



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Mental Health Team

Assignment 2 – Practical activities Part 2

Assignment brief

## T Level Technical Qualification in Health Occupational specialism assessment (OSA)

# Supporting the Mental Health Team

## Assignment brief

Assignment 2

Practical activities part 2

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# Assignment brief cover sheet

This assessment is for the following occupational specialism:

- Supporting the Mental Health Team

## Date

02 May – 26 May 2023

## Time allowed

1 hour 55 minutes

## Paper number

P001997

## Materials

For this assessment you must have:

- a black or blue ball-point pen

## Student instructions

- this assessment requires you to demonstrate the 4 practical activity scenarios contained within this booklet
- the practical activity scenarios within this booklet have been set up at different stations – you will move between these stations during the assessment
- you have up to 5 minutes when you get to a station to prepare for the practical activity scenario – you should use this time to carefully read each practical activity scenario, including any supporting information and familiarise yourself with the station
- you will have a maximum amount of time to complete the practical activity scenario; the time available is written at the beginning of each practical activity scenario – if you go over this time you will be asked by the assessor to move on to the next station
- fill in the boxes at the top of the next page

## Student information

- the marks available for each practical activity scenario are shown in brackets
- the marks for this assessment are broken down into scenario specific skills and underpinning skills:
  - 16 marks are available for scenario specific skills
  - you will be awarded a scenario specific skills mark for your performance in each practical activity scenario you demonstrate
  - 12 marks are available for underpinning skills

- you will be awarded an underpinning skills mark for your performance across the practical activity scenarios you demonstrate
- the maximum mark for this assessment is 76

## Submission form

Please complete the detail below clearly and in BLOCK CAPITALS.

Student name	
Provider name	

Student number		Provider number	
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# Practical activity scenario 1

This practical activity scenario requires you to:

OPA1: Observe, measure, record, and report on physiological health of individuals receiving care and support

OPA2: Observe, record and report changes in the mental health of individuals when providing care and support

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 25 minutes.

## Brief

You have been asked to support the mental health team within the wellbeing clinic. You are working alongside a mental health nurse who is overseeing the clinic.

You have been asked to see the next patient and conduct their physiological measurements and record them.

The patient is an individual with a history of depression, anxiety and high blood pressure. They have come to the clinic today for their physiological measurements to be taken.

This is the first time you have met the person.

There is a room set up for you.

## Task

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the room setting. You then have a further 20 minutes to complete the task.

You will meet with the patient and take the following measurements. You must record these on the physiological measurements form (item A):

- blood pressure
- heart rate
- oxygen saturation levels
- body temperature

You will then undertake a discussion with the patient about their physiological measurements and their physical and mental health.

Record any other observations in relation to the patient's physical or mental health in the relevant space on the physiological measurements form (item A).

(16 marks)

plus marks for underpinning skills – person-centred, holistic care and service frameworks and communication and effective relationships

## Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given a physiological measurements form (item A) to record their measurements. At the bottom of the form, you must note any further observations in relation to the patient's physical or mental health during this first meeting.

You have access to the follow equipment:

- a waiting area for the role player to be collected from with a chair, role player to be seated
- a simulated treatment room
- 2 chairs
- a table
- a clock
- a blood pressure (BP) machine
- a watch with a second hand
- a pulse oximeter
- a thermometer
- handwashing equipment
- personal protective equipment (PPE) – gloves and apron
- general cleaning equipment and products (for example, disinfectant wipes)

## Performance outcomes (POs)

This practical activity scenario assesses:

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

## Evidence requirements

- audio visual evidence
- assignment brief booklet

## Item A: physiological measurements form

<b>Physiological measurements</b>	
Blood pressure (mmHg)	
Heart rate	
Oxygen saturation (SpO <sub>2</sub> )	
Body temperature (°C)	
<b>Mental and physical health observations</b>	
Mental health	
Physical health	

## Practical activity scenario 2

This practical activity scenario requires you to:

OPA9: Enable an individual to manage their condition through demonstrating the use of coping strategies and skills

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

### Brief

You have an appointment for a one-to-one session today with a service user who you previously met when they attended an introductory appointment.

They have a history of trauma and abuse. At present the main concern is that the service user's self-harming behaviours have increased.

You have been asked to support the service user to develop some distraction techniques and self-harm reduction strategies.

### Task

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the room setting.

You have 10 minutes to prepare for the one-to-one session.

To prepare, you need to make notes about distraction techniques to help the service user to reduce self-harm incidents. Use the extract from case notes (item B).

You will then have up to 15 minutes for the discussion with the service user.

You have been given details of their hobbies in the case notes and a place to write down 3 distraction techniques for them to try.

The service user will be seated in the waiting area.

(16 marks)

plus marks for underpinning skills – person-centred, holistic care and service frameworks and health and safety and risk management

### Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given the extract from case notes containing harm reduction ideas (item B) to make notes before having a discussion with the individual.

You have access to the following equipment:

- a waiting area for the role player to be collected from
- a desk with a chair
- a small table
- 2 chairs
- a clock

### **Performance outcomes (POs)**

This practical activity scenario assesses:

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

### **Evidence requirements**

- audio visual evidence
- assignment brief booklet

## Item B: extract from case notes

<b>Date</b>	
<b>Background</b>	<p>Age: 18</p> <p>History:</p> <p>Trauma and abuse relating to childhood. Complex family dynamics. One year spent in foster care.</p> <p>Presenting issues.</p> <p>History of self-harm (cutting) which has increased. Intrusive memories and flashbacks relating to trauma and abuse in childhood.</p>
<b>Hobbies and interests:</b>	<p>Art</p> <p>Dogs (has 2 young chihuahuas)</p> <p>Nature</p> <p>Walking</p> <p>Music</p>
<b>Distraction techniques for reducing self-harm incidents</b>	<p>1.</p> <p>2.</p> <p>3.</p>

## Practical activity scenario 3

This practical activity scenario requires you to:

OPA11: Assist with collaborative risk assessment and risk management with individuals with mental health needs, involving carers and family members if appropriate, and summarise findings

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

### Brief

You are working with a young adult diagnosed with anorexia nervosa 6 years ago, at the age of 15.

They were discharged from an eating disorder unit 6 months ago and are currently engaging in a cognitive behavioural therapy (CBT) programme for their eating disorder.

They have an appointment at the Community Mental Health Resource Centre (CMHRC) to revise their risk management plan.

### Task

You have up to 5 minutes to carefully read through the brief above and supporting information and familiarise yourself with the room setting. You then have a further 25 minutes to complete the task.

Complete the personalised risk management plan (item D) with the service user. Identify 2 responses in each section.

You can use the extract of information from the MIND website on anorexia nervosa (item C) to support your discussion with the service user.

(16 marks)

plus marks for underpinning skills – person-centred, holistic care and service frameworks and communication and effective relationships

### Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given an extract of information from the MIND website on anorexia nervosa (item C) to support discussion, and a risk management plan (item D) to make notes on.

You have access to the following equipment:

- a place for the role player to be seated, waiting to be collected
- 2 chairs
- small table
- a clock

## **Performance outcome (POs)**

This practical activity scenario assesses:

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

## **Evidence requirements**

- audio visual evidence
- assignment brief booklet

## **Item C: extract of information from MIND website on anorexia nervosa**

(www.MIND.org.uk, 2021)

### **Recovering from eating problems**

It can feel very challenging to live with eating problems, as well as starting to recover. You have to think about food daily and live in your changing body. But there are ways to help yourself cope with these challenges.

### **Thinking about recovery**

Recovery means different things to different people.

It might mean that you never have thoughts or behaviours related to your eating problem again.

Or you might still experience thoughts and behaviours, but not as often. They might also have less impact on your life.

The way you perceive your relationship with food, and your views on recovery, might change over time.

You might sometimes feel:

- that you don't have a problem
- that your behaviours are in fact helpful to you
- that your eating problem feels comforting, safe, or even exhilarating
- scared of the changes that will come with recovery

Whatever recovery looks like to you it can take a long time to get there, even when you feel ready to try. You may have to think in years rather than weeks and months.

Recovery can seem scary if you feel:

- afraid of losing or putting on weight
- anxious about losing control
- that your eating problem is a big part of your life and identity, so you're not sure who you are without it

If you have tried to recover before, or have relapsed, you might start feeling like you're completely beyond help. But it is possible to feel better, even if it takes a long time.

You may also find your body changes at a different rate to your mental health. As you start to look healthier, you may feel worse.

Other people may think you have recovered when you're still finding things very hard. It can help to keep talking about how you feel, with people you trust.

You can't always stop people from saying unhelpful things. It could be a good idea to think about how you will deal with the things people might say.

### **Coping with putting on weight**

Recovery does not mean putting on weight for everybody. But for some people this is incredibly challenging to live with. Some people have found these tips have worked for them:

- write down the reasons why you want to recover and look at them when things feel difficult

- take all of your clothes that don't fit to a charity shop or sell them online
- treat yourself to some new clothes in sizes you feel confident in
- try not to spend too much time looking in mirrors or checking your body
- avoid weighing yourself if possible
- write down all the healthy physical changes that are happening in your body
- talk to other people – have a rant or share your worries with someone who understands
- try not to make comparisons or spend too much time looking at pictures of people in magazines or online
- remember that these pictures are often filtered or photoshopped

### **Change unhealthy routines**

Routines around eating and food can be hard to break. But you might find that making small changes can help. For example:

- try to distract yourself whenever you find yourself focusing on your body and weight – it can help to try a new hobby or interest that takes a lot of concentration
- find fun things to distract yourself after meals if you are worried about purging
- try to think of some positive goals that are not related to food or calories

### **Be careful online**

If you have an eating problem you may find that you spend a lot of time comparing your body to other people's, sometimes without even really realising you are doing it. We are often surrounded by pictures and images, especially on social media:

- be aware of how you feel when you are online and adjust the places you visit and the people you follow if you need to, it is ok to take a break from social media or to adjust your lifestyle so that this plays less of a part in how you spend your time
- remember that many pictures have been manipulated to make the person look different, pictures on social media may have been filtered or photoshopped
- think about how you deal with pictures of yourself, do they make you feel bad or do you feel you need to change them to hide how you really look?
- think about whether you are following anyone whose pictures make you feel bad or trigger problematic thoughts, unfollow them if you can
- block or avoid any websites that promote eating disorders
- look for positive communities around eating, recovery, and body positivity

## Item D: risk management plan

<b>Date</b>		
<b>Personal risk/Recovery plan</b>		
<b>Section 1 – Personal triggers that put me at risk of losing weight:</b>		
1.	2.	
<b>Section 2 – Things I can do to address each trigger:</b>		
1.	2.	
<b>Section 3 – Coping skills I can use or learn:</b>		
1.	2.	
<b>Section 4 – My relapse prevention strategies:</b>		
1.	2.	

NCFE materials adapted from Max Birchwood (2014) 'Staying Well Plan' Tees Esk and Wear Valleys NHS Foundation Trust, Unpublished

## Practical activity scenario 4

This practical activity scenario requires you to:

OPA8: Support individuals and/or carers/families to manage their condition

You have up to 5 minutes to carefully read through the following scenario and familiarise yourself with the station.

The total amount of time available for this practical activity scenario, including the 5 minutes reading time, is 30 minutes.

### Brief

You have an appointment today with a young service user with first-episode psychosis (FEP).

You have met this person several times and they are already seated in the meeting room.

You have been asked to help the person identify indicators of thinking/perception, behaviours and feelings when they begin to feel unwell.

You will help the service user to think about how these indicators can be managed.

### Task

You have up to 5 minutes to carefully read through the following scenario, item E and item F and familiarise yourself with the task. You will then have a further 25 minutes to carry out the task with the individual.

You should help the individual to recognise 2 indicators that occur in each area of thinking/perception, feelings and behaviours when they begin to feel unwell. Refer to item E.

Support the individual to identify 2 coping strategies for each indicator. Use item F.

Complete all sections of item G. Add the indicators identified from item E and the coping strategies from item F.

(16 marks)

plus marks for underpinning skills – person-centred, holistic care and service frameworks and health and safety and risk management

### Supporting information

This practical activity scenario involves role play. The individual will be played by a member of staff.

You have been given an extract from the Staying Well Plan - Understanding your Relapse Indicators (item E) to support the individual with choice of indicators and an extract from the Staying Well Plan - General Coping Strategies (item F) to support discussion on coping strategies.

You also have a relapse drill to complete with the individual (item G).

You have access to the following equipment:

- a desk with chair to use prior to meeting the individual
- a table
- 2 chairs

- a clock

## **Performance outcome (POs)**

This practical activity scenario assesses:

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

## **Evidence requirements**

- audio visual evidence
- assignment brief booklet

## Item E: extract from Staying Well Plan - Understanding your Relapse Indicators

### Understanding your relapse indicators

#### Warning signs

The first questions we need to ask when understanding your relapse indicators are:

- how might I notice when I am becoming unwell?
- how might others know I am becoming unwell?

Here are some examples of things that others have told us:

'Changes in the way I think'

'Changes in the way I feel'

'Changes in the way I behave'

'Starting to spend more time on my own'

'Neglecting my personal care'

'Being more distant'

'Losing my appetite'

'Becoming more suspicious and wary of others'

'Starting to feel more confused'

'Losing interest in hobbies or work'

#### Understanding your relapse indicators

What changes occur to your thoughts, feelings, and emotions at the early, middle, and late phase of relapse?

Use the grid to consider changes that occur in your thoughts, behaviours, and emotions before relapse.

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thinking that a part of you has changed shape	<b>THINKING/PERCEPTION</b>	forgetting things
thoughts are racing	senses seem sharper	thinking you have special powers
thinking that you can read other people's minds	thinking that other people can read your mind	receiving personal messages from the tv or radio
having difficulty making decisions	experiencing strange sensations	pre-occupied about one or two things
thinking you might be someone else	seeing visions or things other people cannot see	thinking people are talking about you
thinking people are against you	having more nightmares	having difficulty concentrating

thinking bizarre things	<b>FEELINGS</b>	hearing voices
feeling helpless or useless	thinking your thoughts are controlled	feeling afraid of going crazy
feeling sad or low	feeling anxious or restless	feeling increasingly religious
feeling like you're being watched	feeling isolated	feeling tired or lacking energy
feeling puzzled	feeling forgetful or far away	feeling in another world
feeling strong or powerful	feeling unable to cope with everyday tasks	feeling like you are being punished

feeling like you cannot trust other people	<b>BEHAVIOURS</b>	feeling like you do not need to sleep
smoking more	taking drugs	feeling irritable
behaving aggressively	neglecting your appearance	behaving oddly for no reason
feeling guilty	not eating	behaving like a child
not seeing people	talking or smiling to yourself	not leaving the house
acting suspiciously as if being watched	difficulty in sleeping	feeling sensitive to light/colours/noises/textures

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## Item F: extract from Staying Well Plan - General Coping Strategies

### General coping strategies

The following are suggestions to help you in staying well and managing emotions that you may find difficult during your recovery. They can help to reduce the stress that you feel and increase your ability to manage this stress (increasing the 'holes in your stress bucket')

#### Keeping yourself well

##### **Sleep**

Difficulties with sleep can be very distressing for a lot of people. Getting enough sleep will help you to feel well and manage better day-to-day. The amount of sleep varies from person-to-person. As we get older, we generally need less sleep and the more active you are the more sleep you are likely to need.

Tips for getting good sleep:

- avoid caffeinated drinks before bed
- don't nap
- get up and go to bed at the same time every day
- don't sleep in to catch up on missed sleep (this will have a knock-on effect for the next night)
- have a calming bedtime routine
- don't eat or drink too much before bedtime
- make sure your sleep environment is quiet, dark, cool, and comfy

##### **Exercise**

Exercise can have a lot of benefits to mood, sleep and concentration. This does not have to mean going to a gym or doing something strenuous. Doing something that you enjoy and varying what you do will mean you are more likely to continue to do it. Don't try to push yourself to do too much at once. Especially if you are not used to exercising. Start at your own pace with something you feel comfortable doing. If you are concerned about your health when exercising contact your GP before starting exercise.

Exercise could include:

- going for a walk
- playing with a pet
- working in the garden
- team sports
- swimming
- running
- dancing

## **Diet**

Eating well is also linked to a number of benefits. Reducing the amount of sugar, caffeine, fatty and heavily salted foods is advised.

Tips:

- base your meals on starchy foods – try to include at least one starchy food in each meal; this could be potatoes, cereals, pasta, rice, and bread
- eat lots of fruit and vegetables – it is recommended that we try to include 5 portions of fruit and veg; this also includes unsweetened fruit juice, vegetables cooked into food and dried fruits
- eat more fish – especially oily fish (for example, salmon, mackerel, trout, herring, tuna, sardines, pilchards) which is a good source of vitamins and protein
- cut down on saturated fats and sugar
- eat less salt
- drink plenty of fluids – we need around 1.2 litres of fluids (non-alcoholic) per day
- eat breakfast

## **Managing anxiety**

### **Talking**

If you bottle-up your feelings, you will build up pressure inside yourself. Don't hide stress – accept it. Talking to a trusted friend or loved one can allow you to get rid of the stress. You should focus on ways to control the stress. Others may also be able to give you good advice that you have not thought of. Get worries off your chest.

### **Distraction**

If you start to feel anxiety building, then distracting yourself can help you to stop focussing on whatever is causing your anxiety and stop these feelings building up. Some types of distraction include:

- describing your environment - describe everything you can see in great detail (either to yourself or out loud); you could also concentrate on all the sounds you can hear
- counting backwards in 7s from 100
- choose a category of objects (for example, fruits and name one for each letter of the alphabet (for example, apple, banana, cherry...))

### **Breathing retraining exercises**

This is a quick method to use to calm your body. It can also be used to help prevent panic.

Sit in a comfy chair and relax as much as you can. Take a slow normal breath (not a deep breath) and think '1' to yourself. As you breathe out, think 'relax'; breathe in again and think '2', breathe out and think 'relax'. Keep doing this up to 10. When you reach 10, reverse and start back down to 1. Try to put all else out of your mind. It may help to see the numbers and the word 'relax' in your mind's eye.

NCFE materials adapted from Paula Cox (2014) 'Staying Well Plan' Tees Esk and Wear Valleys NHS Foundation Trust, Unpublished

## Item G: relapse drill

<b>Date:</b>			
<b>Relapse drill</b>			
<b>Indicators</b>		<b>Coping strategies</b>	
<b>Thinking/Perception</b>		<b>How I will cope</b>	
<b>1.</b>	<b>A</b>	<b>B</b>	
<b>2.</b>	<b>A</b>	<b>B</b>	
<b>Feelings</b>		<b>How I will cope</b>	
<b>1.</b>	<b>A</b>	<b>B</b>	

2.	A	B
Behaviours	How I will cope	
1.	A	B
2.	A	B

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