Higher National Unit Specification

General information

Unit title: Exploring Mental Health (SCQF level 7)

Unit code: J5R9 34

Superclass: PT

Publication date: August 2021

Source: Scottish Qualifications Authority

Version: 02 (January 2022)

Unit purpose

This unit seeks to provide learners with knowledge of how mental health affects individuals in contemporary Scotland. The unit will examine the range of mental health issues that can occur over a life span, and the effects of these conditions on the service user and others. The learner will investigate the extent of poor mental health in contemporary Scotland and will explore how mental health can be promoted at both 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.

Outcomes

On completion of the unit the learner should be able to:

1 Describe how mental disorders or personality disorder could affect the individual and others.
2 Describe current treatment for mental health disorders.
3 Investigate mental health promotion in contemporary Scotland.

Recommended prior knowledge and skills

Learners 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. Learners would benefit from having studied mental health units at SCQF level 6, or else have some experience working in a mental health care setting.

Higher National Unit Specification: General information (cont)

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Credit points and level

1 Higher National Unit credit at SCQF level 7: (8 SCQF credit points at SCQF level 7)

Core Skills

Achievement of this unit gives automatic certification of the following Core Skills component:

Core Skill component Critical Thinking at SCQF level 6

There are also opportunities to develop aspects of Core Skills which are highlighted in the support notes of this unit specification.

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. Learners 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 mental disorders or personality disorders could 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 and stress
- Disorders of adult personality
- The impact of mental disorder on the individual and others

Outcome 2

Describe current treatment for mental health disorders.

Knowledge and/or skills

- Psychopharmacology
- The growth of psychotherapy
- Mindfulness
- Suicide intervention
- Community care
- Service user involvement
- Recovery model

Outcome 3

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
- Mental health promotion organisations and initiatives

Higher National Unit Specification: Statement of standards (cont)

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Evidence requirements

Learners will need to provide evidence to demonstrate their knowledge and/or skills by showing that they can:

Outcome 1

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

Outcome 2

- Using the knowledge and skills covered in this outcome, describe two types of current treatment for mental health disorders within Scotland

Outcome 3

- 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 one current mental health promotion programme aimed at reducing the prevalence of mental disorder in Scotland

Higher National Unit Support Notes

Unit title: Exploring Mental Health (SCQF level 7)

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 40 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 2017). In delivering this unit, we have an opportunity to direct learner 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, learners 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. Learners 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.

Higher National Unit Support Notes (cont)

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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

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 their current disorder. This is very different from the 'expert' making a diagnosis and administering treatment, with or without the patient's understanding or adherence.

Learners should also consider how such a state of mind would lead the individual to behave. This is an exercise in empathy, where the learners imagine how they would feel and how they would behave if they were experiencing severe mental distress. So for each condition covered, learners 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.

Outcome 2

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.

Learners 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 2017–2027), 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.

Outcome 3

Learners 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.

The Mental Health Strategy for Scotland 2017–2027 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 themselves to the services.

Higher National Unit Support Notes (cont)

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The Scottish 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. This addresses the social factors that contribute to poor mental health in Scotland.

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.

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:

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

Higher National Unit Support Notes (cont)

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Guidance on approaches to delivery of this unit

Exploring Mental Health is a mandatory unit in the HNC Healthcare Practice. The unit could be delivered towards the end of the programme and could be offered electronically, as a distance learning package, along with support from a facilitator.

Guidance on approaches to 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 learner knowledge would be expected to be wide rather than deep.

Assessment guidelines

Outcome 1 and 2

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 should be an academically written and referenced submission that reflects the academic level of this unit.

Outcome 3

This outcome could be assessed through an investigation into the promotion of mental wellbeing in Scotland that addresses all of the evidence requirements, again this should be academically written and referenced.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the evidence requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at **www.sqa.org.uk/e-assessment**.

Opportunities for developing Core and other essential skills

The Critical Thinking component of *Problem Solving* at SCQF level 6 is embedded in this unit. When a learner achieves the unit, their Core Skills profile will also be updated to include this component.

Higher National Unit Support Notes (cont)

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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

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 learners collaborate on group investigations and research information.

Working with Others: can be developed as certain activities will require learners to collaborate with each other, as well as mentors in the learners 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.

History of changes to unit

Version	Description of change	Date
02	**Embedded Core Skills info added:** Critical Thinking at SCQF level 6	12/01/2022

General information for learners

Unit title: Exploring Mental Health (SCQF level 7)

This unit is made up of three outcomes and seeks to provide you with the knowledge of how mental health affects individuals in Scotland today. Through the topics covered in the unit you will examine the range of mental health issues that can occur throughout an individual's life, and the effects of these conditions on the individual and others. You will investigate the extent of poor mental health in Scotland through statistics and epidemiology, identifying the groups most at risk of poor mental health and will investigate a health promotion strategy aimed at improving mental wellbeing. You will explore how mental health can be promoted at both 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.

There are two assessments for this unit which may take the form of investigative reports.

The Critical Thinking component of *Problem Solving* at SCQF level 6 is embedded in this unit. When you achieve the unit, your Core Skills profile will also be updated to include this component.