



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Mental Health Team

Assignment 3 - Distinction

Guide standard exemplification materials

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# Guide standard exemplification materials

## 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 reflect about a learning experience in the classroom. 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 have different views about and the discussion at times was heated. One of the group members constantly challenged and disagreed with my views on how professionals should deal with domestic abuse. I found this member of the group aggressive and confrontational. It was difficult to deal with as I felt I wasn't being listened to or respected. To manage a situation like this effectively as a professional, I would always ensure that I listened respectfully to another professional, even if I disagreed with their views. I would also ensure that I didn't get into an argument with another professional. Also, I would make sure that I still expressed my views respectfully in an assertive manner while not being intimidated by another professional.

#### Part B

I am going to use an example from my learning experience in the classroom. We were given a role play about a 21-year-old male who had expressed suicidal thoughts 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 communicated effectively with another professional about what concerns I had about the 21-year-old male. I used the exact words the individual had used that made me concerned about their welfare. This was to make sure that I was clear about the level of concern I had. I recorded the information in the case notes as well as immediately discussing the situation with my manager. I then suggested that I complete a risk assessment with the individual (who I had asked to stay at the premises). When the risk assessment was complete, I spoke with my manager immediately to discuss whether this individual needed to be sectioned under the Mental Health Act.

### 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. We looked at many different scenarios and had many discussions. In this situation, it was a 14-year-old girl who was an outpatient at an eating disorders clinic. She had been an inpatient of the clinic the previous year and since then has been an outpatient. What was important for this girl was to be an outpatient where she could still attend school and live at home. The girl also wanted to attend the clinic outside of school times and visit the clinic twice a month instead of 4 times a month. When I put together a wellness plan, I took this all into account and outlined the needs of the girl and why it was so important to work in a person-centred way where her wishes and needs were respected in the decisions around her care. Normally, you would attend clinic in the school day once a week. 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. In my wellness plan, I was clear to always point out that the girl should feel in control as much as possible and should be involved in all decisions. If the girl needed to be admitted again, she would need to be the one making the decision; the decision needs to be voluntary and with her consent.

## Part B

I am going to use the same example as above from my learning experience. Safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards are all linked as they are there to protect individuals who may not be able to make some decisions for themselves. So, 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 would not consent, it is important that her rights are still protected. Both acts – the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards – do this together. The Deprivation of Liberty Safeguards is an amendment from the Mental Capacity Act 2005. If the girl felt deprived of her rights, then arrangements could be made to make sure that these decisions are in her best interests. Ideally, these acts together protect and empower individuals in the decisions about their care. 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 and when these decisions should be taken out of individual hands. The girl with anorexia does not want to be admitted to hospital even though her weight is dangerously low and wants to challenge the decision that 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. In order that we make sure this person receives effective provision, we focused on the principles of person-centred care. We wanted to make sure that dignity and respect were central to what provision we thought best. Dignity and respect are very important in all provision for mental health treatments, however, particularly regarding the elderly as respect and dignity has been highlighted as a prominent theme for the elderly. Not all, but many of the elderly experience a decline in their health and may need residential care or support at home. This may also include personal care which might feel very intrusive and difficult to manage. This may contribute to or exacerbate mental health and depression.

We decided that a care plan which focused on the holistic needs of an elderly person was an appropriate start to effective provision and meeting her needs. Making sure the elderly woman was central to the care plan was key to meeting her needs. Involving all the appropriate professionals like a GP, social worker, mental health nurse, psychiatrist and dietician are key professionals which should be involved in her care. Also, in the care plan it is important to involve any key people in her life, like her husband, friends and children. They can all help her too. Things like physical health, mental health, social interaction, religious beliefs, cultural values and intellectual stimulation are all part of effective provision and treating someone with depression.

All of the professionals need to communicate effectively and make sure that they are all aware of the person's needs and wishes. If all professionals work together and the elderly person is involved in the decisions about their care with respect and dignity the provision is more likely to be effective. Effective provision also means that the services and professionals an elderly woman with depression needs are all accessible and without lengthy waiting lists which exacerbate her condition.

#### 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. This professional knowledge will ensure that effective care occurs. Depression in the elderly is very common and being empathic, insightful and understanding will contribute to effective care being delivered. Having this professional knowledge will impact on how needs and services are identified. 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. Being aware of this, when putting together a care plan will enable a more effective plan to be put together as your insight will assist you. Knowing statistics like depression can affect 1 in 5 elderly people which is a higher ratio than the national statistic of 1 in 6 is relevant. Furthermore, older people may also lose interest in life if they are not able to do as many things as they used to. This might make them more isolated and lonelier. All of this knowledge and understanding should be applied to a care plan for an elderly person with depression.

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. These meetings should be in an environment where she feels safe and comfortable. This will help and encourage her to



feel safe a talk about her circumstances. All conversations should be recorded accurately and checked by the person.

All appropriate existing 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. It's possible that additional referrals or support might be needed, for example Age UK. When the plan is being put together, areas like aims and goals should be realistic, manageable, and agreed with the elderly person. All professionals involved with the care plan should be agreed to. When the care plan is agreed and complete it be shared with all appropriate professionals and the elderly person. The care plan should then be regularly revised, and careful monitoring of the elderly persons mental health should be central to treating her depression.

## 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 considered national guidelines and how services operate locally. NICE guidelines have comprehensive 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. It is clear in the guidelines that if someone has PTSD as well as alcohol misuse, they should not be excluded from services due to this. Many people are excluded from services if they need more than one service. There isn't always the provision there locally and this is difficult for mental health support workers. They have to deal with many situations which might be out of their depth. NICE also states that individuals with complex PTSD may need extra time and therapy sessions to meet their needs and build trust. This is not realist, as a mental health support worker you can only give what time you have. Most of the time you will have very high caseloads and unable to give extra time, even if you want to.

The NHS mental health plan states that there should be increased access to improving access to psychological therapy services and deliver multi-agency suicide plans. Local services should all be delivering services in line with national guidelines. While these guidelines are very good, without more funding mental health support workers often deal with highly suicidal people in the community. Access to services, being excluded from services when your needs overlap and having the support needed for mental health treatment across the country varies.

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 complex needs, has been diagnosed with complex PTSD, misuses alcohol and has suicidal tendencies. When the mental health support worker visits the home, they are in a situation where they are dealing with someone who is not receiving the care they need and is desperate. The mental health support worker has to manage this while maintaining professional boundaries, understanding all of the safeguarding issues and maintain their duty of care to their client.

## Part B

I am going to use my learning experience from the classroom for this example. There are many ways in which mental health support staff can promote mental wellbeing. The charity Mind identifies 5 ways to mental wellbeing which are connect, be active, being aware of the present, learning and giving to others. Mental health support staff should model their support based on this approach. 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.

As a mental health support worker, when promoting mental wellbeing it's important that it is person-centred and is relevant to the individual. There is no point in suggesting cycling to increase physical fitness if the individual hates cycling. There is also no point in suggesting an activity they don't have access to or can't afford.

Another example where a mental health support worker could promote mental wellbeing is if they worked in an adolescent psychiatric unit. They could set up a group on wellbeing and look at all of the ways the patients could increase their wellbeing. The mental health support worker can suggest ideas and encourage all of the patients to suggest ideas for each other. This might make the approach more creative and increase the support for mental wellbeing across the patients.

## **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 really 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 behaviour therapy (CBT), self-help groups and regular monitoring of height, weight and blood pressure are essential. To calculate the individual's correct body mass index (BMI), their height needs to be recorded. While going through treatment, the individual's weight may change. If they are overweight or underweight (though with a binge eating disorder you are more likely to be overweight), 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. While checking the individual's weight, it is also important to monitor their blood pressure to make sure their care and support is effective.

#### Part B

I am going to use my learning experience in the classroom for this example. Adhering to good practice in the treatment of any mental health condition is important for recovery. For example, I observed 2 different films of a person who was diagnosed with an alcohol disorder. One film took you through the experience of an individual in therapy where good practice was adhered to. For example, making an assessment on the individual's drinking habits, asking about the support they have around them, and making sure a physical exam is conducted (including blood tests and a psychological evaluation). The film then took you through the treatment plan which included a detox plan and withdrawal symptoms, prescribed medication, counselling, and support groups. The other film looked at poor practice which did not do half of the things you are supposed to do, like a monitored detox programme. Both films really highlighted the importance of good practice and how crucial it is for effective treatment in alcohol disorders. Obviously, this is the case for other mental health conditions too. Good practice is essential for the treatment of mental health conditions as well as making sure practitioners are competent and up to date with the best ways of treating people.

### 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 from this we had to research therapeutic interventions for the different mental health conditions, take part in role play to understand how different approaches may feel to service users, and take part in various pairs activities. For PTSD, there are various therapeutic interventions. What intervention works for one person may not work for another person. This might be because of the type of trauma or traumas they have experienced, their personality and who is delivering the treatment. 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. Antidepressants can also be prescribed with other types of therapy or they can be the only form of therapy

an individual receives. I don't think you can say which intervention is better as it depends on the trauma and the individual.

## **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 this provides the information we need to know as to whether something is or is not effective. If someone was receiving CBT for PTSD, there are several things you could do to check whether this treatment is appropriate. Another way is to have questionnaires that the individual fills out at different stages of the therapy. For example, on week 1 they may fill out a questionnaire that asks questions like: how often do you have nightmares, how often do you have intrusive thoughts, how guilty do you feel on a rating scale of 1 to 10, how hypervigilant are you on a rating scale of 1 to 10? There would be lots more questions to assess the individual's circumstances. Then you might do the questionnaire 4 weeks later and then another 4 weeks later to see what progress had been made. Also, the therapist can refer to the answers at any time to check how the individual is progressing. This will let you know if the CBT is appropriate for the individual.

## Examiner commentary

The student demonstrated an excellent understanding of mental health which was evident throughout the professional discussion. There was insight, analysis and appropriate use of wording throughout. The student was able to reflect when necessary, showing a high level of awareness and understanding. The student was able to logically and coherently link reflection, challenges in teamwork and management.

The student was able to evidence their answers with a range of mental health conditions with a prominent level of understanding. The student demonstrated an excellent level of knowledge around person-centred care and was able to clearly link this to examples in mental health.

The student was able to respond appropriately to all questions with integrity, knowledge and insight. They responded in a confident manner and were able to vary the examples they offered as evidence. The student was able to make reference to national guidelines and local service provision within the context of a mental health support worker.

The student was able to offer an appropriate example of a mental health condition where there is a clear link that physiological measurement is an important factor in treatment. The student also had an excellent understanding of therapeutic interventions and treatments and was able to evidence appropriate treatment options with clarity.

The student had an excellent understanding of good practice, showing use of appropriate examples, and was able to identify varied examples of promoting mental wellbeing.

## 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"> <li>• communicate the relationship between person-centred care and health and safety requirements in healthcare delivery, by:                             <ul style="list-style-type: none"> <li>○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals</li> <li>○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality</li> <li>○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment</li> <li>○ 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</li> </ul> </li> <li>• 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"> <li>○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions</li> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> </ul> </li> <li>• 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:</li> </ul>

Grade	Demonstration of attainment
	<ul style="list-style-type: none"> <li>○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes</li> <li>○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional</li> <li>○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance</li> </ul>
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> <li>● communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery, by:                             <ul style="list-style-type: none"> <li>○ 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</li> <li>○ 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</li> <li>○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment</li> <li>○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control</li> </ul> </li> <li>● 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"> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> </ul> </li> <li>● communicate exceptional levels of knowledge of the physiological states that are commonly</li> </ul>



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"><li>○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes</li><li>○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional</li><li>○ 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</li></ul>

## 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