Higher National Unit specification: general information

Unit title: Mental Health and Mental Disorder

Unit code: H3LC 34

Superclass:	PB
Publication date:	March 2013
Source:	Scottish Qualifications Authority
Version:	01

Unit purpose

This Unit seeks to provide candidates with knowledge of how mental disorder affects individuals in contemporary Scotland. Candidates shall explore how treatments for mental disorder have developed over the past 150 years. The Unit will examine the range of mental health problems that can occur over a life span, and the effects of these conditions on the service user and others. The candidate shall investigate the mental health services available and ascertain how care practice is regulated by legislation and directed by government policy and strategies.

The candidate will investigate the extent of poor mental health in contemporary Scotland and shall explore how mental health can be promoted. Health promotion can be applied both at an individual level and a societal level. The theme being investigated is how the roots of Scotland's poor mental health record may lie in the very fabric of our culture, and how the poorest and most disadvantaged in society are most likely to be affected.

On completion of the Unit the candidate should be able to:

1 Describe how one form of mental disorder or personality disorder would affect the individual and others.
2 Discuss how treatments of mental disorders have developed from the mid-19th century to the present time.
3 Investigate how mental health service provision in Scotland is controlled by legislation and regulated by government policy and strategies.
4 Investigate mental health promotion in contemporary Scotland

General information (cont)

Recommended prior knowledge and skills

Candidates should have good communication skills, both written and oral. These can be evidenced by the achievement of nationally recognised qualifications, for example Higher English or a qualification equivalent to SCQF level 6, or by the completion of a pre-course interview, part of which could take the form of a written assessment. Candidates would benefit from having studied mental health Units at SCQF level 6, or else have some experience working in a mental health care setting.

Credit points and level

1.5 Higher National Unit credits at SCQF level 7: (12 SCQF credit points at SCQF level 7*)

SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the support notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Describe how one form of mental disorder or personality disorder would affect the individual and others.

Knowledge and/or Skills

- Symptoms and behavioural effects of psychosis
- Symptoms and behavioural effects of dementia
- Symptoms and behavioural effects of mood disorders
- Disorders of adult personality
- The impact of mental disorder on the individual
- The impact of the mental disorder on others

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- describe the likely symptoms and behavioural effects of one psychosis, dementia, mood disorder or one disorder of adult personality, and show how this condition might affect the service user and others.

Higher National Unit specification: statement of standards (cont)

Unit title: Mental Health and Mental Disorder

Outcome 2

Discuss how the treatments of mental disorders have developed from the mid-19th century until the present time.

Knowledge and/or Skills

♦ the age of confinement
♦ the search for a biological cause of madness
♦ the evolution of psychopharmacology
♦ the growth of psychotherapy
♦ community care
♦ holistic model of care
♦ person centred care
♦ service user involvement
♦ recovery model

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

♦ discuss how the treatment of individuals with a mental disorder has changed over the past 150 years.

Outcome 3

Investigate how mental health service provision in Scotland is controlled by legislation and shaped by government policy and strategies.

Knowledge and/or Skills

♦ Mental health service provision in the statutory sector
♦ Mental health service provision in the independent sector
♦ Mental health service provision in the voluntary sector
♦ Mental health legislation
♦ Mental health policies
♦ Mental health strategies

Higher National Unit specification: statement of standards (cont)

Unit title: Mental Health and Mental Disorder

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

♦ investigate and describe the role of one mental health service from the statutory, the independent or the voluntary sector
♦ describe how a piece of legislation shapes current mental health care
♦ Examine how Scotland's mental health policies and strategies shape service provision

Outcome 4

Investigate mental health promotion in contemporary Scotland.

Knowledge and/or Skills

♦ Scotland's mental health statistics
♦ Groups most 'at risk' of developing mental health problems
♦ Positive psychology
♦ Organisations involved with promoting mental well-being in Scotland
♦ Attitude and lifestyle change in Scotland

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

♦ investigate and present statistical evidence of the prevalence of mental health problems in contemporary Scotland.
♦ explore and correctly identify the social groups most 'at risk' of developing mental health problems.
♦ examine the success of a current mental health promotion programme, in reducing the prevalence of mental disorder in Scotland.

Higher National Unit specification: support notes

Unit title: Mental Health and Mental Disorder

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 60 hours.

Guidance on the content and context for this Unit

Scotland has an unenviable record of having one of the worst records of mental health problems in Europe (Scottish Government 2012). By introducing the Curriculum for Excellence, the Scottish Government endeavours that centres of learning demonstrate the wider relevance and practical applicability of theoretical material. In delivering this Unit, we have an opportunity to direct candidate awareness of a significant social problem in contemporary Scotland.

This Unit is intended as a broad introduction to the topic of mental disorder, the forms that it can take and the effects it has on the service user, friends and family and the community as a whole.

The history of treatment of madness has been largely monopolised by the biological model, but it is widely recognised that psychiatry hasn't 'cured' anyone yet of a mental disorder — it merely reduces the distress related to the symptoms. While acknowledging the part played by psychiatric medicine, candidates in this Unit should be introduced to the alternative models of treatment: especially the psychological, humanistic and the social models. There is far more emphasis now on the subjective experience of the service user and such testimonies are important in patient centred care.

The mental health service provision is improving and changing. There is less reliance on traditional psychiatry and more opportunity for alternative treatment packages, often involving several professional disciplines, and based in the statutory, independent and voluntary sectors. Candidates should be aware of the range of treatment options and care providers.

It is also worthwhile to explore the impact of social and cultural factors in the mental health of a nation. This is not necessarily about the people who become users of mental health services, but about a sizeable percentage of the population who do not have positive mental health. As Scotland has such mental health problems, it would be useful to explore the factors that contribute to this problem. Even with the improvements in service provision now in place, there is a feeling that this is just 'putting out the fire' rather than addressing the causes of the problem.

There is a considerable body of evidence promoting Positive Psychology which guides the individual into reshaping his/her lifestyle and values in a healthy way that should reduce the likelihood of developing negative mental health.

Unit title: Mental Health and Mental Disorder

We should ask the question: 'Why does Scotland have such poor mental health?' We are not an impoverished country and we have more mental health problems than many undeveloped nations. This encourages the exploration of Scottish culture and values, especially in the industrialised areas of the central belt, and the role that has been played by the church, the school system, the family and poverty on the mental wellbeing of a nation. The work of Carol Craig (The Scots' Crisis of Confidence, and The Tears that Made the Clyde) and the Centre for Confidence and Wellbeing, **www.centreforconfidence.co.uk/** explore the Scots' traditional attitudes, the links our social history with the contemporary problems of sectarianism, sexism, sense of inferiority, violence, addictions, low self-esteem, depression and suicide. Instead of mentally flourishing, we are mentally languishing.

The argument is that if we address these contributory factors, we have the power to promote mental health and reduce the mental health problems for future generations.

Outcome 1

Describe how one form of mental disorder or personality disorder would affect the individual and others.

This Outcome is a broad overview of the types of mental disorder that an individual may develop: the psychotic and the neurotic conditions, and the disorders of personality. The features of these disorders would be taken from any psychiatric textbook and would be identifiable in the International Classification of Diseases (ICD-10), **http://apps.who.int/classifications/icd10/browse/2010/en#/V** so this would cover the classic signs and symptoms.

As the move in mental health nursing is towards person-centredness, then there is a new emphasis placed on the 'patient's narrative' or the subjective interpretation of events. As the service user is central to the care programme then the care team are assisting the individual to make sense of, and to recovery from his/her current disorder. This is very different from the 'expert' making a diagnosis and administering treatment, with or without the patient's understanding or adherence.

Candidates should also consider how such a state of mind would lead the individual to behave. This is an exercise in empathy, where the candidates imagine how they would feel and how they would behave if they were experiencing severe mental distress. So for each condition covered, candidates should speculate on possible behavioural consequences of mental disorder, and also how such abnormal and unpredictable behaviour may affect friends, family members, carers, work colleagues, and others who make contact with the distressed individual.

Higher National Unit specification: support notes (cont)

Unit title: Mental Health and Mental Disorder

Outcome 2

Discuss how treatments of mental disorders have developed from the mid-19th century to the present time.

There could be a cursory exploration of the quest to find the cause and cure for madness dating back to the age of confinement when the social overcrowding in cities during the Industrial Revolution led to the construction of the Victorian asylums.

The role of the carer within the asylum system could be explored, where the mental health worker was encouraged to employ the principles of the moral model, but behaved as a jailor. The solution of institutional care should be discussed.

The initial primitive treatments could be referred to in the UK and in the USA throughout the 20th century including the surgical removal of organs, hypothesising that infection resided therein, and it was the spread of the infection that caused the madness. The implementation of insulin coma therapy, ECT and lobotomies should be covered and the discovery of the Phenothiazines and the subsequent reliance on the chemical cure. Especially relevant is the now widespread use of antidepressant medication in the western developed countries, and the issues raised about the readiness to make the diagnosis and the profit incentive for the psycho-pharmaceutical industry.

The psychological treatments: psychoanalysis, person-centred counselling, operant conditioning and social learning theory, and cognitive behaviour therapy should also be evaluated in their application for many of the neurotic disorders, and the question why these treatments are not more widely available.

Candidates should explore the closure of the institutions and the move towards community care through the 1990s in Britain, driven by political expediency, financial savings and concern for human right abuses of institutional care.

This heralded the care in the community programmes and the community mental health teams and the expansion of the social model of care, social role valorisation and normalisation of lifestyle, supported by the multidisciplinary team.

The change in emphasis saw the patient at the centre of the care process, supported by legislation that endorsed human rights. Patients were largely still using psychiatric medication but care was more shaped by social needs and a continuous normalisation as possible. Hospital admission was seen as the last resort.

The mental health care services are now introducing the Recovery philosophy (the Mental Health Strategy for Scotland 2012–2015, so that even people who were seen as having serious and enduring mental health problems were viewed as having the potential to live as normal a life as possible if the correct package of care is in place.

Higher National Unit specification: support notes (cont)

Unit title: Mental Health and Mental Disorder

Outcome 3

Investigate how mental health service provision in Scotland is controlled by legislation and regulated by government policy and strategies.

Candidates should be introduced to the range of mental health legislation that relates to mental health care in Scotland today.

♦ The Adults with Incapacity (Scotland) Act 2000
♦ The Regulation of Care (Scotland) Act 2001
♦ The Community care and Health (Scotland) Act 2002
♦ The Mental Health Care and Treatment (Scotland) Act 2003
♦ The Adult Support and Protection (Scotland) Act 2007
♦ The Equality Act (2010)

Candidates should be introduced to the three sectors involved with care provision (statutory, independent, and voluntary). They could then be encouraged to explore the roles of organisations within each sector, and how the organisations relate to each other in the delivery of mental health care.

The provision of mental health care conforms with the government strategy, which is based on setting health targets (HEAT) and then planning a strategy to reach these targets. The previous mental health policy was Towards a Mentally Flourishing Scotland 2009 -2011 which was regarded as a milestone in mental health planning. This has now been replaced by an updated policy: Mental Health Strategy for Scotland 2012–2014. The Government identify groups most at risk of developing mental health problems and then plans a strategy to avert this occurrence.

Candidates should look at mental health care provision across the three sectors and show how this fits in with the current government strategy, whilst complying with appropriate legislation.

Outcome 4

Investigate mental health promotion in contemporary Scotland.

Candidates should begin by gathering statistical evidence of mental disorder in Scotland, discovering the epidemiological spread of disorder, and identifying the social groups most 'at risk' of developing mental health problems. They should then attempt to ascertain the factors that predispose an individual to some sort of mental breakdown, and the precipitating factors which may trigger the crisis.

The social groups most at risk of developing mental health problems have been well documented. These groups tend to be the most impoverished, disadvantaged and discriminated social groups. These individuals tend to be at the lowest levels of a social structure. We also know that there is a correlation between poor mental health and debt, violence addiction, crime and suicide.

Higher National Unit specification: support notes (cont)

Unit title: Mental Health and Mental Disorder

The Mental Health strategy for Scotland 2012-2015 offers an improvement in mental health services, setting health targets and promising that new patients will be seen within a certain time period. This is not preventing mental breakdown occurring but is focused on improving the first line response process once the patient has presented him/herself to the services.

The Government has implemented policies that have led to a considerable reduction in heart disease and lung cancer mortality rates by reducing cholesterol, salt, sugar and portion size in Scottish diets. They have implemented an aggressive and successful battle in reducing cigarette smoking.

These illness prevention/health education measures are pre-emptive and tackle the causes of the problem by changing attitudes and altering unhealthy behaviour. This is very different from improving the service provision (although this is generally welcomed), which only takes effect after the problem has started.

The call is for some equally imaginative programme to reduce the incidence of mental ill health by tackling the causal factors. There are two approaches to health promotion that can be covered; the first is how the individual can promote and maintain his/her own mental wellbeing; the second addresses the social factors that contribute to poor mental health in Scotland.

Positive psychology is the process where individuals change their lifestyle to improve their mental wellbeing. This should be an introduction to the work of Martin Seligman, Mihaly Csikszentmihalyi and Carol Dweck.

The main focus that is encouraged in this Unit is to look towards the social factors for an explanation for Scotland's poor mental health, in our traditional culture and values, the 'chip on the shoulder' of the dour Scot, our history, upbringing and Calvinism.

There is also the link between depression and materialism, and a correlation between time spent watching television and low self-esteem, as explained by Oliver James in The Selfish Capitalist (2008). There is also some evidence to suggest that poor mental health is directly related to upbringing and the parenting skills. (Oliver James: They F**k You Up (2006)). These are arguably more fruitful avenues to explore in the search for the cause of madness, than waiting for explanations from the fields of neuroscience or genetic research

Addressing Scotland's poor mental health record, requires us as individuals and as a nation to examine our own lifestyles, but also our values, attitudes and social relations. There are the issues of social inequality in Scotland, and those most at risk of low self-esteem and hence mental health problems are those who are most disadvantaged in society. This isn't so much about poverty as the gap between achievers and non-achievers in a competitive hierarchical society.

So in changing the circumstances that are likely to lead to low self-esteem and poor mental wellbeing, there are several organisations presently attempting to educate people to change attitudes and values, and ultimately to change lifestyles, The following websites all offer a wealth of useful information:

Higher National Unit specification: support notes (cont)

Unit title: Mental Health and Mental Disorder

Breathing Space **http://www.breathingspacescotland.co.uk/bspace/CCC_FirstPage.jsp**, Choose Life **http://www.chooselife.net**, the Centre for Confidence and Well-being **http://www.centreforconfidence.co.uk**, Well Scotland **http://www.wellscotland.info** See Me **http://seemescotland.org.uk** and Health Scotland **http://www.healthscotland.com**

Guidance on the delivery of this Unit

Mental Health and Mental Disorder is an optional Unit for candidates who are in the process of completing the first year of the HNC Care and Administrative Practice, and who intend to move into Year two of the university Bachelor of Nursing, Mental Health Nursing course. The Unit could be offered electronically, as a distance learning package, along with support from a facilitator.

Guidance on the assessment of this Unit

This Unit is intended as a broad introduction to the subject of mental disorder and mental health. While the scope may be extensive, the depth of subject delivery would be at the lecturer's discretion, and evidence of candidate knowledge would be expected to be wide rather than deep.

Assessment Guidelines

Outcome 1

Describe how one form of mental disorder or personality disorder would affect the individual and others.
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Outcome 2

Discuss how treatments of mental disorders have developed from the mid-19th century to the present time.

Outcomes 1 and 2 could be combined in the form of an investigation: select and describe one mental disorder or personality disorder and evaluate the success of two forms of treatment. This must be an academically written and referenced essay of 1,000–1,250 words.

Outcome 3

Investigate how mental health service provision in Scotland is controlled by legislation and regulated by government policy and strategies.

A report of 500–600 words, about one mental health organisation from the private, statutory or voluntary sector, and explain the funding, how it is regulated referring to one piece of legislation, it's role and how it's function adheres to the government mental health strategy.

Unit title: Mental Health and Mental Disorder

Outcome 4

Investigate mental health promotion in contemporary Scotland.

This could take the form of an individual, or a small group PowerPoint presentation. Candidates could present statistical evidence and identify social groups most at risk of developing mental health problems.

Candidates then have a choice of: exploring and commenting on the success of current mental health promotion activities in Scotland.

or

Candidates could suggest how positive psychology approaches would benefit the individual.

or

Candidates could suggest what more can be done to effectively promote Scotland's mental well-being.

While the scale of the presentation would be at the discretion of the centre, candidates should provide relevant academic references, and each candidate should provide a short written account of her/his own contribution to the project.

Online and Distance Learning

The Unit could be offered electronically, as a distance learning package, along with support from a facilitator.

Opportunities for developing Core Skills

There is no automatic certification of the Core Skills, however assessment of this Unit will assume the development of Core Skills necessary in the performance of tasks at this level. For example, assessments are likely to include the use of appropriate information technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

There are opportunities to develop the Core Skills of:

Communication at SCQF level 5

Problem Solving at SCQF level 5

Working with Others at SCQF level 5

Information and Communication Technology (ICT) at SCQF level 5

Higher National Unit specification: support notes (cont)

Unit title: Mental Health and Mental Disorder

Communication: written and verbal communication will be developed and evidenced through a range of activities including class and small group plenary discussions. It could also be developed through recording, reporting and presenting throughout the assessment process. *Problem Solving:* can be developed as candidates collaborate on group investigations and research information.

Working with Others: can be developed as certain activities will require candidates to collaborate with each other, as well as mentors in the candidates placement to research concepts. It could be developed through team meeting and interaction with staff and individuals involved in service delivery.

Information and Communication Technology (ICT): could be evidenced through maintaining records, preparing reports, the submission of assessment evidence in an electronic format.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website **www.sqa.org.uk/assessmentarrangements**

History of changes to Unit

Version	Description of change	Date

Additional copies of this Unit specification can be purchased from the Scottish Qualifications Authority. Please contact the Business Development and Customer Support team, telephone 0303 333 0330.

General information for candidates

Unit title: Mental Health and Mental Disorder

This Unit aims to give you an understanding of the issues surrounding mental health and mental disorder. The topics that you shall become familiar with are:

How different forms of mental disorder impact on the individual and others.

How treatments of mental disorders have developed from the mid-19th century to the present time.

How mental health service provision in Scotland is controlled by legislation and regulated by government policy and strategies.

How mental health can be promoted in contemporary Scotland.

This is a 1.5 credit Unit delivered over 60 hours.

The Unit looks at the various forms of mental disorder and who is most at risk of developing mental health problems and why. You shall be introduced to the range of current mental health services in Scotland from the statutory, the independent and the voluntary sectors.

Finally you shall examine some of the factors that may explain Scotland's poor mental health record and suggest what needs to be done to improve the nation's mental well-being.