



MENTAL HEALTH CARE
(Higher)

Second edition — published August 2011



**NOTE OF CHANGES TO ARRANGEMENTS
SECOND EDITION PUBLISHED AUGUST 2011**

COURSE TITLE Mental Health Care (Higher)

COURSE NUMBER: C06G 12

National Course Specification: Clarification of Unit assessment techniques

National Unit Specification:

DF6H 12
(Understanding of Mental Health
and Mental Illness) Clarification of Outcome 3 PC (e)

National Course Specification

COURSE Mental Health Care (Higher)

COURSE CODE C06G 12



COURSE STRUCTURE

The Course has one mandatory Unit:

DF6H 12 *Understanding of Mental Health and Mental Illness* 2 credits (80 hours)

and two optional Units:

D11A 12 *Caring for People with Dementia* 1 credit (40 hours)

D10Y 12 *Stress and Stress Management* 1 credit (40 hours)

All Courses include a further 40 hours for induction, preparation for the external assessment and in this project assessed Course, the external assessment itself. In effect up to 30 hours is allowed for the completion of the project and its associated tasks which leaves 10 hours for induction, consolidation of learning and any other support. Further information regarding the external assessment is contained later in this document and in the course project specification.

RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally benefit from having some knowledge and understanding of mental health issues. Candidates would also benefit from having attained one of the following, or equivalent:

- ◆ Standard Grade at credit level in any relevant subject
- ◆ Core Skill Communication at Intermediate 2 level
- ◆ A Course or Units in Care at Intermediate 2
- ◆ Courses or Units in any relevant subject at Intermediate 2
- ◆ Care Scottish Group Award at Intermediate 2
- ◆ SVQ or SVQ Units at level 2 in a related subject

It is acknowledged that there are a variety of prior learning experiences which are relevant to candidates wishing to undertake this course.

Administrative Information

Publication date: August 2011

Source: Scottish Qualifications Authority

Version: 02

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National Course Specification (cont)

COURSE Mental Health Care (Higher)

PROGRESSION

This Course or its component Units may form part of one or more Scottish Group Awards and may provide progress in the following ways:

- ◆ Part of a Scottish Group Award at Higher
- ◆ Progression to a care related HNC
- ◆ Progression to Higher Education
- ◆ Exit to employment in the care sector as evidence of underpinning knowledge

CREDIT VALUE

The project assessed course: Mental Health Care (Higher) is allocated 24 SCQF credit points at SCQF level 6.

SCQF points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification 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

It should be noted that this project, in common with other project-based Courses, follows the planning/developing/evaluating cycle. As a result of this the successful completion of the project will lead to automatic certification of the Problem Solving Core Skill at Intermediate 2.

National Course Specification: course details

COURSE Mental Health Care (Higher)

RATIONALE

Mental health problems are common throughout the course of any person's life. It is highly likely that most people will either develop a mental health problem themselves — however minor — or have close contact with someone who does. This Course provides the opportunity to recognise the importance of mental health issues in Scotland as part of a wider context, raising public awareness of mental health and mental illness, and in promoting positive mental health and well-being.

The Course is intended to provide candidates with the opportunity to develop their knowledge and understanding of mental health and mental illness and related issues. This includes available resources to support those affected by mental ill-health as well as how carers and others may be affected by the behaviour of those experiencing mental health problems.

The knowledge and skills acquired during this Course will give the successful candidate a firm foundation in mental health related issues which may be enhanced by further study at Higher National level. Additionally this Course may allow for easier identification of progression routes to employment as evidence of underpinning knowledge in mental health care and as evidence of study at this level. It may also aid identification of progression routes in further education and to higher education.

The aims of this Course are:

- ◆ to raise candidate's awareness of issues surrounding mental health and mental illness
- ◆ to develop candidate's knowledge and understanding of these issues
- ◆ to promote mental well-being in self and others
- ◆ to develop candidate's knowledge and understanding of factors which can influence and affect mental health and well-being
- ◆ to develop knowledge and understanding of differing types of mental illness
- ◆ to raise awareness of the variety of support available for those affected by mental ill-health and for their families/friends

Additionally, it aims to develop the candidate's skills in planning an investigation, carrying out research, report writing and evaluating.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

COURSE CONTENT

The Course consists of one mandatory Unit: *Understanding of Mental Health and Mental Illness* (2 credits) and two optional Units: *Caring for People with Dementia*, (1 credit) and, *Stress and Stress Management*, (1 credit). The final element of this Course is an externally assessed project based on an extended case study. The component Units of this Course are designed to raise awareness and to develop knowledge and understanding of mental health and mental illness so that the candidate can demonstrate their underpinning knowledge in the project.

A summary of the content of each Unit is given followed by a table which indicates the following:

- ◆ the left-hand column gives a description of what the candidate should be able to do in demonstrating knowledge and understanding
- ◆ the right-hand column gives suggested content in line with the requirements of the Unit specification where further detail may be found

Summary of Course Content

Understanding of Mental Health and Mental Illness (Higher)

This Unit is designed to help the candidate understand issues relating to mental health and mental illness, the difference between the two and current perceptions of them. It looks at the growing awareness of mental health issues and the promotion of preventative measures. Mental health programmes are studied and their success evaluated. Different forms of mental illness and the effects of different treatment regimes are studied. Key current legislation and the role of statutory bodies and voluntary organisations are examined and evaluated.

Knowledge and Understanding	Content
1 Know the difference between mental health and mental illness.	Historical, cultural contexts, models of understanding mental illness, current theory relating to the understanding of mental illness.
2 Knowledge of different types of programmes for mental health.	Statutory bodies, voluntary organisations.
3 Understand the variety in programmes.	Target groups.
4 Knowledge of the effects of mental illness on the individual.	Different types of mental illness and their effect on the individual.
5 Understand the interventions currently available to support those with mental ill-health.	Medications used and their effect; alternative interventions; the influence that models used to understand mental illness have; family supports.
6 Knowledge of how the rights of the individual with mental ill-health are maintained.	Key current legislation.
7 Knowledge of the resources which support and maintain these rights.	Available resources, eg Mental Welfare Commission, local authorities, voluntary organisations and services, eg day care, CPNs, income support.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

Knowledge and Understanding	Content
8 Knowledge of the skills and attributes necessary for effective mental health care work.	Key skills, eg communication skills, motivational skills, group working skills. Key attributes, eg patience, reliability, acceptance, etc.
9 Understand the importance of self-awareness in a mental health care worker.	Factors which may influence the worker, eg past experience, prejudice, preconceived ideas.

Caring for People with Dementia (Higher)

This Unit is designed to provide the candidate with the knowledge and skills which are necessary for the support and care of people with dementia and for their carers. The Unit:

- ◆ considers the differing types of dementia and their effects on the individual, and on family/friends
- ◆ deals with the difficulties associated with supporting the person with dementia and looks at ways these can be overcome
- ◆ identifies strategies and skills which will enhance the experience of the person with dementia

Knowledge and Understanding	Content
1 Knowledge of the types and causes of dementia.	Definition of dementia, range including Alzheimers, Multi infarct, Pseudo, in relation to current research.
2 Knowledge of the progression of dementia.	Phases, ie Mild, Moderate, Severe.
3 Knowledge of the effects dementia has on the individual.	Impact of the condition on the individual's physical, intellectual, emotional and social needs.
4 Knowledge of strategies to meet identified needs.	Appropriate interventions, eg effective communication skills, life story work, reminiscence, continuity of care, attributes of carers, etc.
5 Understand the difficulties encountered by the carer.	Personal/professional carer and the different stresses they may encounter.
6 Understand the ways these difficulties may be eased.	Role of statutory and voluntary organisations and the range of support they offer.

Stress and Stress Management (Higher)

This Unit is designed to provide candidates with an understanding of stress and of the ways it can be managed. The Unit:

- ◆ identifies causes and symptoms of stress
- ◆ considers the impact of stress on the individual and on their family
- ◆ deals with healthy and unhealthy methods of dealing with stress and evaluates their effectiveness

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

Knowledge and Understanding	Content
1 Know the definition of stress.	Models of stress, eg elasticity model, stress as a reaction.
2 Knowledge of internal and external factors which can contribute to the development of stress in the individual.	Internal factors may include personality, development, experience. External factors may include lifestyle, work, physical state, relationships, etc.
3 Understand the effects of stress on an individual.	Physical, psychological, emotional and social affects, including behavioural change. Use of models, eg Selye's General Adaptation Syndrome, to illustrate the effects.
4 Understand how the stressed individual affects others.	Family, friends, work, others in the community, by exploring relationships and behaviour.
5 Knowledge of healthy and unhealthy ways of managing stress.	Coping strategies which are healthy, eg relaxation techniques and those which are not, eg reliance on alcohol. Short and long term effects of coping strategies.

COURSE ORGANISATION

The Unit *Understanding of Mental Health and Mental Illness (Higher)* is mandatory. Centres have the choice of two optional Units — *Caring for People with Dementia (Higher)* and *Stress and Stress Management (Higher)*. Selection of an optional Unit will directly influence the choice of case study undertaken by the candidate in the external assessment, ie:

Option 1

Understanding of Mental Health and Mental Illness	}	Case Study 1
Caring for People with Dementia		

Option 2

Understanding of Mental Health and Mental Illness	}	Case Study 2
Stress and Stress Management		

Centres may offer **both** optional Units along with the mandatory Unit to maximise choice for the candidate in the external assessment.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

ASSESSMENT

To achieve the Course award the candidate must pass all the Unit assessments as well as the Course assessment. The candidate's grade is based on the Course assessment.

Assessment objectives

The Course allows candidates to develop knowledge of:

- ◆ the different forms of care and treatment for those suffering from mental health problems
- ◆ the resources available through statutory, voluntary and/or private agencies
- ◆ the responsibilities of statutory agencies towards caring/support for those with mental health problems and their carers
- ◆ public awareness and attitudes to mental health
- ◆ how carers and others may be affected by the behaviour of those experiencing mental health problems
- ◆ the stresses experienced by carers and others when dealing with mental health issues

Candidates will also gain a clearer understanding of:

- ◆ the skills and qualities required in those who care for those with mental health problems
- ◆ the services and support provided by agencies for carers and patients
- ◆ current legislation affecting patients and carers

Unit assessment

Satisfactory evidence of the attainment of all Outcomes and Performance Criteria for each Unit is in the form of written and/or oral responses. To maintain reliability and credibility, assessment evidence is produced under supervision, ensuring that it is the candidate's own work. Assessments for the 3 Units will use a variety of techniques which may include restricted and extended responses, case study, essay, demonstration and presentation.

Further details about Unit assessment for this Course can be found in the NAB materials and in the Unit Specifications.

When Units are taken as component parts of a Course, candidates will have opportunities to achieve at levels beyond that required to attain each of the Unit Outcomes. This attainment may, where appropriate, be recorded and used to contribute towards Course estimates, and to provide evidence for appeals.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

DETAILS OF THE INSTRUMENTS FOR EXTERNAL ASSESSMENT

The external assessment component of this Course is a project centred on an extended case study in which the candidate will investigate and report on the case study scenario. The Project Assessed Course integrates the knowledge and understanding gained in the individual Course Units. It also allows candidates to further develop and apply skills in:

- ◆ planning an investigation
- ◆ retrieving information from a variety of sources
- ◆ using a range of investigation techniques
- ◆ writing a research report according to standardised procedures, eg including a contents page and bibliography
- ◆ evaluating the findings of their research

The integrative nature of the project means that:

- ◆ the depth of understanding can be consolidated
- ◆ there are opportunities for applying the knowledge gained to a realistic case study

The total time allocation for the Course is 160 hours with the mandatory Unit being allocated 80 hours and the optional Units each being allocated 40 hours. The remaining 40 hours should focus on ensuring that candidates have the necessary skills to carry out the project work and on the completion of the project, since this forms the external assessment. Approximately 10 hours should be allowed for preparation of candidates to undertake the project and the remaining 30 hours should be used for candidates to carry out the project and produce their assessment evidence. Centres are reminded that they may offer both optional Units to facilitate candidate choice in the external assessment but that the additional 40 hours required to undertake the other optional Unit is not included in the course time allocation. The project should be completed by all candidates and evidence provided for external assessment. This evidence should be provided in three sections as follows:

- ◆ Planning
- ◆ Developing
- ◆ Evaluating

Further details of the external assessment are available in the Course Project Specification.

There are four separate cycles of procedures within a session for this Course, linked to completion months of May, August, November or February.

For information on the operational arrangements, please refer to the current version of the Operational Guide for Schools, Operational Guide for Colleges or Operational Guide for Employers and Training Providers.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

GRADE DESCRIPTIONS AT A AND C

The grade awarded will be based on the detailed criteria set out in the Project Specification document. Descriptions given below indicate the nature of the achievement which is required for the awards of A and C in the Course assessment and relate specifically to the subject content. They are intended to assist candidates, teachers, lecturers and users of the certificate and to help establish standards when project work is undertaken. The Project Specification gives Grade Descriptions at A, B and C in relation to generic requirements for a project.

Content and Scope appropriate for Higher	
Looking at evidence in relation to content:	Looking at evidence in relation to content:
<p>Plan at Grade A:</p> <p>An A candidate will demonstrate insight into the holistic nature of the Project. Aims will be relevant and highly focused on the set tasks. Objectives will clearly show how the aims will be met.</p> <p>Research-based Report at A:</p> <p>The candidate will show a high level of knowledge and understanding pertaining to the concept of Care in the Community. They will demonstrate knowledge of cultural effects, models of mental illness and their effects on mental health care, use of legislation will be in context and related to the development of Care in the Community. An A candidate will relate these effectively to the case study scenario and will show how the above have created current provision.</p>	<p>Plan at Grade C:</p> <p>At C there will be basic understanding of the Project requirements. Aims will relate to the set tasks. Objectives will outline how the aims will be met.</p> <p>Research-based Report at C:</p> <p>The candidate will show a basic level of knowledge and understanding pertaining to the concept of Care in the Community. They will demonstrate some knowledge of cultural effects, models of mental illness and their effects on mental health care and basic use of legislation in relation to Care in the Community. There will be limited application to the case study and to current provision.</p>

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

Looking at evidence in relation to content:	Looking at evidence in relation to content:
<p>Case Study Report at A:</p> <ul style="list-style-type: none"> ◆ The viewpoints will allow the candidate to demonstrate insight and understanding of both the impact and the effect of mental illness. The candidate will show knowledge of the role of the professional and insight into the case study scenario. ◆ Investigation of needs — an A candidate will show relevant knowledge of the complexity of mental health/illness in the context of the scenario. ◆ Stresses associated with caring — an A candidate will demonstrate understanding of the impact of mental illness and will show knowledge of the factors affecting the case study scenario. <ul style="list-style-type: none"> — Case study one will include the stresses related to caring for someone with dementia as well as experiencing mental illness. — Case study two will include relevant stress theory and its accurate application to scenario. 	<p>Case Study Report at C:</p> <ul style="list-style-type: none"> ◆ The viewpoints will reflect the case study scenario and will show basic insight into both the individuals situation and the role of the professional. ◆ Investigation of needs — at C, the candidate will show straight forward knowledge of mental health/illness and will be less consistent in their application to the case study scenario. ◆ Stresses associated with caring ~ at C, the candidate will show a basic understanding of stress and its related factors. This will be applied to the scenario in a straight forward way.
<p>Conclusions and Recommendations at A:</p> <p>The A candidate will draw on understanding and knowledge from the research-based report to conclude on current provision and will make detailed and accurate recommendations to meet the needs of the individuals identified in the case study report. An A candidate will include appropriate suggestions for programmes/ services/support agencies/professionals which will meet the identified needs.</p> <p>Evaluation at A:</p> <p>Evaluation at A will be analytical and show a high level of insight and understanding of both the content and process of the project. An A candidate will reflect effectively and accurately on knowledge/skills/understanding developed.</p>	<p>Conclusions and Recommendations at C:</p> <p>At C conclusions may lack consistency in light of research undertaken. Recommendations will be satisfactory and relevant to the case study scenario.</p> <p>Evaluation at C:</p> <p>At C, the candidate will review the Project and will show straight forward analysis of the content and process. A C candidate will reflect on knowledge/skills/understanding in a basic way.</p>

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

ESTIMATES AND APPEALS

Estimates

In preparing estimates, evidence of performance should be considered across the breadth of coverage of the content of the Course and must take account of performance in the whole Course. The mark given to the candidate's completed project by the internal assessor is considered to be the estimate grade for that candidate. Further advice on the preparation of estimates is given in the Course Assessment Specification.

Appeals

While appeals made on behalf of candidates will be considered, this, in reality, will be a request for a remark of the Project. SQA accepts appeals on the basis that a candidate has not performed as well as expected on the day of the Course assessment. In the case of a project completed over a period of time it is generally difficult to present better evidence than that already presented in the project.

The completed project provides:

- ◆ evidence of long-term retention of knowledge and skills
- ◆ evidence which samples across all Units
- ◆ evidence which integrates knowledge from across the Course
- ◆ evidence of the ability to perform more complex tasks than those demanded for Unit assessment
- ◆ evidence of the ability to apply and adapt the skills of analysis and evaluation in a variety of contexts
- ◆ a clear indication that where appropriate evidence has been gathered under controlled conditions

Individual NAB items, or their equivalent, do not provide sufficient evidence for estimates and appeals on their own. This is because they:

- ◆ only sample across the content of one Unit
- ◆ do not attract the same proportion of marks for the more complex skills of analysis and evaluation

However, evidence gathered from Unit assessment items may contribute to an appeal if this clearly shows a level of attainment in line with elements of the Grade Descriptions for the Course. Marking schemes which refer to the Grade Descriptions should be included with all evidence submitted in support of an appeal.

QUALITY ASSURANCE

All National Courses are subject to external marking and/or moderation. External markers, visiting examiners and moderators are trained by SQA to apply national standards.

The Units of all Courses are subject to internal moderation and may also be chosen for external moderation. This is to ensure that national standards are being applied across all subjects.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

Courses may be assessed by a variety of methods. Marking is undertaken by trained markers. Markers' meetings and central marking ensure that a consistent standard is applied. The work of all markers is supported throughout and subject to scrutiny by the Principal Assessor.

To assist centres, Principal Assessor and Senior Moderator reports are published on SQA's website www.sqa.org.uk.

GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS COURSE

This Course and its Units are at SCQF level 6. Teachers/lecturers should be aware of the content and structure of this level prior to delivering this Course. This will give a clear indication of the level of content, assessment and delivery.

In delivering the Course, it is important that staff ensure that there is a balance between teacher/lecturer presentation and experiential learning. An important aim in delivering the Course is to help candidates become independent thinkers and reflective analysts who are able to question and challenge, but are equally able to substantiate their own views.

The Units that make up this Course should be delivered separately although integration of concepts common to the Units should be encouraged, ie, the stresses/difficulties experienced by those who care for individuals with mental ill-health and the support/ways of coping that are available to them.

The content may be delivered by a variety of contexts such as fact sheets, handouts, small group work, discussions, case studies, visiting speakers, individual or group research, video or relevant magazine/journal articles.

Where appropriate, candidates should be helped to draw on previous learning and their own experience. Candidates can be helped to:

- ◆ Generate ideas and explore concepts and theories, by means of creative thinking, small group exercise, group discussion, case studies, worksheets, individual research, videos and lectures.
- ◆ Apply knowledge and understanding to given case studies and situations within mental health care settings. For example, by using stimulus video material as a basis for group work and discussion.
- ◆ Develop skills in analysing and evaluating the use of theories to help an understanding of the effects of mental health and mental illnesses by means of individual research, case studies and candidate presentations.
- ◆ Develop skills in effective communication and working as part of a team by means of group presentations, for example, by carrying out research in small groups on particular aspects and theories of mental health care and sharing this information with the whole group.
- ◆ Develop skills in accessing information from a variety of organisations and media sources. For example, by using the Internet to find out about socio-economic trends and their effects on children, or by contacting their local Health Promotion Centres to find out about local initiatives and agencies which promote mental health care.

National Course Specification: course details (cont)

COURSE Mental Health Care (Higher)

The understanding of theoretical concepts is likely to be developed by means of clear teacher/lecturer presentations in conjunction with questions and discussion. Candidates' understanding of the needs of patients and their carers can be further enhanced by the use of articles, journals and visiting speakers.

Candidates should be helped to gain an appreciation of the need for those employed in the mental health care sector to keep their knowledge and skills up-to-date and in line with current theoretical approaches and methods.

Candidates should be helped to develop appropriate values, based on the principles of good practice, in which the rights, dignity, privacy and beliefs of others are respected. It is also important that candidates develop an awareness of the cultural diversity in our society and its impact on the patients and their carers.

It is permissible for candidates to build up their achievement of the Course Units over a period of time. In such a case, Units may be credited on an individual basis provided the Unit assessment conditions are achieved. The Course award may only be achieved however, when the candidate has satisfied the requirements of the Unit assessments and the external project for the Course.

Candidates will be required to produce reports and written evidence in relation to their project assessment and it would be advantageous for their report writing skills to be developed during the Course.

CANDIDATES WITH ADDITIONAL SUPPORT NEEDS

This Course specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the document *Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (SQA, 2004).

MENTAL HEALTH CARE IN A BROADER CONTEXT

A number of national initiatives and programmes have been designed to promote themes that are important to contemporary society such as citizenship and enterprise. These themes contribute to individual subjects and Courses by making connections beyond the subject boundaries and enrich the learning experience. Similarly, the specialist knowledge and skills developed through study of a particular subject contributes to the understanding of these themes.



National Unit Specification: general information

UNIT Understanding of Mental Health and Mental Illness (Higher)

NUMBER DF6H 12

COURSE Mental Health Care (Higher)

SUMMARY

This Unit is designed to help the candidate understand issues relating to mental health and mental illness, the difference between the two and current perceptions of them. It looks at the growing awareness of mental health issues and the promotion of preventative measures. Mental health programmes are studied and their success evaluated. Different forms of mental illness and the effects of different treatment regimes are studied. Key current legislation and the role of statutory bodies and voluntary organisations are examined and evaluated.

Students who study this Unit will have their awareness of issues surrounding mental health and mental illness raised and will have a clearer understanding of these issues. It prepares students for further study and gives those moving into employment in this field a good underpinning knowledge.

OUTCOMES

- 1 Describe the differences between mental health and mental illness.
- 2 Describe and explain programmes for mental health.
- 3 Describe the effects of mental illness on human behaviour.
- 4 Explain how the rights of the individual are maintained by current legislation and available resources.
- 5 Explain the skills and attributes necessary for an effective mental health care worker.

RECOMMENDED ENTRY

NQ Unit: D11H 11 *Mental Health Issues: An Introduction (Intermediate 2)*.

Administrative Information

Superclass: PH

Publication date: August 2011

Source: Scottish Qualifications Authority

Version: 02

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National Unit Specification: general information (cont)

UNIT Understanding of Mental Health and Mental Illness (Higher)

CREDIT VALUE

2 credits at Higher (12 SCQF credit points at level 6*)

**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

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

National Unit Specification: statement of standards

UNIT Understanding of Mental Health and Mental Illness (Higher)

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

OUTCOME 1

Describe the differences between mental health and mental illness.

Performance Criteria

- (a) The explanation of mental health is correct in terms of historical and cultural contexts.
- (b) The description of mental illness is accurate in terms of different illnesses and current theory.
- (c) The explanation of the effects of different models of understanding of mental health and mental illness on the individual is accurate.

Evidence Requirements

Written and/or oral evidence generated by notes, classwork and research. Three examples of changing attitudes to mental health and mental illness should be covered; two current theories of explaining the effects of different models of understanding should be examined.

OUTCOME 2

Describe and explain programmes for mental health.

Performance Criteria

- (a) The explanation of different programmes designed to recover, improve and maintain mental health is correct.
- (b) The description of the roles and responsibilities of different agencies in promoting and providing mental health programmes is accurate.
- (c) The evaluation of different mental health programmes is consistent with current commentary and research.

Evidence Requirements

Written and/or oral evidence generated by notes, classwork and research to meet the performance criteria.

Two mental health programmes should be covered for each of the three performance criteria.

OUTCOME 3

Describe the effects of mental illness on human behaviour.

Performance Criteria

- (a) The description of the effects of mental illness is accurate and consistent with the different types of mental illness.

National Unit Specification: statement of standards (cont)

UNIT Understanding of Mental Health and Mental Illness (Higher)

- (b) The description of the behavioural responses is accurate and consistent with the different types of mental illness.
- (c) The description of the effects of medication is comprehensive in terms of the effects on the behavioural characteristics of the individual.
- (d) The description of the effects of therapeutic intervention is comprehensive in terms of the effects on the behavioural characteristics of the individual.
- (e) The description of the effects that using different models for mental health have on the treatment of and service provision for individuals experiencing mental illness is valid.

Evidence Requirements

Written and/or oral evidence generated by notes, classwork and research to meet the performance criteria.

Two examples of mental illness should be used for each of the performance criteria. For performance criteria (c) and (d), one example each of the effects should be covered for medication and therapeutic intervention.

OUTCOME 4

Explain how the rights of the individual are maintained by current legislation and available resources.

Performance Criteria

- (a) The identification of key current legislation is accurate and relevant.
- (b) The explanation of the role of legislation in promoting the rights of the individual is valid in terms of current use.
- (c) The identification of resources is accurate in terms of available resources and services.
- (d) The explanation of available resources is valid in terms of their ability to maintain the rights of the individual experiencing mental illness.
- (e) The explanation of the implications of legislation on current practice is accurate and relevant

Evidence Requirements

Written and/or oral evidence generated by notes, classwork and research to meet the performance criteria.

Two examples of key current legislation should be covered for performance criteria (a) and (b); four examples of current resources should be covered for performance criteria (c) and (d).

OUTCOME 5

Explain the skills and attributes necessary for an effective mental health care worker.

Performance criteria

- (a) The description of different skills and attributes of an effective mental health care worker.
- (b) The explanation of the importance of self awareness in a mental health care worker is valid in terms of good practice.

National Unit Specification: statement of standards (cont)

UNIT Understanding of Mental Health and Mental Illness (Higher)

Evidence Requirements

Written and/or oral evidence generated by notes, classwork and research to meet performance criteria.

Four examples of skills should be covered in performance criteria (a); with some demonstration of the candidates own self development with its application for performance criteria (b).

National Unit Specification: support notes

UNIT Understanding of Mental Health and Mental Illness (Higher)

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 80 hours.

GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

This is included as an appendix to the statement of standards.

GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT

It may be helpful to cover the content of Outcomes 1, 3 and 5 over the first part of the course, followed by Outcomes 2 and 4. This would enable the candidate to gain a broad insight and understanding of mental illnesses and some of the issues surrounding it. This will facilitate their understanding of the programmes, interventions and legislations, which underpin and inform mental health care provision. A talk from a visiting speaker, eg CPN, Mental Health Social Worker, Mental Health Support Worker, Advocacy Support Worker would enhance this part of the Course.

Use should also be made of TV and radio documentaries, as well as newspaper and journal articles. Candidates should utilise the information and fact sheets on mental health and mental illness, provided by public bodies, such as Health Education Board Scotland, Health Boards/Trusts, national/local voluntary organisations, such as MIND, and local authorities.

GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT

Candidates should undertake their own written work, in the form of case studies, to evidence their understanding of each of the outcomes and performance criteria, but should also work in a small group setting to test out their understanding of mental health and mental illness, their attitudes to mental illness, the appropriateness of different forms of treatment and care, as well as the availability and relevance of resources provided by health and social services, voluntary organisations and community groups.

The performance criteria lend themselves to thematic written project work, where a number of the performance criteria can be included in the one piece of work. This can assist the candidate in understanding the relationship between the public awareness of mental health issues and the successful treatment and the recovery rehabilitation of people suffering from mental illness.

CANDIDATES WITH ADDITIONAL SUPPORT NEEDS

This Unit Specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (SQA, 2004).

National Unit Specification: Appendix to the statement of standards

UNIT Understanding of Mental Health and Mental Illness (Higher)

APPENDIX 1: Content and context

NB: This Appendix is within the Statement of Standards, ie the mandatory requirements of the Unit.

Outcome 1

Candidates should distinguish between mental illness through examining how throughout history social, religious and cultural beliefs and attitudes have influenced the defining of certain behaviours as ‘mental illness’.

The description of the growth of the promotion of ‘mental health’, in terms of preventative measures and health education, should cover issues such as:

- ◆ workplace stress
- ◆ break-up of communities and families through the demands and consequences of industrialisation
- ◆ effects of drug and alcohol dependency
- ◆ improvements in the relevance and range of resources provided by public health and social services

As ‘mental illness’ is a generic description for a range of illnesses and behaviour patterns, the candidate should be able to describe the different illnesses, possible causes, associated behaviour patterns and recommended treatment methods including:

- ◆ schizophrenia
- ◆ clinical depression
- ◆ manic depressive psychosis
- ◆ neuroses
- ◆ psychosomatic disorder

Distinction should also be made between people being the subject of a ‘mental illness’ and ‘special needs’, in terms of the causes, treatment, support and public awareness.

Those factors which may contribute to the onset of a mental illness or are inappropriately described as ‘mental illness’ should be covered; including:

- ◆ genetic predisposition
- ◆ learned behaviour
- ◆ child birth
- ◆ grieving
- ◆ the effects of different drug treatments
- ◆ stress
- ◆ difficulty with establishing and maintaining personal relationships

The candidate should examine current public perceptions of ‘mental health’ and ‘mental illness’, as defined by their peer group and newspapers and television, against current theories on the causes and effects of both strands.

National Unit Specification: Appendix to the statement of standards

UNIT Understanding of Mental Health and Mental Illness (Higher)

The public profile of ‘mental health’ promotion and awareness should be examined against the effects on an individual of being labelled as ‘mentally ill’ in terms of self-esteem, employment, personal relationships and acceptance within the local and wider community.

Outcome 2

Descriptions of the purposes of different mental health awareness programmes including the general ones promoted by HEBS and the very specific ones from organisations such as the Schizophrenia Fellowship or MIND should be given.

Different target audiences for the mental health programmes should be examined. This would include:

- ◆ those that are designed to increase public awareness, tolerance and understanding
- ◆ those developed to encourage individuals and families to join support groups
- ◆ those aimed at employers to reduce workplace stress

The examination of different mental health programmes should include the roles, responsibilities and funding of formal specialist health organisations, such as HEBS (Health Education Board for Scotland) and Health Boards/Trusts, as well as more generalist organisations such as schools, colleges and youth clubs.

Evaluation should take account of the effects of the indirect involvement of other health related programmes to the promotion of good mental health. This would include the work of SAD (Scotland Against Drugs) and the Scottish Council on Alcoholism.

The evaluation of different mental health programmes should be conducted by examining different barometers of public opinion, including:

- ◆ the treatment of mental health issues, often linked with the implementation of community care policies, by the reporting of tabloid newspapers
- ◆ the typecasting and explanation of ‘deviant behaviour’ by characters in television domestic situation and comedy programmes

The evaluation should include research by the key public and voluntary sector agencies on the success or otherwise of mental health programmes. The research can be found in publicly available published studies, as well as annual reports and donations/funding/marketing material.

Outcome 3

The candidate should consider the effects of mental illness on the individual in terms of the different types of illness, so as to understand both the common and unique characteristics, including, the loss of ability to manage daily tasks such as shopping, paying bills, cooking or personal hygiene.

The description of behavioural responses should be in terms of the patterns particular to each form of mental illness. This would include the more subtle social dysfunctioning occasioned by schizophrenia as opposed to the more obvious and extreme reclusive behaviour of a person suffering from manic depression.

National Unit Specification: Appendix to the statement of standards (cont)

UNIT Understanding of Mental Health and Mental Illness (Higher)

The effects on others of a particular behaviour pattern and how this may reinforce the acuteness of the mental illness candidate should also be considered. An example of this would be the acute introspection of a person suffering from clinical depression will alienate family and friends who feel shut out of the person's life, so if they react by becoming more distant then the sense and reality of isolation is increased.

An exploration of the effect that different models for mental health have on the treatment and support received by those affected by mental illness and an examination of the impact of different models have in shaping service provision for those with mental illness should be undertaken.

The candidate should examine the effects of treatment regimes on behavioural characteristics, which may exaggerate or alter the behaviour originating from the illness. The quantity and frequency of medication or drug treatment has to be tested with the patient before the most appropriate regime is established, so there may be extreme mood swings, extensive periods of tiredness or lethargy or evident hyperactivity. For example of this would be how, in the treatment of schizophrenia, there may be a period of erratic and unpredictable patterns of engaging or disengaging in personal relationships.

Outcome 4

The key current legislation identified should cover both mental health and mental illness. This could include the Social Work (Scotland) Act 1968, Mental Health (Scotland) Act 1984, NHS Community Care Act 1990, Mental Health (Public Safety and Appeals) (Scotland) Act 1999, Adult with Incapacity (Scotland) Act and The Data Protection Act - all as preceded and updated.

Key legislation that is designed to protect an individual's rights should also be examined, but may not necessarily be specific to mental health or mental illness including data protection. This will assist in understanding the person's overall rights as a citizen and not just as a sufferer from an illness.

The explanation of the role of the key current legislation should examine the differences between protecting the person suffering from a mental illness and protecting the community within which he/she lives. A critical appraisal of the adequacy of this legislation in protecting both the individual and the community should be provided. Within this appraisal the candidate should provide an assessment of how far an individual's overall rights as a citizen should be compromised for his/her protection or the protection of the wider community. The mechanisms in place to ensure that the legislation has been correctly implemented should also be examined, including, the Mental Welfare Commission, the Court system and the European Court of Human Justice.

The resources covered should include those provided by:

- ◆ central government
- ◆ the National Health Service and Health Care Trusts
- ◆ local authorities
- ◆ voluntary organisations
- ◆ community support groups

National Unit Specification: Appendix to the statement of standards (cont)

UNIT Understanding of Mental Health and Mental Illness (Higher)

The resources to be examined should include:

- ◆ income support
- ◆ hostels
- ◆ day care
- ◆ outpatient clinics
- ◆ specialised hospital facilities
- ◆ residential care
- ◆ group living
- ◆ community psychiatric nursing services

The examination of resources should include:

- ◆ availability within different local communities
- ◆ ease of access
- ◆ criteria for use and the implications for the individual suffering from a mental illness
- ◆ other family members in either having access or not having access to these resources

The range and nature of resources against the rights of the individual suffering from a mental illness and the wider community should be examined. This raises matters such as the acceptability of group living within a community or the restriction of liberty experienced by the existence of locked hospital wards, as well as the availability of information provided by staff in the different facilities on the rights of the individual.

The candidate should examine the statutory and legal basis of the provision of different resources to consider how they can support the rights of the individual. For example, a compulsory admission to hospital automatically restrict the individual's rights to liberty, whereas in a group living context the arrangement is voluntary and relies on the sense of responsibility of the individual.

The candidate should examine the impact of legislation on:

- ◆ organisations who deliver support to individuals affected by mental ill health
- ◆ the services received by the individual with mental ill health

Outcome 5

The candidate should examine:

- ◆ the skills of the mental health care worker and the impact of these skills on individuals affected by mental ill health
- ◆ the impact of attributes such as patience, flexibility, reliability and confidentiality etc. when working with individuals with mental ill health
- ◆ the importance of self awareness in a mental health care worker, for example factors, which might influence attitudes such as pre, conceived ideas
- ◆ the ways in which self reflective practice enhances care

National Unit Specification: general information



UNIT Caring for People with Dementia

CODE D11A 12

COURSE Mental Health Care (Higher)

SUMMARY

This Unit is designed to develop knowledge and understanding of Dementia and the effects it has on the individual and their Carers. It will also enable candidates to develop awareness of the skills and strategies necessary for the support and care of people with Dementia and their Carers. Candidates will also explore the role of statutory, voluntary and self help organisations who support those affected by Dementia.

OUTCOMES

- 1 Describe the types, causes and progress of dementia.
- 2 Identify the strategies and skills required to meet the needs of people with dementia.
- 3 Explain the ways to assist the carer in coping with the stresses associated with caring for people with dementia.

RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally benefit from having some knowledge and understanding of mental health issues. Candidates would also benefit from having attained one of the following, or equivalent:

- ◆ D11H 11 Mental Health Issues: An Introduction (Intermediate 2)
- ◆ D8XV 12 Practical Skills for Carers (Higher)

Administrative Information

Superclass: PN

Publication date: October 2005

Source: Scottish Qualifications Authority

Version: 02

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National Unit Specification: general information (cont)

UNIT Caring for People with Dementia

CREDIT VALUE

1 credit at Higher (6 SCQF credit points at SCQF level 6*)

**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

There is no automatic certification of core skills or core skills components in this Unit.

National Unit Specification: statement of standards

UNIT Caring for People with Dementia

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

OUTCOME 1

Describe the types, causes and progress of dementia.

Performance Criteria

- (a) The definition of dementia is correct in relation to current research.
- (b) The description of the types of dementia are correct in terms of current knowledge.
- (c) The description of the possible causes of dementia are valid in terms of current research.
- (d) The description of the phases of dementia are correct in terms of current knowledge.

OUTCOME 2

Identify the strategies and skills required to meet the needs of people with dementia.

Performance Criteria

- (a) The explanation of the effects of dementia on the basic physical, social, emotional, and intellectual needs of the individual with dementia is accurate in terms of their individual circumstances.
- (b) The identification of the strategies to meet the behaviour of the individual with dementia are valid in terms of minimising the distress of the person with dementia.
- (c) The identification of strategies used to cope with the management of the affairs and routines of the individual with dementia are valid in terms of maintaining normality.
- (d) The explanation of the skills and attitudes required to care for the individual with dementia is valid in terms of accepted practice.

OUTCOME 3

Explain the ways to assist the carer in coping with the stresses associated with caring for people with dementia.

Performance Criteria

- a) The identification of problems faced by the carer in coping with the person with dementia are valid in terms of the caring situation.
- b) The explanation of the various ways to assist the carer in coping with the stress produced by the person with dementia is valid in terms of the caring situation.
- c) The identification of the roles and responsibilities of the main statutory and voluntary agencies offering assistance to carers of people with dementia is accurate.

National Unit Specification: statement of standards (cont)

UNIT Caring for People with Dementia

EVIDENCE REQUIREMENTS FOR THIS UNIT

Written and/or oral evidence is required to demonstrate that the candidate has achieved all Outcomes and Performance Criteria. A holistic approach to assessment across outcomes should be taken. This could be in the form of case studies covering two different caring situations.

Specific advice

- Outcome 1 — Candidates should be assessed on Alzheimer, vascular and other types of dementia. The following phases of dementia should be assessed: mild, moderate and severe.
- Outcome 2 — Candidates should be assessed on physical, emotional, intellectual and social needs and be able to identify appropriate strategies to meet the needs.
- Outcome 3 — Candidates should be assessed on the effect of caring for a person with dementia and should identify sources of support for the carer.

National Unit Specification: support notes

UNIT Caring for People with Dementia

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

Outcome 1

Candidates are asked to investigate dementia and its effects on the individual and the carers and how they are supported in coping with this condition. Those involved with the delivery of this Unit should emphasise that dementia is not part of the normal ageing process. It is common in adults over 60 years but can occur in younger people.

Define dementia — refer to brain failure due to abnormal brain cell death. The condition we call dementia is a practical deterioration with respites of recovery (remission). These periods become less as the condition progresses.

Effects:

- ◆ lose ability to do simple tasks
- ◆ disorientation and confusion
- ◆ personality changes
- ◆ incapable of caring for themselves

Types of Dementia:

- ◆ Alzheimer type — 50% of cases
- ◆ Vascular — 20% of cases
- ◆ Pseudo-dementia — 10% of cases
- ◆ Others — 20% of cases.

Causes of Dementia:

- ◆ identify types and their causes
- ◆ Pseudo dementia may be reversible
- ◆ Others covers Picks Disease, Creuzfeld Jacob Disease or Alcohol dependent

Phases:

- ◆ mild
- ◆ moderate
- ◆ severe

Candidates should be encouraged to find out about this disease from friends, relations or from visiting specialists or someone who has or is caring for a dementia patient. Where a placement is used as part of the Course, it may be possible to be involved with those clients who have dementia.

Outcome 2

Candidates should identify the needs of those with dementia.

National Unit Specification: support notes (cont)

UNIT Caring for People with Dementia

Physical needs:

- ◆ nutrition
- ◆ fluid intake
- ◆ cleanliness
- ◆ clothing and warmth
- ◆ sleep
- ◆ exercise
- ◆ protection from abuse

Emotional needs:

- ◆ privacy
- ◆ dignity
- ◆ choice
- ◆ independence
- ◆ hope
- ◆ humour
- ◆ comfort

Social needs:

- ◆ friendship and contact with the wider community

Intellectual needs:

- ◆ stimulation
- ◆ conversation
- ◆ access to activity

Particular needs:

- ◆ patience and empathy by those caring
- ◆ continuity of care
- ◆ structured and supportive environment
- ◆ independence as far as possible
- ◆ settling of legal affairs when of sound mind
- ◆ being allowed to take risks
- ◆ affirmation of self

Candidates should identify strategies for coping; they should identify the behaviour and the strategies to meet it, eg food and diet, feeding problems; find out what they like – ignore table manners and encourage them to eat.

Other:

- ◆ repeated questions or repeated behaviour
- ◆ wandering, incontinence and soiling, aggression and sleeplessness
- ◆ will not go out, lack of movement and no routine or plans

National Unit Specification: support notes (cont)

UNIT Caring for People with Dementia

Affairs:

- ◆ financial and legal
- ◆ banking and bills
- ◆ safety in the home environment
- ◆ driving a vehicle
- ◆ coping with hazards outside

Candidates could use case studies to examine the problems and to reach conclusions on the coping strategies.

Personal skills and attitude needed for working with dementia could include effective communication skills, patience, understanding, respect for dignity, privacy, choice and independence. Use of video case studies or role play could explore these skills and attitudes.

Outcome 3

Candidates are asked to investigate the problems faced by the carer in coping with a person who has dementia. Candidates are asked to cover the following caring situations.

Caring Situations:

- ◆ at home
- ◆ within the community
- ◆ in residential homes
- ◆ in hospital

The problems include:

- ◆ frustration
- ◆ anger
- ◆ exhaustion
- ◆ grief
- ◆ loss
- ◆ affects children
- ◆ affects expectation at stage in life

Factors leading to stress in the carer:

- ◆ isolation of the carer
- ◆ frustration
- ◆ lack of skills knowledge and timely help
- ◆ feeling of not being appreciated
- ◆ financial

Candidates are asked to explore ways to assist the carers of people with dementia in various care settings.

National Unit Specification: support notes (cont)

UNIT Caring for People with Dementia

This will include the following help for carers:

- ◆ respite care
- ◆ specialist agencies
- ◆ support groups
- ◆ training
- ◆ help from health, social, medical and psychiatric services

Candidates are expected to investigate the roles of statutory and voluntary services.

Department of Social Security: relevant benefits, ie care allowance

Health: doctor, hospital, district nurses and health visitors

Local Authority: social work, special housing, home carer, etc.

Voluntary Services: Crossroads, Church of Scotland, Alzheimer's Scotland, Age Concern, Carers National Association, Mind.

Examination of the agencies will highlight aspects of legislation that affect their roles and responsibilities. Agencies do not work in isolation but comprise a network of support. Someone who has experienced this help could be invited to talk to the students.

GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT

Candidates should be introduced to the types, possible causes and stages of dementia at the beginning of the course. This will mean they have a foundation of knowledge which will build further understanding as the Unit progresses.

Use of video, case studies, work sheets, role play and small group work could be used to encourage candidates to explore the needs of individuals affected by dementia and the needs of their carers. Candidates should be encouraged to examine various issues associated with caring for someone with dementia and could make use of research to explore the role of organisations in supporting those affected by dementia. This would include the skills and attributes of the professional carer. A visiting speaker, eg, a Community Psychiatric Nurse, Mental Health Social Worker, or someone who works for a voluntary agency such as Alzheimer's Scotland would enhance delivery of this Unit.

GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT

A variety of approaches to assessment could be used, such as:

- ◆ case studies with associated questions
- ◆ stimulus material with related questions
- ◆ written or oral reports, which could be based on investigative/project work
- ◆ extended, restricted and short answer response questions, as appropriate

Integration of assessments across outcomes may be used.

Assessment should be carried out under supervision at all times.

National Unit Specification: support notes (cont)

UNIT Caring for People with Dementia

CANDIDATES WITH ADDITIONAL SUPPORT NEEDS

This Unit Specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (SQA, 2004).

National Unit Specification: general information



UNIT Stress and Stress Management

CODE D10Y 12

COURSE Mental Health Care (Higher)

SUMMARY

This Unit is designed to enable candidates to identify causes and symptoms of stress. It will also enable them to investigate ways of managing stress once it has been identified in an individual.

OUTCOMES

- 1 Identify causal factors of the stress reaction.
- 2 Describe the effects of stress.
- 3 Describe how the stressed individual affects others.
- 4 Investigate healthy and unhealthy ways of managing stress.

RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally benefit from having some knowledge and understanding of mental health issues. Candidates would also benefit from having attained one of the following, or equivalent:

- ◆ D11H 11 Mental Health Issues: An Introduction (Intermediate 2)
- ◆ D8XT 11 Social Influences on Health (Intermediate 2)

CREDIT VALUE

1 credit at Higher (6 SCQF credit points at SCQF level 6*)

**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.*

Administrative Information

Superclass: AF

Publication date: October 2005

Source: Scottish Qualifications Authority

Version: 02

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National Unit Specification: general information (cont)

UNIT Stress and Stress Management

CORE SKILLS

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

National Unit Specification: statement of standards

UNIT Stress and Stress Management

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

OUTCOME 1

Identify causal factors of the stress reaction.

Performance Criteria

- (a) The definition of stress is consistent with current theories.
- (b) The description of the models of stress is accurate.
- (c) The role of external factors in the development of stress reactions are clear.
- (d) The role of internal factors in the development of the symptoms of stress are clear.

OUTCOME 2

Describe the effects of stress.

Performance Criteria

- (a) The description of the physical signs and symptoms of the stress reaction are clear and concise.
- (b) The description of the psychological effects of the stress reaction are consistent with current theories.
- (c) The description of the emotional effects of the stress reaction are accurate.
- (d) The description of how the individual's social behaviour may alter as a result of being stressed is clear.

OUTCOME 3

Describe how the stressed individual affects others.

Performance Criteria

- (a) Description of the possible effects which the stressed individual has on other family members is clear.
- (b) Description of how stress in the individual affects his/her work performance is consistent with current theories.
- (c) Description of the way the stressed individual is likely to affect other parties in the community is clear.

OUTCOME 4

Investigate healthy and unhealthy ways of managing stress.

National Unit Specification: statement of standards (cont)

UNIT Stress and Stress Management

Performance Criteria

- (a) Identification of healthy ways of effectively managing stress in the individual are accurate.
- (b) Identification of unhealthy ways of managing stress in the individual are accurate.
- (c) Description of the effects of unhealthy ways of coping with stress is consistent with current theories.
- (d) Evaluation of the outcome of one healthy technique, used by the candidate, to manage stress is clear and concise.

EVIDENCE REQUIREMENTS FOR THIS UNIT

Written and/or oral evidence is required to demonstrate that the candidate has achieved all Outcomes and Performance Criteria. A holistic approach to assessment across outcomes should be taken. This should include a demonstration of a relaxation technique as evidence of learning. Candidates are encouraged to investigate numerous relaxation approaches, and a self report of successful relaxation techniques should be included in the folio.

Specific Advice:

Outcome 1 — Candidates should be assessed on external and internal factors.

Outcome 2 — Candidates should be assessed on physical, psychological, emotional and social effects.

National Unit Specification: support notes

UNIT Stress and Stress Management

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

Outcome 1

The various models of stress could be explored, eg the elasticity model (stress and strain); the lay model; stress as a reaction. Stress as a reaction could be shown to arise in various situations, eg examinations, interviews. Class discussion could focus on potential stressful situations — why are some situations stressful for some people and not for others? External stressors should be considered from a wide range of social and environmental events which affect the individual. Social relationships as potential stressors might also be considered. Any form of physical or psychological threat or harm could be interpreted as a stressor, and interpretation of events could be seen in terms of a combination of the psycho-social stimulus, genetic predisposition and experience (learning). The introduction of the concept that stress levels are inversely proportionate to control, could be included.

Outcome 2

Candidates should consider the following effects:

Physical signs and symptoms:

- ◆ sympathetic arousal
- ◆ short term/long term fatigue
- ◆ hyperactivity
- ◆ loss of appetite

Psychological effects:

- ◆ mood
- ◆ temperament
- ◆ attitudes
- ◆ self-esteem
- ◆ perceived ability to cope
- ◆ helplessness

Emotional effects:

- ◆ appropriate
- ◆ inappropriate

Social behaviour:

- ◆ alterations in public behaviour
- ◆ aggression

National Unit Specification: support notes (cont)

UNIT Stress and Stress Management

The performance-arousal curve (Yerkes Dodson Law) could form the basis of explaining the effects of stress on performance, emphasising the theory that stress stimulates the individual, but too much is detrimental. The personality theories endorsing the biological basis of behaviour (Eysenck) provokes discussion about sensation seeking; introversion versus extraversion.

The physiological effects of stress could be explored, detailing the role of the autonomic nervous system as a survival mechanism, and the response of individual organs to danger. Selye's General Adaptation Syndrome illustrates the effects of prolonged stressors.

The effects of social stressors influence individuals' emotions, attitudes and behaviours, and these could be explored as examples of how people cope with stressful situations. Potential social stressors can be introduced as sources of group discussion.

Outcome 3

Candidates should consider the following key effects:

Effects on the family:

- ◆ self care
- ◆ responsibility
- ◆ coping
- ◆ control
- ◆ relationships

Work performance:

- ◆ concentration
- ◆ potential for endangering self or others
- ◆ reliability
- ◆ job security

Members of the community:

- ◆ social interaction
- ◆ sociability
- ◆ stability
- ◆ predictability

How the stress of an individual affects others can be explored in terms of behaviour of people suffering from stress. These concepts can be explored by considering how the relationships between the stressed individual and family members, colleagues at work, social acquaintances and friends are affected. Consideration could also be given to the stressed individual who lives alone and may not necessarily have much, if any contact with family members. Use of videos, case studies and/or visiting speakers who have suffered stress-related illnesses may be helpful in allowing candidates a better understanding of stress and so influence how they would react in certain circumstances.

National Unit Specification: support notes (cont)

UNIT Stress and Stress Management

Outcome 4

Candidates should be encouraged to consider the following:

Healthy stress management:

- ◆ mental control
- ◆ physical relaxation techniques

Coping strategies:

- ◆ healthy: short term; long term
- ◆ unhealthy: short term; long term

Effects of coping strategies:

- ◆ healthy: physical; psychological; social
- ◆ unhealthy: physical; psychological; social

Healthy ways of coping with stress include problem solving skills, analysing situations, time management, knowledge of own abilities, assessment of demands, etc. Exercises to assist the individual cope with stress should be carried out; deep breathing, relaxation, etc. The candidate is familiar with the signs and symptoms of stress to recognise them when they appear. Candidates should therefore be taught elementary techniques designed to control mind and body and so reduce stress.

Unhealthy ways of coping with stress include use of substances which affect cognitions, including the widespread use of alcohol, tranquilisers and narcotics. The emphasis of unhealthy coping should be on how individuals treat the *symptoms* of stress, but not the *causes*. The unhealthy behaviour patterns eventually lead to problems of their own. The long term effects of stress are ultimately detrimental to the psyche and the physical body, and are correlated with numerous medical and emotional disorders.

The contribution of Alternative Therapies in managing stress is encouraged, and candidates should not be restricted to medical and conventional solutions. Mystical and Eastern philosophies, and meditation techniques could be explored, as could any theory which attempts to change attitudes of individuals.

GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT

In delivering the Unit there should be a balance between teacher/lecturer exposition and experiential learning. The Unit can be delivered using a variety of methods which allow the candidates to apply theory to given situations. Use can be made of role play, simulation exercises, case studies and candidate presentations.

The use of small groups would be advantageous to consider stimulus material in order to help candidates gain familiarity with the theories and concepts covered in the Unit. Stimulus material can be delivered from case studies, newspapers, videos, etc and from the candidates own experiences.

It is important that candidates are aware of the relevance of their studies within a care context.

National Unit Specification: support notes (cont)

UNIT Stress and Stress Management

Candidates should be encouraged to explore their own attitudes to stress and should examine a variety of ways to cope with stress.

GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT

Candidates could compile a folio of notes which contains evidence which satisfies all Outcomes. Evidence of additional information on stress management, and anecdotes of the effects of stress from academic or popular publications is encouraged. Descriptions and programmes from recognised stress management courses may be included. There are many relaxation techniques, and various approaches might be pursued, and attempted by the candidate. A self report on the effectiveness of a relaxation technique should be included.

The following are suggested methods of assessment:

Outcome 1: A short answer test may be appropriate.

Outcome 2: The candidate could make up one or two case studies to show the physical, psychological, emotional and source effects on a person in a stressful situation.

Drawing from information in the folio, eg choose a client from the following:

- (a) a housewife and mother of three children aged between 9 months and 5 years.
- (b) a husband with three children who is unemployed.
- (c) a teenager has just discovered that she is pregnant (unplanned)
- (d) or a person from your own experience who has or is experiencing a stressful situation.

Outcome 3: The candidate could be presented with case studies and asked to describe:

- (a) the effects which the stressed individual has on others.
- (b) how it affects their work.
- (c) how other parties in the community are affected

Outcome 4: The candidate could compare and contrast two healthy ways of managing stress and demonstrate a technique as stated in the Unit.

CANDIDATES WITH ADDITIONAL SUPPORT NEEDS

This Unit Specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (SQA, 2004).