



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Mental Health Team

Assignment 1 - Distinction

Guide standard exemplification materials

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Guide standard exemplification materials

Supporting the Mental Health Team

Assignment 1

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Introduction

The material within this document relates to the Supporting the Mental Health Team occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 1, the student must interrogate and select relevant information to respond to the tasks in ways typical to the workplace. By adopting a problem-based inquiry approach, the student is placed at the centre of decision making regarding an individual's care in a scenario designed to be as realistic as possible.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Assignment 1:

Task 1: assessment of the patient/situation

Scenario

At the CMHN meeting you recently attended where a referral was received for Alex Smith, Alex's partner could not be present at that initial meeting, but she left a note.

The CMHN has given you access to the district nurse referral letter (item A); the transcript of the first meeting between Alex and the CMHN for initial assessment (item B); and the note from Beverly, Alex's partner (item C).

Task

The CMHN asks you to use the information to:

- give the CMHN a summary of Alex's emotional state
- complete the situation - background - assessment - recommendation sections of the SBAR tool (item D)

Once you have completed the SBAR tool (item D) in accordance with professional codes and agreed ways of working, you should identify 3 recommendations and justify your choices.

Student evidence

Alex's emotional state is very vulnerable at the moment. Alex has been diagnosed with depression and prescribed citalopram by her GP. Alex is withdrawn, lethargic and doesn't sleep most nights. The district nurse commented that Alex was irritable, restless and unwilling to engage when they last met. The district nurse also observed that Alex was unkempt and sluggish, suggesting Alex is not taking care of herself.

Alex made reference to the CMHN that her life had fallen apart and that she used to be happy. Alex feels pathetic as a mother as she is not able to do the things she wants to do with her daughter Katy. Alex has also said that she is in pain and feels no dignity. Alex's partner Beverly has also made reference to Alex's alcohol consumption. Alex is clearly, depressed, very low in mood, struggling to engage and not taking care of herself. It is possible that considering Alex's current mood and withdrawal from life that she is vulnerable to alcohol dependency.

SBAR tool:

Situation section:

Alex lives with her partner Beverly, who is a part time teacher, and daughter Katy, who is 5 years old. Alex recently had a cycling accident which left her with paraplegia and is also severely depressed. Alex has some mobility and can stand with a frame and do some things independently. Alex has limited motivation, is very withdrawn and is currently not sleeping well. The district nurse recently visited Alex and commented:

"...my last visit she was unkempt, sluggish, irritable, unwilling to engage, and restless. I noticed empty wine bottles, but Alex says it is not a problem as she and Beverly have always enjoyed a bottle of wine".(from District nurse referral letter, item A).

When Alex recently met with the CMHN she described feelings of sadness and how she feels about her life now. In the meeting between Alex and CMHN, Alex states:

"That feels like someone else's life now. I am not even sure I could talk about her without crying." (from transcript of first meeting between Alex and CMHN, item B).

Background section:

Prior to Alex's cycling accident she was a successful family solicitor. Her GP has prescribed: citalopram 20mg once daily for her depression and paracetamol 1g 2 tablets to be taken 4 times daily as required for pain. Her current weight = 62Kg and has remained stable since discharge. Alex also uses a urinary catheter.

The OT assessment has recommended house adaptations to support Alex's mobility.

Assessments section:

It is clear from Alex's meeting with the CMHN that she feels worthless and comments about her inability to be a good mother, cook and earn money. It is also evident in this meeting that Alex has a lack of energy, motivation and feels sad. There is no doubt that Alex is very depressed, very demotivated and doesn't feel able to engage with the outside world or her partner Beverly and daughter Katy, like she used to. It is also evident that Beverly too is struggling with Alex's mood and circumstances.

Despite Alex's current circumstances and her severe depression, she does say in her meeting with the CMHN that she wants to live and not die. Therefore, despite how awful Alex feels there is some motivation still present - even if she doesn't feel it. This is what we need to work on with Alex.

Recommendation section:

There are 3 areas I have identified for Alex that would significantly improve Alex's depression, life, circumstances, and feelings. They are:

1. Work

Clearly Alex used to enjoy her work as a family solicitor. This gave Alex a purpose outside of the home, confidence, and financial stability. Alex has no cognitive impairments however, her main barrier to going back to work is her mood. With appropriate support and encouragement, a plan needs to be put in place to slowly return to work. This needs to be at Alex's 'speed', pushing Alex too much could have a negative effect. Small steps back to work should help Alex feel more motivated and increase her sense of self-worth.

2. Therapy

Alex should start therapy with a psychologist who can offer CBT. The therapy can support Alex with the trauma she has gone through and the changes she needs to make, to return to a life where she feels happy. Alex's feelings, motivation and thoughts about her ability to mother Katy, enjoy her relationship with Beverly and identity herself as a professional should be explored. This therapy should be weekly and for a period of 6 months where Alex's progress should be assessed.

3. Exercise

Alex clearly used to enjoy cycling and being outdoors. A wellbeing plan that focuses on exercise needs to be put together with support from Alex's partner, the psychologist, and the CMHN. Alex should be central to the wellbeing plan and agree with all activities. Involving Beverly and Katy in some of the exercise activities is important for all their relationships. This will nurture their relationships and provide a level of 'normality' for the family. I would also recommend a physiotherapist conducts an initial assessment of Alex and what exercise is appropriate for her.

Task 2: goals/patient outcomes/planned outcomes

Scenario

Alex was asked to complete a wellbeing plan after the initial meeting (item E). You have been asked to follow this up.

Task

You need to consider Alex's situation from a holistic point of view and complete her recovery plan (item F).

You should identify 3 goals for Alex and recommend 2 actions for each goal that you have identified.

These actions should utilise Alex's strengths and achievements

Identify which professionals are responsible for supporting Alex, taking into account any barriers Alex may need to overcome

Student evidence

I have identified the following goals, actions, barriers, and responsible persons for Alex and put them in her goal plan:

Alex's goals	Actions	Barriers	Responsibility
1. Healthy sleep pattern	Download sleep app and listen every night	Lack of motivation to do it	Alex and Beverly
	Exercise for a minimum of 45 minutes a day	Drinking too much alcohol	Alex, physio and psychologist
2. House renovations	Design and plan renovations	Motivation	Alex, architect and psychologist
	Go shopping for materials	Finances	Alex, Beverly, Katy and physio
3. Back to work	Contact HR to discuss return to work	Sleep/exhaustion	Alex and HR
	Meet with colleagues for lunch	Confidence	Alex, colleagues and psychologist

My suggestions are based on Alex's strengths:

- wants to live (inner strength)
- organised
- committed (family and work)

And on Alex's achievements:

- qualified solicitor
- relationship with Beverly and Katy (daughter)

Task 3: care/treatment/support plan

Scenario

Following further assessment, Alex has been diagnosed with severe depression. She has voiced concerns about taking medication to treat her mental health condition. However, Alex is keen to engage in treatment that will support her current needs.

Task

Using the information from the MIND campaigns for better mental health (item G), recommend 2 different treatments for Alex that reflect her needs.

Explain the advantages and disadvantages of each treatment option.

Student evidence

I recommend 2 treatment options:

The advantages of self-help resources:

- promotes independence
- increases confidence
- inexpensive
- can be tailored directly to your need
- it can work around any other commitments
- 'you' know what's best for you

The disadvantages of self-help resources:

- you have to be self-motivated
- limited support
- you are reliant on your judgement of how you are progressing
- writing down feelings in your manual may not be as helpful as talking with someone who can provide feedback
- you or other people may not realise if you start to feel worse

I think self-help resources could be really beneficial for Alex: in particular, a self-help manual and a physical programme. Alex's GP or CMHN could recommend these resources and support Alex in accessing this support. Alex could create a self-help manual with the support of the GP or CMHN as well as her partner Beverly. In Alex's manual she could have things like; make dinner once a week, take Katy to school once a week, do 15 minutes meditation a day, do one baking activity a week with Katy or treat myself once a week. There are many more ideas Alex could have in her self-help manual, but the important thing is that Alex creates it with support with realistic goals. Alex can increase the goals – for example take Katy to school 3 times a week, once she feels confident enough. Alex could also do this alongside a recommendation of physical activity like a class appropriate for her. Physical activity is very important for everybody and is good for your mental health. This would help Alex get more fit, meet other people, get out of the house, and increase her endorphins to help her depression. The main challenge will be for Alex to be able to motivate herself to do the self-help manual and attend the physical activity programme. If Alex can do it, it will increase her confidence and self-esteem, motivation for other goals, increase her fitness and empower Alex in her life. Before Alex's accident she was clearly an independent person and this approach to her recovery would benefit her greatly if she can motivate herself to keep to it.

Advantages of CBT:

- improves coping skills
- helps you manage your problems
- it is short term
- challenges negative self-talk
- it can be very effective with a good success rate
- CBT focuses on the present rather than the past

Disadvantages of CBT:

- you need to be committed
- you need to attend your sessions regularly
- there may be a waiting list
- you need to have a rapport and get along with the psychologist
- building trust may take time

CBT could be good for Alex. It is focused on the present and that is where Alex is experiencing most problems. Before the accident Alex was not depressed or exhausted. CBT has a good success rate and is good at helping you change the way you think. In Alex's meeting with the CMHN, the district nurse and Beverly's letter all refer to Alex's negative attitude and thoughts. These negative thoughts are having an impact on Alex's behaviour. For example, not taking Katy to school. With CBT these negative thoughts would be challenged and replaced with positive self-talk. This positive self-talk would then lead to positive feelings and ultimately positive behaviour. This could really help Alex feel motivated and increase her confidence to get her life back. The biggest problem will be if there is a waiting list. It might be difficult for Alex to get the help she needs straight away. Alex needs the help now and not in 6 months' time. The longer she must wait the worse she may get. Then when she finally does receive help, it may be more difficult to help Alex. Also, Alex may not trust or like the psychologist she is seeing. It takes time to build trust and it's difficult to know how long this will take with Alex. This will depend on Alex's feelings about the psychologist and whether she likes and trusts them. Also, it will depend on how experienced and skilled the psychologist is.

Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Scenario

Alex began her treatment for severe depression 4 months ago. She is making progress and is working with you and the community mental health nurse (CMHN) on plans to support her long-term health. Alex and the CMHN had a therapy session in your presence (item H). In this meeting, Alex started to complete the relapse prevention plan entitled 'How I know when things are not going well' (item J).

Task

The CMHN asks you to:

- complete the alcohol use disorders identification test (item I)
- complete the relapse prevention plan (item J)

Using the notes from Alex and CMHN's therapy session (item H) and other materials in the case study, explain why the plan could be beneficial and how it could be more effective.

Student evidence

Alex's alcohol use disorders identification test (item I):

1	3	
2	1	
3	0	
4	2	
5	4	Part 1 score: 10
6	1	
7	0	
8	2	
9	0	
10	0	Part 2 score: 3
Overall score	13 indicates increasing risk	

Alex's relapse prevention plan (item J):

Indicators that others might know things are not going well for Alex:

- stops getting Katy dressed for school
- drink more alcohol
- stop exercising
- stop wanting to go back to work
- not sleeping

Coping mechanisms that have worked Alex:

- writing imaginary letters to dad
- cycling
- helping others
- talking to others
- socialising

What others can do to help Alex:

- remind Alex that she is doing well
- encourage Alex to speak about her feelings
- do not judge Alex
- encourage Alex to go back to work
- let Alex know if you think she's drinking too much
- remind her that she is a good mother

Why the plan is beneficial:

Relapse prevention plans are important as they identify triggers, coping mechanisms and what others can do to help. This means that patients, professionals, and family can all be involved in monitoring the patient's recovery. For Alex, a relapse prevention plan would be very useful. It will help identify the different areas in Alex's life that need addressing in order that her life improves. Her relationship with Beverly, her daughter, work, exercise, socialising, alcohol, and cooking would all be areas that would be beneficial for Alex to address. It also means that if Alex starts to relapse, this can be identified early on. Then more support can be put in place to prevent further deterioration in Alex:

- the plan can identify any changes in my behaviour
- the plan reminds me of my coping mechanisms
- the plan reminds me of my triggers
- the plan reminds me of the important things in life
- the plan can be shared with other professionals or/and family and friends
- if things start to get worse this plan will help identify this
- earlier intervention to reduce relapse

How the plan can be more effective:

- Alex can monitor own progress
- it can be shared with other appropriate professionals for their knowledge
- it should say who is responsible for different parts
- it could have information like how to contact people/numbers/emails/out of hours numbers

Examiner commentary

The student demonstrated excellent mental health knowledge and skills in relation to the task demands. The student's response was coherent, logical and detailed with appropriate terminology. The student was knowledgeable about best practice in mental health settings which was consistent with evidence gathering and interpretation. The student made recommendations which are accurate, insightful, and relevant with appropriate evidence.

The student demonstrated excellent knowledge and understanding of the emotional state of the case study. This was evidenced through the analysis of the situation, background, assessment, and recommendation (SBAR) tool. This included a comprehensive outline of the situation with reference to profession, family background and emotional state (situation). The student also made a clear distinction to the background with appropriate information that included family, profession, medication and the accident (background). The student was able to accurately assess (assessment) the current emotional state of the individual with reference to their feelings, self and family. The student identified 3 appropriate recommendations that were comprehensive, relevant to the case study and different. The 3 recommendations reflected a holistic approach to the care of the individual and included profession/career, therapy/counselling and exercise/fitness.

The student was also able to demonstrate an excellent understanding and interpretation of treatment options and recovery/relapse plans. This was evidenced through appropriate goals, actions and knowledge of mental health treatments which support mental health recovery. The student was able to identify 3 appropriate goals with relevant actions to achieve these goals for each goal. The goals reflected the strengths and achievements of the case study and formed a logical progression. The relevant persons were identified for all actions and included appropriate suggestions such as mental health, family, profession/work and lifestyle.

The student was able to identify appropriate recommendations throughout the tasks which justify and explain approaches to the treatment options of mental health. These recommendations were consistent with professional codes and agreed ways of working. The student had an excellent understanding of holistic approaches to mental health and was able to evidence this throughout the tasks. The student was able to identify 2 appropriate treatment options from the Mind campaign. The information comprehensively outlined the advantages and disadvantages of each option convincingly.

The student was also able to identify appropriate and relevant barriers to achieving good mental health. These were relevant and demonstrated an excellent insight into mental health. This was evidenced through identifying advantages and barriers to treatment options and an overall insight into mental health. The barriers that were identified were consistent with the case study and demonstrated a clear link to all tasks. The relapse prevention plan clearly used all available materials to identify indicators, coping mechanisms and which individuals were able to help and support the plan. The student had excellent insight and was able to reflect on how the plan could be more effective.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional ○ applying knowledge of policy and good practice techniques when undertaking all

Grade	Demonstration of attainment
	<p>physiological measurements, checking when uncertain and consistent with instructions and guidance</p>
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> • communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual’s privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual’s privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency • communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional ○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following

Grade	Demonstration of attainment
	instructions and guidance with energy and enthusiasm

Document information

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021