

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Mental Health Team

Assignment 1 - Case study stimulus materials

Assignment brief insert

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Case study stimulus materials

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Item A: district nurse referral letter

Date: 10/02/2020

To: Community mental health team

From: District nursing services

Re: Alex Smith DOB 20/11/91

Thank you for agreeing to see my patient Alex Smith. We have been visiting her since she was discharged from hospital following a diagnosis of paraplegia following a cycling accident in November. Although she suffered a head injury, she has no cognitive impairments. She received physiotherapy and can stand with a frame to facilitate her personal care, transfer independently with a banana transfer board, and requires a wheelchair for movement. She has been discharged from rehab as she has reached optimal movement. She was assessed by occupational therapy who recommended house adaptations to improve access and independence in the kitchen and ground floor areas, which involves substantial work.

Our team initially visited once each morning to assist with bowel elimination, but she is now managing this independently. She has an indwelling urinary catheter and we intend to change from long-term catheters to self-intermittent catheterisation. Although the change would provide multiple benefits, it was delayed because Alex was withdrawn, lethargic and experiencing low mood. Alex has said she isn't sleeping most nights. She has said she will change to self-catheterisation when her sleep improves. Alex's partner is concerned that Alex is usually very independent and resisting the change to self-catheterisation is out of character.

When she was first discharged from hospital, Alex was focused on resuming her job but during my last visit she was unkempt, sluggish, irritable, unwilling to engage, and restless. When I tried to engage Alex I asked if there was anything in particular that was troubling her. Alex said that she just felt irritable as she was 'hungover' from the night before.

Alex's partner Beverly is a part-time primary school teacher and manages any additional social care needs when she is home. Alex's mother visits each lunch time to provide a meal that she usually eats. Alex and Beverly have a daughter, Katy, who is 5 years old. However, due to Alex not getting up in the morning she does not prepare Katy for school.

The general practitioner (GP) has prescribed citalopram 20mg but Alex declined: she said she doesn't trust drugs. The GP indicated there was no history of mental illness and agreed regarding the involvement of the community mental health team.

Medication:

Paracetamol 1g 2 tablets to be taken 4 times daily as required

Citalopram 20mg once daily

Weight = 62Kg and has remained stable since discharge

Yours sincerely,

Zoe Blenkinsop, RGN (primary nurse)

Item B: transcript of first meeting between Alex with community mental health nurse (CMHN) for initial assessment

1 March 2020

CMHN: Thank you for agreeing to see me Alex, I recognise you have been through a very difficult time over the last months. Can you tell me a bit about your situation today?

Alex: It's a long story and it's difficult to find the energy to be bothered. I get a bit sick about talking about being ill.

CMHN: I can understand that. Would you prefer to talk about something other than being ill?

Alex: (deep sigh) You mean when I was another person. That feels like someone else's life now. I am not even sure I could talk about her without crying.

CMHN: Would crying be a bad thing to do?

Alex: Not bad exactly, but just another reminder about how much my life has fallen apart. Other people cried. I used to be happy.

CMHN: You were happy?

Alex: Yes, (deep sigh) yes, I was (lighter tone) incredibly happy. I knew I was fortunate. I used to see it every day in my job as a family solicitor ... the misery (deep sigh), the fights between families over custody (long pause) and I was usually good at helping sort out the issues. I couldn't fix everything, but it was satisfying to help and support families in distress. When I arrived home from a day at work, I felt lucky to have the life I had.

CMHN: Why did you feel so lucky about your life?

Alex: I have a lovely wife. We had success with IVF and got our beautiful Katy who is 5 years old. We enjoyed our hobbies together: we used to bike for miles at weekends. I did all the cooking, I loved to cook and that was my contribution to housekeeping.

CMHN: I am conscious you don't really want to talk about your current situation. What is making that difficult today?

Alex: The contrast.... It is like I have fallen into a deep well and I feel like a dead weight.

CMHN: It sounds as though there has been a lot of change in your life?

Alex: (deep sigh) It is getting worse, I think. I was okay with what has happened when I was busy with rehab but now that has stopped and there is nothing to do. It's definitely bad if I don't sleep and that has got worse since I stopped the codeine ... although I didn't like taking it anyway.

CMHN: So if you don't sleep it is worse? What else contributes to this feeling?

Alex: When I drink too much alcohol.

CMHN: How often do you drink alcohol each week?

Alex: About 3 times a week

CMHN: Do you ever feel as though you can't stop drinking?

Alex: No

CMHN: So, you say you drink about 3 times a week, do you know how many units you drink on each occasion? I can show you the alcohol unit reference if you like?

Alex: Yes, that would be helpful thanks. Ah ok, I probably have about 3 or 4 units a day. Though about 6 weeks ago there was an evening where I definitely had more. Maybe about 8 or 10 units.

CMHN: Maybe this is an area that needs exploring in the future. What else is contributing to how you are feeling at the moment?

Alex: Not being able to do anything. Look at me. What use am I to anyone? I can't be the wife I was; I am not the mother I was and am useless, I can't earn money, I'm in pain and have no dignity. I can't even help cook the dinner because I can't get in the kitchen. I can't concentrate. Bev wants me to go back to work but I can barely be bothered to read a book to Katy (sudden silence).

CMHN: I can see you are upset. What are you thinking about right now?

Alex: How pathetic I am as a mother.

CMHN: Why do you think you are pathetic?

Alex: Because I can't do all the things I promised I would do for Katy. I was supposed to keep her secure. I used to wonder why all the parents I dealt with at work couldn't see the harm their behaviour is having on their children and I have become the same. I am harming our daughter.

CMHN: How is it you are harming Katy?

Alex: Because I can't do anything. I can't even find the energy to get out of bed most days. I am letting Bev down because she has to do everything, and I can't do the things that would help her. She thinks I don't love her anymore. But I adore her, I just can't bear to see how much this situation is hurting her.

CMHN: You believe you can't do anything? That must be a concern to you?

Alex: I haven't even got the energy to be worried about it. I can't change it. I'm not me anymore.

CMHN: Ok so you are not anxious, but actually how much do you believe you can't do anything?

Alex: I can't even pee without a tube to do it for me. Do you know what that feels like?

CMHN: Is this influencing your thoughts about how much your life means to you?

Alex: I am feeling so sad (pause) but I don't want to die (pause) I want to live again (pause) if that's what you were getting at.

Item C: note from Beverly (Alex's partner)

3 March 2020

To the community mental health nurse:

The district nurse recommended that I be at home for your assessment, but I need to go to work. I also don't want our daughter Katy overhearing things. It has been a really difficult few months for Katy with her mum's accident. We want to protect her as much as possible.

Alex was doing great when she first got home, and she is managing most of her personal care almost entirely herself. She was so excited to be around Katy after months in the hospital. It was really a bit soon for discharge because the house is not fit for the wheelchair. It has stopped us doing much to be honest. I take Katy to her activities, which makes me busy but at least we get out of the house. Alex has been very tense in the last few weeks. If I suggest doing anything, she gets annoyed or goes quiet. Katy can sense something is wrong. I don't know how to help.

To be honest I feel rather fraught. When Alex was first home, she was so interested in everything that was happening, which is very typical of her. She always took an interest in people. Even though she was struggling initially with pain some mornings she got up early to make sure Katy was ready for school with her hair braided and bag all organised. She always made sure her homework was done, whereas I, the teacher, was less bothered about it!

Now Alex is so negative about everything. Alex has been very tense in the last few weeks, she seems fidgety – almost as though she doesn't know what to do with herself. I upset her when I said I couldn't cope with house renovations until the summer holidays. The other thing is that we don't have as much money since Alex's sick pay stops in April and this means I will probably have to work more hours. We never had to rely on my income before.

You must know that I love Alex to bits. She is an exceptional family solicitor and was completely committed to her job, our family, cycling and being outdoors until the accident. But it is really difficult to deal with her negativity. She has a few really good friends who care about her. She refuses to go out. She also has started drinking more wine in the evening – just a few glasses but this is getting more frequent. I know the drinking makes her feel guilty, she tells me this the next morning. She doesn't say this frequently just once in the last month, but this still isn't healthy. When I suggest it isn't helping her, she gets really irritable, which is definitely not in character. I would like Alex's old personality back. When she came home after the accident, she couldn't keep still, now it takes her ages to move and to do simple things like washing.

The district nurse is a great help and has told me that we would be able to get our intimate life back together if we could sort out the intermittent catheters, it would solve some of the other problems we have with the catheter too.

Sorry I can't be there for the visit; I think Alex would prefer it that way too and hope this info will be of help.

Beverly Simpson (Alex Smith's partner)

Item D: Summary Report

Name/signature and designation	
I am passing on information about	
Date	

Emotional state	
Situation	
Background	
Recommendation and justification	

Item E: wellbeing plan

Extract created by Alex at the request of the CMHN following initial assessment – to form part of a wellbeing plan

About me	
<p>My goals and aspirations:</p> <p>To be a good mother, wife and daughter by getting back to doing my usual roles.</p> <p>To start to live a meaningful life again.</p> <p>To support my family financially.</p>	<p>Things that are important to me:</p> <p>Doing things for my family.</p> <p>My belief in living a meaningful life where you make a difference to others.</p> <p>My daughter's activities and education.</p> <p>Getting fresh air and doing sports that are challenging.</p>
<p>How I have coped well when things are difficult:</p> <p>Generally went out on my bike and by the time I got back I usually felt better.</p> <p>After my dad died, I missed him terribly. He used to send me beautiful letters and he taught me how to find answers for myself. When I told him I was gay, he didn't judge me like others did. For a while, if I had a question that troubled me, I would write a letter from dad to myself. It helped me imagine what he would say to me. I haven't done this since the accident.</p>	<p>Things I might need help with:</p> <p>I need help to overcome lack of sleep and terrible exhaustion. I am not capable of doing anything when I can't sleep.</p> <p>My drinking, it makes me feel worse. I don't drink in the morning but I do have about 4 units 3 times a week</p> <p>Everyone is a bit too kind to me and that's annoying. I don't get treated like I am anymore.</p> <p>I need the confidence to go back to work but I feel too tired and I don't really want to go back with a catheter in case it leaks. I left a lot of clients in the lurch after the accident. They may not want me back.</p> <p>I'm told I need medication for depression - I need to be convinced that this will be beneficial. My mum was on them after dad died and she was like a zombie.</p>
<p>What I can do and what I want to change:</p> <p>I feel pretty useless but I am aware that negativity isn't good for me.</p> <p>I was physically strong.</p> <p>I used to be a good self-manager.</p> <p>I can't stand not being able to get around the house. Delaying the house renovations really knocked my confidence.</p> <p>I want to be the cook and get involved with all the domestic stuff.</p>	<p>What others can do to help me (including services, friends and family):</p> <p>To have a full night's sleep.</p> <p>Explain to me why I should have anti-depressants.</p> <p>Help me find a way to get on with the house renovations as soon as possible - with help I think I could manage it even when Bev is at work. Maybe Bev is right and I am being impatient and unrealistic.</p> <p>Help me get the energy and confidence to become more independent and get back to work. I would need an automatic car.</p>

Item F: recovery plan

Patient information

Patient identifier	
Sign	
Date	

Strengths and weaknesses

Alex's strengths	Alex's achievements

Goal planning

Alex's goals	Actions	Barriers	Responsibility
1			
2			
3			

Item G: MIND campaigns for better mental health

MIND campaigns for better mental health website

- **About depression:** www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/

SAMPLE

Item H: transcript of a therapy session between Alex and CMHN

Extract from therapeutic session to discuss progress and prevention of relapse.

CMHN: It is good to see you looking much better Alex. How do things seem for you?

Alex: It's been a long haul. I'm starting to feel a little more like me. Actually, drinking less alcohol has really helped my mood, sleep and motivation. I used to drink about 4 times a week and now I drink just on Thursdays and Saturdays. I still drink about 3 or 4 units, but at least it's less days.

CMHN: That's good to hear. What do you think has helped you start your recovery?

Alex: Well I think the CBT has helped. I can focus on all of the different feelings and thoughts in my head. But also, just talking to people. I had hidden myself away. I was pleased to get out of hospital, but I hadn't thought about how I would cope. I know people tried to tell me how different things might be but to be honest I was in so much shock I couldn't think straight. I'm going to be like this forever – like a toddler who can't do anything useful and then the guilt started. All the people I had let down. Anyway, I am not going to dwell on the past. The CBT, your team, my family really helped me control my thoughts. This has helped me feel more confident.

CMHN: What kinds of things do you feel more confident about?

Alex: Well a few things. Being confident enough to go outside has taken a huge amount of time and energy. I never thought I would even make it outside of the front door. I'm also getting a new bike made which will be adapted for me. The therapist suggested not doing any activity, but it was my way of coping with stuff. I get Katy ready for school in the morning, which I know is really important for her.

I did one of those imaginary letters from dad and he told me to listen to people who care about me. Bev suggested we go out when she got in from work. We started off just going down by the riverside and I found my arms getting stronger and stronger.

Helping others helps. One of my friends is going through a divorce. He asked me to represent him. I passed it on to a colleague because I am not ready for that yet, but it was nice to be asked. When I phoned my colleague, it broke the ice. They hadn't wanted to pressure me to get back to work but I had taken their silence as they didn't want me anymore. I am starting to read through some cases. I give advice to one of my colleagues on zoom and it makes me do my hair and makeup – and I make some money – which all helps.

CMHN: I see the barbecue in the back garden with the gazebo – that must be a boon with all the chaos of the renovations.

Alex: Well I am not going to lie – it has been a bit of a headache at times. The lounge still needs renovations for wheelchair access and then the flooring will be put down. On the plus side, there's now a ramp at the front door and I can be outside a lot, enjoy the weather and eat a lot of veggie burgers ha ha!

CMHN: How is it going with the medication?

Alex: It's hard to know really. At first, I didn't think it was doing me any good but I started to sleep better and that has made an enormous difference. I don't really want to stay on them but now is probably not the time to stop them. I have been lucky that I haven't any real side effects. Dr Kennedy said it was a really low dose: he knew my reluctance and says it's best to stay on them for longer. See, I'm trusting people again.

CMHN: And Katy – how is she?

Alex: She is great. We are going to Bev's parents for a holiday. Bev and her are both off school at the moment and it has been great to have them around.

CMHN: So still a few challenges ahead? It's quite important when recovering from depression to plan for any signs of relapse. It might be useful to have your alcohol consumption in the plan, as alcohol will have an impact on your mood. Planning can help and others can also spot the warning signs.

Alex: Ah ok. So, what does that involve?

CMHN: Well you have already explained some of your coping strategies. How will you know if things are not going so well?

Alex: Well I suppose I still need the approval of others. Bev said my drinking more was affecting my sleep. I didn't think that was likely but now it is less anyway. It's not like I can't remember the night before, I always do. Though I really upset Bev, as 2 weeks ago I simply couldn't do the exercise we had planned with Katy. I was too hungover. This has only happened twice in the last 2 months but it's twice too many for me to be comfortable with. I don't know – Bev wants me to reduce my drinking – this is hard. I stopped bothering even with Katy last time. I can't imagine going back to that! Anyway, being around Katy is great. She can ride her bike without stabilisers (pause) I have told you how helpful everyone has been. I imagine I could call on all these people again. Did I tell you about the day the district nurse came and was so upset because I had a urine infection and hadn't noticed? She got bossy and said it was about time I got on and did the self-catheter thingy. She was right as well. What a difference to go to the toilet, back to being like me again. I needed that push!

CMHN: Shall we do this relapse prevention plan Alex, ah, and can we look at how healthy your lifestyle is? (shuffling of papers/forms)

Item I: alcohol use disorders identification test _ primary care (AUDIT_PC)

Alcohol use disorders identification test; primary care (AUDIT PC)

AUDIT-PC consists of 5 questions from the full 10 question AUDIT. This assessment tool was developed for primary care nurses and doctors to use in their surgeries and clinics.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 8	10 or more	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

AUDIT PC Score	
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Scoring:

A total of 5 or more is a positive screen indicating increasing or higher risk drinking

What to do next

If positive on the primary care test and if time permits, complete remaining alcohol harm questions below to obtain a full score.

Remaining alcohol harm assessment questions from AUDIT

Questions	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

Total AUDIT score	
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Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

Alcohol unit reference

One unit of alcohol



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

Drinks more than a single unit



2
Pint of "regular" beer, lager or cider



3
Pint of "strong" or "premium" beer, lager or cider



1.5
Alcopop or a 275ml bottle of regular lager



2
440ml can of "regular" lager or cider



4
440ml can of "super strength" lager



3
250ml glass of wine (12%)



9
75cl Bottle of wine (12%)

Item J: relapse prevention plan template

How Alex knows when things are not going well	Indicators that others might know things are not going well for Alex	Coping mechanisms that have worked for Alex	What others can do to help Alex
<p>I start overthinking events. If I don't hear from someone it means something awful.</p> <p>I don't always recognise when I am upset. But then I start thinking about alcohol more and want to have a drink. When I have a drink, it does help lift my mood. But the next day I feel worse.</p> <p>I feel useless - usually when I imagine others are frustrated with me.</p> <p>I wake after 2 hours and can't get back to sleep.</p> <p>I think that if someone doesn't suggest I should do something that I could for myself, they think I am not capable - I can get insecure about this.</p> <p>Feeling like I have no control of events can make me withdraw.</p> <p>I lose my libido.</p>			

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	OS review Feb 23		February 2023
v1.3	Sample added as watermark.	November 2023	20 November 2023