



Higher National Unit Specification

General information

Unit title: Approaches to Mental Health (SCQF level 8)

Unit code: J38V 34

Superclass: PS

Publication date: October 2019

Source: Scottish Qualifications Authority

Version: 02

Unit purpose

This unit is designed to build the capacity of health care workers in the field of mental health so that they are able to effectively respond to the mental health needs of their service users. The unit will also consider the historical discrimination and stigma in mental health services. The cultural changes in behaviour and attitudes in society today that have influenced the delivery of mental health services will be explored. The unit will also examine the concept of recovery-focused practice with a values-based person-centred approach.

Outcomes

On successful completion of the unit the learner will be able to:

- 1 Current concepts of mental health and mental wellbeing.
- 2 Collaborative approaches in mental health.
- 3 Management of mental health and mental wellbeing.
- 4 Discrimination and stigma in mental health.
- 5 Current legal frameworks, policy and guidelines relating to mental health.
- 6 Rights based, recovery-focused approaches in mental health services.

Credit points and level

2 Higher National Unit credits at SCQF level 8: (18 SCQF credit points at SCQF level 8)

Higher National Unit Specification: General information (cont)

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Recommended entry to the unit

Learners should have good communication skills, both written and oral, preferably through achievement of Higher English or a *Communication* unit at SCQF level 6. Ideally, the learner should have achieved a relevant qualification equivalent to SCQF level 7 to ensure they have the underpinning knowledge to work at SCQF level 8. Exemplary learners may still be considered through the completion of a pre-course interview part of which could take the form of a written assignment. The skills to undertake this unit could also be demonstrated through an employer's reference or the process of application and interview in the absence of certificated learning in addition if undertaking this unit as part of the Professional Development Award Practice in Acute and Community Care at SCQF level 8 learners *Team Working and Accountability in Care* and *Evidence Based Practice Research and Innovation* are core units

Core Skills

Achievement of this Unit gives automatic certification of the following:

Complete Core Skill Problem Solving at SCQF level 6

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.

Equality and inclusion

This unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit Specification: Statement of standards

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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 SQA.

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

Current concepts of mental health and mental wellbeing.

Knowledge and/or skills

- ◆ Mental health, mental ill health and mental wellbeing
- ◆ Mental health disorders
- ◆ Symptoms of mental health disorders
- ◆ Early detection of mental health needs

Outcome 2

Collaborative approaches in mental health.

Knowledge and/or skills

- ◆ Referral process
- ◆ Role of the multidisciplinary team
- ◆ Care planning/record keeping

Outcome 3

Management of mental health and mental wellbeing

Knowledge and/or skills

- ◆ Treatments and procedures
- ◆ Associated issues and consequences

Higher National Unit Specification: Statement of standards (cont)

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Outcome 4

Discrimination and stigma in mental health.

Knowledge and/or skills

- ◆ Values attitudes and behaviours
- ◆ Challenging behaviour in mental ill health
- ◆ Medication management

Outcome 5

Current legal frameworks, policy and guidelines relating to mental health.

Knowledge and/or skills

- ◆ Current legislation
- ◆ Government strategies
- ◆ Professional accountability and responsibilities

Outcome 6

Rights based, recovery-focused approaches in mental health services.

Knowledge and/or skills

- ◆ Rights based care
- ◆ Resilience and self-management
- ◆ Recovery focused approaches

Higher National Unit Specification: Statement of standards (cont)

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Evidence requirements for this unit

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

- ◆ analyse two definitions of mental health and mental health wellbeing
- ◆ research and evaluate three common mental health conditions
- ◆ evaluate two signs and two symptoms of three mental health conditions
- ◆ evaluate the impact and importance of early detection and referral of mental health needs
- ◆ evaluate the importance of accurate documentation in care planning and record keeping in mental health
- ◆ evaluate the role of the Multidisciplinary Team in the management of mental health and mental health wellbeing
- ◆ critically evaluate the management of three of mental health conditions
- ◆ reflect on three recognised interventions in mental health
- ◆ evaluate the consequences three mental health disorders
- ◆ evaluate valued based care, behaviours and attitudes in mental health services
- ◆ discuss challenging behaviour in mental health
- ◆ evaluate the role of the support worker in medicine management in mental health and mental wellbeing
- ◆ discuss the importance of effective risk assessment in mental health
- ◆ investigate three pieces of current legislation, two government strategies relating to mental health
- ◆ discuss profession accountability and responsibility
- ◆ evaluate the concept of rights-based care and empowerment in mental health
- ◆ evaluate the concept of resilient and self-management in mental health
- ◆ critically analyse the concept of recovery focused approaches in mental health



Higher National Unit Support Notes

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Unit support notes are offered as guidance and 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 unit is designed to emphasise the importance of a good understanding of a wide range of mental health problems and disorders. Mental ill health is very common. It affects one in four people in the course of their lives. The impacts start early as the onset of mental ill health can start in childhood, adolescence and young adulthood. The Scottish Government Education for Scotland framework 'Transforming Psychological Trauma' (2017) has been developed to increase the understanding of trauma and its impact on mental health and mental wellbeing including acute physical trauma, abuse, accidents and illness; traumatic events and Adverse Childhood Experiences (ACE).

With early detection many mental health problems can be prevented and almost all mental health conditions are treatable. Therefore, it is possible that the individual can either fully recover or manage their condition successfully and live a healthy happy and productive life.

Support workers studying this unit as part of the PDA Practice in Acute and Community Care may be working with individuals who present with acute mental health illness and disorder and those with long-term mental health care problems. This includes support worker in the community; specialist mental health hospitals and specialist mental health units. The learners will often be working with individuals over long periods, providing therapies, helping people understand the nature of their illness, how to stay well and how to cope in a crisis.

The term mental health is used in many different ways. It applies to a continuum from emotional wellbeing like happiness and sadness, to mental disorder like the acute reaction that can happen to stress, to mental illness like schizophrenia. The learners will investigate and evaluate the concept of rights based and recovery focused care in mental health promoted by the Scottish Government's Mental Health Strategy 2017–2027
<http://www.gov.scot/Publications/2017/03/1750>

Learners will explore the concept of mental health as a spectrum that applies to everyone as part of the human condition. This will include an evaluation of person-centred approaches to care in mental health and the range of different therapies delivered by mental health practitioners to support patient recovery and help them stay well.

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Learners will learn key skills in interpersonal and interprofessional communication. Also, the importance of being able to understand things from the individual's point of view no matter what their background, or the problems they face. This includes being aware of and being able to challenge stigma and discrimination in mental health, as this can affect and hinder recovery from mental illness.

Learners should be aware that there are many different mental health conditions and many symptoms are common to more than one condition. They should also understand that individual may experience the symptoms of more than one mental health problem at the same time. The main focus for mental health practitioners is to promote recovery using rights-based person-centred approach to care.

Self-care techniques and in some instances life style changes can help to manage the symptoms of many mental health problems and may improve or even prevent some mental health conditions from developing. However there is no instant solution and recovery from a mental health problem often takes time, energy and hard work.

Outcome 1: Current concepts of mental health and mental wellbeing.

This outcome will consider the core concepts of mental health as not just the absence of mental disorder but mental health as a state of wellbeing. Learners should examine current definitions of mental health and mental wellbeing and what is considered 'good' mental health.

A broad range of common mental health conditions that the individual may develop should be investigated; the psychotic and neurotic conditions and personality disorders. Learners should consider the identification of classic signs and symptoms of these disorders in the context of early detection, diagnosis and referral:

- ◆ Depression
- ◆ Anxiety
- ◆ Obsessive compulsive disorder
- ◆ Schizophrenia
- ◆ Personality disorder

The outcome gives learners the opportunity to develop a deep understanding of mental health and mental wellbeing. This could be achieved through an in-depth investigation of three mental health conditions including an in-depth evaluation of two common signs and symptoms of mental health and mental ill health.

Examples of signs and symptoms include:

- ◆ Feeling sad or down
- ◆ Confused thinking or reduced ability to concentrate
- ◆ Excessive fears or worries, or extreme feelings of guilt
- ◆ Extreme mood changes of highs and lows
- ◆ Withdrawal from friends and activities
- ◆ Significant tiredness, low energy or problems sleeping

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- ◆ Detachment from reality (delusions), paranoia or hallucinations
- ◆ Inability to cope with daily problems or stress
- ◆ Trouble understanding and relating to situations and to people
- ◆ Alcohol or drug abuse
- ◆ Major changes in eating habits
- ◆ Sex drive changes
- ◆ Excessive anger, hostility or violence
- ◆ Suicidal thinking

Learners should explore evidence that prevention and early intervention as key to minimising the prevalence and incidence of mental ill health. Also, reflect on how early detection and referral can help to reduce the severity and life time impact of mental disorders and mental illnesses, as discussed in the Scottish Government Metal Health Strategy 2017–2027.

Outcome 2: Collaborative approaches in mental health.

Learners should have an understanding of the multidisciplinary team (MDT) approach in the management of the individual with mental health disorders. The learner should also be aware of the team approach within the referral process, the role of professionals, in secondary and primary care, including the third sector, police custody suites and state prisons should be discussed.

- ◆ Self-referral
- ◆ Child and Adolescent Mental health
- ◆ General Practitioners
- ◆ Statutory/sectioning

Learners are required to investigate and evaluate the use and importance of documentation, care planning and care coordination in the delivery of comprehensive mental health care. In the context of organising and planning care in a way that meets the individuals' needs.

Learners should consider a range of care planning frameworks in mental health and the value of information in written care plans. Care planning documentation, including discharge planning, and the role of care planning in improving communication and coordination between mental health inpatients ward and community setting should be explored.

The concept of the individuals' involvement in their own care planning should be critically evaluated and the benefits of active involvement of the individual in the care they receive. This should include a discussion around a person-centred care plan that has recovery-focused goals and plans for the achievement of these goals, working in partnership with the individual, their family and carers.

Competing demands on time and resources should be considered, the importance of written documentation and the conflict for practitioner who feels they should spend more time with the individual. Learners should also discuss the advantage and the challenges presented by electronic care planning and record keeping documentation.

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Outcome 3: Management of mental health and mental wellbeing.

In this outcome learners should consider recommended treatments for mental health illness and conditions follow official guidelines issued by National Institute for Health and Care Excellence (NICE). They should also look at equality of access to mental health treatment locally and nationally across the NHS and the influence specialist organisations and the third sector.

Learners will explore the importance of accurate diagnosis to determine appropriate treatments. Learners will also critically evaluate current treatments and interventions in mental health illness and disorders.

Learners will consider how mental health practitioner assess and prescribe treatment or combination of treatment dependant on the type of mental illness, the severity and what works best for the individual. Tutorials should examine a range of treatments used in current treatment and interventions in mental health.

Medications

Although psychiatric medications do not cure mental illness, they can often significantly improve symptoms. Psychiatric medications can also help make other treatments, such as psychotherapy, more effective.

Some of the most commonly used classes of prescription psychiatric medications include:

Antipsychotic medications. Antipsychotic drugs are typically used to treat psychotic disorders, such as schizophrenia. Antipsychotic medications may also be used to treat bipolar disorders or used with antidepressants to treat depression.

Psychotherapy

Psychotherapy, involves talking with the individual about their condition their moods, feelings, thoughts and behaviour, psychotherapy, with an aim of providing the individual with coping and stress management skills.

Brain-stimulation treatments

Brain-stimulation treatments are sometimes used for depression and other mental health disorders. They are generally reserved for situations in which medications and psychotherapy have not worked. They include electroconvulsive therapy, transcranial magnetic stimulation, an experimental treatment called deep brain stimulation and vagus nerve stimulation.

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Cognitive behaviour therapy

Cognitive behavioural therapy (CBT) is a talking therapy that can help the individual manage their problems by changing the way they think and behave. It is most commonly used to treat [anxiety](#) and [depression](#), but can be useful for other mental and physical health problems. CBT is based on the concept that thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap the individual in a vicious cycle. CBT aims to help the individual to deal with overwhelming problems in a more positive way by breaking them down into smaller parts. How to change these negative patterns to improve the way they feel. Unlike some other talking treatments, CBT deals with current problems, rather than focusing on issues from the past. It looks for practical ways to improve the individuals' state of mind on a daily basis. CBT aims to help the individual manage their problems and stop them having a negative impact on their life, even after the course of treatment finishes.

Hospital and residential treatment programs

Sometimes mental illness becomes so severe that the individual will need care in a psychiatric hospital. This is generally recommended when the individual cannot safely care for themselves or when there is immediate danger of self-harm adverse behaviour towards others or the individual is deemed suicidal.

Options include 24-hour inpatient care, partial or day hospitalisation, or residential treatment, which offers a temporary supportive place to live. Another option may be intensive outpatient treatment.

Substance abuse treatment

Substance abuse commonly occurs along with mental illness. Often it interferes with treatment and worsens mental illness. If the individual is unable to stop using drugs or alcohol on their own, they need treatment.

This outcome will consider associated issues and consequences of mental health disorders and mental health illness. The learners should look at the groups most at risk of the associated issues and consequences of mental health illness. This should include Child and Adolescent Mental Health services (CAMHS).

Learners should consider the consequences and the challenges presented to the individual who has a mental health disorder, family, friends and carers, and mental health professionals in attempting to prevent / limit the consequences of mental health and promote recovery.

- ◆ Suicide
- ◆ Self-harm
- ◆ Drugs and alcohol abuse
- ◆ Eating disorders
- ◆ Dementias

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Suicide and suicide prevention

Learners should consider the links between mental illness and suicide they will look at the importance of identifying individuals who may be at risk of suicide and evaluate local and national initiatives such as the 'Choose Life' national strategy and action plan (Scottish Government 2002, 2006).

Learner will examine the evidence that people with a mental illness are the highest 'at risk' group for suicide, with a rate of suicide 10 times that of the general population. With the most at-risk groups being those with a diagnosis of severe and/or enduring clinical depression, followed by bipolar affective disorder, schizophrenia and other psychoses.

Learners need to understand suicidal behaviour its causes and prevalence this should prompt a review on personal attitudes and values in relation to suicide intervention. This unit will look at suicide prevention amongst those experiencing mental illness. The learners should understand and evaluate risk assessment tools and legal and organisational protocols when undertaking suicide intervention.

Also, how recognition, early intervention, improved assessment and management in care setting such as primary care and emergency departments, are helping to reduced national suicide rates.

Self-harm

Self-harm is commonly understood as a behavioural response to, or reflection of, emotional or psychological need and is often associated with mental health disorders and illness and comprises two main types of behaviour.

- ◆ self-poisoning
- ◆ self-injury

Learners should critically evaluate the National Institute for Health and Clinical Excellence (NICE) guidelines on self-harm: within the concept of evidence that support that suggests that acts of self-harm are rarely intended to end the individual's life.

Self-poisoning includes the ingestion of a substance in excess of the prescribed or generally recognised therapeutic dose or of a recreational or illicit drug in a way that is intended to be self-harmful.

Self-injury, also referred to as self-mutilation, self-injurious behaviour, non-suicidal self-injury, is harm to the body, commonly by cutting with a sharp object, but also by burning/scalding, inserting or swallowing sharp objects, hair-pulling, biting, hitting/punching, banging (head or other body parts), scratching or jumping from height.

Learners should gather statistical evidence that links mental health illness to those who self-harm and also how this does or does not increase the risk of future suicide. The social groups most at risk of self-harm and examine the evidence that suggests that younger people are more likely to engage in acts of self-harm than adults and that experience of a severe life event (especially interpersonal loss), trauma or symptoms of depression / anxiety are likely triggers for the behaviour in many cases.

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Alcohol and drug misuse

Learner should understand the instance of problems with alcohol and/or drug misuse, and individuals who also have a mental health problem. The recognition of signs that the individual may be misusing drugs and/or alcohol; will be explored and what is the appropriate action to take. Learners will be introduced to the range of services relevant to substance and locally and national and including the referral processes

Eating disorders

Although Eating disorders can affect anyone, around 1 in 100 people aged between 10 years and 20 years old suffer from anorexia nervosa. Teenage girls and young woman are more likely than teenage boys or young men to have anorexia or bulimia. Anorexia and bulimia are the most common eating disorders and are complicated and can cause devastation for the individual and their family.

Learners should examine the definition of eating disorders and the association with mental health physiological and emotional problems.

- ◆ Binge eating
- ◆ Anorexia nervosa
- ◆ Bulimia nervosa

Learners should understand the risk factors of developing and the wide range of complications associated with eating disorders:

- ◆ Family history
- ◆ Other mental health disorders
- ◆ Dieting
- ◆ Stress

Learners need to understand that the more severe and/or long lasting the eating disorder the more likely the individual is to experience serious complication. In this outcome learners will be introduced to a wide variety of complications some of them life threatening.

- ◆ Serious health problems
- ◆ Depression and anxiety
- ◆ Suicidal thoughts or behaviour
- ◆ Problems with growth and development
- ◆ Social and relationship problems
- ◆ Substance misuse
- ◆ Work and school issues
- ◆ Death

The learner should explore and evaluate strategies to promote and develop healthy eating behaviours and health body images (NICE Guidelines 2017 Eating disorders recognition and treatment).

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Dementia

Dementia is defined as a general term for a gradual progressive decline in an individual's memory and other mental and cognitive abilities. The learner should understand dementia in the context of mental health disorders and illness. They should consider the different illnesses that can lead to dementia and the most common causes and understand that it is not only a disease of the older population

- ◆ Alzheimers
- ◆ Vascular dementia
- ◆ Dementia of Lewy Body

The benefits of early diagnosis and intervention could be critically evaluated in particular information and support designed to help the individual with dementia deal with the challenge of the diagnosis. Acknowledging 'quality of life' aspects for the individual living with dementia.

Learners should be introduced to the causes, the instance and the likely impact of a substantial increase in the number of people with dementia over the next 20 years on NHS and care organisations.

Learner should also evaluate dementia in the context of change theories and strategies and identify and analyse potential developments in dementia care that address national and local directive:

- ◆ Ageing population
- ◆ Dementia in younger people

The impact on service development within resources in terms of time budget and space should be identified and discussed

Outcome 4: Discrimination and stigma in mental health.

Learners should examine values behaviours and attitudes in relation to mental health and mental wellbeing. Values and attitudes often inform the way that mental health services are delivered and received Learners should have an understanding of how mental health practitioners are expected to reflect on and use their own values and beliefs in a positive way.

Respect

All people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Mental health practitioners respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation.

Higher National Unit Support Notes (cont)

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Advocacy

Concern for the welfare of others guides the work of mental health practitioners. They strive to uphold the human rights of people, families and carers, including full and effective participation and inclusion in society. Mental health practitioners support the individual, and others (including children) who may be affected by the illness of a family member.

Recovery

Mental health practitioners support and uphold the principles of recovery-oriented mental health practice articulated in the Mental Health Strategy: 2017–2027.

Working in partnership

Mental health practitioners foster positive professional and authentic relationships with people, families, carers, colleagues, peers and wider community networks. Safe and professional boundaries are maintained. Mental health practitioners work constructively to resolve tensions that may arise between partners in care. The professional diversity that can exist within teams is respected and valued and there is always endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice. Mental health practitioners believe that quality service provision is enhanced and underpinned by effective working relationships within the service, with partner agencies and communities.

Attitudes

Attitudes are an established way of thinking or feeling that are typically reflected in a person's behaviour, for example, a positive attitude towards employing people with a disability. Attitudes involve the interaction of beliefs, feelings and values, and a disposition to act in particular ways. Our attitudes help us to define how situations are seen, as well as define what is expected in behaviour towards a situation, person or object.

In working with people, carers and families, mental health practitioners are expected to be:

- ◆ Respectful
- ◆ Compassionate, caring and empathic
- ◆ Ethical, professional and responsible
- ◆ Positive, encouraging and hopeful
- ◆ Open-minded
- ◆ Self-aware
- ◆ Culturally aware
- ◆ Collaborative

This outcome will also give the learners an understanding the challenges and difficulties the individual with mental health problems face in dealing with stigma and discrimination from others. Often the individual will not seek support due to the stigma they expect to face and feel ashamed or embarrassed to tell anyone that they have mental health problem

www.seemescotland.org/about-see-me

'Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy' (Emerson E 2011).

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A person's behaviour can be defined as 'challenging' if it puts them or those around them at risk, impact on their ability to join in everyday activities and/or leads to a poorer quality of life.

Learners should investigate challenging behaviour in the context of the individual with mental health disorders and mental health illness including:

- ◆ aggression
- ◆ self-harm
- ◆ destructiveness
- ◆ disruptiveness

The importance of learning and recognising situations that may trigger challenging behaviour in the individual should be critically analysed. This de-escalation strategies appropriate training and education to protect the individual, mental health practitioners, families and carers should be investigated. This should include dealing with extreme potentially harmful circumstances and the possible need for pharmacological treatments.

Medicines are a crucial in providing recovery-focussed care in mental health. Health care support workers undertaking this unit have should have an understanding of the importance of compliance with common treatments and the ethical and legal considerations that affect how medicines can and should be used in mental health care.

Antidepressants. Antidepressants are used to treat depression, anxiety and sometimes other conditions. They can help improve symptoms such as sadness, hopelessness, lack of energy, difficulty concentrating and lack of interest in activities. Antidepressants are not addictive and do not cause dependency.

Anti-anxiety medications. These drugs are used to treat anxiety disorders, such as generalized anxiety disorder or panic disorder. They may also help reduce agitation and insomnia. Long-term anti-anxiety drugs typically are antidepressants that also work for anxiety. Fast-acting anti-anxiety drugs help with short-term relief, and they also have the potential to cause dependency, so ideally, they will be used short term.

Mood-stabilizing medications. Mood stabilisers are most commonly used to treat bipolar disorders, which involves alternating episodes of mania and depression. Sometimes mood stabilizers are used with antidepressants to treat depression.

Learner should explore the role of the support in the person-centred approach to care by working in partnership with the individual on decisions encouraging positive behaviour that include concordance with medicine treatment plans in the individual with mental health conditions and mental health illness.

Learners could for example critically reflect on those diagnosed with schizophrenia and the positive effects of concordance with antipsychotic medication can have on symptoms of psychosis hallucinations and delusions and the consequences of non-compliance. They should examine the need for any interventions to be individually tailored to address the particular concerns that a person has about taking antipsychotic medication.

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This outcome will introduce the learners to positive risk taking for the individual carer's family members and the wider public. Learners will analyse positive risk taking in mental health in the context of the potential benefits and harms of one choice over another. They should consider how available resources and support for the individual. Learners should understand those working with individuals with mental health problems and illness often need to tolerate heightened risk in the short term to achieve long term positive goals.

Morgan (2000) (cited in the 10 Essential Care Capabilities for Mental Health Practice: Learning materials Scotland 2011) suggests that that in the past the culture in mental health services have perhaps prevented positive risk taking.

Learners should critical analyse the factors identified by Morgan that need to be in place to enable positive risk taking to happen in mental health service.

For example, involving the following:

- ◆ A focus on people's 'strengths'. This provides a more positive base on which to build potential plans. It involves considering the strengths and abilities of the service user, of his or her wider network and social systems, and of the wide-ranging services potentially available (statutory and voluntary sectors and, most important, non-mental-health resources).
- ◆ Partnership working. This involves a clear understanding of the responsibilities that service users and services can reasonably hold in specific situations, providing opportunities for people to take chances, learn from their experiences and understand the consequences of different courses of action.
- ◆ A willingness on behalf of all people involved in a team or service to engage in positive risk taking. If parts of the wider network are not signed up, confidence in being able to sustain positive risk taking becomes undermined. Fears associated with a 'blame culture' are more likely to permeate thinking and threaten the implementation of creative ideas.
- ◆ High-quality supervision and support. This must be in place as it is essential for discussing and refining ideas.
- ◆ The development of appropriate crisis and contingency plans. These will aid prevention of some harmful outcomes and will minimise others. Risk taking needs to be undertaken in a context of promoting safety, not negligence.
- ◆ It should become part of the culture of training. Risk taking should not be seen as a one-off experiment. It should be a natural line of thinking. Whole-team training will be essential if the approach is to be fully understood and practised by all team members as a routine part of its culture.
- ◆ Adequate resources to enable creative work Creative work should take precedence over 'what usually just happens'. Resources are never open-ended, but true innovation needs organisational support to sustain its development and positive impact.
- ◆ Limiting the duration of the decision. This means working to shorter timescales and with smaller goals broken down.
- ◆ Having team and service mechanisms. These should be in place to check on progress. They provide an ability to quickly change previous decisions when needed, including intervening in a more restrictive way when necessary.

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- ◆ Individual and collective accountability and responsibility is clearly defined Individual practitioners can reasonably be expected to be accountable to the standards of conduct set out by their professional body and for the roles they play in local implementation of guidance and legislation. But there are also collective responsibilities for information sharing, decision making and care planning that belong more with the team than with the individual in isolation. This includes the need for positive and efficient systems of verbal and written communication being in place.
- ◆ The 'organisation' also holds responsibilities. It must ensure adequate support and set the tone for the development of a culture that will enable all the above points to happen.

Outcome 5: Current legal frameworks, policy and guidelines relating to mental health.

In this outcome the learners will be introduced to current legislation and government strategies in Mental Health such as:

Mental Health (Care and Treatment) (Scotland) Act 2003
Mental Capacity Act and Deprivation of Liberty Act 2009.
Mental Health (Scotland) Act 2015
Child and Adolescent Mental Health Legislation and Policy 2016
Mental Health Strategy 2017–2027

Learners should examine how legislation protects the rights of the individual who uses mental health services, their families and carers Learners should evaluate the influence of the Mental Health Capacity Act Deprivation of Liberty (2009) introduced to prevent deprivations of liberty without proper safeguards including independent consideration and authorisation. These safeguards may be used for example to provide a framework for approving the deprivation of liberty for the individual who lacks the capacity to consent to treatment or care in either a hospital or care home setting.

The influence of Government legislation, principles and strategies on attitudes and behaviours in mental health care, should be evaluated

The learner should examine the ethical principles of autonomy, beneficence, non-maleficence and justice as well as exploring ethical frameworks designed to assist the health professional in making ethical decisions in the context of mental health capacity and consent.

Learner should reflect on personal professional accountability competence and working within the limits of their support role. The concept of duty of care and delegation including the specific statutory responsibilities and practice responsibilities within the Mental Health Act (2003) should be examined Also professional regulation and safe guarding responsibilities for those working with the individual dealing with mental health disorders.

Within this outcome learners should also have an awareness the need for partnership, participation of the individual in decision-making and the right to advocacy should be included promoted in metal health legislation and strategies.

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Outcome 6: Rights based, recovery-focused approaches in mental health services.

Learners should examine the connections between human rights and recovery in mental health. Current evidence the process of rights bases, recovery focused approach to mental health should be critically analysed. Learners should be introduced to the principles underpinning rights and recovery and how this can be mutually enhancing and reinforcing recovery from even the most serious mental health problems

National commitment to recovery is embedded in, amongst others, the 2012–2016 Mental Health Strategy for Scotland, the 2006 Rights, Relationships, Recovery: Report of the National Review of Mental Health Nursing in Scotland and the 2010 Realising Potential: An Action Plan for Allied Health Professionals in Mental Health. International support for recovery is gaining ground at the United Nations (UN) and World Health Organisation (WHO), as well as in an increasingly diverse range of countries.

The move towards recovery has led to a recognition and focus on people's experiences and personal — as well as clinical — outcomes. People affected by mental health problems are increasingly acknowledged as experts by experience and equal partners in the design and delivery of services and support.

Learners should examine the concept of a rights-based approach that recognises the individual affected by mental ill health — as rights-holders. Learners should critically analyse rights-based approach as a more progressive, way of working that is person centred, holistic and is a partnership with the individual, their family and carers.

Mental health recovery is about being able to live a good life, as defined by the individual. Learners should understand that recovery is a process or journey, a unique and individual experience that reflects human diversity and is underpinned by respect for people's autonomy, inherent dignity and equality. Recovery focuses on the individuals' skills, strengths resilience and capabilities and recognises them as experts by experience with an active role to play in directing their own lives.

Learners should consider the connections between rights and recovery by comparing two prominent theoretical frameworks: PANEL and CHIME. These frameworks do not encapsulate everything about human rights and recovery however they are a good way to demonstrate how they complement each other.

PANEL principles of participation, accountability, non-discrimination, empowerment and legality.

CHIME connectedness, hope and optimism, identity, meaning and purpose, and empowerment.

Learners should also explore the 10 essential Care Capabilities for Mental Health.

Higher National Unit Support Notes (cont)

Unit title: Approaches to Mental Health (SCQF level 8)

The 10 ESCs:

- 1 Working in partnership
- 2 Respecting diversity
- 3 Practising ethically
- 4 Challenging inequality
- 5 Promoting recovery
- 6 Identifying people's needs and strengths
- 7 Providing service user-centred care
- 8 Making a difference
- 9 Promoting safety and positive risk taking
- 10 Personal development and learning

Guidance on approaches to delivery of this unit

This unit is one of the optional units in the group award Professional Development Award Acute and Community Care — it can also be delivered as a stand-alone unit.

The learner could be assessed through the compilation of a case study based on an individual from their work practice. The case study should be approximately 2,500 words and should integrate Outcomes 1, 2 and 3. For learners who are not involved in the delivery of Mental Health care an essay could be used to generate evidence.

Evidence may be presented for Outcomes 4, 5 and 6 in the form of a seen case study with the learner required to answer all the specific questions relating to the knowledge and skills. The case study should be used to generate evidence in the form of a report which should be referenced and submitted at an agreed time. The report should be approximately 2,500 words, academically written and referenced.

Learners could be assessed through the integration of outcomes and using essays, case studies or practice experience reflective accounts. The method of assessment chosen by centres must be appropriate to the course delivery, practice placement or work experience of the individual learners

Guidance on approaches to assessment of this unit

Evidence can be generated using different types of assessment. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Higher National Unit Support Notes (cont)

Unit title: Approaches to Mental Health (SCQF level 8)

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.

References

Child and Adolescent Mental Health Legislation and Policy 2016

http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-75_Child_and_Adolescent_Mental_Health_Legislation_and_Policy.pdf

<http://www.healthscotland.com/topics/stages/healthy-ageing/dementia-resources.aspx>

http://www.healthscotland.com/uploads/documents/30274-Younger%20People%20with%20Dementia_English_Dec%202017.pdf

Morgan S (2000) Clinicals Risk Management; A Clinical Tool and Practitioner Manual
London Sainsbury Centre for Mental Health

http://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf

Mental Health (Care and Treatment) (Scotland) Act 2003

<http://www.legislation.gov.uk/asp/2003/13/contents>

Mental Capacity Act and Deprivation of Liberty Act 2009.

<https://www.gov.uk/government/collections/dh-mental-capacity-act-2005-deprivation-of-liberty-safeguards>

Mental Health (Scotland) Act 2015

<http://www.legislation.gov.uk/asp/2015/9/contents/enacted>

Mental Health Strategy 2017-2027 <http://www.gov.scot/Publications/2017/03/1750>

www.seemescotland.org/about-see-me

Ten Essential Shared Capabilities

http://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf

Mental Health — Resources

MIND — advice and support for anyone experiencing mental health problems
www.mind.org.uk

Scottish Recovery Network
www.scottishrecovery.net

Edspace
<http://www.edspace.org.uk/>

Anxiety

First steps to Freedom — provides resources about anxiety disorders and Phobias
www.first-steps.org

Anxiety UK— provides support to those diagnosed with or are suspected of having an anxiety disorder
www.anxietyuk.org.uk

Depression

Action on Depression — Scotland’s national charity for depression
www.dascot.org

NHS Health Scotland — talking about depression
<http://intranet.lothian.scot.nhs.uk/Directory/communitymentalhealth/Documents/Talking%20About%20Depression.pdf>

Post-natal depression — Crossreach, Postnatal Depression Services Lothain
<https://www.crossreach.org.uk/find-service/adults/emotional-support/perinatal-therapy-new-and-expectant-parents>

Bipolar

Bipolar Scotland
www.bipolarscotland.org.uk

Psychosis

Hearing Voices Network — for people who hear voices, see visions or have other unusual perceptions
www.hearing-voices.org

Rethink Mental Illness
<https://www.rethink.org/diagnosis-treatment/conditions/psychosis>

NHS Lothian Information Leaflets etc. on Psychosis
http://intranet.lothian.scot.nhs.uk/Directory/communitymentalhealth/Pages/Conditions_Psychosis.aspx

Mental Health — Resources (cont)

Self-harm

Merrick Pope — Self-harm Project Researcher
Merrick.Pope@nhslothian.scot.nhs.uk

Selfharm.co.uk — Support for young people impacted by self-harm
www.selfharm.co.uk

Life Signs — Self-injury Guidance and network Support
www.lifesigns.org.uk

The Calmzone- Offering information and advice for you men aged 15–35
www.thecalmzone.net

National self-harm network (NSHN) provides a forum for survivors, families and professionals
www.nshn.co.uk

Alcohol and drugs

CREW — range of services relating to recreational drug use
<http://www.crew2000.org.uk>

Turning point — alcohol, drugs, mental health & learning disabilities services
<http://www.turningpointscotland.com>

Smart Recovery — Self-Management for Addiction Recovery
<http://www.smartrecovery.org>

Talk to Frank — confidential drugs advice
<http://www.talktofrank.com>

National Institute on Drug Abuse (NIDA)
<https://www.drugabuse.gov>

Gossop, M (2007) *Living with Drugs*. 6th Edition. Aldershot: Ashgate Publishing Ltd.

Winstock, A & Mithceson, L (2012) New recreational drugs and the primary care approach to patients who use them. *BMJ* 344 DOI:10.1136/BMJ.E288

A list of self-help websites for Mental Health

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/RIDU/Pages/Self-help%20Websites.aspx>

Mental Health — Resources (cont)

Trauma

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

<http://traumadissociation.com/trauma-abuse>

<http://www.nhs.uk/conditions/Post-traumatic-stress-disorder/Pages/Introduction.aspx>

<http://www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Complex.aspx>

Further Training Links

<http://www.nhslothianhpstraining.com/TrainingProgrammes.aspx?ProviderId=3>

Promoting Excellence in Dementia Care

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence.aspx>

www.nes.scot.nhs.uk/media/4120251/promotingexcellenceposter.pdf

Alzheimer's Society Factsheets

What is dementia?

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=106

What is Alzheimer's disease?

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=100

What is vascular dementia?

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=161

What is dementia with Lewy bodies (DLB)?

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=113

What is frontotemporal dementia?

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=167

Link to resources

www.nes.scot.nhs.uk/media/4120251/promotingexcellenceposter.pdf

The Core Skill 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 Core Skill.

History of changes to unit

Version	Description of change	Date
02	Core Skill Problem Solving at SCQF level 6 embedded.	27/02/20

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General information for learners

Unit title: Approaches to Mental Health (SCQF level 8)

This section will help you decide whether this is the unit for you by explaining what the unit is about, what you should know or be able to do before you start, what you will need to do during the unit and opportunities for further learning and employment.

This unit is designed to emphasise the importance of a good understanding of a wide range of mental health problems and disorders. Mental ill health is very common. It affects one in four people in the course of their lives. The impacts start early as the onset of mental ill health often starts in childhood, adolescence and young adulthood. With early detection many mental health problems can be prevented and almost all mental health conditions are treatable. Therefore, it is possible that the individual can either fully recover or manage their condition successfully and live as healthy happy and productive life as possible.

As a support worker studying this unit as part of the PDA Practice in Acute and Community Care you may be working with individuals who present with acute mental health illness and disorder and those with long term mental health care problems. This includes in the community; specialist mental health hospitals and specialist mental health units. You may be working with individuals over long periods, providing therapies, helping people understand the nature of their illness, how to stay well and how to cope in a crisis.

You will explore the concept of mental health as a spectrum that applies to everyone as part of the human condition. This will include an evaluation of person-centred approaches to care in mental health and the range of different therapies delivered with an emphasis on a rights-based recover focused approaches to care.

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