



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Mental Health Team

Assignment 3 - Pass

Guide standard exemplification materials

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Supporting the Mental Health Team

Assignment 3

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Introduction

The material within this document relates to the Supporting the Mental Health Team occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

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.

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.

Student evidence

Question 1

Part A

I am going to talk about a classroom experience. Recently, we were asked to discuss (in groups) what role professionals have in a mental health setting when dealing with domestic abuse. It was a subject area that all members of the group had different views about. One of the group members constantly challenged and disagreed with my views on how professionals should deal with domestic abuse. It was difficult to deal with as I felt I was not being listened to or respected. I listened respectfully to other people in the group even though I disagreed with their views. It is important as a professional to not get into arguments with people.

Part B

I am going to use an example from the classroom. We were given a role play about a 21-year-old male who was suicidal when attending a 1:1 session at a local mental health service. In the role play, I was asked what actions I would take as a mental health professional. In the role play, I spoke with another professional about what concerns I had about the 21-year-old male. I recorded the information in the case notes as well as discussing the situation with my manager. I then suggested that I complete a risk assessment with the individual.

Question 2

Part A

I am going to use my learning experience from the classroom. One of the areas we have looked at is the role of safeguarding for someone who has the eating disorder anorexia. In this situation, it was a 14-year-old girl who was an outpatient at an eating disorders clinic. What was important for this girl was to be an outpatient where she could still attend school and live at home. When I put together a wellness plan, I outlined the needs of the girl and why it was so important to work in a person-centred way. There was also a genuine safeguarding issue (the girl had been admitted as an inpatient due to her weight being dangerously low and refusing to eat) where should her weight fall below a certain level, she would need to be admitted again.

Part B

I am going to use the same example as above from my learning experience. In the example with the 14-year-old girl who has anorexia, if she became so unwell that she needed to be hospitalised due to her weight being so low and wouldn't consent, it is important that her rights are still protected. These acts together do this. If the girl felt her rights were not protected, then arrangements could be made. Allowing individuals to make decisions about their care is important, but so is protecting individuals if they are not able to protect themselves. The Mental Capacity Act 2005 is very important at all stages of safeguarding as these decisions may be taken out of the individual's hands. The girl with anorexia doesn't want to be admitted to hospital even though her weight is dangerously low and wants to challenge the decision, and it is her right to choose what she does or does not eat.

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.

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.

Student evidence

Question 3

Part A

I am going to use an example from my learning experience in class. This was a pairs exercise where my partner and I came up with an example of an elderly woman experiencing depression. To treat her depression, we needed to devise a plan. It is important in a plan to involve the individual. Then they are more likely to follow the plan and want to do the things which will help them get better. Different people were involved in the plan. Also, involving the individual means they are involved in the decisions about their care; this is a good thing. We focused on person-centred care to treat the elderly person's depression effectively. We thought that the plan should be holistic and include all areas like physical health, mental health, social and cultural elements. When treating depression, it's better to treat the whole person rather than just administer drugs (anti-depressants). Treating the whole person is more effective for short- and long-term outcomes.

We put together a care plan which looked at all of the needs of the elderly person and what their views entailed. All professionals were contacted too, so that they could say what they thought. The psychiatrist wanted to prescribe anti-depressants, the mental health support worker wanted to encourage exercise/fitness and meditation, the psychiatric nurse wanted to arrange counselling. The elderly woman just wanted to feel better and be able to attend her local book reading class each week, where she used to have lots of fun.

Part B

I am going to use my learning experience in the classroom for this example. Having appropriate knowledge of the elderly and mental health is really important in enabling effective care and treatment. Depression in the elderly is very common and being empathic and understanding will contribute to effective care being delivered. Without appropriate knowledge and understanding the right needs and services may not be identified. Things like stopping work, having less money and health problems all impact on your mental health.

When putting together a care plan an assessment of all care needs should be addressed. Since the elderly woman has been diagnosed with depression a psychiatric nurse could do this. A holistic approach should be adopted, and mental, physical, social, religious, cultural needs should be looked at. Needs should also include housing and financial circumstances. When looking at needs meetings with the elderly person should be arranged.

All professionals should be contacted for their input too. All of their views, like the elderly person's, should be listened to and respected. When needs have been identified a care plan should be put together by the psychiatric nurse. When the plan is being put together, areas like aims and goals should be realistic, manageable and agreed with the elderly person.

Question 4

Part A

I am going to use my learning experience from the classroom for my example. In groups of 4 we were asked to create a presentation for the class around an area of service provision for people experiencing mental health. We had to make sure that we took into account national guidelines and how services operate locally. NICE guidelines have recommendations on how post traumatic stress disorder (PTSD) should be delivered by services. Having access to services is key to treating PTSD. Some individuals may have complex PTSD and there needs overlap services.

The NHS mental health plan states that there should be increased access to improving access to psychological therapy services. Local services should all be delivering mental health support workers are often expected to deal with high caseloads, clients with limited access to the services they need, and presenting mental health challenges which are difficult to manage with the level of training support staff have. For example, a mental health support worker maybe working in the local community visiting clients. One of their clients has PTSD and alcohol issues. and has suicidal tendencies. When the mental health support worker visits the home, they are in a situation where the mental health support worker has to manage this while maintaining their duty of care and reporting all safeguarding issues.

Part B

I am going to use my learning experience from the classroom for this example. An example of promoting mental wellbeing is all the work in primary and secondary schools where mental wellbeing is important. There are many activities in schools which promote mental wellbeing, like individual and group counselling, mental health awareness days, meditation, worry boxes, PSHE lessons and mental health buddy systems. Also, there are agencies like the NSPCC who have a group of very experienced professionals who come into schools and do talks and programmes on promoting mental wellbeing. There are many ways in which mental health support staff can promote mental wellbeing. For example, if you were working in the local community with a person in their twenties who was depressed you could suggest they increase their social contact with good friends, increase their physical activity like walks or swimming, think more about the present and practice mindfulness and read a new book or take a new short course.

Another example where a mental health support worker could promote mental wellbeing is if they worked in the local community with someone who has a personality disorder. People with personality disorders can be very changeable, therefore they could promote mindfulness to them as this encourages people to stay in the present. The mental health worker could suggest watching YouTube for information on mindfulness and how to practice, or listening to podcasts. Physical fitness would also be important for this person when promoting wellbeing. Physical exercise has clear links with positive mental health.

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.

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 effectively the situation to ensure that interventional strategies are appropriate for the individual. Use specific examples.

Student evidence

Question 5

Part A

I am going to use my learning experience from the classroom for this example. This was a pairs activity which took place over 4 lessons. Physiological measurements are important when supporting someone who has been diagnosed with a binge eating disorder. When supporting someone with a binge eating disorder, they need a range of support. Cognitive behavioural therapy (CBT), self-help groups and regular monitoring of height, weight and blood pressure are essential. While going through treatment, the individual's weight may change. A target weight will need to be identified and worked towards. To evaluate how well the individual is progressing with their condition, CBT, a reduction in binge eating and weight monitoring will be necessary.

Part B

I am going to use my learning experience in the classroom for this example. Good practice in the treatment of any mental health condition is important. For example, we watched 2 different films of a person who had an alcohol disorder. One film took you through the experience of an individual in therapy where there was good practice. For example, making an assessment on the individual's drinking habits and asking about the support they have. The other film looked at poor practice that did not do half of the things you are supposed to do, like a detox programme. Both films highlighted the importance of good practice and how important it is to treat alcohol disorders.

Question 6

Part A

I am going to use an example from my learning experience in the classroom. One of the areas we have looked at is post-traumatic stress disorder (PTSD). In class, we were given many case studies and we had to take part in role play to understand how different approaches may feel to service users. What intervention works for one person may not work for another person. Cognitive behavioural therapy is one option which helps you manage your problem and change how you think and act. Eye movement desensitisation and reprocessing (EMDR) is another option; this involves making side to side movements with your eyes while talking about the traumatic event. Group therapy is another intervention where you can talk about your experiences with other people who will have experienced something similar. I think CBT is best as it is the most popular.

Part B

I am going to use my learning experience from the classroom and the example of PTSD that I spoke about in the last question. It is important to evaluate interventions in all mental health conditions as we then know whether something is working. If someone was receiving CBT for PTSD, you could check whether this treatment is right. You could also have questionnaires that the individual fills out. For example, on week 1 they may fill out a questionnaire which asks questions like 'how often do you have nightmares and intrusive thoughts?' Then you might do the questionnaire 4 weeks later and then another 4 weeks later to see what progress had been made.

Examiner commentary

The student demonstrated a good level of understanding of mental health which was evident throughout the professional discussion. There was reference to appropriate wording and the student was able to reflect to some degree. The student was able to logically link reflection with challenges in teamwork.

The student was able to evidence their answers with a range of mental health conditions. The student demonstrated knowledge of person-centred care and was able to link this to examples in mental health.

The student was able to respond to questions with examples being given. The student was able to make reference to, but had a limited understanding of, national guidelines and local service provision within the context of a mental health support worker.

The student was able to offer an example of a mental health condition where there was a link that physiological measurement is a factor in treatment. The student had some understanding of therapeutic interventions and treatments and was able to identify treatment options.

The student understood good practice was important and was able to support this with examples.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications and the threshold competence requirements of the role, and have been validated with employers within the sector to describe achievement appropriate to the role.

Occupational specialism overall grade descriptors

| Grade | Demonstration of attainment |
|-------|--|
| Pass | <p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, and the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers, including why, when and what equipment/techniques are used, by: |

| Grade | Demonstration of attainment |
|-------------|--|
| | <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance |
| Distinction | <p>A distinction grade student can:</p> <ul style="list-style-type: none"> ● communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control ● communicate knowledge of national and local structures, definitions of clinical interventions, and the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs, including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency ● communicate exceptional levels of knowledge of the physiological states that are commonly |

| Grade | Demonstration of attainment |
|-------|--|
| | <p>measured by healthcare support workers, including why, when and what equipment/techniques are used, by:</p> <ul style="list-style-type: none">○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm |

Document information

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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Owner: Head of Assessment Design

Change History Record

| Version | Description of change | Approval | Date of Issue |
|---------|--------------------------|----------|----------------|
| v1.0 | Published final version. | | June 2021 |
| v1.1 | NCFE rebrand | | September 2021 |