



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Mental Health Team

Assignment 1 – Case study stimulus materials

Assignment brief insert

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Case study stimulus materials

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Item A: assessment from local mental health service nurse

To: Dr Brown

From: Local mental health team

Re: Jake Roberts

Thank you for referring Jake Roberts to me.

Presenting Problems

Jake attended an access appointment on 30 July at Seaside House for an initial assessment. Jake had been referred by his GP with a change in his behaviour and reports of poor motivation, low mood, and weight loss. He attended the appointment in the company of his mother.

Past Psychiatric History

Jake has no previous psychiatric history.

Mental State Examination

Jake was dressed in clean tracksuit bottoms and a t-shirt. He was unshaven and a little dishevelled and said that he has not been washing or taking care of himself as much as usual. Jake's eye contact was poor initially and he was noted to look nervous and kept looking over his left shoulder. He engaged a little better as the contact progressed. His posture was tense; Jake had tears in his eyes when asked whether he was hearing voices. He initially denied this experience but then admitted he has been hearing the voice of a man he does not recognise for around 8 months, and this is much worse at night when he is trying to sleep. Tension and anxiety were evident initially but after Jake had opened up about his experiences his anxiety noticeably reduced, and his posture became more relaxed. Jake was noted to be distressed about his experiences and he found it difficult to talk about them, he did appear quite guarded initially. His speech was slow/hesitant in rate and low in volume. Jake described his mood as low, and this was observed by his behaviour too.

Jake was assessed as having the capacity to consent to assessment today. He was orientated to time, place, and person.

Medication

Jake is on fexofenadine for hay fever but takes no other medications

Physical Health

No physical health concerns disclosed

Safeguarding

No safeguarding issues identified at today's assessment

Assessment

Jake was born in London and at an early age his parents separated. Jake's mother decided to move to Dalston-on-Sea with Jake and his father remained in London. Depending on Jake's mental state, contact with his father is erratic and via video calls. Jake has an older sister who lives close by, but he doesn't really see her much. No issues reported in childhood. Achieved GCSEs and A levels. Currently he is at university studying Computer Sciences. Due to Jake's lack of attendance, he is likely to fail his second year.

Jake and his girlfriend split up last year and he said he felt sad. Consequently, Jake spent more time with a group of old school friends smoking cannabis regularly. He admitted he is now using around £60 of cannabis each week. At first, Jake said he felt better as he was not as sad anymore. However, as time went on, Jake said he became gradually less motivated. He stopped going to basketball practice and withdrew from his basketball friends. Jake said he has been struggling to fall asleep and when he eventually does fall asleep, he finds it really difficult to get up for his lectures. He says he can't be bothered to attend to his personal care and that his appetite isn't great. He says he has started to be concerned that his food maybe poisoned. On exploration, he seems to have been reading some conspiracy theories and he later told me that the voice has been telling him he is being poisoned. He says he doesn't believe this really but lately is wondering if this could be true.

Jake started hearing an unknown male voice approximately 8 months ago. He says at first, he just would hear his name whispered or shouted and was able to dismiss this as his imagination. However around 6 months ago he noticed that the voice started to talk to him more, especially at night when it was quiet. He uses loud music to try and drown the voice out because it says things to him like 'you are useless', 'Chloe (ex-girlfriend) doesn't like you and she never did', 'you should just cut yourself; your dad didn't want you'. He says it goes on until he eventually falls asleep, but it scares him and causes lots of distress.

Discussed with Jake some of the links between cannabis use and psychotic experiences such as auditory hallucinations and advised he may want to consider at least trying to reduce his cannabis use.

Family/carer views

Mother present today and Jake consented for her to be present during the assessment. She reports she has been worried about Jake since he split up with his girlfriend as she says she knew he was more upset than he admitted to, and he tried to cover it up. She reports she has noticed he is low, has no motivation, no energy, poor appetite, has lost around a stone in weight, and has changed his sleep pattern (awake at night and in bed during the day). He is playing loud music and she has heard him shouting out but when she asks if he is ok, he has been dismissive of her. Neighbours have complained re: music and Jake turns it down for a bit but then on a higher volume than ever. Mother feels really stressed about Jake and wants to help him but doesn't know what to do. She suspects he is using cannabis which she says he has used before. Mother was upset when Jake disclosed about his voice hearing experience because he had not told her, but she was also relieved that he has finally spoken to someone about it.

Risks

Harm to self

No history of self-harm, however he reported today the voices have started to tell him to harm himself and that he should kill himself. He is distressed by this but has no intent to act upon this.

Harm from others

No harm from others reported or identified.

Harm to others

Denies any thoughts to harm others or previous history of same. However, admits feels irritable with everyone and has been shouting at his mother at times.

Other risks

History of regular recreational cannabis use.

Protective factors

Mother, a couple of friends from basketball who don't use cannabis. Wants to get help.

Outcome

Low mood for past 8 months, hearing voices that are critical, increased cannabis use to significant levels in past year. Ashamed of his experiences but was scared and feels relieved to have spoken openly today.

Plan in collaboration with Jake

Crisis team information given.

To be referred to mental health team for further assessment.

Jake has agreed to try to talk to mother about what is going on.

Consider reducing cannabis use (Talk to Frank website information provided to Jake for local service)

Regards

Simon Lee (RMHN)

Local Mental Health Team

Item B: SBARD communication tool

Stimulus material item B SBARD communication tool	
Situation	
Background	
Assessment	
Risks	
Decision	
Justification for decisions	

Item C: wellbeing plan

Patient identifier	Jake Roberts	Sign		Date	
About me					
My goals and aspirations: To get back to my university course. To get back to playing basketball. To have another relationship one day. To be able to sleep. To stop hearing the voice. Eat regular meals.					
Things that are important to me: Having a laugh with my mates. My family and seeing my dad more. Getting my degree. Playing basketball. Enjoying food again.					
How I have coped well when things are difficult: When things are difficult, I have hung out with friends more and smoked more cannabis. I used to play basketball when I was stressed with my other mates on the team. I have spoken to my family when I was younger about my worries.					
Things I might need help with: I want to get rid of this voice and to be able to sleep at night. Maybe with cannabis use. I like smoking it, but people keep telling me it could be causing my problems. To feel like myself again. Get my motivation back					
What I can do and what I want to change: I have been told if I reduce my cannabis use this might help with the intensity of the voice. I am not convinced of this, but I suppose I could try. I am a bit scared as I think this will be hard for me. I could contact the drug support service about it which the nurse gave me the number for. I want to be able to catch up on university and pass my course. I could speak to my tutor about it.					

I want to spend more time with my mates from basketball, but I am worried about this as I have let them down by not turning up for training and matches and they are probably going to kick me off the team. I am also scared that I will hear the voice there and make a fool of myself by shouting at it. I feel scared to go out because of this and scared of people finding out.

I want to feel better and have some energy and take care of my appearance again.

What others can do to help me (including services, friends, and family):

Help me get rid of the voice.

Get me some sleep.

Speak to my university about my course and help me find a way to get back to it.

Go outside with me as I am scared to go out alone.

Reassure me and not judge me.

Keep me on the basketball team.

Help me to reduce cannabis use to see if this helps with the voice.

Item D: recovery plan

Patient identifier		Sign		Date	
Strengths and weaknesses					
Jake's strengths			Jake's achievements		
Goal planning					
Jake's goals	Actions		Barriers		Responsibility
1.					
2.					
3.					

Item E: care plan

Patient identifier		Sign		Date	
Need 1					
Aim			Timescale/s		
Action/treatment			Responsibility/s		
Justification					

Need 2		
Aim		Timescale/s
Action/treatment		Responsibility/s
Justification		

Need 3		
Aim		Timescale/s
Action/treatment		Responsibility/s

Justification

Past Paper

Item F: Mind campaigns for better mental health

How can I access treatment?

The first place to go is normally your GP. They may refer you to a psychiatrist who may give you a diagnosis and treatment.

Your GP should always check if you could be hearing voices for a physical reason. They should do this before they prescribe any medication or refer you to a psychiatrist. For example, they should check:

- that you don't have a high temperature and you're not delirious
- if it's a side effect of any medication you're taking

Different doctors may have different approaches.

You might find getting a diagnosis is a positive experience because:

- you find that a diagnosis helps you make sense of your experiences
- you feel like you have support in place to help you when things are difficult

However, you may find this kind of support more challenging because:

- seeing your voices as something to be 'treated' may make you feel powerless to control or manage your voices yourself
- being diagnosed with a mental health problem may make you feel worried, as though you can never recover

Talking Therapies

There are different types of talking therapies. They're all designed to give you space to explore difficult feelings and experiences with a trained professional.

A therapist may help you to:

- explore why voices say what they say
- think about what might trigger your voices or make them harder to cope with
- find better ways of coping with them
- learn to manage your voices

Cognitive behavioural therapy (CBT)

CBT will focus less on why you're hearing voices. It will focus more on how the voices make you feel or think about yourself, and how they affect your life. CBT may help you:

- reduce your distress about the voices
- reduce the impact the voices have on your daily life
- identify things that might trigger your voices
- help you gain more power or control over your voices

You may be offered CBT for psychosis called CBTp – although this is less likely to be used to treat hearing voices specifically. CBTp may help you think about the beliefs you have about your voices and how these beliefs affect your experience of hearing voices.

Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT)

ACT is a type of therapy that uses mindfulness and acceptance skills to help you deal with difficult experiences. It may help you find more helpful ways to react to your voices.

CFT is a type of therapy that combines mindfulness and self-compassion skills to improve wellbeing. It may help you understand your voices and how they are linked to things that have happened to you.

ACT and CFT are both available on the NHS. But they're only available in some parts of the country and can be hard to access. They're also both available privately, but this can be expensive

Mindfulness-based Cognitive Therapy (MBCT)

MBCT is a type of therapy that combines mindfulness and CBT. It may help you:

- move your focus onto other things instead of your voices
- separate yourself from your voices
- take notices of and name your voices
- manage how you feel about your voices
- accept your voices
- spend less time worrying about what your voices mean

Some mindfulness-based therapies may be available on the NHS, but this varies across the country and waiting lists can be long.

Other Therapies

You may also be offered other treatments, including arts and creative therapies.

There is ongoing research into new types of therapy for hearing voices. Understanding Voices have more information on new therapies, such as avatar therapy.

Medication

If your voices are very troubling and you have been referred to a psychiatrist, they may prescribe an antipsychotic drug. These drugs may:

- stop the voices or reduce how often you hear them
- make the voices less frightening and more manageable
- make you feel less bothered by the voices, even though you can still hear them
- make the voices quieter and less intrusive so you feel calmer and less distracted by them

Medication may only be something you need in the short term, while you learn other ways of coping with the voices.

Before deciding to take any drug, it's important to make sure you have all the facts you need to make an informed choice. Your doctor should explain the possible benefits and risks. They should also talk to you about possible side effects and how to stop taking them safely.

What treatment could help me in a crisis?

You may need to access crisis services if:

- you start to feel very unwell
- you don't feel that you can keep yourself safe
- your voices become very distressing and hard to cope with
- your regular treatment isn't helping

If you feel unable to keep yourself safe, it's important that you seek help quickly.

Crisis services may include:

- emergency support, such as going to A&E
- support from a crisis resolution and home treatment (CRHT) team
- hospital admission

Adapted from: www.mind.org.uk/information-support/types-of-mental-health-problems/hearing-voices/treatments/

(Accessed 20/2/2023)

Item G: Coping with voices information leaflet

There are lots of different ways to manage distressing voices and experiences. Here we've collected the six coping strategies that people seem to find the most useful.

1 Listening to music, podcasts or audiobooks

Listening to music, podcasts or audio books can be a way of distracting yourself from the voices. It's a useful strategy because it's something that can be done at home or out and about, with headphones.

"Music has been an incredible help for me. Drowning out the noise with a better, more beautiful noise."

"If I'm at home and start hearing a lot of voices talking to me I often put on an audiobook so I can listen to the audiobook's words rather than the voices."

"I have playlists set up on my phone. Metal for when I need strength to help withstand the voices or walk through town when I feel worried. Upbeat music when I want to counter them. Sad music when I want to feel that someone understands me. The wrong kind of music can make my voices worse, so I've learnt to prepare."

2 Grounding techniques and objects

Grounding techniques help to shift the focus away from distressing voices to other sensory information, whether that is inside or outside your body. They are things you can do to bring yourself into contact with the present moment and feel 'grounded' in the world.

Grounding objects are things people hold or touch that they can focus on. Some people choose objects with a special meaning or memory attached to them, or objects with soothing or interesting textures.

"I carry around a small stone in my pocket for when I'm out. I find it helpful to hold it and move it between my fingers when my 'voices' start. When I'm at home I usually try self-soothing methods such as holding a warm toy and using a blanket."

Examples you might like to try:

The 5-4-3-2-1 technique. Name 5 things you can see, 4 things you can hear, 3 things you can smell, 2 things you can feel, and one thing you can taste.

Take ten slow deep breaths. Focus your attention fully on each breath, on the way in and on the way out. Say the number of breaths to yourself each time you exhale.

Go for a walk. Really concentrate on the way your feet feel on the ground.

3 Exercise

Exercise can be a useful way to distract from voices, use up energy or feel more connected to your body. Some people find activities like kick-boxing or shadow boxing helpful as a way to express strong feelings. But it doesn't have to be high energy – many people find gentle stretching or walking a good way to focus on something else.

"The routine of exercising even just twice a week really helped me. Find something you enjoy – for me it was a body balance class with a yoga element."

"The punch bag has multiple uses when you're a voice-hearer. Not only does it express anger, it also helps remind me that I'm in an adult body and that I'm strong."



4 Challenging the voices

Saying 'no' to commanding voices can be a source of power and control. If 'no' feels too difficult, saying 'not yet' in order to delay responding or acting on their commands could feel more doable. Other things that might be useful when dealing with difficult voices:

- **"Reality testing"**. This involves checking the reality of what the voice is saying, for example, by asking a friend or trusted ally what they think.
- **Setting up appointments or drawing up contracts with the voices**. Saying things like "I'll only listen to you for an hour in the evenings", or "I can give you my time and attention before work in the mornings, but when I'm at work you must give me space."
- **Scaling back**. Gradually reducing the time and attention the voices receive each day/week.



5 Getting creative

Many people turn to writing, arts, craft and other creative activities as a means of expressing what their voices look like, say, feel or think, and the thoughts, feelings, ideas and sensations that they bring up.

"At times when the voices were at their worst, I usually tended to draw or paint. Or I tried to put into my drawings what they may look like."

"Writing about my experiences has been a powerful way to process and reflect"

"My voices calm down a lot when I am hand sewing ... it is just another way of mark making and getting my emotions (and theirs) out."

6 Connecting with others

Connecting and sharing experiences with other voice-hearers through peer support groups, 1:1 conversations or an online forum can be extremely validating and provide an important source of support.

"Meet-up groups can be useful, and help reduce isolation... It doesn't have to be a mental health space."

"I think trying to be around people that are experiencing similar things helps you not to feel so alone with it. I also think it's important people understand that everyone will cope with their voices differently - there's not one solution that 'fits all' so if something doesn't help you, that's ok - it doesn't mean nothing will help, it's just about finding what works for you as an individual."

For more information about Hearing Voices Groups in your area and peer support online you might try:

UK Hearing Voices Network:
hearing-voices.org

Voice Collective:
voicecollective.co.uk

More ideas on ways to cope with difficult voices are available here:
[understandingvoices.com/coping-with-voices](https://www.understandingvoices.com/coping-with-voices)

Extract from Understanding Voices (2019) *Coping with Voices*. Available at: www.understandingvoices.com/wp-content/uploads/2019/09/coping_with_voices.pdf (Accessed: 12 August 2021)

Item H: extract from mental health team notes

14 August

Jake attended appointment today with mental health team as planned. Predominant issue hearing voices with 8 month onset. Possible triggers cannabis use, and end of relationship. Suitable for care with mental health team. Initially for further 12 week assessment. Due to see Dr. Jandi next week.

21 August

Jake was seen by Dr. Jandi today. Dr. Jandi has written to the GP, discussed possibility of starting on some medication for voice hearing experience but Jake would prefer not to take medication at the moment. Agreed this can be reviewed again at a later date. Again, strongly advised to reduce cannabis use and get help from local services re: same (Talk to Frank website and information has previously been given).

28 August

Jake was seen today for a home visit, wellbeing plan now completed by Jake and discussed that we will be formulating a care plan soon with the help of our mental health support worker who Jake was introduced to today. Some basic sleep hygiene techniques were covered and discussed some coping strategies for voice hearing. Jake has been given a copy of the top tips sheet for coping with voices. Voice hearing experience continues. Reports slight reduction in cannabis use to £50 weekly. Jake's mother is concerned that Jake is still shouting out at night she wants him to take medication but knows that this is Jake's choice. Reiterated that reduction of cannabis may help with the voices and Jake's motivation. It might be useful if Jake and his mum identify ways in which his mum can support Jake more at home. Will include this in care plan. Jake happy with this as is his mother.

4 September

Jake was seen today with mental health support worker who is going to be visiting every week and I will visit weekly. Plan is to get Jake out a little with the help of the support worker as he is fearful about hearing voices outside and that people will somehow know this. Care plan complete.

21 September

Jake has been going out with support worker for past 2 weeks and is more confident now re same. Will continue to monitor this. Jake has accessed Talk to Frank website to identify local services and is reducing his cannabis use with their help. However, voices continue. He is now using £30 cannabis a week. Positive reinforcement given regarding his achievement. He is finding that listening to music using headphones is helping to distract him from the voices and has been getting off to sleep earlier using this technique. Also, this is helping with the neighbours and that situation is settling down now with no further issues.

7 October

Jake is doing well in terms of his cannabis reduction now at £20 a week. He says he has realised that he doesn't need it as much as he thought he did. He is uncertain if he will be able to stop fully but he continues to work with local recovery services on his substance use. Jake has been supported by the mental health support worker to go to university and have a meeting with the course leader. This went well and they have agreed he can return in a graded fashion, and they will put some additional support in place. Jake continues to experience distressing voices. He is using headphones to listen to music as a coping strategy and has been in touch with his basketball team via social media for the first time in months.

7 November

Jake reports he has had a relapse with his cannabis use over the weekend. He has been in touch with his SART worker, and they have been supporting him re same. He had reduced it to £10 last week but says he had an argument with his mother over the state of his bedroom and just 'went off the rails' smoking £20 worth in 24 hours. Jake noticed that his voice hearing experience became much harder to manage after the relapse. He is recognising that for him there does seem to be a correlation between his voice hearing experience and his cannabis use.

21 November

Jake has now been working with the mental health team for the past 3 months. He has come to the end of his assessment period with the mental health team. He is still using £10 of cannabis, usually on a weekend, but is going to reduce this to £5 next week. Still engaging with local recovery services. Discussed that Jake has made great progress in terms of his cannabis consumption and recognition given to him for how hard this can be. He has arranged to attend a training session with the basketball team next week and hopes that he can start to make these sessions weekly and eventually work his way back on to the starting line-up. Jake was really animated when talking about recommencing basketball. He has been back into university part-time but did hear the voice a few times when it was busy, so he is wearing his headphones around the campus.

Jake was unshaven but has said he is now growing a beard and he has been bathing regularly and was wearing new clothes today. He said he treated himself to some clothing with the money he saved from cannabis reduction. There are some really positive improvements with Jake, and this was reinforced at the session today. Despite this Jake feels his voices are still impacting significantly on him. Jake asked about medication today, he said he would like to discuss this at his upcoming CPA and thinks he may want to start on some medication to see if that helps with his voice hearing experience.

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