brain science and clinical psychology to assess, diagnose, and treat individuals with neurological, cognitive, and behavioural impairments caused by various conditions such as traumatic brain injury, neurodegenerative diseases, stroke, developmental disorders, and psychiatric conditions. Their work involves evaluating the cognitive, emotional, and behavioural consequences of brain dysfunction through standardized neuropsychological testing, neuroimaging, and clinical observations.

4.7.2. Core Competencies

4.7.2.1.Theories: Neuropsychologists are expected to have an in-depth understanding of the core theories of brain-behaviour relationships. These include knowledge of neuroanatomy, neurophysiology, neurodevelopment, and the cognitive functions of the brain, such as memory, attention, language, and executive functions. They are expected

to have familiarity with theories related to cognitive development, learning and behaviour, which are essential for interpreting how brain dysfunction manifests in cognitive and behavioural impairments. They are expected to understand the concept of neuroplasticity, or the brain's ability to reorganize itself, is critical in assessing recovery potential following brain injuries and implementing rehabilitation strategies.

4.7.2.2. Foundational Knowledge: Neuropsychologists are expected to possess extensive knowledge of neurobiology, including brain structure and function, neurotransmitter systems, and how different brain regions contribute to cognition and behaviour. They have expertise in the causes, symptoms, and progression of neurological and psychiatric conditions, such as traumatic brain injury, dementia, epilepsy, multiple sclerosis, and stroke, as well as developmental disorders affecting the brain, such as autism and ADHD. Neuropsychologists are expected to have a working understanding of medical conditions that affect the nervous system, including the medical management of such conditions, pharmacology, and surgical interventions.

4.7.3. Clinical Skills

4.7.3.1. Assessment: Neuropsychologists are experts in the administration and interpretation of neuropsychological tests to assess a wide range of cognitive functions, including memory, attention, language, visuospatial skills, motor functions, and executive functioning. They

are expected to use these assessments to identify the effects of brain injury or disease on cognitive abilities. They are expected to evaluate the relationship between brain function and behaviour through standardized testing, clinical observation, and patient history, integrating findings to make informed clinical judgments. Neuropsychologists assess patients' abilities to function in daily life, focusing on how cognitive deficits affect academic, occupational, and social functioning. This includes comprehensive testing for neurodegenerative conditions, head injuries, and developmental disorders. Familiarity with neuroimaging techniques such as Magnetic Resonance Imaging (MRI), Functional MRI (fMRI), Computed Tomography (CT) scans, and Electroencephalography (EEG) is crucial for interpreting brain structure and function. Neuropsychologists are expected to integrate these findings with behavioural data to form a holistic view of the patient's cognitive and neurological status.

4.7.3.2. Interventions: Neuropsychologists are expected to design evidence-based rehabilitation strategies that help individuals recover or compensate for cognitive impairments due to brain injury, stroke, or neurodegenerative diseases. These include cognitive rehabilitation therapy, memory strategies, and adaptive techniques for daily functioning. They are expected to implement therapeutic interventions that address cognitive, emotional, and behavioural issues stemming from brain dysfunction, including psychotherapy, behavioural modification, and CBT.

4.7.4. Collaboration with Partners: Neuropsychologists are expected to communicate complex neuropsychological findings and recommendations to patients, their families, and caregivers, ensuring they understand the nature of the cognitive deficits and the steps required for rehabilitation or adaptation. Neuropsychologists may provide expert consultations for schools, employers, or legal systems regarding an individual's cognitive abilities, learning difficulties, or brain injuries, ensuring that appropriate accommodations are implemented.

4.7.5. Ethical and Professional Conduct: Neuropsychologists are expected to adhere to the highest ethical standards in assessing and treating individuals with brain-related disorders, ensuring that they provide accurate, unbiased, and culturally sensitive evaluations. They are expected to respect the confidentiality of patient data and ensure informed consent is obtained for all assessments and interventions, especially in cases where patients have cognitive impairments that may limit their decision-making abilities. Neuropsychologists are expected to navigate the ethical complexities involved in providing expert opinions on cognitive functioning for legal cases, such as personal injury, criminal defense, or disability evaluations.

5. Mental Health Nursing

5.1. Definition: Mental Health Nurse is a licensed nursing professional with advanced

education, training, and skills in mental health assessment, therapeutic interventions, medication management, and care coordination. They work within a multidisciplinary team to support patients with mental health conditions, utilizing evidence-based approaches.

5.2. Roles and Responsibilities

- 5.2.1. Assessment:** Is expected to conduct comprehensive psychosocial assessments, including mental status examinations, risk assessments, and diagnostic evaluations within their scope.
- 5.2.2. Intervention and Treatment:** Is expected to provide therapeutic interventions, including crisis intervention, psychoeducation, group counselling, and supportive counseling.
- 5.2.3. Care Planning and Implementation:** Is expected to develop, implement, and evaluate individualized care plans in collaboration with patients, families, and the interdisciplinary team.
- 5.2.4. Medication Management:** Is expected to administer psychotropic medications, monitor their effects, provide patient education on medication adherence, and collaborate with prescribers.
- 5.2.5. Collaboration:** Is expected to work within multidisciplinary teams, including psychiatrists, psychologists, and other mental health professionals, to provide holistic care.
- 5.2.6. Education and Advocacy:** Is expected to educate patients, families, and communities on mental health conditions, treatment options, and coping strategies while advocating for

patient rights and access to care.

5.2.7. Crisis Management: Is expected to provide immediate and effective crisis intervention for acute psychiatric emergencies, focusing on safety and stabilization.

5.2.8. Documentation: Is expected to maintain accurate, confidential, and timely patient records in compliance with legal, regulatory, and ethical standards.

5.3. Core Competencies

5.3.1. Knowledge and Application

5.3.1.1.Theoretical Knowledge: Is expected to have an understanding of mental health conditions, nursing theories, psychosocial models, psychopharmacology, and recovery-oriented care. This includes knowledge of diagnostic criteria, symptomatology, etiology, and treatment approaches for various mental health disorders.

5.3.1.2.Mental Health Interventions: Is expected to have an understanding of evidence-based interventions, including therapeutic communication, active listening, motivational interviewing, crisis intervention techniques, and patient-centered approaches.

5.3.1.3.Medication Management: Is expected to have an understanding of the safe administration, monitoring, and education related to psychiatric medications. This includes an understanding of the pharmacodynamics and pharmacokinetics of psychotropic medications, including antidepressants, antipsychotics, mood stabilizers, anxiolytics, and stimulants.

5.3.1.4.Cultural Competence: Is expected to recognize and respect the diverse cultural, social, and religious factors that influence patients' mental health and care experiences. This includes an awareness of cultural dynamics that affect communication, treatment acceptance, and mental health perceptions.

5.3.1.5.Policy and Legislation: Is expected to have an awareness of relevant policy and legislation to ensure compliance with legal, ethical, and professional standards within Mental Health Nursing.

5.4. Clinical Skills

5.4.1. Assessment

5.4.1.1.Is expected to be proficient in conducting comprehensive assessments, considering mental, physical, social, and environmental factors affecting the patient.

5.4.1.2.Is expected to be proficient in identifying risk factors related to self-harm, suicide, and harm to others, prioritizing safety and crisis management.

5.4.1.3.Is expected to be proficient in the use standardized assessment tools and clinical judgment to evaluate patient conditions and needs.

5.4.1.4.Is expected to be proficient in the MSE to assess the patient's current cognitive, emotional, and behavioural functioning.

5.4.1.5.Is expected to be proficient in assessing the social determinants of health, evaluating how factors like housing, employment, education, and socioeconomic status impact

mental health.

5.4.1.6. Is expected to be proficient in collaborative assessment, engaging patients, families, and other healthcare professionals in the assessment process to gather comprehensive data.

5.4.1.7. Is expected to be proficient in the assessment of developmental and lifespan considerations, tailoring assessments to the developmental stage and age-specific needs of patients, from pediatric to geriatric populations.

5.4.1.8. Is expected to be proficient in health history and physical examination, conducting comprehensive health histories and physical assessments to identify underlying medical conditions affecting mental health.

5.4.1.9. Is expected to be proficient in Motivational Interviewing, using this technique to assess patient readiness for change and to support behavioural change.

5.4.1.10. Is expected to be proficient in trauma-informed assessment, conducting assessments that are sensitive to past trauma, ensuring a safe and respectful approach.

5.4.1.11. Is expected to be proficient in assessing functional status, evaluating the patient's ability to perform daily activities and assessing the impact of mental health conditions on functioning.

5.4.1.12. Is expected to be proficient in documenting findings clearly and accurately, adhering to professional standards.

5.4.2. Interventions

5.4.2.1. Is expected to be proficient in providing evidence-based therapeutic interventions, such as supportive counseling, psychoeducation, and crisis intervention.

5.4.2.2. Is expected to be proficient in medication management:

5.4.2.2.1. Administration of medications according to established protocols, accurately calculating dosages, and understanding potential interactions and contraindications.

5.4.2.2.2. Monitoring patients for therapeutic effects, side effects, and adverse reactions, adjusting care plans as necessary.

5.4.2.2.3. Educating patients and their families about medication purposes, potential side effects, adherence importance, and how to manage side effects.

5.4.2.2.4. Collaborating with prescribing professionals (e.g., psychiatrists, physicians, nurse practitioners) to report observations, suggest adjustments, and ensure the optimization of medication regimens.

5.4.2.2.5. Safeguarding patient safety through accurate documentation, adherence to medication policies, and conducting regular reviews of the patient's medication plan.

5.4.2.2.6. Utilizing tools such as the Medication Administration Record (MAR) and engaging in medication reconciliation during transitions of care to prevent errors.

5.4.2.2.7. Developing and implementing individualized care plans in collaboration with the

patient and healthcare team.

5.4.2.2.8. Monitoring the effectiveness of interventions and adjust care plans as necessary to meet patient needs.

5.4.2.2.9. Engaging patients through effective communication techniques such as active listening, empathy, and non-verbal cues to build trust, facilitate information gathering, and support therapeutic relationships.

5.4.2.2.10. Clinical reasoning and critical thinking, integrating assessment data with clinical knowledge to make informed decisions about patient needs and prioritize interventions.

5.4.2.2.11. Recognizing and respecting cultural, social, and religious differences that impact the assessment and care of patients in a diverse setting, adapting intervention techniques to accommodate cultural differences and to ensure that care is respectful and appropriate.

5.4.2.2.12. Interprofessional care, collaborating with other healthcare professionals, including psychiatrists, psychologists, and OTs, to integrate assessment findings and develop cohesive care plans.

5.5. Ethical and Professional Conduct

5.5.1. Is expected to uphold confidentiality and privacy, maintaining client confidentiality and adhering to relevant privacy legislation.

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- 5.5.2.** Is expected to maintain appropriate boundaries to ensure a safe therapeutic environment in patient relationships, avoiding dual relationships.
- 5.5.3.** Is expected to apply ethical reasoning to navigate complex clinical situations and make informed decisions in patient care.
- 5.5.4.** Is expected to practice within the limits of their competencies, referring to other professionals when cases exceed their expertise or scope of practice.
- 5.5.5.** Is expected to take accountability for their actions and decisions, upholding the values of integrity, transparency, and accountability.
- 5.5.6.** Is expected to seek supervision when faced with any ethical dilemmas or emotional challenges in practice to maintain personal and professional well-being.

5.6. Advocacy

- 5.6.1.** Is expected to advocate for patient rights, ensuring that they are informed about their treatment options and have the right to participate in their care decisions.
- 5.6.2.** Is expected to work to identify barriers that patients may face in accessing appropriate mental health services and advocate for resources and solutions to overcome these challenges.
- 5.6.3.** Is expected to work collaboratively with other professionals to enhance patient care and support integrated service delivery.
- 5.6.4.** Is expected to promote mental health awareness and stigma reduction within the

community.

5.6.5. Is expected to understand and respect the diverse backgrounds of clients, ensuring that advocacy and referrals are sensitive to their unique cultural, social, and economic contexts.

5.6.6. Is expected to support action to enable people to live a life free of abuse, neglect, exploitation and violence.

5.6.7. Is expected to stay informed about relevant legislation and policies affecting mental health services and advocate for changes that improve access and quality of care for patients.

5.7. Supervision

5.7.1. Is expected to mentor and support junior nursing staff, providing guidance and clinical supervision to enhance their skills and professional development.

5.7.2. Is expected to lead or participate in quality improvement initiatives, clinical audits, and research activities to advance nursing practice.

5.7.3. Is expected to promote a collaborative team environment that enhances holistic care for patients.

5.8. Professional Development

5.8.1. Is expected to participate in reflective practice, clinical supervision, and peer review to enhance their clinical skills and professional growth.

5.8.2. Maintain licensure and update clinical knowledge and skills.

5.8.3. Is expected to stay current with research, trends, and developments in mental health nursing to provide high-quality, evidence-based care.

5.9. Limitations and Boundaries of Practice

5.9.1. Prescriptive Authority: Nurses do not prescribe medications. Nurses collaborate with licensed prescribers regarding medication adjustments and prescriptions.

5.9.2. Diagnoses: Nurses cannot make a formal diagnosis. Nurses collaborate with psychiatrists and psychologists for formal diagnosis and management of severe mental health conditions.

5.9.3. Psychotherapy: Nurses are not authorized to provide psychotherapy; nurses must refer to the appropriate licensed professionals.

5.9.4. Advanced Psychological Assessments: For specialized assessments, nurses must refer to appropriate mental health professionals.

5.10. Legal and Ethical Conduct

5.10.1. Is expected to understand and adhere to DHA regulations and licensing requirements.

5.10.2. Is expected to understand and adhere to local laws governing nursing practice in Dubai.

5.10.3. Is expected to understand and adhere to ethical guidelines set by DHA and international nursing bodies, ensuring compliance with standards of practice and patient rights.

5.10.4. Is expected to understand and adhere to informed consent from clients for assessment,

treatment, and the sharing of information, ensuring transparency and patient understanding.

5.10.5. Is expected to understand and adhere to the legal and ethical requirements surrounding client confidentiality, including exceptions and limits (e.g., duty to report).

5.10.6. Is expected to take responsibility for one's actions and decisions, understanding the implications of legal and ethical breaches, and being prepared to address any issues that arise.

5.10.7. Is expected to understand and adhere to accurate, comprehensive, and confidential records in compliance with legal and ethical standards.

6. Occupational Therapy (This Scope of Practice is for Occupational Therapists working in Mental Health Settings).

6.1. Definition: An Occupational Therapist working in Mental Health is a licensed professional with advanced education, training, and skills in mental health assessment and therapeutic interventions. They utilize various evidence-based practices to help clients develop the skills necessary for daily living and working, focusing on enhancing functional abilities and participation in meaningful activities.

6.2. Roles and Responsibilities

An Occupational Therapist working in Mental Health is expected to:

- 6.2.1. Assessment:** Conduct comprehensive evaluations of clients' mental, emotional, and functional capabilities to identify strengths and limitations.
- 6.2.2. Intervention and Treatment:** Provide evidence-based interventions that promote skill development, coping strategies, and recovery. Utilize therapeutic activities (e.g., art, movement, daily living skills, physical activity, play therapy) to enhance clients' engagement and coping strategies.
- 6.2.3. Treatment Planning:** Develop individualized, client-centered care plans based on assessment findings, strengths, and goals.
- 6.2.4. Collaboration:** Work within multidisciplinary teams, including psychiatrists, psychologists, and other mental health professionals, to provide holistic care.
- 6.2.5. Education and Advocacy:** Educate clients, families, and communities about mental health and advocate for client rights and access to occupational therapy services.
- 6.2.6. Documentation:** Maintain accurate and confidential client records in compliance with legal, regulatory, and ethical standards.

6.3. Core Competencies

6.3.1. Knowledge and Application

An Occupational Therapist working in Mental Health is expected to:

- 6.3.1.1. Theoretical Knowledge:** Have an understanding of key occupational therapy theories

and frameworks relevant to mental health practice, including models of human occupation and recovery-oriented approaches.

6.3.1.2.Mental Health Interventions: Have familiarity with various evidence-based interventions, including cognitive-behavioural approaches, sensory integration, and psychosocial interventions.

6.3.1.3.Cultural Competence: Have knowledge of cultural dynamics and their impact on mental health and occupational therapy practice, ensuring culturally sensitive care.

6.3.1.4.Policy and Legislation: Have awareness of relevant laws, regulations, and policies affecting occupational therapy practice and client services.

6.4. Clinical Skills

An Occupational Therapist working in Mental Health is expected to:

6.4.1 Assessment

6.4.1.1 Have proficiency in using evidence-informed approaches to evaluate mental health status, including affect, cognition, insight, comprehension, impulse control, and suicide risk, and incorporate findings into all phases of evaluation and intervention.

6.4.1.2 Have proficiency in conducting mental status examinations to evaluate mood, affect, thought processes, and behaviour, identifying signs and symptoms of mental health disorders, such as anxiety, depression, psychosis, and mood dysregulation.

6.4.1.3 Have proficiency in assessing neurophysiological and psychological factors to

understand how these aspects affect the patient's mental health, coping mechanisms and cognitive function.

6.4.1.4 Have proficiency in assessing occupational performance and participation, assessing the individual's ability to engage in meaningful activities, including daily living tasks, leisure, work, and social participation, evaluating how mental health conditions may impact the patient's ability to perform and enjoy everyday activities.

6.4.1.5 Have proficiency in assessing cognitive and perceptual functioning, evaluating cognitive skills such as memory, attention, problem-solving, and executive functioning, evaluating how functional abilities may impact the patient's participation in daily activities.

6.4.1.6 Have proficiency in assessing sensory processing and integration, identifying sensory processing preferences, sensitivities, and aversions that impact daily functioning understanding how sensory processing issues affect emotional regulation, behaviour, and engagement in activities.

6.4.1.7 Have proficiency in assessing task demands to develop specific strategies to help clients acquire or improve skills necessary to meet task demands, promoting successful engagement in meaningful occupations.

6.4.1.8 Have proficiency in assessing environmental factors, including physical settings, social support, and community resources, to understand barriers to participation and

strategies to improve occupational performance.

6.4.1.9 Have proficiency in assessing the complex interaction among client variables (e.g., neurophysiological, psychological, task demands, environmental factors) to determine their impact on occupational performance.

6.4.1.10 Have proficiency in assessing how cultural, socio-economic factors, and personal values influence the client's experience of mental health disorders, their approach to treatment, and participation in meaningful daily activities.

6.4.1.11 Have proficiency in collaborative assessment, engaging patients, families, and other healthcare professionals in the assessment process to gather comprehensive data.

6.4.2 Interventions

An Occupational Therapist working in Mental Health is expected to:

6.4.2.1 Have proficiency in occupation-based interventions that facilitate participation in meaningful daily activities that enhance clients' quality of life and support mental health recovery, matching the client's abilities and goals, promoting success in their everyday activities.

6.4.2.2 Have proficiency in CBT principles to help clients identify and modify negative thought patterns and behaviours related to mental health disorders; and with DBT principles to enhance emotional regulation, interpersonal effectiveness, distress tolerance, and mindfulness.

6.4.2.3 Have proficiency in sensory integration strategies such as sensory modulation techniques to employ to help clients manage sensory processing difficulties, enhancing self-regulation and emotional control; and sensory-based interventions to promote relaxation, focus, and emotional stability.

6.4.2.4 Have proficiency in psychoeducation, providing education to clients and their families about mental health conditions, coping strategies, and the importance of occupational engagement in recovery; and teaching practical skills for daily living, such as stress management, self-care routines, and social skills.

6.4.2.5 Have proficiency related to psychiatric medications, including familiarity with the types of psychiatric medications commonly prescribed for mental health conditions, reason for use; and associated side-effects. They should support the care team in educating clients about their medications, supporting strategies to promote medication adherence such as creating reminder systems or integrating medication schedules into daily activities.

6.4.2.6 Have proficiency in providing individual and group counselling focusing on social interaction, support, shared experiences, and enhancing community connection and support networks.

6.4.2.7 Have proficiency in implementing evidence-based interventions tailored to clients' needs, including activities of daily living (ADLs), work-related tasks, and social

participation.

6.4.2.8 Have proficiency in environmental modifications to support safe and independent living, integrating assistive devices or technologies to improve clients' ability to perform daily activities and enhance independence.

6.4.2.9 Have proficiency in providing crisis intervention strategies, including de-escalation techniques and safety planning that outline steps to take during crises, including coping strategies and emergency contacts.

6.5 Limitations and Boundaries of Practice

An Occupational Therapist working in a Mental Health:

6.5.1 Medical Interventions: Do not prescribe medication. Mental Health OTs collaborate with licensed prescribers regarding medication adjustments and prescriptions.

6.5.2 Diagnoses: Cannot make a formal mental health diagnosis. Mental Health OTs collaborate with psychiatrists and psychologists for formal diagnosis and management of severe mental health conditions.

6.5.3 Psychotherapy: Are not authorized to provide psychotherapy; Mental Health OTs must refer to the appropriate licensed professionals.

6.5.4 Advanced Psychological Assessments: For specialized assessments, they must refer to appropriate mental health professionals.

6.6 Ethical and Professional Conduct

An Occupational Therapist working in Mental Health is expected to:

- 6.6.1** Uphold professional integrity and ethical standards in all interactions, ensuring accountability in practice.
- 6.6.2** Maintain confidentiality and privacy regarding client information, adhering to relevant privacy laws and ethical guidelines.
- 6.6.3** Recognize and establish appropriate professional boundaries, ensuring a safe therapeutic environment.
- 6.6.4** Practice within the limits of their competencies, referring to other professionals when cases exceed their expertise or scope of practice.
- 6.6.5** Take accountability for their actions and decisions, upholding the values of integrity, transparency, and accountability.
- 6.6.6** Seek supervision when faced with any ethical dilemmas or emotional challenges in practice to maintain personal and professional well-being.

6.7 Advocacy

An Occupational Therapist working in Mental Health is expected to:

- 6.7.1** Advocate for patient rights, ensuring that they are informed about their treatment options and have the right to participate in their care decisions.
- 6.7.2** Advocate for patient rights, ensuring access to occupational therapy services and community resources.

- 6.7.3 Work to identify barriers that patients may face in accessing appropriate mental health services and advocate for resources and solutions to overcome these challenges.
- 6.7.4 Work collaboratively with other professionals to enhance patient care and support integrated service delivery.
- 6.7.5 Promote mental health awareness and stigma reduction within the community.
- 6.7.6 Understand and respect the diverse backgrounds of clients, ensuring that advocacy and referrals are sensitive to their unique cultural, social, and economic contexts.
- 6.7.7 Support action to enable people to live a life free of abuse, neglect, exploitation and violence.
- 6.7.8 Stay informed about relevant legislation and policies affecting mental health services and advocate for changes that improve access and quality of care for patients.

6.8 Professional Development

An Occupational Therapist working in Mental Health is expected to:

- 6.8.1 Mentor and support junior or new OTs, providing guidance and clinical supervision to enhance their skills and professional development.
- 6.8.2 Maintain licensure and update clinical knowledge and skills.
- 6.8.3 Participate in reflective practice and supervision to enhance professional competence and address challenges in clinical practice.
- 6.8.4 Stay current with research, trends, and developments in mental health occupational

therapy to provide high-quality, evidence-based care.

6.9 Legal and Ethical Conduct

An Occupational Therapist working in Mental Health is expected to:

- 6.9.1 Understand and adhere to DHA regulations and licensing requirements.
- 6.9.2 Understand and adhere to local laws governing Occupational Therapy practice in Dubai.
- 6.9.3 Understand and adhere to ethical guidelines set by DHA, ensuring compliance with standards of practice and patient rights.
- 6.9.4 Understand and adhere to informed consent from clients for assessment, treatment, and the sharing of information, ensuring transparency and patient understanding.
- 6.9.5 Understand and adhere to the legal and ethical requirements surrounding client confidentiality, including exceptions and limits (e.g., duty to report).
- 6.9.6 Take responsibility for one's actions and decisions, understanding the implications of legal and ethical breaches, and being prepared to address any issues that arise.
- 6.9.7 Understand and adhere to accurate, comprehensive, and confidential records in compliance with legal and ethical standards.

7. References

1. Accreditation Council for Graduate Medical Education. (2019). *Sleep Medicine Milestones*.
2. Accreditation Council for Graduate Medical Education. (2022). *Addiction Psychiatry Milestones*.
3. Accreditation Council for Graduate Medical Education. (2022). *Consultation-Liaison Psychiatry Milestones*.
4. Accreditation Council for Graduate Medical Education. (2022). *Forensic Psychiatry Milestones*.
5. Accreditation Council for Graduate Medical Education. (2022). *Geriatric Psychiatry Milestones*.
6. Accreditation Council for Graduate Medical Education. (n.d.). *Milestones Supplemental Guide: Pain Medicine*.
7. American Academy of Clinical Neuropsychology. (2007). *American Academy of Clinical Neuropsychology (AACN) practice guidelines for neuropsychological assessment and consultation*. *The Clinical Neuropsychologist*, 21(2), 209–231.
<https://doi.org/10.1080/13825580601025932>
8. American Board of Addiction Psychology. (2022). *Exam Manual for Board Certification in Addiction Psychology*.
9. American Board of Psychiatry and Neurology. (2011). *Child and Adolescent Psychiatry Core Competencies Outline*.

10. American Nurses Association, the American Psychiatric Nurses Association, and the International Society of Psychiatric-Mental Health Nurses. (2022). *Psychiatric-Mental Health Nursing Scope and Standards of Practice*.
11. American Occupational Therapy Association. (2021). *Occupational Therapy Scope of Practice*. *American Journal of Occupational Therapy*, 75(Supplement_3), 7513410020.
<https://doi.org/10.5014/ajot.2021.75S3005>
12. American Psychiatric Association. (2006). *Practice Guideline for the Treatment of Patients with Substance Use Disorders*.
13. American Psychological Association. (n.d.). *Psychological treatment of alcohol and other psychoactive substance use disorders*. American Psychological Association.
<https://www.apa.org/ed/graduate/specialize/alcohol>
14. Australian College of Mental Health Nurses. (2013). *Mental Health Nurses in Australia Scope of Practice 2013 & Standards of Practice 2010*.
15. Balon, R., Morreale, M. K., Coverdale, J. H., Brenner, A., Louie, A. K., Beresin, E. V., Guerrero, A. P. S., & Roberts, L. W. (2018). *The Role of Psychiatric Education in Pain Management*. *Academic Psychiatry*, 42(5), 587–591. <https://doi.org/10.1007/s40596-018-0965-8>
16. Behaviour Analyst Certification Board. (2018). *RBT Task List (2nd ed.)*.
https://www.bacb.com/wp-content/uploads/2020/05/RBT-2nd-Edition-Task-List_240830-a.pdf

17. Board of Certified Psychometrists. (n.d.). *Code of Ethics for Certified Specialists in Psychometry*. <https://psychometristcertification.org/ethics/>
18. Canadian Association of Occupational Therapists. (2024). *OT Practice Document: Mental Health*.
19. Canadian Counselling and Psychotherapy Association. (2021). *Standards of Practice*.
20. Canadian Federation of Mental Health Nurses. (2023, September). *Canadian Standards of Practice for Psychiatric-Mental Health Nursing (5th ed.)*. <https://www.cfmhn.ca/>
21. Canadian Psychiatric Association. (2015). *Training in Substance-Related and Addictive Disorders, Part 1: Overview of Clinical Practice and General Recommendations. Position Paper*.
22. Carr, J. E., Nosik, M. R., & DeLeon, I. G. (2017). *The Registered Behaviour Technician™ Credential: A Response to Leaf et al. (2017)*. *Behaviour Analysis in Practice*, 10(2), 164–166. <https://doi.org/10.1007/s40617-017-0172-1>
23. Centre for Psychiatric Rehabilitation, Trustees of Boston University. (2012). *The Essential Guide to Rehabilitation Practice*.
24. College of Alberta Psychologists. (2022). *Standards of Practice*.
25. College of Psychologists and Behaviour Analysts of Ontario. (2019). *Appendix C – Definition of Practice Areas Registration Guidelines*. https://cpbao.ca/cpo_resources/appendix-c-definition-of-practice-areas/
26. College of Psychologists of Ontario. (n.d.). *Competency Profile and Examination Blueprint for*

Behaviour Analysts in Ontario. <https://cpbao.ca/aba/examination-for-behaviour-analysts/>

27. Department of Community Development. (2020). *DCD Social Care Professionals Code of Conduct & Ethics in the Emirate of Abu Dhabi.*
28. Department of Health. (2020). *Scope of Practice Guidelines for Licensed Healthcare Professionals.*
29. Drake, R. E., Essock, S. M., Shaner, A., Carey, K. B., Minkoff, K., Kola, L., Lynde, D., Osher, F. C., Clark, R. E., & Rickards, L. (2001). *Implementing Dual Diagnosis Services for Clients with Severe Mental Illness. Psychiatric Services, 52(4), 469–476.*
<https://doi.org/10.1176/appi.ps.52.4.469>
30. Dubai Healthcare City Authority. (2020). *DHCR Allied Health Professionals Scope of Practice Guideline.*
31. Fleury, G., Milin, R., Crockford, D., Buckley, L., Charney, D., George, T. P., & el-Guebaly, N. (2015). *Training in Substance-Related and Addictive Disorders, Part 1: Overview of Clinical Practice and General Recommendations. Canadian Journal of Psychiatry, 60(12), 1–9.*
32. Fishman, S. M., Young, H. M., Lucas Arwood, E., Chou, R., Herr, K., Murinson, B. B., Watt-Watson, J., Carr, D. B., Gordon, D. B., Stevens, B. J., Bakerjian, D., Ballantyne, J. C., Courtenay, M., Djukic, M., Koebner, I. J., Mongoven, J. M., Paice, J. A., Prasad, R., Singh, N., Sluka, K. A., ... Strassels, S. A. (2013). *Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit. Pain Medicine, 14(7), 971–981.* <https://doi.org/10.1111/pme.12107>

33. Guidelines on Area of Practice Endorsements. *Psychology Board of Australia*. (n.d).
<https://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies/Guidelines-area-of-practice-endorsements.aspx>
34. Health Education England. (2020). *Mental Health Nursing Competence and Career Framework*. National Health Service.
35. Hicks, J., Green, A., Anderson, K., Berger, L., Ellis, J., O'Regan, D., & Selsick, H. (2019). *Expert Consensus on Minimum Standards of Practice in the Use of Cognitive Behavioural Therapy for Insomnia (CBT-I)*.
36. Leo, R. J., Pristach, C. A., & Streltzer, J. (2003). *Incorporating Pain Management Training into the Psychiatry Residency Curriculum*. *Academic Psychiatry*, 27(1), 1–11.
<https://doi.org/10.1176/appi.ap.27.1.1>
37. Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice. (2017). *American Journal of Occupational Therapy*, 71(Supplement_2), 7112410035p1–7112410035p19. <https://doi.org/10.5014/ajot.2017.716S03>
38. Occupational Therapy Australia. (2023). *Mental Health Occupational Therapy Capability Framework*.
39. Palermo, T. M., Janicke, D. M., McQuaid, E. L., Mullins, L. L., Robins, P. M., & Wu, Y. P. (2014). *Recommendations for Training in Pediatric Psychology: Defining Core Competencies Across Training Levels*. *Journal of Pediatric Psychology*, 39(9), 965–984.

<https://doi.org/10.1093/jpepsy/jsu015>

40. Partners in Recovery Canada. (2017). *Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners*.

41. Penzel, T., Pevernagie, D., Bassetti, C., et al. (2021). *Sleep Medicine Catalogue of Knowledge and Skills – Revision*. *Journal of Sleep Research*, 30, e13394.

<https://doi.org/10.1111/jsr.13394>

42. Royal Australian and New Zealand College of Psychiatrists. (2015). *Stage 3 Consultation–Liaison Psychiatry 2012 Competency Assessment Criteria*.