

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Mental Health Team

Assignment 3 - Professional discussion

Mark scheme

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Supporting the Mental Health Team

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About this document

This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated performance outcomes and total marks for each question

SAMPLE

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.

Reward students positively giving credit for what they have shown, rather than what they might have omitted.

Utilise the whole mark range and always award full marks when the response merits them.

Be prepared to award 0 marks if the student's response has no creditworthy material.

Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.

The marks awarded for each response should be clearly and legibly recorded.

If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

Guidelines for using extended response marking grids

Extended response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage, and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better or worse.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a student may produce. It is not a requirement either, that students must cover all of the indicative content to be awarded full marks.

Mark scheme

This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated performance outcomes and total marks for each question.

Performance outcomes

This assessment requires students to demonstrate the following:

Supporting healthcare (core)

PO1	Assist with an individual's overall care and needs to ensure comfort and wellbeing
PO2	Assist registered health professionals with clinical or therapeutic tasks and interventions
PO3	Undertake a range of physiological measurements

Supporting the Mental Health Team (option C)

PO1	Provide care and support to individuals with mental health conditions
PO2	Assist the mental health team with mental health tasks and therapeutic interventions
PO3	Promote mental wellbeing

Theme 1: providing care in the mental health sector

Question 1

Part A

Reflect on a situation in your placement, or a learning experience in the classroom, in which you managed challenging or difficult communication when working as part of a team. As a professional in the team, what challenges did you identify and how did you, or could you, manage these effectively?

Part B

Referring to your own experience, examine the skills needed when communicating with other professionals to support vulnerable people living with a mental health condition. Using an example, include the actions a professional should take to be effective in their practice and to keep people safe.

(12 marks)

Band	Mark	Descriptor
4	10–12	<p>Example of a relevant experience building a professional relationship is clearly linked to the healthcare setting, with a significant, embedded focus on mental health. Student presents with a high degree of clarity and is highly coherent.</p> <p>There is a substantive understanding of experiential learning in the example, in which the student clearly identifies links between practice, theory and application.</p> <p>Student confidently and coherently examines a relevant experience of managing challenging or difficult communication. Narrative demonstrates a highly developed understanding of the application of communication models to a specific scenario.</p> <p>Student demonstrates a highly developed understanding of ‘person-centred care’ as a concept and a practice. They clearly link this with the mental health care setting in a manner that demonstrates a deep understanding of the principles of care and the mental health environment.</p>
3	7–9	<p>Example of a relevant experience building a professional relationship is relevant and clearly linked to the healthcare setting, with a demonstrable focus on mental health. Student presents with a good degree of clarity and is coherent.</p> <p>There is a clear understanding of experiential learning in the example, in which the student identifies links between practice, theory and application.</p> <p>Student confidently and coherently examines a relevant experience of managing challenging or difficult communication. Narrative demonstrates a developed understanding of the application of communication models to a specific scenario.</p> <p>Student demonstrates a developed understanding of ‘person-centred care’ as a concept and a practice. They clearly link this with the mental health care setting in a manner that demonstrates a clear understanding of the principles of care and the mental health environment.</p>

Band	Mark	Descriptor
2	4–6	<p>Example of a relevant experience building a professional relationship is tenuously relevant and linked to the healthcare setting, with a basic focus on mental health. Student presents with some evidence of clarity and coherence.</p> <p>There is a basic understanding of experiential learning in the example. Links between practice, theory and application are tenuous and not fully developed.</p> <p>Student examines an experience of managing challenging or difficult communication. This lacks depth and detail. Narrative demonstrates a limited basic understanding of the application of communication models to a scenario that lacks specificity.</p> <p>Student demonstrates a basic understanding of ‘person-centred care’ as a concept and a practice. They link this with the mental health care setting in a manner that demonstrates a basic understanding of the principles of care and the mental health environment.</p>
1	1–3	<p>Example of a relevant experience building a professional relationship is partially relevant but is not clearly linked to the healthcare setting and does not consistently include a focus on mental health. Student presents with some degree of clarity and coherence although this may be disjointed and difficult to follow.</p> <p>There is a very limited, rudimentary understanding of learning in the example. This may be tentatively experiential and does not clearly identify links between practice, theory, and application.</p> <p>Student examines a relevant experience of managing challenging or difficult communication, but this is underdeveloped and rudimentary. Narrative demonstrates a limited understanding of the application of communication models to a specific scenario.</p> <p>Student demonstrates a limited understanding of ‘person centred care’ as a concept and a practice. They tentatively link this with a care setting in a manner that demonstrates a limited understanding of the principles of care and the mental health environment, although this may not be directly linked to a mental health setting.</p>
	0	No creditworthy material.

Indicative content

- demonstrates knowledge of the principles of good communication in practice
- shows awareness of challenging communication solutions and techniques, including in relation to language, behaviours, and practical tools
- describes indicators of effective relationships, by reference to colleagues and/or service users
- evaluates the principles and application of person-centred care, adaptable to any care environment
- understands the structure of mental health care teams, care practices and environments
- student takes responsibility for their own learning and can identify areas where personal development is needed relevant to the theme

The following identify the types of experiences students can utilise for reflection in preparation for the professional discussion. It should be noted the list is not exhaustive and students should be encouraged to draw on other aspects of the curriculum where it links with the question. Students may not have necessarily completed all of the detail required in the response within their work experience. However, it is expected they have sufficient theoretical learning and simulated practice to provide a detailed response in a way that demonstrates comprehensively they have met the overall assessment outcomes:

- joining a team as an observer, volunteer, or assistant
- taking part in team meetings, either remotely or in person
- taking part in a focus group or group training exercise
- watching a presentation or lesson given by a professional
- participating in an interactive presentation, conference, briefing or event

Accept other appropriate responses.

SAMPLE

Question 2

Part A

Referring to your own experience, discuss the role of safeguarding in a mental health care setting that promotes person-centred care.

Part B

Referring to your own experience, explain how safeguarding is linked to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards/Liberty Protection Safeguards.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Discussion of safeguarding includes comprehensive knowledge and deep understanding of the 6 core principles of safeguarding as defined in the Health and Social Care Act 2008.</p> <p>Student clearly and coherently links named safeguarding principles with a specific, compelling experience or scenario. This is firmly and coherently situated in the healthcare setting with demonstrable relevance to the mental health setting.</p> <p>Student demonstrates sound, fundamental understanding of the application of safeguarding in practice, in named, specific contexts. Student presents this as a critical reflection of their experience and/or study.</p> <p>Student can explain in detail their experiences with strong understanding of safeguarding within the scope of the Deprivation of Liberty Safeguards/Liberty Protection Safeguards. This includes scope, content, and practical application in the mental health setting with clear contextual relevance.</p>
3	11–15	<p>Discussion of safeguarding includes developed knowledge and good understanding of the 6 core principles of safeguarding as defined in the Health and Social Care Act 2008.</p> <p>Student clearly and coherently links named safeguarding principles with a specific experience or scenario. This is coherently situated in the healthcare setting with relevance to the mental health setting.</p> <p>Student demonstrates good understanding of the application of safeguarding in practice, in named, specific contexts. Student presents this as a critical, reflective description of their experience and/or study.</p> <p>Student can explain their experiences with good understanding of safeguarding within the scope of the Deprivation of Liberty Safeguards/Liberty Protection Safeguards. This includes scope, content, and practical application in the mental health setting.</p>

Band	Mark	Descriptor
2	6–10	<p>Discussion of safeguarding includes satisfactory knowledge and understanding of the 6 core principles of safeguarding as defined in the Health and Social Care Act 2008.</p> <p>Student links named safeguarding principles with a specific experience or scenario. This is situated in the healthcare setting with some relevance to the mental health setting.</p> <p>Student demonstrates limited understanding of the application of safeguarding in practice, in named, specific contexts. Student presents this as a reflective description of their experience and/or study although this lacks criticality.</p> <p>Student can explain their experiences with some evidence of understanding of safeguarding within the scope of the Deprivation of Liberty Safeguards/Liberty Protection Safeguards. This includes scope, content and practical application in the mental health setting but lacks depth.</p>
1	1–5	<p>Discussion of safeguarding includes limited knowledge and understanding of the 6 core principles of safeguarding as defined in the Health and Social Care Act 2008.</p> <p>Student tenuously links named safeguarding principles with a vague experience or scenario. This is tentatively situated in the healthcare setting with very limited relevance to the mental health setting.</p> <p>Student demonstrates very limited understanding of the application of safeguarding in practice, in named, specific contexts. Student presents this as a simple description of their experience and/or study.</p> <p>Student can outline their experiences with limited understanding of safeguarding within the scope of Deprivation of Liberty Safeguards/Liberty Protection Safeguards. This includes one aspect of scope, content, or practical application in the mental health setting.</p>
	0	No creditworthy material.

Indicative content

The following are examples of how the student may demonstrate appropriate knowledge, skills, and behaviours. These are not meant to be exhaustive, nor is it expected that the student must describe each to achieve optimal marks. Markers should assess holistically to determine the student's overall ability to reflect on practice experiences by linking appropriate knowledge to their skills and behaviours and future development needs:

- demonstrates understanding of Regulation 13, or elements thereof, of the Health and Social Care Act 2008
- demonstrates knowledge of the implications of safeguarding protections on service users and professionals, such as service users' legal right to be protected, and legal right to consent to care, and professionals' legal responsibilities to report and act on information
- demonstrates knowledge of safeguarding delivery in mental health settings, in the context of service users who have needs relating to diagnosed conditions such as schizophrenia, bipolar disorder and clinical depression
- demonstrates knowledge of the 5 principles of the Deprivation of Liberty Safeguards/Liberty Protection Safeguards, including their placement in the Mental Capacity Act (2005)

- demonstrates understanding of scenarios in which Deprivation of Liberty Safeguards/Liberty Protection Safeguards may be assessed and executed and the contexts in which such work takes place

Accept other appropriate responses.

SAMPLE

Theme 2: assisting the mental health team with mental health tasks and therapeutic interventions

Question 3

Part A

Referring to your own experience, describe effective provision for person-centred care for someone with a diagnosed mental health condition.

Part B

Explain how your applied knowledge about the condition you have identified in Part A enabled effective care and treatment.

(12 marks)

Band	Mark	Descriptor
4	10–12	<p>Description of a situation when the student delivered care (or their proposed alternative example) is clearly relevant to the mental health setting. It demonstrates highly developed knowledge and understanding of a range of mental health conditions, diagnoses, and symptoms.</p> <p>Student skilfully links their knowledge of mental health conditions with a reflection on their experiential scenario. Links are coherent, compelling and demonstrate deep learning. Knowledge, skills, and experience reflect sustained study, practice, and reflection.</p> <p>Discussion of feelings represents comprehensive understanding of a reflective model with clear, consistent application to practice. Student is critical and insightful in their reflection and applies this in a meaningful way to their scenario experience.</p> <p>Understanding of clinical interventions substantively furthers the discussion of the scenario and the student clearly articulates their assessment of the planned treatment of the individual. This may be positive, neutral, or negative but will indicate a persuasive standpoint that is based on their knowledge and interpretation of their experience.</p>

Band	Mark	Descriptor
3	7–9	<p>Description of a situation when the student delivered care (or their proposed alternative example) is clearly relevant to the mental health setting. It demonstrates good knowledge and understanding of a range of mental health conditions, diagnoses, and symptoms.</p> <p>Student skilfully links their knowledge of mental health conditions with a reflection on their experiential scenario. Links are coherent and detailed. Knowledge, skills, and experience reflect effective study, practice, and reflection.</p> <p>Discussion of feelings represents good understanding of a reflective model with clear, application to practice. Student is coherent in their reflection and applies this clearly to their scenario experience.</p> <p>Understanding of clinical interventions furthers the discussion of the scenario and the student articulates their assessment of the planned treatment of the individual. This may be positive, neutral, or negative but will indicate a standpoint that is based on their knowledge and interpretation of their experience.</p>
2	4–6	<p>Description of a situation when the student delivered care (or their proposed alternative example) is relevant to the mental health setting. It demonstrates a satisfactory level of knowledge and understanding of a range of mental health conditions, diagnoses, and symptoms.</p> <p>Student links their knowledge of mental health conditions with a reflection on their experiential scenario. Links are relevant and demonstrate learning but lack depth. Knowledge, skills, and experience reflect study, practice, and reflection at a basic level.</p> <p>Discussion of feelings represents a basic understanding of a reflective model with clear application to practice. Student is tentative in their reflection and applies this in a tenuous way to their scenario experience.</p> <p>Understanding of clinical interventions contributes to the discussion of the scenario and the student articulates their assessment of the planned treatment of the individual. This may be positive, neutral, or negative but will indicate a tenuous standpoint that is based on their knowledge and interpretation of their experience.</p>
1	1–3	<p>Description of a situation when the student delivered care (or their proposed alternative example) is partly relevant to the mental health setting. It demonstrates a limited level of knowledge and understanding of some elements of mental health, such as presenting symptoms and diagnoses. It lacks detail and specificity but is accurate.</p> <p>Student links their knowledge of mental health conditions with a reflection on their experiential scenario. The link is undeveloped but relevant.</p> <p>Knowledge, skills, and experience do not reflect sustained study, practice and reflection.</p> <p>Discussion of feelings represents a minimal understanding of a reflective model with inconsistent application to practice. Student lacks self-awareness and insight in their reflection, which is not clearly applied in a meaningful way to their scenario experience.</p> <p>Understanding of clinical interventions minimally furthers the discussion of the scenario and the student describes their assessment of the planned treatment of the individual. This may be positive, neutral, or negative but will indicate an unpersuasive standpoint that lacks evidence of knowledge and understanding.</p>

Band	Mark	Descriptor
	0	No creditworthy material.

Indicative content

- demonstrable knowledge of defined mental health conditions that are identifiable, diagnosable, and recognisable by medical professionals and classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification for Diseases (ICD)
- demonstrates knowledge of common symptoms, presentations, manifestations, and treatments of mental health conditions, for example schizophrenia can manifest delusions and hallucinations, and treatment is usually antipsychotic medication to control dopamine in the brain
- demonstrates understanding that the content of care plans may include mental health monitoring, physiological measurements, diagnostic tools, and template calculations
- demonstrates knowledge of the application of therapeutic and clinical interventions

The following identify the types of experiences students can utilise for reflection in preparation for the professional discussion. It should be noted the list is not exhaustive and students should be encouraged to draw on other aspects of the curriculum where it links with the question. Students may not have necessarily completed all of the detail required in the response within their work experience. However, it is expected they have sufficient theoretical learning and simulated practice to provide a detailed response in a way that demonstrates comprehensively that they have met the overall assessment outcomes:

- observing or supporting professionals in environments such as a hospital, care home or community care facility, to prepare a care or treatment plan
- participating in a social or medical history of an individual new to treatment
- observing or participating in a review of an individual's care
- working with staff to prepare a new policy or care pathway

Accept other appropriate responses.

Question 4

Part A

Referring to your own experience, examine how the roles of mental health support staff operate in the context of national guidelines and local service frameworks. Use specific examples.

Part B

Referring to your own experience, analyse how the roles of mental health support staff can promote mental wellbeing. Use specific examples.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Description of service frameworks is highly detailed and includes policy complexities, demonstrating deep understanding of at least 2 national guidelines and at least 2 local service frameworks. Student deftly and clearly links both to their experiences, colleagues, and service users to build a highly coherent, detailed, and compelling narrative of a work scenario in a healthcare environment.</p> <p>Explanation of ways in which the student interacted with, and worked within, policy and guidance frameworks demonstrates sound technical understanding. Student demonstrably understands the placement of guidance and frameworks in their experience and how these contribute to common practice.</p> <p>Description of assisting registered practitioners is highly detailed and demonstrates a high degree of competence in these areas: understanding of the terminology and meaning of registered practitioner; roles and responsibilities of the professional group; boundaries of practice and their place in the medical and clinical landscape.</p> <p>Student presents a deep, highly coherent reflection of their work with a registered practitioner and clearly links this to their study progress. Detail includes specifics of the actions the student took and/or observed and fully understood.</p>

Band	Mark	Descriptor
3	11–15	<p>Description of service frameworks has good detail and includes policy complexities, demonstrating good understanding of at least one national guideline and at least one local service framework. Student deftly and clearly links both to their experiences, colleagues, and service users to build a coherent, detailed narrative of a work scenario in a healthcare environment.</p> <p>Explanation of ways in which the student interacted with, and worked within, policy and guidance frameworks demonstrates sound technical understanding. Student demonstrably understands the placement of guidance and frameworks in their experience and how these contribute to common practice.</p> <p>Description of assisting registered practitioners is detailed and demonstrates a degree of competence in these areas: understanding of the terminology and meaning of registered practitioner; roles and responsibilities of the professional group; boundaries of practice and their place in the medical and clinical landscape.</p> <p>Student presents a coherent reflection of their work with a registered practitioner and clearly links this to their study progress. Detail includes specifics of the actions the student took and/or observed and fully understood.</p>
2	6–10	<p>Description of service frameworks has satisfactory detail and includes policy references, demonstrating basic understanding of at least one national guideline or at least one local service framework. Student tenuously links this to their experiences, colleagues, and service users to build a basic narrative of a work scenario in a healthcare environment.</p> <p>Explanation of ways in which the student interacted with, and worked within, policy and guidance frameworks demonstrates basic technical understanding. Student understands the placement of guidance and frameworks in their experience and how these contribute to common practice.</p> <p>Description of assisting registered practitioners has limited detail and demonstrates a degree of competence in these areas: understanding of the terminology and meaning of registered practitioner; roles and responsibilities of the professional group; boundaries of practice and their place in the medical and clinical landscape.</p> <p>Student presents a limited reflection of their work with a registered practitioner and links this to their study progress. Detail includes specifics of the actions the student took and/or observed and fully understood.</p>

Band	Mark	Descriptor
1	1–5	<p>Description of service frameworks has limited detail. Understanding of policy complexities is low and detail refers minimally to national guidance or a local service framework. Student sometimes inaccurately links policy or framework to their experiences. This is basic and lacks a full range of information such as colleagues and service users. Narrative lacks coherence and is poorly structured. The picture of a work scenario in a healthcare environment lacks relevance.</p> <p>Explanation of ways in which the student interacted with, and worked within, policy and guidance frameworks lacks technical understanding. Student understands the placement of guidance or frameworks in their experience and how these contribute to common practice but lacks depth, competence, and application.</p> <p>Description of assisting registered practitioners has very limited detail and demonstrates a low degree of competence in these areas: understanding of the terminology and meaning of registered practitioner; roles and responsibilities of the professional group; boundaries of practice and their place in the medical and clinical landscape.</p> <p>Student presents a very limited, uncoordinated reflection of their work with a registered practitioner with tenuous, poorly explained links to their study progress. Detail lacks specifics of the actions the student took and/or observed.</p>
	0	No creditworthy material.

Indicative content

The following are examples of how the student may demonstrate appropriate knowledge, skills, and behaviours. These are not meant to be exhaustive, nor is it expected that the student must describe each, to achieve optimal marks. Markers should assess holistically to determine the student's overall ability to reflect on practice experiences by linking appropriate knowledge to their skills and behaviours and future development needs:

- demonstrates knowledge of named national guidance, local service frameworks, service level agreements, legislation, and policy, with accurate content
- demonstrates working knowledge of links between practice standards, clinical application and named frameworks, guidance and/or legislation
- demonstrates knowledge of named types of registered practitioners in a clinical setting, including the mental health environment, such as RMNs, clinical nurse specialists and psychologists
- understands physiological procedures and measurements
- understands psychological care and treatment delivery
- understands reflective cycle components

The following identify the types of experiences students can utilise for reflection in preparation for the professional discussion. It should be noted the list is not exhaustive and students should be encouraged to draw on other aspects of the curriculum where it links with the question. Students may not have necessarily completed all of the detail required in the response within their work experience. However, it is expected they have sufficient theoretical learning and simulated practice, to provide a detailed response in a way that demonstrates comprehensively they have met the overall assessment outcomes:

- meetings and training with multidisciplinary teams in a variety of settings: local authority, community care, hospitals, primary care, adult social care
- attendance at presentations, briefings, conferences, or volunteer events
- attendance, observation, and participation in social events for individuals, such as day centres and activity programmes.

Accept other appropriate responses.

SAMPLE

Theme 3: promoting mental wellbeing

Question 5

Part A

Referring to your own experience, describe how physiological measurements can support care and treatment for people with mental health needs.

Part B

Referring to your own experience, explain the importance of adhering to good practice. Discuss the specifics of a person's condition and your actions or situational observation to explain your answer.

(12 marks)

Band	Mark	Descriptor
4	10–12	<p>Description of the student assisting to maintain or improve mental wellbeing is specific, detailed and demonstrates a high level of competency. Narrative incorporates quantitative and qualitative elements of wellbeing and is substantively linked to the mental health professional's role.</p> <p>Student demonstrates a comprehensive knowledge of dementia, therapeutic treatments, and interventions.</p> <p>Student demonstrates a very detailed understanding of the concept of 'wellbeing' and appropriate methods to maintain and improve this in a well-defined situation.</p> <p>Student has a well-developed vocabulary in relation to dementia, their chosen scenario and environment. This clearly reflects a deep understanding of the practice elements of their experience and reflects clear understanding of structured approaches to mental wellbeing.</p> <p>Explanation of following good practice is highly coherent, demonstrates a high level of knowledge and competence and the student presents with confidence. Narrative includes substantive links between practice theory and delivery.</p>

Band	Mark	Descriptor
3	7–9	<p>Description of the student assisting to maintain or improve mental wellbeing is specific, detailed and demonstrates a well-developed level of competency. Narrative incorporates quantitative and qualitative elements of wellbeing and is clearly linked to the mental health professional's role.</p> <p>Student demonstrates an in-depth, accurate knowledge of dementia, therapeutic treatments, and interventions. Student demonstrates a detailed understanding of the concept of 'wellbeing' and appropriate methods to maintain and improve this in a defined situation.</p> <p>Student has a well-developed vocabulary in relation to dementia, their chosen scenario, and environment. This reflects a good understanding of the practice elements of their experience and reflects understanding of structured approaches to mental wellbeing.</p> <p>Explanation of following good practice is coherent, demonstrates a good level of knowledge and competence and the student presents with confidence. Narrative includes clear links between practice theory and delivery.</p>
2	4–6	<p>Description of the student assisting to maintain or improve mental wellbeing has limited detail and demonstrates a basic level of competency. Narrative incorporates quantitative and qualitative elements of wellbeing and is tenuously linked to the mental health professional's role.</p> <p>Student demonstrates an accurate knowledge of dementia, therapeutic treatments, and interventions. Student demonstrates a detailed understanding of the concept of 'wellbeing' and appropriate methods to maintain and improve this in a defined situation.</p> <p>Student has a basic vocabulary in relation to dementia, their chosen scenario, and environment. This reflects a basic understanding of the practice elements of their experience and reflects knowledge of structured approaches to mental wellbeing.</p> <p>Explanation of following good practice is coherent, demonstrates a basic level of knowledge and competence. Student lacks confidence. Narrative includes tenuous links between practice theory and delivery.</p>
1	1–3	<p>Description of the student assisting to maintain or improve mental wellbeing is generic, lacks detail and demonstrates a low level of competency. Narrative is basic and discursive and is not substantively linked to the mental health professional's role.</p> <p>Student demonstrates low-level knowledge of dementia, therapeutic treatments, and interventions. Student demonstrates a limited understanding of the concept of 'wellbeing' and related methods to maintain or improve this in a poorly defined situation.</p> <p>Student has a limited vocabulary in relation to dementia, their chosen scenario, and environment. This reflects a basic understanding of the practice elements of their experience and limited understanding of structured approaches to mental wellbeing.</p> <p>Explanation of following good practice lacks coherence, demonstrates a low level of knowledge and competence and the student presents with limited confidence. Narrative includes no or tenuous links between practice theory and delivery.</p>
	0	No creditworthy material.

Indicative content

The following are examples of how the student may demonstrate appropriate knowledge, skills, and behaviours. These are not meant to be exhaustive, nor is it expected that the student must describe each, to achieve optimal marks. Markers should assess holistically to determine the student's overall ability to reflect on practice experiences by linking appropriate knowledge to their skills and behaviours and future development needs:

- context of the response is clearly situated in the practice of physiological measurements and the relationship with dementia, mental health, and wellbeing
- demonstrates knowledge of symptoms of declining or poor mental health
- understands types of mental ill health and diagnosable conditions, for example bipolar disorder or obsessive-compulsive disorder
- explains clinical and therapeutic interventions and health promotion methods
- describes health improvement strategies and key treatments
- demonstrates knowledge that definitions of good practice may refer to process systems, local frameworks and/or national or international guidelines published by appropriate accredited organisations

The following identify the types of experiences students can utilise for reflection in preparation for the professional discussion. It should be noted the list is not exhaustive and students should be encouraged to draw on other aspects of the curriculum where it links with the question. Students may not have necessarily completed all the detail required in the response within their work experience. However, it is expected they have sufficient theoretical learning and simulated practice to provide a detailed response in a way that demonstrates comprehensively they have met the overall assessment outcomes:

- observing care in a care and treatment setting, such as a care home, hospital, community setting or someone's home
- reviewing care and treatment plans of individuals living with dementia
- attending or participating in training, meetings, workshops or role plays based on delivering care to people living with dementia
- participating in role plays designed to help practitioners deliver care and support to individuals living with dementia

Accept other appropriate responses.

Question 6

Part A

Referring to your own experience, evaluate how therapeutic interventions can support care and treatment options for people with mental health needs.

Part B

Referring to your own experience, explain how to analyse the situation effectively to ensure that interventional strategies are appropriate for the individual. Use specific examples.

(20 marks)

Band	Mark	Descriptor
4	16–20	<p>Discussion of therapeutic interventions and skills is highly detailed and demonstrably relevant to the mental health environment. Student uses specific examples to link identifiable treatments with a practical or experiential scenario. Both strategy and skills are comprehensively and logically placed in the mental health landscape, with a deep understanding of their impact and importance.</p> <p>Application of interventions in practice is contextualised with a well-developed sense of learning and personal development.</p> <p>Explanation of the appropriateness of therapeutic interventions and skills includes multiple, clearly structured, and coherent factors relevant to the mental health setting including individuals, practitioners, and the environment.</p> <p>Student considers the impact of their actions on wider practice, including their own mental health, working with colleagues and professional competence.</p>
3	11–15	<p>Discussion of therapeutic interventions and skills has good detail and is demonstrably relevant to the mental health environment. Student uses specific examples to link an identifiable treatment with a practical or experiential scenario. Both strategy and skills are logically placed in the mental health landscape, with a clear understanding of their impact and importance.</p> <p>Application of interventions in practice is contextualised, with a developed sense of learning and personal development.</p> <p>Explanation of the appropriateness of therapeutic interventions and skills includes structured and coherent factors relevant to the mental health setting including individuals, practitioners, and the environment.</p> <p>Student considers the impact of their actions on wider practice, including their own mental health, working with colleagues and professional competence.</p>

Band	Mark	Descriptor
2	6–10	<p>Discussion of therapeutic interventions and skills has satisfactory detail and is relevant to the mental health environment. Student uses examples to link a tenuous treatment with a practical or experiential scenario. Both strategy and skills are tentatively placed in the mental health landscape, with a basic understanding of their impact and importance.</p> <p>Application of interventions in practice is presented as a reflection or an evaluation but lacks criticality. There is some convincing evidence of learning and personal development.</p> <p>Explanation of the appropriateness of therapeutic interventions and skills includes structured and coherent factors relevant to the mental health setting including individuals, practitioners, and the environment.</p> <p>Student considers the impact of their actions on wider practice, including their own mental health, working with colleagues and professional competence.</p>
1	1–5	<p>Discussion of therapeutic interventions and skills has limited detail and relevance to the mental health environment. Student uses weak examples to link treatments with a practical or experiential scenario. Strategy or skill is unconvincingly placed in the mental health landscape, with limited understanding of their impact and importance.</p> <p>Application of interventions in practice is presented as a simplistic reflection or evaluation that lacks criticality. There is a limited sense of learning and personal development.</p> <p>Explanation of the appropriateness of therapeutic interventions and skills includes minimal structure or coherent factors relevant to the mental health setting including individuals, practitioners, and the environment.</p> <p>Student does not consider the impact of their actions on wider practice, their own mental health, working with colleagues or professional competence.</p>
	0	No creditworthy material.

Indicative content

The following are examples of how the student may demonstrate appropriate knowledge, skills, and behaviours. These are not meant to be exhaustive, nor is it expected that the student must describe each to achieve optimal marks. Markers should assess holistically to determine the student's overall ability to reflect on practice experiences by linking appropriate knowledge to their skills and behaviours and future development needs:

- discusses knowledgeable reference to named, substantiated coping strategies and skills, with accompanying evidence of applicability and use
- explains measures of coping strategies in relation to self, colleagues, individuals, and the practice setting
- demonstrates a competent understanding of continuing personal/professional development

The following identify the types of experiences students can utilise for reflection in preparation for the professional discussion. It should be noted the list is not exhaustive and students should be encouraged to draw on other aspects of the curriculum where it links with the question. Students may not have necessarily completed all of the detail required in the response within their work experience. However, it is expected they have sufficient theoretical learning and simulated practice to provide a detailed response in a way that demonstrates comprehensively they have met the overall assessment outcomes:

- observation or participation in any therapeutic environment, such as a care home, psychology clinic, counselling centre or outpatient clinic
- attendance at staff training and development events
- discussions with HR professionals

Accept other appropriate responses.

SAMPLE

Performance outcome grid

Question	C-PO1	C-PO2	C-PO3	O-PO1	O-PO2	O-PO3	Total
Theme 1							
1	1	1		7		3	12
2	10			10			20
Theme 2							
3	1	1	6			4	12
4	5	5		5	5		20
Theme 3							
5	1	1	4	2	1	3	12
6	2	2			9	7	20
Total	20	10	10	24	15	17	96
% weighting	21	10	10	25	16	18	100

Document information

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		January 2021
v1.1	NCFE rebrand		September 2021
v1.2	Sample added as a watermark.	November 2023	20 November 2023