



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Mental Health Team

Assignment 2 – Practical activities Part 2

Provider delivery guide with mark scheme

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# Supporting the Mental Health Team

## Provider delivery guide with mark scheme

Assignment 2

Practical activities Part 2

## Contents

<b>Document security</b> .....	<b>4</b>
<b>Introduction</b> .....	<b>5</b>
<b>Summary of the practical activities assessment (PAA)</b> .....	<b>6</b>
<b>Assessor instructions</b> .....	<b>7</b>
<b>Assessor information</b> .....	<b>8</b>
<b>PAA delivery</b> .....	<b>10</b>
<b>Practical activity scenario 1</b> .....	<b>11</b>
First meeting with the individual: role play script .....	14
Item A: physiological measurements form .....	16
<b>Floor plan scenario 1</b> .....	<b>17</b>
<b>Practical activity scenario 2</b> .....	<b>18</b>
Follow up 1:1 meeting with individual: role play script .....	20
Item B: extract from case notes .....	22
<b>Floor plan scenario 2</b> .....	<b>23</b>
<b>Practical activity scenario 3</b> .....	<b>24</b>
Regular 1:1 meeting with individual: role play script .....	26
Item C: extract of information from MIND website on anorexia nervosa .....	29
Item D: risk management plan .....	31

<b>Floor plan scenario 3</b> .....	<b>32</b>
<b>Practical activity scenario 4</b> .....	<b>33</b>
Relapse drill: role play script .....	35
Item E: extract from Staying Well Plan – Understanding your Relapse Indicators .....	37
Item F: extract from Staying Well Plan – General Coping Strategies .....	42
Item G: relapse drill .....	44
<b>Floor plan scenario 4</b> .....	<b>46</b>
<b>PAA mark scheme</b> .....	<b>47</b>
Marking guidance .....	47
Scenario specific skills marking grid .....	49
Underpinning skills marking grid .....	54
<b>Indicative content</b> .....	<b>58</b>
Practical activity scenario 1 .....	58
Practical activity scenario 2 .....	61
Practical activity scenario 3 .....	63
Practical activity scenario 4 .....	65
<b>Performance outcome grid</b> .....	<b>67</b>
<b>Document information</b> .....	<b>68</b>

## Document security

To be opened on Thursday 20 April 2023 at 9.00am, 7 working days prior to the assessment period Tuesday 02 May 2023 to Friday 26 May 2023.

This assessment material must **not** be shared with students. Any breach of this assessment material must be reported to NCFE **immediately** in accordance with the assessment regulations found on the NCFE website.

### Time allowed

1 hour 55 minutes

### Paper number

P001997

## Introduction

This document must be used to deliver and mark the practical activity assessment for the summer 2023 series of Supporting the Mental Health Team.

It is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that a consistent approach is taken to the delivery and marking for all students through a satisfactory internal standardisation process.

## Summary of the practical activities assessment (PAA)

The PAA aspect of the occupational specialist component requires students to demonstrate practical activities taken from the list of practical activities published by NCFE CACHE in September 2022. The list of practical activities is published in the tutor guidance document which can be found on the NCFE website.

The PAA is externally set by NCFE.

The PAA is internally marked by provider assessors and moderated by NCFE. Providers are required to audio-visually record the performances of all students.

The PAA requires students to complete the **4** practical activity scenarios detailed in this document.

The PAA is assessed against 2 mark schemes:

- a scenario specific skills mark scheme – this mark scheme is applied to award a mark for every practical activity scenario
- an underpinning skills mark scheme – this mark scheme is applied to award a mark across the practical activity scenarios

## Assessor instructions

- this assessment requires students to demonstrate the 4 practical activity scenarios detailed in this document – the practical activity scenarios are taken from the list of practical activities published by NCFE CACHE in September 2022
- it is the responsibility of the internal moderator to follow the guidance contained within this document and ensure that the practical activity scenarios are set up correctly at different stations within a suitable assessment environment
- the floor plans included are illustrative to suggest an appropriate layout for each scenario; it is not a requirement to exactly replicate the floor plan and there may be resources and equipment not represented on the floor plan
- students will move between the 4 stations during the assessment, once the first student has completed station 1 and moved to station 2, the next student will be admitted to station 1 and so on
- students must be given up to 5 minutes when they get to each station to prepare for the practical activity scenario; they should use this time to carefully read each practical activity scenario, including any supporting information and familiarise themselves with the station
- students will have a maximum amount of time to complete each practical activity scenario; the time available is written clearly at the beginning of each practical activity scenario – if a student goes over this time, you must tell them to move on to the next station
- assessors should read the instructions and information on the front of the assignment brief to the student and confirm understanding before the practical activity assessment begins – students should be made aware that some stations might take more time than others, meaning they may have a short wait before being allowed to progress to the next station and understand that this waiting time will still be under supervised conditions, as specified in the tutor guide and assessment regulation documents
- where providers are delivering the assessment with assessors remaining at each station, providers must have ensured that there is a mechanism by which the student's assessment booklets can be kept securely between stations
- assessors will need to collect the students' completed assignment brief booklets at the end of the assessment
- students will need to complete and sign the external assessment cover sheet to confirm the authenticity of their work and to confirm that they will uphold the confidentiality of the assessment.

## Assessor information

### Marks

- 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 – students will be awarded a scenario specific skills mark for their performance in each practical activity scenario they demonstrate
- 12 marks are available for underpinning skills – students will be awarded an underpinning skills mark for their holistic application of these skills in their performance across the practical activity scenarios they demonstrate
- the maximum mark for this assessment is 76

### Materials

For this assessment students must have:

- a black or blue ballpoint pen

### Equipment and resources

The equipment and resources listed under each practical activity scenario are in line with those detailed in the qualification specification. All equipment and resources should be familiar to the student and have been used during teaching and learning delivery of the qualification.

### Standardised patients and role play

Where the practical activity scenario requires a standardised patient or element of role play, these roles must be fulfilled by a member of the provider staff. It is not appropriate to use students or any other person in these roles for the assessment.

Standardised patients and role players must be fully briefed on the requirements of their role in each of the scenarios, prior to the assessments taking place. Role play scripts are provided in the resources where appropriate.

## Number of provider staff required

The table below indicates the number of provider staff that are needed to deliver **each** practical activity scenario.

Practical activity scenario	Assessor	SP/RP*	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2

\*Note: The assessor will act as one of the role players if their role is minimal and **only** where it does not distract from the focus being on applying the mark scheme. Further detail is provided in the specific requirements for each practical activity scenario.

## Assessing the practical activity stations

Providers can manage the marking of the practical activity assessment in one of the two ways listed below:

- individual students are assessed on all practical activity stations by **one** assessor
- individual students are assessed by **multiple** assessors located at the different practical activity stations

It is the internal moderator's responsibility to ensure that the assessors marking, in either approach, is in line with the agreed standard.

## **PAA delivery**

For further guidance on the general delivery of the PAA, please refer to the tutor guidance document which can be found on the NCFE website.

Please be aware that the details provided in this section, whilst reflecting the assignment brief document given to students, do contain additional information. The additional information is provided to help providers establish a consistent approach to the delivery and marking of the PAA.

Most of the items contained within this document will be repeated in the students' assignment brief. There will, however, be instances where providers need to make copies of items from this document. Clear instructions will be given where this is the case.

# Practical activity scenario 1

This practical activity scenario requires students 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

## Purpose

To assess the student's communication skills when meeting an individual with a mental health concern for the first time.

To assess the student's ability to observe, measure, record, and report on physiological health of individuals receiving care and support.

To assess the student's ability to observe, record, and report changes in the mental health of individuals when providing care and support.

## 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

### Mode of assessment

This practical activity scenario involves role play. The individual will be played by a member of staff. A role play script is provided below.

This simulated station requires a treatment room environment. This can be an area within a classroom sectioned off. The station should include a table with 2 chairs situated around the table. A bench/table with the required equipment should be available for the students use.

The student should collect the role player and take them to the station. The waiting area should be within acceptable reach of the station. One assessor should be responsible for observing the practical activity from the collection of the role player at the waiting area to the station and for the duration of this task.

The student should demonstrate taking physiological measurements, following that you should provide them with the below measurements to use for their discussion:

Physiological measurements	
Blood pressure (mmHg)	140/80
Heart rate/pulse (bpm)	98
Oxygen saturation (SpO <sub>2</sub> )	95%
Body temperature (°C)	37.5

### Equipment

This practical activity scenario requires the following 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)

## **Resources**

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

## **Time**

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

## **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

## First meeting with the individual: role play script

The individual needs to be portrayed as someone who is quiet and withdrawn in their responses. This should be portrayed in their body language, facial expressions and their tone. They should appear low in mood, lacking energy and guarded in responses, but engage with the procedures:

- use this information to answer the questions asked by the student during the assessment
- only offer the information if the student asks
- initial responses are highlighted in bold and additional responses if prompted by the student are in normal text
  - some question responses in bold offer a choice for the role player to give

These responses are guides for how the student may pose questions. The questions that the student asks may not be the exact wording that is identified but the range of examples is sufficient to give an idea of how the individual can respond to questions posed by the student.

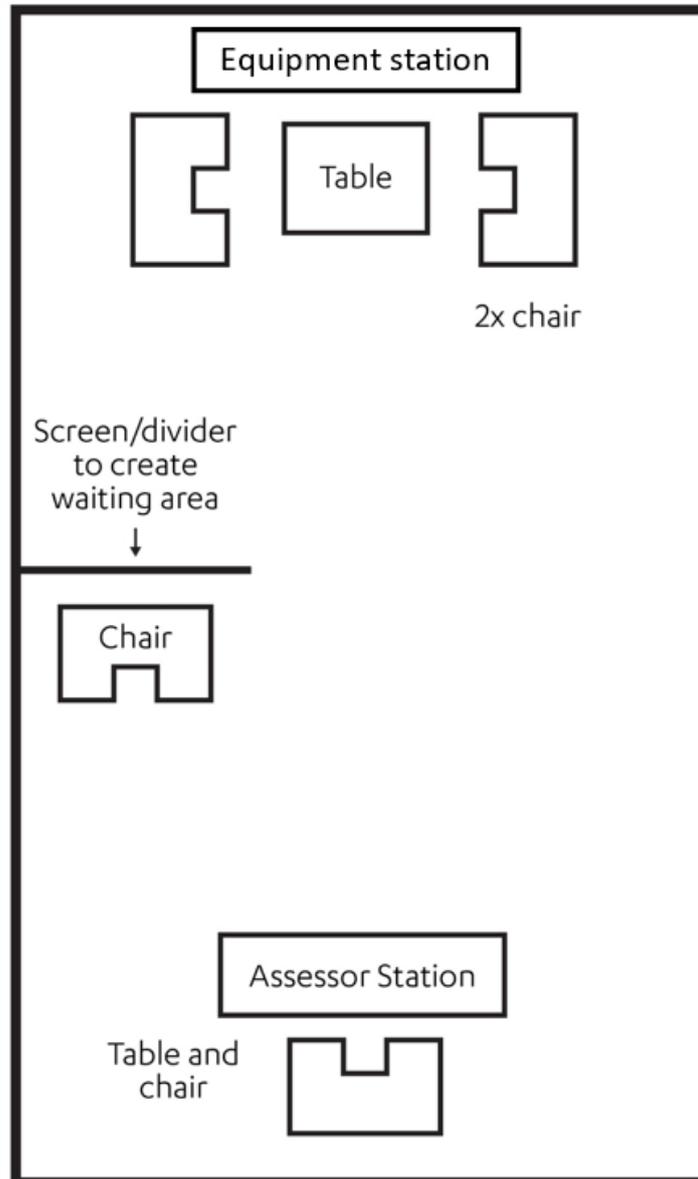
Questions	Response
General introductory questions with an aim to help settle the individual	
Questions that ask how they are.	<p><b>I am okay.</b></p> <p>I am a bit nervous.</p> <p><b>I was a bit anxious about coming today.</b></p> <p>I feel tired.</p>
Questions that ask about them getting to the centre.	<p><b>My mum dropped me off here.</b></p> <p>I caught the bus.</p> <p>I walked.</p>
Did you have any problems getting here today?	<p><b>It was difficult to get out of bed.</b></p> <p>Sleep problems.</p>
Is it the first time you have been to the centre?	<b>No, I have been before.</b>

<b>Personal and social information about the individual</b>	
Questions that ask about personal information and interests.	<p><b>Age: 35 years old (DOB 18/03/86)</b></p> <p><b>Address: 3 Greenside Walk, Southampton</b></p> <p><b>Lives with partner.</b></p> <p><b>One child age 5 – can choose girl or boy.</b></p> <p><b>Has a pet cat – called Felix.</b></p> <p><b>Works part-time – in a café.</b></p> <p><b>Likes computer games.</b></p> <p><b>Likes spending time with the family.</b></p> <p><b>Feels like depression/anxiety getting worse and not been feeling very well.</b></p> <p>Lack motivation to complete activities of daily living -not motivated to shower, get dressed.</p> <p>Staying in bed, not eating properly.</p>

## Item A: physiological measurements form

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

## Floor plan scenario 1



## Practical activity scenario 2

This practical activity scenario requires students to:

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

### Purpose

To assess the student's ability to promote a recovery-based and holistic approach enabling the individual to manage their condition.

To assess the student's application of knowledge of different coping strategies and skills that can be used by the individual.

### 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

### Mode of assessment

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

The simulated station should be set up in a classroom with a table and 2 chairs on each side of the table. The role player should be seated at a waiting area. The student should collect the role player and take them to the station.

The student should be provided with a quiet space to read and make notes before meeting with the role player. This could be a desk and chair for the student to use in the corner of the simulated station.

## Equipment

This practical activity scenario requires 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

## Resources

Students are given the extract from case notes which includes a space for harm reduction ideas (item B) to make notes before having a discussion with the individual.

## Time

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

## 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

## Follow up 1:1 meeting with individual: role play script

The individual needs to be portrayed as someone who is anxious but engaging in their responses. This should be portrayed in their body language (avoiding eye contact), facial expressions and their tone:

- use this information to answer the questions asked by the student during the assessment
- only offer the information if the student asks
- initial responses are highlighted in bold and additional responses, if prompted by the student, are in normal text

Some question responses in bold offer a choice for the role player to give. These responses are guides for how the student may pose questions. The questions that the student asks may not be the exact wording that is identified but the range of examples is sufficient to give an idea of how the individual can respond to questions posed by the student.

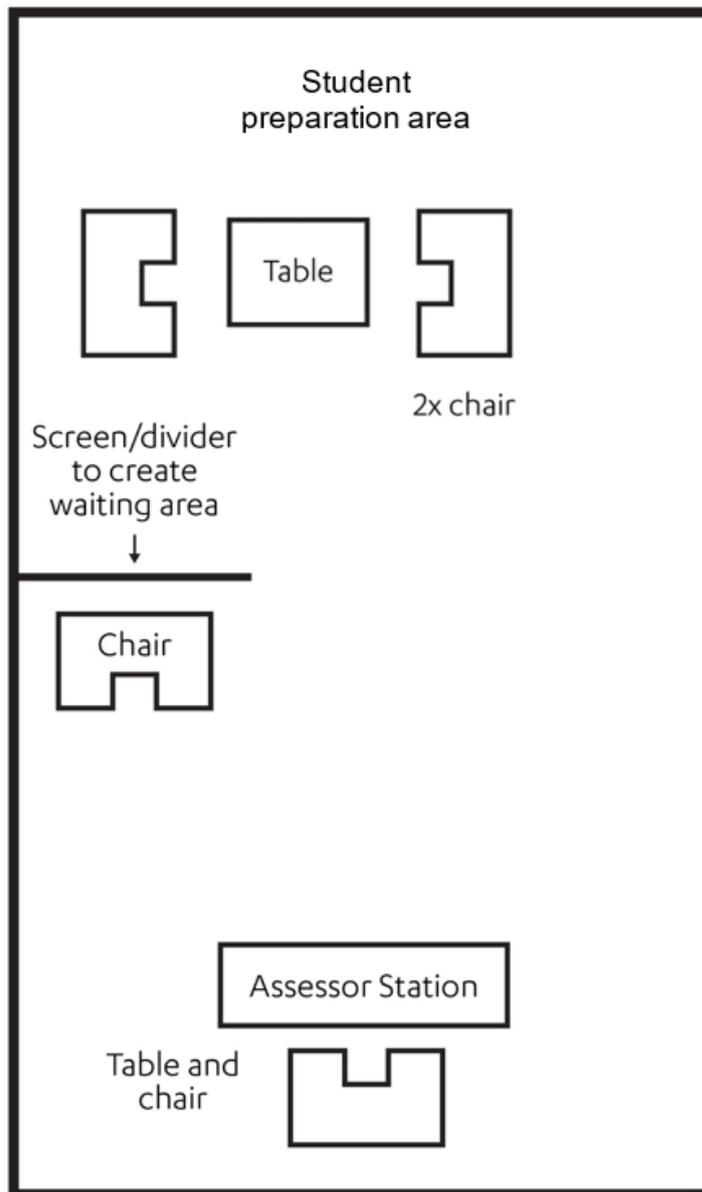
Questions	Response
General introductory questions with an aim to help settle the individual	
Questions that ask them how they are.	<b>I am okay.</b> I am a bit nervous. <b>I was a bit anxious about coming today.</b>
Questions that ask them about getting to the centre.	<b>My mum dropped me here.</b> I caught the bus. I walked. I drove.
Did you have any problems getting here today?	<b>No, it was okay.</b> Felt anxious.
Is it the first time you have been to the centre?	<b>No.</b>
Personal and social information about the individual	
Questions about their personal information.	<b>Age: 18 years old.</b>
Questions about support networks.	<b>Friends</b> – one close friend who has own mental health difficulties. <b>Family members</b> – close to mother and sister. <b>Groups</b> – used to go to tap dancing, stopped a year ago. <b>Sports clubs</b> – no. <b>College/work</b> – goes to college, studying childcare.

Distraction techniques	
Are you ok if we go through some distraction techniques?	<b>Yes.</b>
Do you know what distraction techniques are?	<b>Yes, or I think so.</b>
Have you used distraction techniques before?	<b>No.</b> <b>A little bit.</b> <b>I am not sure they work for me.</b>
I'm going to talk you through a distraction technique you can try. For this technique you need to use an elastic band. Is that ok?	<b>Yes, that's fine.</b> <b>Ok, why do I need an elastic band.</b>
I'm going to talk you through a distraction technique you can try which is where you visualise something relaxing. Is that ok?	<b>Yes, that's fine.</b> <b>I've done a visualisation before.</b>
What do you enjoy doing?	<b>Spending time with mother/sister.</b>
What helps you relax?	<b>Art.</b> <b>Dogs (has 2 young chihuahuas).</b> <b>Nature.</b> <b>Walking.</b> <b>Music.</b>
About the individual's self-harm	
What are the triggers?	<b>Anger and frustration/sadness and fear/a need to control/numb and disconnect, rejection.</b>
Are there any patterns as to when it happens?	<b>Get flashbacks (trauma and abuse as a child).</b>
How does it feel?	<b>Feels good, a sense of relief but then sore and regrets it.</b>
What do you do?	<b>Cut self with compass dig it into skin and drag it along until it bleeds. Mother/sister get upset so hides it from them now.</b>
Have you resisted self-harming before?	<b>Used to harm arms, now uses legs and covers them up.</b>

## 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>

## Floor plan scenario 2



## Practical activity scenario 3

This practical activity scenario requires students 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

### Purpose

To assess the student's ability to assist with collaborative risk assessment and risk management with individuals with mental health needs, involving carers and family members in the process.

To assess student's ability to select key information from discussions and/or text and summarise concisely in appropriate style for audience and purpose.

### 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

### Mode of assessment

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

A role play script is provided below. The role player will be given information about anxiety, triggers, and distractions. If the student asks them about their condition, the role player must give responses to enable the conversation to flow.

The simulated station should be set up in a classroom. The 2 chairs should be facing each other, at a slight angle. The clock should be facing the student to help pace them through the task.

The role player can be seated outside the station for the student to collect once they have read the task. The student should read the task and make any notes at the station.

## Equipment

This practical activity scenario requires the following equipment:

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

## Resources

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

## Time

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

## 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

## Regular 1:1 meeting with individual: role play script

The service user needs to be portrayed as someone who is confident but upset in their responses. This should be portrayed in their body language, facial expressions and their tone:

- use this information to answer the questions asked by the student during the assessment
- only offer the information if the student asks
- initial responses are highlighted in bold and additional responses, if prompted by the student, are in normal text

Some question responses in bold offer a choice for the role player to give.

These responses are guides for how the student may pose questions. The questions that the student asks may not be the exact wording that is identified but the range of examples is sufficient to give an idea of how the individual can respond to questions posed by the student.

Questions	Response
General introductory questions with an aim to help settle the individual	
Questions that ask how they are.	<b>I am a bit upset I don't like talking about it.</b> I was a bit anxious about coming today.
Questions that ask about them getting to the centre.	<b>My mum dropped me off here.</b> I caught the bus. I walked.
Did you have any problems getting here today?	<b>It was difficult to get out of bed.</b> Sleep problems.
Is it the first time you have been to the centre?	<b>No, I have been before.</b>

Personal and social information about the service user:	
Questions to confirm no changes to their personal information	<p><b>Age: 21 (DOB 03/06/2001)</b></p> <p><b>Address: 101 Rivers Terrace, Edinburgh.</b></p> <p><b>Lives with parents.</b></p> <p><b>No children.</b></p> <p><b>Has 3 pet rabbits – Flopsy, Sox and Billy.</b></p> <p><b>Not working.</b></p> <p><b>Likes films, social media, exercise and singing.</b></p>
Questions about support networks.	<p><b>Friends –</b> several close friends.</p> <p><b>Family members –</b> parents, 3 brothers.</p> <p><b>Groups –</b> goes to singing classes one-to-one when feels well enough.</p> <p><b>Sports clubs –</b> is a member of gym.</p>
Personal trigger questions	
Why are you feeling distressed today?	<b>Feel upset about talking about this.</b>
Can you think of any triggers that increase your feelings about your weight/food?	<p><b>Going out to eat.</b></p> <p><b>Weighing myself.</b></p> <p><b>Instagram and the people I follow, all really slim and ‘perfect’, makes me feel inadequate and fat.</b></p> <p><b>Brothers have been teasing me, but they don’t do this now.</b></p> <p><b>When I exercise, I become obsessed.</b></p>

Things I can do?	
<p>What kinds of things can you do to support yourself and increase your wellbeing?</p>	<p><b>Attending counselling.</b></p> <p><b>Talking more about how I feel even though it is hard.</b></p> <p><b>Spending less time on social media might help.</b></p> <p><b>Stop weighing myself.</b></p> <p><b>Ask family and friends to not speak about their weight.</b></p> <p><b>Go to a regular exercise class like dance.</b></p> <p><b>Meet other people who have had eating disorders and ask about what they do to prevent getting ill.</b></p>
Coping Skills	
<p>What helps you to cope better?</p> <p>This might be skills you already have or want to learn.</p>	<p><b>Looking after my rabbits and singing makes me feel good.</b></p> <p><b>Talking to friends.</b></p> <p><b>Making sure I get enough sleep.</b></p> <p><b>I would like to learn how to meditate.</b></p>
Prevention strategies	
<p>Can you think of any strategies that would help prevent you from dieting and obsessing over your weight?</p>	<p><b>Ask family and friends to not speak about their weight.</b></p> <p><b>Go to a regular exercise class like dance.</b></p> <p><b>Meet other people who have had eating disorders and ask about what they do to prevent getting ill.</b></p>

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

**([www.MIND.org.uk](http://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:

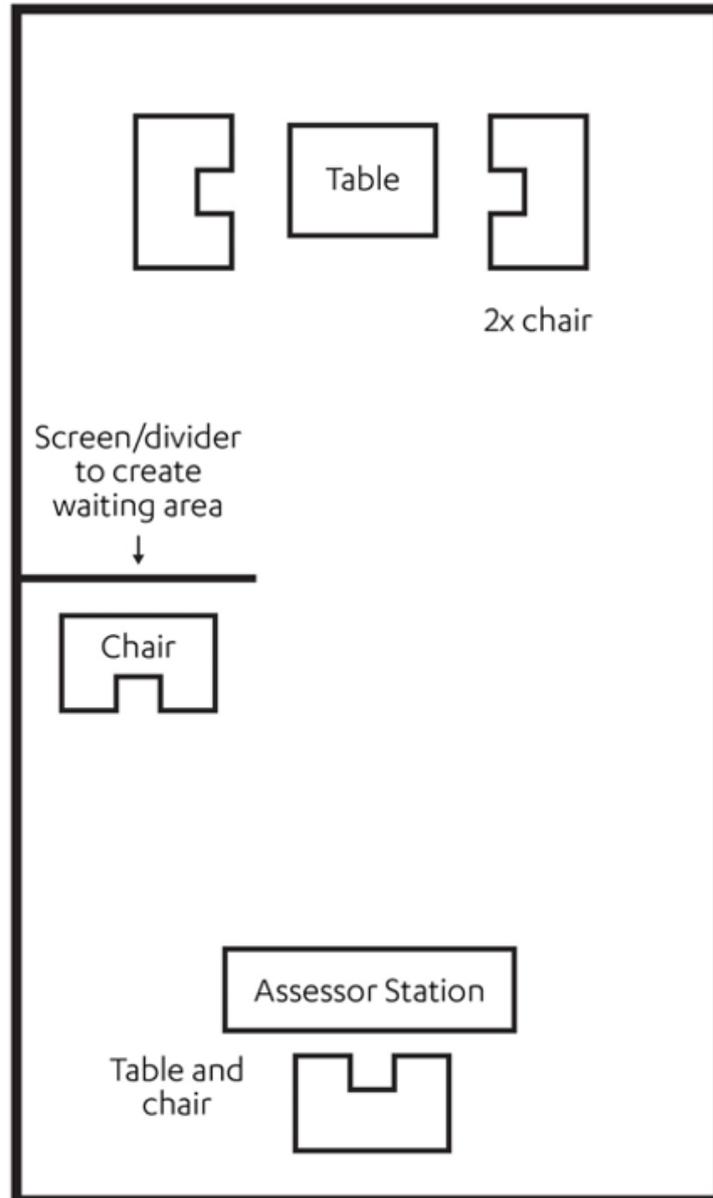
- be aware of how you feel when you are online and adjust the places you visit and the people you follow if you need to, it is ok to take a break from social media, or to adjust your lifestyle, so that this plays less of a part in how you spend your time
- remember that many pictures have been manipulated 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.	

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## Floor plan scenario 3



## Practical activity scenario 4

This practical activity scenario requires students to:

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

### Purpose

To assess the student's application of knowledge of how mental health conditions may affect an individual's emotions, thinking, and behaviour.

To assess the student's ability to use an appropriate approach to support individuals and/or carers/families to manage their condition.

### 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

### Mode of assessment

This practical activity scenario involves role play. The individual will be played by a member of staff. A role play script is provided below.

The simulated station should be set up as a meeting room with the 2 chairs either side of the table.

The role player can be seated at the table in the meeting room.

The student should be provided with a quiet space to read and make notes before meeting with the role player. This could be a desk and chair for the student to use in the corner of the simulated station.

## Equipment

This practical activity scenario requires the following equipment:

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

## Resources

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

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

The relapse drill has space for the name of the individual.

## Time

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

## 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

## Relapse drill: role play script

The individual needs to be portrayed as someone who is happy to see the student for the session. This should be conveyed in their responses. This should be portrayed by their body language, facial expressions and their tone:

- use this information to answer the questions asked by the student during the meeting
- only offer the information if the student asks
- initial responses are highlighted in bold and additional responses if prompted by the student are in normal text
- role play script is to support but you may answer questions within the parameters of information provided in the brief/task

Questions	Response
General introductory questions with an aim to help settle the individual	
Questions that ask how they are.	<b>Looking forward to coming today.</b>
Questions that ask about them getting to the centre.	<b>I drove.</b> <b>I caught the bus.</b> <b>I walked.</b>
Personal and social information about the service user	
Questions to confirm no changes to their personal information	<b>Age: 40 (DOB: 03/01/1981)</b> <b>Address: 52 Park View Avenue, Newcastle</b> <b>Lives alone.</b> <b>3 children and has contact every weekend.</b> <b>Works as a manager at a supermarket.</b> <b>Likes running, reading, days out with the kids.</b>
Questions about the relapse indicators	
Are you happy to complete this today?	<b>Yes.</b>

<p>Can I show you the relapse signs/indicators grid and ask you to choose/tick 6?</p> <p>Could you choose 2 from each of the 3 categories?</p>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>don't just tick off selection straight away</b></li> <li>• <b>consider choosing any but choose 2 from each of the 3 categories (2 from thinking/perception, 2 from feelings, 2 from behaviours)</b></li> </ul> <p><b>Respond as appropriate.</b></p>
<p>Questions about coping strategies:</p>	
<p>Looking at the general coping strategies, what do you think might be helpful when you experience these/this though/feeling/behaviour?</p>	<p><b>You can select from any of the following:</b></p> <ul style="list-style-type: none"> <li>• <b>sleeping better/getting enough sleep</b></li> <li>• <b>exercise/fitness</b></li> <li>• <b>breathing exercises</b></li> <li>• <b>healthy diet/eating well</b></li> <li>• <b>talking about my anxiety</b></li> <li>• <b>using distraction techniques</b></li> <li>• <b>activities that make me happy</b></li> </ul> <p><b>Respond as appropriate.</b></p>

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

### Understanding your relapse indicators

#### Warning signs

The first question 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 emotion 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

T Level Technical Qualification in Health (603/7066/X), OSA  
Supporting the Mental Health Team, Assignment 2, Practical activities Part 2  
Provider delivery guide with mark scheme

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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.

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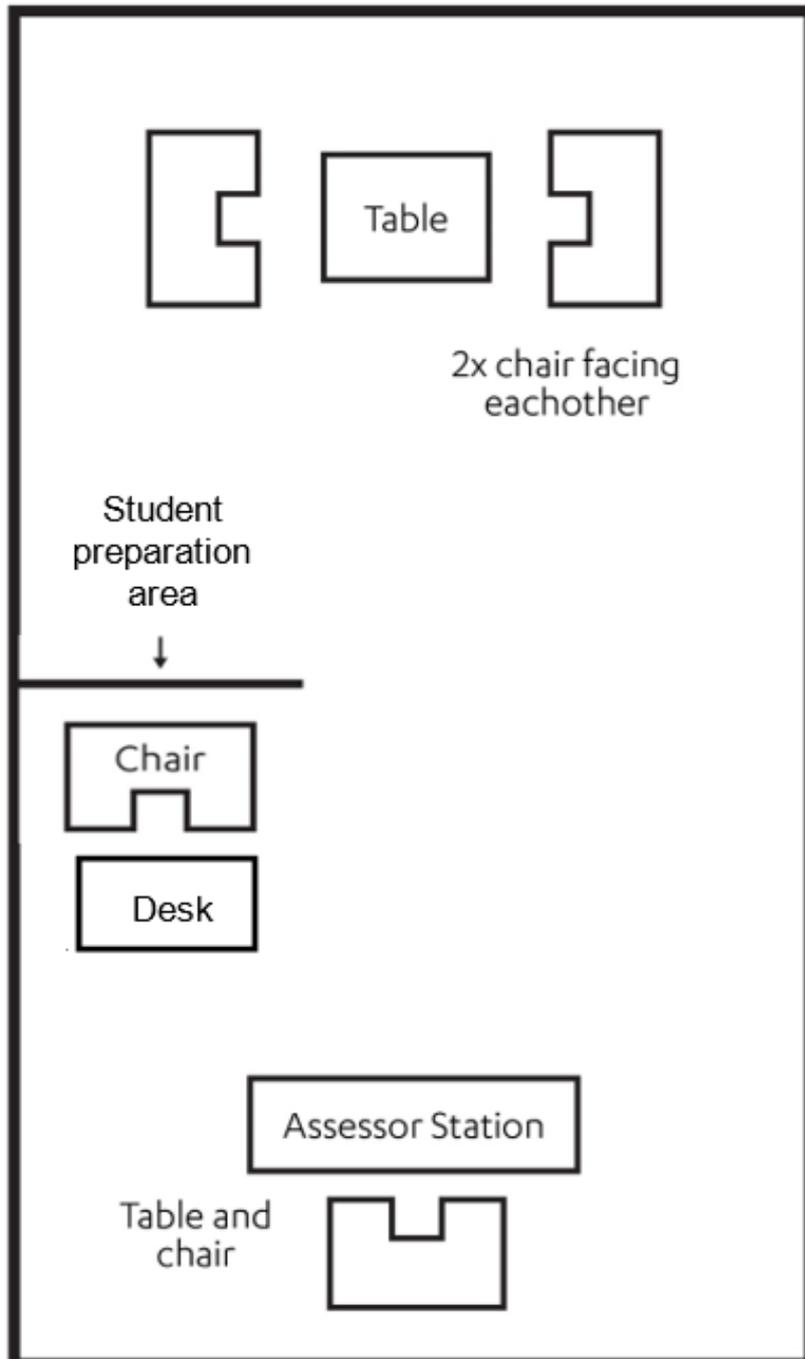
## Item G: relapse drill

<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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## Floor plan scenario 4



## PAA mark scheme

The mark scheme for the PAA comprises of marking grids and indicative content.

The following marking grids should be used to assess students and award marks for the scenario specific skills and underpinning skills. The indicative content for the scenario specific skills is for the practical activity scenarios set for the summer 2024 series only.

To understand what is required to be awarded marks, students should have already been provided with a copy of the marking grids. The marking grids are published in the tutor guidance document which can be found on the NCFE website.

Assessors are reminded that they should complete a student assessment record form to record descriptive information and evidence of the student's skills and knowledge demonstrated during the PAA. The student assessment record form can be found on the NCFE website.

## Marking guidance

### Marking grid

The marking grids for the scenario specific skills and the underpinning skills identify the 4 assessment criteria that students are assessed against. Each assessment criterion is out of a total of 4 marks.

The assessment criteria are broken down into 4 bands with a corresponding descriptor. The descriptor for the band indicates the qualities of a student's performance in that band. The band is the mark that should be awarded for that assessment criterion for example band 1 = 1 mark and band 4 = 4 marks. There is a total of 16 marks available for the scenario specific skills and 12 marks available for underpinning skills mark schemes which should be used in accordance with the assessment requirements (see page 8 for details).

When determining marks for scenario-specific skills, assessors should only consider the quality of the student's performance in that scenario. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance covers different aspects of different bands, assessors should use a best-fit approach to award the band/mark.

When determining marks for underpinning skills, the assessor should consider performance across all scenarios. Where certain scenarios do not provide opportunities for students to demonstrate an underpinning skill, students should not be penalised; the mark awarded should be based on the quality of the student's performance in scenarios where the underpinning skills have emerged. When determining a band/mark, assessors' decisions should be based on the overall quality of the student's performance in relation to the descriptors. If the student's performance of a particular underpinning skill is inconsistent across scenarios, and covers different aspects of different bands, assessors should use a best-fit approach to award the most appropriate band/mark.

Standardisation materials can be used to help assessors with determining a band/mark if they are unsure.

Assessors should start at the lowest band of the marking grid and move up until there is a match between the band descriptor and the student's performance.

## **Indicative content**

Indicative content has been provided as a guide to help assessors understand what should be expected in a student's performance to allow for a marking judgement to be made. Assessors are reminded that indicative content is not an exhaustive list.

## Scenario specific skills marking grid

Band	Demonstration of knowledge and understanding of mental health conditions and/or mental wellbeing and treatments		Application of best practice and agreed ways of working when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team		Use of strategies and/or techniques for support and care when assisting to carry out appropriate therapeutic interventions as delegated by the mental health team		Observing, recording, selecting and/or presenting/reporting data and/or handling information when assisting to carry out appropriate clinical interventions and/or care or support for individuals as delegated by the mental health team	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	The student demonstrates a <b>highly effective</b> application of knowledge of mental health conditions and mental wellbeing and/or an <b>excellent</b> understanding of how mental health conditions and wellbeing can impact on the individual and others in terms of emotions, thinking and behaviour, which is <b>sustained</b> throughout the student's practice.	4	The student demonstrates a <b>highly effective</b> application of delegated therapeutic interventions and/or care or support for individuals, that is <b>consistently</b> in line with best practice guidelines and agreed ways of working.  The student is <b>highly effective</b> at working collaboratively with individuals, carers, and other healthcare professionals to support mental health needs,	4	The student <b>always</b> assists registered practitioners to implement appropriate strategies and/or techniques in a <b>highly effective</b> way.  The student provides <b>excellent</b> support for individuals with mental health and wellbeing needs that <b>always</b> suits the particular purpose.	4	The student observes, records, selects and/or represents/reports data and/or information in a <b>highly effective</b> and <b>clear</b> way, when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team.

Band	Demonstration of knowledge and understanding of mental health conditions and/or mental wellbeing and treatments		Application of best practice and agreed ways of working when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team		Use of strategies and/or techniques for support and care when assisting to carry out appropriate therapeutic interventions as delegated by the mental health team		Observing, recording, selecting and/or presenting/reporting data and/or handling information when assisting to carry out appropriate clinical interventions and/or care or support for individuals as delegated by the mental health team	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
				which is <b>always</b> within scope of own role.				
3	3	The student demonstrates an <b>effective</b> application of knowledge of mental health conditions and mental wellbeing and/or a <b>good</b> understanding of how mental health conditions and wellbeing can impact on the individual and others in terms of emotions, thinking and behaviour, which is <b>generally sustained</b> throughout the student's practice.	3	The student demonstrates an <b>effective</b> application of delegated therapeutic interventions and/or care or support for individuals, that is <b>usually</b> in line with best practice guidelines and agreed ways of working.  The student is <b>effective</b> at working collaboratively with individuals, carers, and other healthcare professionals, which is <b>usually</b> within scope of role.	3	The student <b>usually</b> assists registered practitioners to implement appropriate strategies and/or techniques in an <b>effective</b> way.  The student provides <b>good</b> support for individuals with mental health and wellbeing needs that <b>generally</b> suits the particular purpose.	3	The student observes, records, selects and/or represents/reports data and/or information in an <b>effective</b> and <b>mostly clear</b> way, when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team.

Band	Demonstration of knowledge and understanding of mental health conditions and/or mental wellbeing and treatments		Application of best practice and agreed ways of working when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team		Use of strategies and/or techniques for support and care when assisting to carry out appropriate therapeutic interventions as delegated by the mental health team		Observing, recording, selecting and/or presenting/reporting data and/or handling information when assisting to carry out appropriate clinical interventions and/or care or support for individuals as delegated by the mental health team	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	The student demonstrates <b>reasonable</b> application of knowledge of mental health conditions and mental wellbeing and/or a <b>satisfactory</b> understanding of how mental health conditions and wellbeing can impact on the individual and others in terms of emotions, thinking and behaviour, which is <b>partially sustained</b> throughout the student's practice.	2	The student demonstrates a <b>reasonably effective</b> application of delegated therapeutic interventions and/or care or support for individuals, that is <b>sometimes</b> in line with best practice guidelines and agreed ways of working.  The student is <b>reasonably effective</b> at working collaboratively with individuals, carers, and other healthcare professionals, which is <b>sufficiently</b> within scope of role.	2	The student <b>sometimes</b> assists registered practitioners to implement appropriate strategies and/or techniques in a <b>reasonably effective</b> way.  The student provides <b>satisfactory</b> support for individuals with mental health and wellbeing needs that <b>partially</b> suits the particular purpose.	2	The student observes, records, selects and/or represents/reports data and/or information in a <b>reasonably effective</b> and <b>partially clear</b> way, when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team.

Band	Demonstration of knowledge and understanding of mental health conditions and/or mental wellbeing and treatments		Application of best practice and agreed ways of working when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team		Use of strategies and/or techniques for support and care when assisting to carry out appropriate therapeutic interventions as delegated by the mental health team		Observing, recording, selecting and/or presenting/reporting data and/or handling information when assisting to carry out appropriate clinical interventions and/or care or support for individuals as delegated by the mental health team	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	The student demonstrates <b>limited</b> application of knowledge of mental health conditions and mental wellbeing and/or a <b>basic</b> understanding of how mental health conditions and wellbeing can impact on the individual and others in terms of emotions, thinking and behaviour, which is <b>fragmented</b> throughout the student's practice.	1	The student demonstrates <b>minimally effective</b> application of delegated therapeutic interventions and/or care or support for individuals, that is <b>occasionally</b> in line with best practice guidelines and agreed ways of working.  The student is <b>minimally effective</b> at working collaboratively with individuals, carers, and other healthcare professionals, which is <b>minimally</b> within scope of role.	1	The student <b>occasionally</b> assists registered practitioners to implement appropriate strategies and/or techniques in a <b>minimally effective</b> way.  The student provides <b>basic</b> support for individuals with mental health and wellbeing needs that <b>rarely</b> suits the particular purpose.	1	The student observes, records, selects and/or represents/reports data and/or information in a <b>minimally effective</b> and <b>clear</b> way, when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team.

Band	Demonstration of knowledge and understanding of mental health conditions and/or mental wellbeing and treatments		Application of best practice and agreed ways of working when assisting to carry out appropriate therapeutic interventions and/or care or support for individuals as delegated by the mental health team		Use of strategies and/or techniques for support and care when assisting to carry out appropriate therapeutic interventions as delegated by the mental health team		Observing, recording, selecting and/or presenting/reporting data and/or handling information when assisting to carry out appropriate clinical interventions and/or care or support for individuals as delegated by the mental health team	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
0	No evidence demonstrated or nothing worthy of credit.							

## Underpinning skills marking grid

Band	Person-centred, holistic care and service frameworks		Communication and effective relationships		Health and safety and risk management	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
4	4	<p>The student demonstrates <b>excellent</b> person-centred, holistic care, ensuring that they <b>always</b> involve the individuals when supporting with mental health conditions.</p> <p>The student's adherence to and compliance with the appropriate guidelines, policies and service frameworks for mental health is <b>excellent</b>, demonstrating <b>consistency</b> in care provided within their role to support individuals with mental health conditions.</p>	4	<p>The student demonstrates <b>highly effective</b> communication skills and where appropriate, <b>successfully</b> uses them to overcome barriers that prevent the building and sustaining of effective relationships.</p> <p>The student's tone, register and level of detail is <b>excellent</b> and <b>always</b> reflects the level and experience of the audience and purpose.</p> <p>The student uses technical language with <b>accuracy</b>, and they <b>always</b> demonstrate active listening to meet the needs of the individuals.</p>	4	<p>The student's ability to follow health and safety and/or risk assessment processes identified by the mental health team is <b>excellent</b>, when assisting to carry out delegated therapeutic interventions and/or support strategies with individuals.</p> <p>The student's application of knowledge of scope of safe practice is <b>highly effective</b> and they <b>always</b> work within the limitations of their role, safeguarding the individual's wellbeing.</p>

Band	Person-centred, holistic care and service frameworks		Communication and effective relationships		Health and safety and risk management	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
3	3	<p>The student demonstrates <b>good</b> person-centred, holistic care, <b>usually</b> ensuring that they involve the individuals when supporting with mental health conditions.</p> <p>The student's adherence to and compliance with the appropriate guidelines, policies and service frameworks for mental health is <b>good</b>, demonstrating <b>generally</b> consistent care provided within their role to support individuals with mental health conditions.</p>	3	<p>The student demonstrates <b>effective</b> communication skills and where appropriate, uses them <b>generally successfully</b> to overcome barriers that prevent the building and sustaining of effective relationships.</p> <p>The student's tone, register and level of detail is <b>good</b> and <b>generally</b> reflects the level and experience of the audience and purpose.</p> <p>The student's use of technical language is <b>generally accurate</b>, and they <b>usually</b> demonstrate active listening to meet the needs of the individuals.</p>	3	<p>The student's ability to follow health and safety and/or risk assessment processes identified by the mental health team is <b>good</b>, when assisting to carry out delegated therapeutic interventions and/or support strategies with individuals.</p> <p>The student's application of knowledge of scope of safe practice is <b>effective</b> and they <b>usually</b> work within the limitations of their role, safeguarding the individual's wellbeing.</p>

Band	Person-centred, holistic care and service frameworks		Communication and effective relationships		Health and safety and risk management	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
2	2	<p>The student demonstrates <b>satisfactory</b> person-centred, holistic care, <b>sometimes</b> ensuring that they involve the individuals when supporting with mental health conditions.</p> <p>The student's adherence to and compliance with the appropriate guidelines, policies and service frameworks for mental health is <b>satisfactory</b>, demonstrating <b>partially</b> consistent care provided within their role to support individuals with mental health conditions.</p>	2	<p>The student demonstrates <b>reasonably effective</b> communication skills and where appropriate, uses them <b>somewhat successfully</b> to overcome barriers that prevent the building and sustaining of effective relationships.</p> <p>The student's tone, register and level of detail is <b>satisfactory</b> and <b>sometimes</b> reflects the level and experience of the audience and purpose.</p> <p>The student's use of technical language is <b>partially accurate</b> and <b>sometimes</b> demonstrates active listening to meet the needs of the individuals.</p>	2	<p>The student's ability to follow health and safety and/or risk assessment processes identified by the mental health team is <b>satisfactory</b>, when assisting to carry out delegated therapeutic interventions and/or support strategies with individuals.</p> <p>The student's application of knowledge of scope of safe practice is <b>satisfactory</b> and they work <b>sufficiently</b> within the limitations of their role, but this <b>may</b> risk failure to safeguard the individual's wellbeing.</p>

Band	Person-centred, holistic care and service frameworks		Communication and effective relationships		Health and safety and risk management	
	Mark	Descriptor	Mark	Descriptor	Mark	Descriptor
1	1	<p>The student demonstrates <b>basic</b> person-centred, holistic care, <b>occasionally</b> ensuring that they involve the individuals when supporting with mental health conditions.</p> <p>The student's adherence to and compliance with the appropriate guidelines, policies and service frameworks for mental health is <b>poor</b>, demonstrating <b>limited</b> consistency in care provided within their role to support individuals with mental health conditions.</p>	1	<p>The student demonstrates <b>minimally effective</b> communication skills and where appropriate, uses them with <b>limited success</b> to overcome barriers that prevent the building and sustaining of effective relationships.</p> <p>The student's tone, register and level of detail is <b>basic</b> and <b>rarely</b> reflects the level and experience of the audience and purpose.</p> <p>The student's use of technical language is <b>limited</b> in <b>accuracy</b>, and they <b>rarely</b> demonstrate active listening to meet the needs of the individuals.</p>	1	<p>The student's ability to follow health and safety and/or risk assessment processes identified by the mental health team is <b>poor</b>, when assisting to carry out delegated therapeutic interventions and/or support strategies with individuals.</p> <p>The student's application of knowledge of scope of safe practice is <b>limited</b> and they <b>rarely</b> work within the limitations of their role, which <b>risks</b> failure to safeguard the individual's wellbeing.</p>
0	No evidence demonstrated or nothing worthy of credit.					

# Indicative content

## Practical activity scenario 1

Student demonstrates a safe and appropriate working environment including:

- set up space before greeting the service user – sufficient lighting, check temperature
- ensuring equipment required is present, accessible and in working order including:
  - general cleaning equipment and products (for example, disinfectant wipes)
  - blood pressure monitor (BP)
  - pulse oximeter/oxygen SATs
  - thermometer
- chairs are placed either side by side at a slight angle or face to face with adequate space in between to ensure face and eye contact is visible

Student greets the service user in an open and friendly manner when starting the session.

Student demonstrates use of enhanced communication skills to build professional relationship including:

- good use of eye contact
- smiling
- open and friendly manner
- giving their name (for example, 'hello my name is Sam, and I am a mental health support worker, would you like to come with me...')
- checking name/identity that they have the right person
- clear tone and pace when speaking

Student prepares for all interventions including:

- explanation of the plan to carry out physiological measurement and gains consent to proceed
- collection of equipment needed to carry out procedure
- cleaning the equipment prior to use as per infection control policy
- using general cleaning equipment and products (for example, disinfectant wipes)

Student completes blood pressure monitoring:

- selects and applies correct cuff size
- cuff applied correctly in line with artery
- records systolic pressure over diastolic pressure
- pressures recorded correctly on the physiological measurements chart

Student completes temperature monitoring:

- applies protective cover to thermometer probe

- places probe in the selected body area – ear, axilla, or oral
- leaves in place according to manufacturer's instructions – normally the thermometer will beep
- remove probe
- disposes of cover appropriately
- records result on the physiological measurements chart with correct numeric and degree noted

Student completes pulse monitoring:

- selects appropriate pulse point (usually radial artery)
- commences to measure pulse for one minute – noting rhythm regular/irregular
- records result on the physiological measurements chart

Student completes oxygen saturation monitoring:

- probe placed on finger for a minimum of one minute
- whilst probe in place, count breaths for one minute
- record results on the physiological measurements chart

Student documents actions in the physiological measurements chart including date, time, what observations have been taken and actions and signature.

Student documents any other observations noted through the discussion with patient relating to any of the following:

- mood levels
- cognition
- personal appearance
- body language
- fatigue levels

Student washes hands after procedure and places equipment back onto a suitable surface.

Student shows respect and empathy (for example, shows understanding of their difficulties, as appropriate).

Student may demonstrate the following effective communication strategies throughout the meeting:

- active listening
- facing the individual when the interventions allow
- reflection of individual's responses (for example, 'so you like to watch football', 'you said you feel a bit anxious ....')
- use open body language wherever possible
- good use of tone, pitch, and pace
- ask open questions about their mental state, such as 'how have you been feeling? Any issues?'
- gives the individual opportunity to ask any questions

Student brings meeting to a close (for example, may give next steps, date for next session, thanks the individual and says goodbye).

Accept other appropriate responses.

## Practical activity scenario 2

Student greets the service user in an open and friendly manner when starting the session.

Student demonstrates an understanding of the following:

- self-harm and its effect on service user's personal life
- affects the service user on many levels
- everyone's triggers for self-harm are different
- impacts on the service user's appearance and self esteem
- can affect their physical health depending on the nature of the self-harm (for example, may inadvertently cut too deep, blood loss, infection, healing)

Student adheres to safe working practices for working with service user who self-harms such as:

- awareness of room set up (for example, exit route)
- inform colleagues of meeting, time – expected start and end
- use of personal alarm

Student demonstrates effective use of communication skills, for example:

- eye contact, tone, body language, facial expressions
- empathic approach
- remain calm if service user becomes distressed

Student provides information in discussion regarding distraction techniques and coping strategies using the list of hobbies as a framework.

Student completes notes suggesting appropriate distraction techniques such as:

- aromatherapy oil
- face mask
- hand cream
- breathing techniques
- exercise
- elastic band technique
- drawing on body
- bath
- phoning a friend or family member
- listening to music
- watching a film
- visualisation

Student brings meeting to a close (for example, may give next steps, date for next session, thanks the individual and says goodbye).

Accept any other appropriate responses.

## Practical activity scenario 3

Student greets the service user in an open and friendly manner when starting the session.

Student gathers information from the service user relating to what the individual believes the risks are to them.

Triggers/warning signs may include:

- partner
- family
- university/college
- weighing myself 10 times a day
- dieting with friends
- comments from others saying, 'you are looking healthy' and 'have you put on weight?'
- spending hours on social media every day
- eating too much or too little
- making pacts with yourself about food or eating
- feeling like you want to purge
- thinking about food all the time
- checking your body more
- weighing yourself more

Student is able to support the service user to identify interventions to reduce and manage risk.

Students recommended actions the service user can take could include:

- get rid of scales in house so cannot use them
- tell friends they don't want to talk about food or their diets
- ask family not to talk about their appearance, even in a positive way
- unfollow unhelpful social media accounts and spend less time on there
- attend therapy/counselling
- focus on university/college
- speak with tutor about possible extensions
- go for a walk
- eat with other people rather than avoid

Student is able to support the service user with coping skills they could develop or use, such as:

- engage with CBT sessions
- use peer support groups
- develop a new hobby

- spend time on self-care such as beauty treatments, face masks

Student is able to support the service user with guidance on relapse prevention, such as:

- attend all appointments with their care team
- speak to people when struggling
- keep a journal of mood and to track eating
- write down the reasons why they want to recover and look at them when things feel difficult
- take clothes that don't fit to a charity shop or sell them online
- treat themselves to some new clothes in sizes they feel confident in
- try not to spend too much time looking in mirrors or checking their body
- avoid weighing themselves if possible
- write down all the healthy physical changes that are happening in their body
- talk to other people, such as having a rant or sharing their worries with someone who understands
- try not to make comparisons or spend too much time looking at pictures of people in magazines or online that are often filtered or photoshopped
- try to distract themselves whenever they find themselves focusing on their body and weight, such as trying a new hobby or interest that takes a lot of concentration
- find fun things to distract themselves after meals if they are worried about purging
- try to think of some positive goals that are not related to food or calories

Student brings meeting to a close (for example, may give next steps, date for next session, thanks the individual and says goodbye).

Accept other appropriate actions.

## Practical activity scenario 4

Student greets the service user in an open and friendly manner when starting the session.

Student reminds the service user of what they are here to discuss today and if they are happy to proceed.

Student demonstrates effective use of communication skills in the initial stages of the meeting, for example:

- good use of eye contact
- smiling
- sits upright and uses open body language
- asking how they have been/small talk
- clear tone and pace when speaking
- closes door (if applicable)

Student asks the service user to think about the grids in front of them (item E: Staying Well Plan - Understanding Your Relapse Indicators) and directs them to pick out 6 indicators which apply to them when they are becoming unwell, choosing 2 indicators from the thinking/perception, 2 from feelings and 2 from behaviours.

Student supports the service user in making suggestions about what they can do when the indicators happen.

Note: different coping strategies for each indicator in their answers.

Student completes the relapse drill with their suggestions.

During the discussion the student demonstrates effective communication including:

- using a range of open questions to elicit information and build relationships (for example, asks how they are feeling today)
- displays unconditional positive regard (UPR) (for example, they are not judgemental in their approach)
- shows respect and empathy (for example, show understanding for their difficulties)
- active listening (for example, nodding, smiling, paraphrasing, using 'aha', 'yes', 'okay')
- facing the individual
- open body posture, such as relaxed hands in lap, uncrossed arms, uncrossed legs
- relaxed facial expression – smiling
- clarifying individual's responses (for example, 'did you mean', 'am I right in understanding that?')
- reflection of individual's responses, (for example, 'so you like to watch football', 'you said you feel a bit nervous about...')
- uses verbal prompts to encourage continuation of conversation/acknowledge responses (for example, 'aha', 'yes', 'okay', 'I see', 'I understand', 'hm hm')
- checks individual is okay during session
- good use of tone, pitch, and pace (for example, not talking too fast or slow)
- gives individual opportunity to ask any questions

Student brings meeting to a close (for example, may give next steps, date for next clinic, thanks the individual and says goodbye).

Accept other appropriate actions.

## Performance outcome (PO) grid

Practical activity scenario	O-PO1	O-PO2	O-PO3	Total
1	2	12	2	16
2	2	2	12	16
3	12	2	2	16
4	2	2	12	16
Underpinning	8	4		12
<b>Total</b>	<b>26</b>	<b>22</b>	<b>28</b>	<b>76</b>
<b>% weighting</b>	<b>34</b>	<b>29</b>	<b>37</b>	<b>100%</b>

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