

**ITEC****VTCT**

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# Unit Specification

## UMH2 – Understanding mental health

Unit reference number: J/618/6282

**Level: 2**

**Guided Learning (GL) hours: 36**

### Overview

Learners will develop an understanding of what is meant by mental health, mental ill-health and mental well-being. Learners will explore the historical context of mental health care within the community and the impact of those changes. Furthermore, learners will develop an understanding of the social and cultural aspects of mental health as well as looking at the legal frameworks that relate to the provision of mental health care.

### Learning outcomes

On completion of this unit, learners will:

LO1 Understand what is meant by mental health and mental ill-health

LO2 Understand the impact of changes in mental health care

LO3 Understand the social context of mental health

LO4 Understand the legislation relating to mental health

# Unit content

## LO1 Understand what is meant by mental health and mental ill-health

### Know the difference between mental health and mental ill health

#### Taught content

##### Definitions and descriptions

- Health – health is a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity (WHO 1948)
- Mental health – ‘a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community’ (WHO 2004)
- Mental ill health – generally refers to a group of conditions that affects a person’s ability to think, interact and cope with the demands of life. It can cover a range of conditions from anxiety to severe depression and can affect anyone of any background and at any time of their life
- Other related terminology and definitions
  - Mental health problems – while most mental health conditions have an agreed clinical diagnosis and treatment, evidence has suggested that the term ‘mental health problems’ is a more useful way of expressing their own experiences  
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/>
  - Mental well-being – mental wellbeing doesn’t have one set meaning. It is sometimes used to talk about how we feel, how well we’re coping with daily life or what feels possible at the moment. Good mental wellbeing doesn’t mean you’re always happy or unaffected by your experiences. But poor mental wellbeing can make it more difficult to cope with daily life
  - Mental illness – mental illness would be diagnosed by a medical professional. It is a disorder that significantly interferes with an individual’s cognitive, emotional or social abilities
  - Mental health conditions – a mental health problem that interferes with a person’s cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness
  - Mental health disorders – mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others (WHO [https://www.who.int/mental\\_health/management/en/](https://www.who.int/mental_health/management/en/))
  - Good mental health – characterised by a person’s ability to fulfil a number of key functions and activities, including:
    - the ability to learn
    - the ability to feel, express and manage a range of positive and negative emotions
    - the ability to form and maintain good relationships with others
    - the ability to cope with and manage change and uncertainty
    - mental health foundation <https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-good-mental-health>

- According to the World Health Organization (2019), good mental health is when you can:
  - cope with the normal stresses of life
  - work productively
  - realise your potential
  - contribute to the community

## Know the key components of mental well-being

### Taught content

- Key components that can affect and support mental well-being
  - Health and lifestyle – being healthy can positively impact mental wellbeing
    - Diet and exercise/physical activity
    - Balancing work and personal life
- Access to health care services
- Employment – although all people who are employed will not be free from mental health problems, meaningful employment can help to protect mental well-being through:
  - Promoting self-worth, self-satisfaction, inclusion and a sense of direction
  - Facilitating interaction with others
- Providing financial security
  - Financial security can support mental well-being
    - Minimise financial worries
    - Reduce the contributors to stress and anxiety
- Cope and manage financial outgoings
- Genetic inheritance – some people may be more ‘genetically’ susceptible to conditions such as psychosis and depression (National Institute of Health 2013). However, there is still some debate over the nature and influence of mental health conditions
- Childhood experiences and life events
  - Early experiences and upbringing
  - Family environment
  - Social environment
  - Relationship experiences
  - Work related events
  - Education
- Social support networks – social network supports can facilitate good mental well-being through dealing with negative experiences or life events. Examples of support can include (not exhaustive):
  - Family
  - Friends
  - Self-help groups
  - Community support
- Coping strategies – The ability to cope is inherently linked to the development of mental resilience. Mental resilience is often linked to previous experiences, life events and social support networks to deal with the pressures of everyday life
- Other considerations:

- Significant trauma, such as military combat, being involved in a serious accident or being the victim of a violent crime, experiences of pandemics, e.g. Covid-19.
- Influence of the media, e.g. social media and depression, anxiety and self-harm. Inadequacy about life or appearance. Negative portrayal of mental health in the media (Time to Change 2019)

## Know the risk factors of developing mental health conditions

### Taught content

- Mental health problems can have a wide range of causes and is a result of a complicated combination of factors. Some people may be more deeply affected by these factors than others.
  - Individual risk factors
    - Drug/alcohol abuse
    - Low self-esteem and personal empowerment
    - Lack of coping mechanisms
    - Severe long term stress
    - Long term physical health conditions
    - Poor academic achievement
  - Socio-cultural risk factors
    - Social and cultural exclusion and or stigma
    - Prejudice and discrimination
    - Family exclusion/rejection
    - Exposure to violence and crime
    - Social isolation (e.g. isolated from people and communities during lockdown)
    - Social disadvantage
  - Familial factors
    - Family history of psychiatric disorders
    - Violence/domestic abuse
    - Neglect
    - Divorce/family breakdown
    - Financial hardships
  - Life events
    - Traumatic life experiences
    - Homelessness
    - Bereavement
    - Sudden illness
    - Abused/assaulted
    - Moving home/changing jobs
  - Financial factors
    - Unemployment
    - Redundancy
    - Business failure
    - Mounting debt
    - Cost of living changes

## Know the common mental health conditions

### Taught content

- Mental health problems are usually defined and classified to enable professionals to refer people for appropriate care and treatment. There are many different mental health problems with individual and/or similar symptoms. Some of the most common mental health problems that we will focus on in this qualification are listed below, and will be looked at in more detail throughout the course
  - Stress
  - Anxiety
  - Depression
  - Phobias
  - Eating disorders
  - Obsessive compulsive disorder
  - Post-natal depression
  - Bipolar disorder
  - Dementia
  - Schizophrenia

## LO2 Understand the impact of changes in mental health care

### **Know how mental health care has changed from an 'institutional' approach to a more 'community-based' care**

#### Taught content

- Learners should be directed to historical factors that impact on mental health care, from an institutional setting to community based, that pertains to the country in which the content is being delivered
- It is only recently that mental and physical health have been seen more equally within the health and social care landscape. However, the period before the NHS was created was largely set by the Victorian legacy towards mental health. People suffering from mental health problems were routinely institutionalised and stigmatised. The following provides an overview of the timeline of events that saw mental healthcare move from an institutionalised approach to community based care
  - Madhouse act 1774
    - The status and powers of 'madhouse' keepers was undefined in law until 1774, leading to wrongful confinement, abuses and scandals. The 1774 act led to the licensing requirements to house insane people
  - Lunacy and county asylums act 1845
    - Counties were legally obliged to provide asylums for people referred to as 'lunatics'. This Act saw these patients being treated as patients and not prisoners. This was overseen by the Lunatic Commission who monitored the condition and running of asylums
  - Lunacy act 1891
    - Began to apply more rigid controls associated with admission to asylums and mental institutions. It formed the basis of mental health in Law in England and Wales and placed an obligation on local authorities to maintain these institutions
  - 1954 Percy commission
    - Set up to review the detention of people with mental health conditions
    - In 1957 a report was subsequently published identifying that mental health should be regarded in the same manner as physical health. This facilitated the following changes
      - Greater open door policies to admissions
      - Introduction of more flexible therapeutic care
      - Improvements in psychiatric care
      - Development of greater outpatient systems
  - In 1961, the then health minister, Enoch Powell gave a speech to the National Association of Mental Health indicating the elimination of many of the country's mental health hospitals
  - Mental Health Act 1983
    - Outlined the greater rights of people committed to mental health hospitals
  - Patients in the Community Act 1995
    - This saw the introduction of a system that would support supervised discharge for people with mental health problems

- In 2007, the Mental Health Act was amended to include supervised community treatment, moving further from the previous concepts of isolation and institutionalisation
- In 1999, as part of the NHS reforms, the National Service Framework (NSF) was developed, outlining a 10 year plan to transform mental health care for the better
- The key approaches were:
  - Provide care closer to home and in the community
  - Provide greater access to healthcare
  - Better early intervention for people suffering from mental health problems
  - Greater uses of multidisciplinary teams to better inform the treatment of mental health conditions
- Current NHS and Government initiatives
  - The NHS community mental health service plan is recognised as crucial in the delivery of mental health care in the UK (National Collaborating Centre for Mental Health 2019). This recognises the need for:
    - Local collaboration
    - Meeting people's needs in the community
    - Improved quality of life
    - Treating mental health problems more effectively through evidence based practice
- Successive governments have also introduced a number of initiatives to further improve mental health care
  - New Horizons
  - No health without mental health
  - NICE mental health guidance papers

### Know the impact of changes in mental health care

#### Taught content

- Deinstitutionalisation in favour of community based care. Revisions of the mental health act to include safeguarding and human rights issues
- Greater investment into mental health care
- Greater access to mental health services and treatments, greater choice of treatments, and integration into communities, better support for those caring for people with mental health conditions
- Shift in people's attitudes towards mental health, accepting and becoming more supportive of people with mental health conditions, reduced stigma
- Greater openness to talk about mental health within the community and families
- Greater sharing of records and data to inform evidenced based treatment and therapies
- Greater multi-agency integration, tailoring mental health care more effectively

## LO3 Understand the social context of mental health

### Know the difficulties individuals with mental health problems face in day to day life

#### Taught content

- Overview of the impact of mental ill health/illness in terms of its global and national disability and cost to the nation for example:
  - Major global disease burden in terms of years lived with disability and premature death caused by mental illness (Lancet 2016)
  - <https://www.mhinnovation.net/sites/default/files/downloads/resource/Vigo,%20Thornicroft,%20&%20Atun%20Policy%20Brief.pdf>
- UK impact
  - 1 in 4 adults experience a mental health condition in a given year
  - Mental health conditions are the biggest single cause of disability in the UK
  - The wider economic costs of mental illness in England have been estimated at £105.2 billion each year (DOH 2011)
  - Prevalence of children and young people with a diagnosable mental health condition has increased to 35% in 2018 (NICE Impact report 2019) NICE mental health guidance papers
- Overview of the day to day difficulties associated with living with a mental health problem
  - Living with a mental health condition is also associated with a number of other problems that can affect the an individual, reflecting a biopsychosocial model of mental health
  - Different mental health conditions can influence the day to day difficulties associated with living with a mental health condition
  - The following are examples of difficulties associated with living with a mental health conditions (not exhaustive)
    - Relationships – some mental health problems can affect interactions with others including friends, family, partners, and work colleagues. Problems with commitment to intimacy, nurturing relationships. In some instances developing sexual health issues
    - Education – access to and educational attainment may be affected due to isolation, anxiety, concentration problems, physical health manifestations
    - Self-esteem/image – people with mental health conditions can have low self-esteem, feelings of inferiority, self-hate, feelings of hopelessness and uselessness
    - Employment/working relationships – greater absenteeism, reduced productivity, increased error rates, poor decision making, loss of motivation (WHO 2000)
    - Day-to-day living – e.g. looking after children, preparing meals, these can become difficult as people with mental health problems can become consumed by their thoughts, concerns, and symptoms associated with a particular condition
    - Financial concerns – budgeting and financial planning may become difficult leading to financial issues
    - Physical health – physical changes associated with mental health conditions such as high blood pressure, excessive weight gain or loss, stomach ulcers, poor nutritional choices (alcohol/stimulants), reduced exercise/physical activity levels
    - Sleep patterns – poor sleep, insomnia, sleeping disorders, inability to cope with day-to-day living



## Know the impact of social and cultural attitudes towards mental health

### Taught content

- Social factors
  - Mental health and many common mental health disorders are shaped by social, economic and physical environments (WHO 2014)
  - Societal stereotypes about mental illness generally and with regard to specific conditions, e.g. the belief that people with mental health problems or illnesses are violent and dangerous
  - While attitudes have become more accepting of mental health issues, sufferers still face many barriers in society, for example:
    - Stigma and discrimination
    - Social isolation/exclusion
    - Unemployment
    - Unequal healthcare
  - Social inequalities are associated with an increased risk of many common mental health disorders (WHO 2014)
  - Institutions, such as education, social care, and work have a huge impact on the opportunities that empower people to choose their own course in life (WHO 2014)
- Cultural factors
  - A person's culture can also affect attitudes towards people with mental health conditions
  - Stigmatisation is not consistent across all cultures and communities
  - Some cultures value 'conformity to the norm' and 'emotional self-control'. This can lead to:
    - Cultural stigma – some cultures see mental health problems as a weakness or source of shame
    - Unwillingness to recognise mental health symptoms
    - Lack of cultural support due to existing stigma
    - Mistrust of mental health services leading to an inability to provide appropriate help and medical support linked to a western biomedical perspective
  - Cultural misunderstandings and communication problems can prevent minorities from accessing appropriate treatment and services
  - Stigma can discourage major segments of the population to seek mental health support/treatment
- Media attitudes – media portrayal of mental health can play an important role in influencing perceptions and social attitudes towards mental health
  - Negative portrayals often show people with mental health as:
    - violent/dangerous
    - having disturbed thought processes
    - unpredictable
    - 'psycho' killers
  - Positive portrayal, through various media, has led to greater awareness of mental health and mental health problems

- Unequal treatment of mental health conditions in the media  
<https://www.mind.org.uk/information-support/your-stories/improving-representations-of-mental-health-on-tv/>
  - Depression and anxiety treated with more sympathy
  - Schizophrenia and personality disorders still associated with violence

## LO4 Understand the legislation relating to mental health

### Know the relevant legislation relating to mental health

#### Taught content

- Learners should be directed to the relevant legislation that pertains to the country in which the content is being delivered for, example relevant:
  - mental health acts
  - mental capacity acts
  - health and social care acts
  - international legislation
- The UN convention on the rights of persons with disabilities (CRPD) – In 2008 the UN Convention came into force, outlining the rights of individuals with disabilities to include mental health
- In July 2017 the Human Rights Council recognised the need to fully integrate mental health into primary and general health care
- The Human Rights Act 1998, gives effect to the human rights set out in the European Convention on Human Rights

#### The following legislation refers specifically to the UK

- Mental Health Act 1983 and 2007
  - The Mental Health Act outlines when someone can be detained in hospital and treated against their wishes
  - It outlines the importance for approved medical health professionals (AMHP) to be involved in the decision to detain people if they think someone's mental health puts them or others at risk, and need to be in hospital
  - If detained, NHS staff may be able provide treatment, even if the person in question does not want it
  - When a person is detained, they have the right to appeal, and the right to get help from an independent advocate
  - A person's rights under the Mental Health Act depend on the different sections of the act. These are used for different reasons
  - <https://www.legislation.gov.uk/ukpga/2007/12/contents>
- Mental Capacity Act 2005
  - Mental capacity means you have ability to make your own decisions. If you lose mental capacity the Mental Capacity Act 2005 (MCA) protects you and your rights. You may lose mental capacity because of your mental illness
  - The MCA relates to people 16 or over in England and Wales
  - The MCA legislation is there to:
    - Help people make decisions for themselves if they lack mental capacity, e.g. friends, family or carers. If a person does not have any support, an independent mental capacity advocate can be provided
    - Give an individual the option to make decisions about their future. Such as care preferences and who will manage finances
    - Determine who can make certain decisions for related individuals. Any decision made for someone must be in their best interest

- <https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>
- Health and Social Care Act 2008
  - The Health and Social Care Act outlines how the relationship between the NHS, independent sector and social care services should be regulated
  - It established the Care Quality Commission (CQC)
  - The main objective of the Commission in performing its functions is to:
    - Protect and promote the health, safety and welfare of people who use health and social care services
    - The Commission is to perform its functions for the general purpose of:
      - Encouraging the improvement of health and social care services
      - The provision of health and social care services in a way that focuses on the needs and experiences of people who use those services
      - The efficient and effective use of resources in the provision of health and social care services
      - <https://www.legislation.gov.uk/ukpga/2008/14/contents>
      - The Care Quality Commission (CQC) took over the responsibility for inspecting services where people were detained under the Mental Health Act and the Mental Capacity Act

### Know the legal requirements for individuals who are unable to make decisions for themselves

#### Taught content

- Learners outside of the UK should be directed to mental capacity legislation relating to the policy pertaining to the country in which the content is being delivered

#### The following applies to the UK mental capacity act

- The Mental Capacity Act (MCA) is the law that protects you if you are not able to make decisions
- The MCA is based on 5 rules called 'key principles'.  
The key principles are below:
  1. You must be treated as if you have capacity unless it is proven you do not
  2. You must be supported to make your own decisions before medical professionals decide you do not have capacity. If you have other symptoms which are causing you to lack capacity the medical team should treat those first and then assess your capacity again
  3. If you have mental capacity, you have a right to make decisions that other people may think are unwise
  4. If you don't have mental capacity anything done for you must be in your best interests
  5. If you don't have mental capacity, anyone making decisions for you must think about what is the least restrictive option available based on your basic rights and freedoms

- <https://www.legislation.gov.uk/ukpga/2005/9/section/1>
- A person is deemed to lack mental capacity if:
  - They are unable to understand information about a decision
  - Unable to remember relevant information about a decision
  - Unable to use this information to make a decision
  - Unable to communicate their own decisions to someone
- The Mental Capacity Act (MCA) has a test to see if you have the capacity to make a decision when you need to
- The test has 2 stages:
  - Stage 1 – Is there an impairment of or disturbance in the brain? If the answer is yes then the second stage question should be considered
  - Stage 2 – Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?
- Health professionals can only assess your mental capacity using this test. They cannot base their decision on your age, appearance or diagnosis alone
- An illness or injury that affects how the brain works could be things like:
  - A mental health condition
  - Dementia
  - Brain injury
  - Symptoms caused by drugs and alcohol
- The Mental Capacity Act can be used to give treatment to somebody without their consent if that person is assessed as lacking capacity at that particular time, and if treatment would be in their best interests

### Know the issues surrounding confidentiality and data protection

#### Taught content

- International human rights law provides a clear framework for the promotion and protection of the right to privacy
- Learners outside of the UK should be directed to the confidentiality and data protection legislation pertaining to the country in which the content is being delivered.
- Confidentiality
  - Confidentiality is important for the following reasons:
    - Keeping personal and sensitive information private
    - It is a legal requirement
    - Respecting the right to privacy
    - Building trust
    - Protecting vulnerable people
    - Upholding the reputation of the health sector
  - Confidentiality is about privacy and respect for an individual's wishes. It is about protecting an individual's right to privacy and defined as 'protecting information from unauthorised disclosure'

- Professionals within a health and social care setting may have access to personal information. The law states that someone has to keep your information confidential if:
  - Information is private
  - You require the information to be kept private
- Every organisation should have its own confidentiality policy. This should be accessible either through a request to the organisation or through a freedom of information (FOI) request (should the organisation refuse your initial request)
- A professional or organisation can share your information with your consent, however, information can be shared without your consent for the following reasons:
  - There is a risk of serious harm to you or to others
  - There is a risk of a serious crime
  - You are mentally incapable of making your own decision, or
  - The NHS share your information under 'implied consent'
- Legal issues surrounding confidentiality (**UK only**)
  - Data protection act
    - The Data Protection Act 2018 is the UK's implementation of the General Data Protection Regulation (GDPR)
    - The Data Protection Act 2018 tells organisations how they should deal with your personal information
    - An organisation should not hold more information about you than they need, or hold the information for longer than they need
    - They should also make sure that people only have access to your personal information if they really need it
    - The main purpose of these principles is to protect the interests of the individuals whose personal information is being processed
    - <https://www.gov.uk/data-protection>
  - Human rights act
    - In the UK, human rights are protected by the Human Rights Act 1998. Public authorities, like a local authority or the NHS, must follow the Act
    - The Human Rights Act 1998, gives effect to the human rights set out in the European Convention on Human Rights. These rights are called Convention rights and include:
      - The right to life
      - The right to respect for private and family life
      - The right to freedom of religion and belief
      - <https://www.legislation.gov.uk/ukpga/1998/42/contents>
  - NHS code of practice – This code of practice sets out standards to ensure that patient information is handled fairly, lawfully and as transparently as possible
  - This code is designed to ensure that the public:
    - Understand the reasons for processing personal information
    - Give their consent for the disclosure and use of their personal information
    - Gain trust in the way the NHS handles information
    - Understand their rights to access information held about them

### **Guide to taught content**

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit and relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes.

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# Assessment requirements

## 1. Knowledge outcomes

Learners must complete an external theory examination for this unit. This will consist of a multiple-choice question paper which is mapped to the relevant assessment criteria stated below. The theory examination will test the knowledge and understanding from across learning outcomes 1, 2, 3 and 4.

Learners should use the unit content sections of this unit to aid revision since exam questions will test the full breadth of content over time.

Learning Outcome	Assessment Criteria	Assessment requirement
LO1 Understand what is meant by mental health and mental ill-health	1.1. Define what is meant by mental health and mental ill-health	External theory examination
	1.2. Outline the key components of mental well-being	
	1.3. Outline the risk factors of developing mental health conditions	
	1.4. Identify the common mental health conditions	

Learning Outcome	Assessment Criteria	Assessment requirement
LO2 Understand the impact of changes in mental health care	2.1. Describe how mental health care has changed from an 'institutional' approach to a more 'community-based' care	External theory examination
	2.2. Explain the impact of changes in mental health care	

Learning Outcome	Assessment Criteria	Assessment requirement
LO3 Understand the social context of mental health	3.1. Outline the difficulties individuals with mental health problems face in day to day life	External theory examination
	3.2. Explain the impact of social and cultural attitudes towards mental health	

Learning Outcome	Assessment Criteria	Assessment requirement
LO4 Understand the legislation relating to mental health	4.1. Outline the relevant legislation relating to mental health	External theory examination
	4.2. Outline the legal requirements for individuals who are unable to make decisions for themselves	
	4.3. Outline the main issues surrounding confidentiality and data protection	



## Document History

Version	Issue Date	Changes	Role
v1.0	01/04/2021	First published	Product and Regulation Manager