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| **LEVEL 2 CERTIFICATE IN AWARENESS OF MENTAL HEALTH PROBLEMS** |
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| **Module C** |
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| **The purpose of the assessment tasks is to provide evidence that you have met the requirements set out by the awarding body in order to pass the course. The information and activities in the learning materials will help you complete these assessment tasks. If you have any difficulty in answering any of the questions, please contact your tutor/assessor who will provide you with help and guidance**.  **Good luck with your studies!** |

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| **LEVEL 2 CERTIFICATE IN AWARENESS OF MENTAL HEALTH PROBLEMS** | | | | |
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| **Module c** | | | | |
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| **After completing your assessment please email it to your tutor/assessor.** | | | | |
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| **ADVICE TO ALL CANDIDATES**  Please complete both the personal details and candidate statement boxes below.  Complete all the questions in this assessment.  Please ensure that the answers you provide are in your own words.  Type your answers in the space provided. The document will automatically allow you to enter more text should the space not be enough for you.  You do not need to return your completed activities for the units – just this document.  Please note that for the purposes of assessing your work, we will assume your typed name is a valid alternative to your signature.  **If you require any assistance or guidance, please contact your tutor/assessor.** | | | | |
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| **CANDIDATE STATEMENT**  I confirm that the answers in this assessment were completed by myself and are my own work.  Signature (type name)tracey drysdale  Date 10/06/2020 | | | | |

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| UNDERSTANDING DEPRESSION | Unit 7 |
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| **Assessment 7.1: The symptoms and causes of depression** | |
| (The reference in brackets at the end of each task refers to the assessment criteria for the learning outcomes of this qualification and is for your tutor's/assessor's) | |
| **1. Define the term 'depression'. (1.1)** | |
| Depression is one of the most common MHP. Low mood affects the persons ability to carry out daily tasks. | |
| **2. Differentiate between feeling low and clinical depression. (1.2)** | |
| **Feelind depressed is used by people to describe themselfes when they are feeling low or unhappy often used inaccurately.**  **Its important to appreciate that depression is a clinical term, and to be depressed requires a number of symptoms to be prescent for most of the day over a period of time.** | |
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| **3. Consider the signs and symptoms of depression. Describe the feelings an individual may have when experiencing depression. (3.1)** | |
| **Not wanting to get out of bed want to hide and not talk to anyone.**  **Feeling sad all the time and blaming yourself for everything.**  **Suicidal thoughts in severe depression** | |

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| **4. Describe three possible causes of depression. (2.1)** |
| **a)Clinical ­- Severe form of depresion may include suicidal thoughts.**  **b)bipolar depresion - Mood changes from severe High to severe Low. (High known as mania)**  **(Low known as Depresion)**  **c)Psychotic depresion - Severe depressive illness accompanied by psychotic symptoms, I.E. hallucinations, delusions.** |
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| UNDERSTANDING DEPRESSION | Unit 7 |
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| **Assessment 7 .2: The experience of living with depression** | |
| **5. Describe five examples of how depression may affect the individual and their life. (3.2)** | |
| **a)Loss of intrest - In life - I.E. Positive feelings, enjoyment are rare and negative feeling take over.**  **b)Self neglect - Take less care about thier personal apperance than normal, can seem like insurmountable mountiary.**  **c)Restlessness - People often feel Tense + Agitated spend time in restless pacing and worrying.**  **d)Sleep disturbance - Some people find it hard to sleep at night. Poor sleep makes symptoms of depression worse.**  **e)Avoiding duties - Depressed people often neglects doing small duties I.E. Taking rubbish out, Housework ect. Failing to complete these chores adds to the depressed person feelings.** | |
| **6. Describe how a person's depression may affect their family and friends. (3.3)** | |
| **Relationships can become strained to the point where others avoid having anything to do with the depressed person. Someone who is depressed can be very difficult to deal with. Their friends + family may find interacting with them emotionally drawing.**  **Friends + family may be worried they are losing the person they knew. Risk of suicide or self harm.** | |
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| **7. Describe three demands of daily life that may contribute towards maintaining depression. (4.1)** | |
| **a)Health Problems - Concerns related to someone phsyical health can conspire to keep a person feeling down especially people with Chronic Pain.**  **b)Relationship Problems - A depressed person may feel misunderstood + unsupported by those around them. Worried that thier partner will end thier relationship.**  **c)Domestic Responsibilities & Living Conditions - Sometimes people can become too fixed in a situation (I.E. "Stuck in a rut") and cant see a way out. Daily routines can compound the Person's feelings of worthlessness.** | |
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| UNDERSTANDING DEPRESSION | Unit 7 |
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| **Assessment 7.3: Managing and treating depression** | |
| **8. Describe two examples of local sources of support that should be available to an individual experiencing depression. (5.1)** | |
| **a)Depression UK. - A self-help organisation made up of individuals and local groups** [**www.depressionuk.org**](http://www.depressionuk.org/)**.**  **b)Mind - Leading Mental Health Charity that provides a range of services through its local associations. Sheets can be downloaded FREE of charge.** | |
| **9. Outline three treatments that are used to treat depression. (5.1)** | |
| **a)Taking Therapies - Cognitive behavioural therapy (CBT) is the prefered treatment option. CBT is a short term talking treatment that teaches people to change unhelpful aspects of how they think ("Congition") and what they do ("Behaviour")**  **b)Antidepressant Medication - Although antidepressants are Primarily used to relieve symptoms of depression, they are also used in the treatment of anxiety, Panic Attacks, OCD + eating disorders they work to balance some of the natural chemicals in the brain (Neurotransmitters) that affect the mood + emotional responses.**  **c)Self Help strategies for managing depression - Enables a person to control thier symptoms and to have a successful life with those symptoms. Some people use SHS with medication, others can manage - thier depression through self-help methods alone.** | |
| UNDERSTANDING DEPRESSION | Unit 7 |
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| **Assessment 7.4: Psychotic depression** | |
| **10. Describe two distinctive features or factors associated with psychotic depression. (1.3)** | |
| **a)Hellucinations + Delusions - The terms 'psychosis' or 'psychotic state' refers to a situation where a person loses contact with reality. A person with psychotic depression also experiences hallucinations (seeing, hearing, smelling or feeling things that are not there) or delusions (thoughts or fears that are untrue or have no real basis).**  **b)Increased level of cortisol - Psychotic depression is frequently associated with high levels in the blood or hormone called cortisol. Cortisol is an important steroid hormone produced by the adrenal Glands. More cortisol is released during times of stress.** | |
| **11. Identify the resources and treatment required to manage a person with psychotic depression. (5.2)** | |
| **Referral to Mental Health Seruce - In case of severe depression should be reffered to specialist secondary service.**  **Medication - A combination of antisdepressant and anti-psychotic medication may be prescribed to relive symptoms.**  **Psychotic depression is one of the most destressing types of mental illness. However treatment is very effective and people are able to recover, usually within a year. But continual medical follow-up may be necessary. Generally the depressive symptoms have a mutch higher rate of recurrence than Psychotic symptoms.** | |

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| UNDERSTANDING POSTNATAL DEPRESSION | Unit 8 |
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| **Assessment 8.1: The symptoms and causes of postnatal depression** | |
| **1. What does the term 'postnatal depression' mean? (1.1)** | |
| Postnatal depression is a condition where a person experiences a prolonged period of depressive symptoms shortly after a child birth. | |
| **2. Explain why the terms the 'baby blues' and 'postnatal depression' are not the same thing. (1.2)** | |
| Baby blues usually lifts within the first few weeks or so after giving birth. PND is muct more prolonged and the symptoms are more destressing and disabling. | |
| **3. Consider the common symptoms of postnatal depression. Describe the feelings an individual may have when experiencing postnatal depression. (4.1)** | |
| **Common Symptoms. Fealing low/ Tearful/ Difficulty sleeping/ Reduced energy/ Excessive worry about baby's health, thoughts about selfharm or suicide, short-tempered, Fealing irratable.**  **PNP can develop gradually or appear suddenly. It can range from being relatively mild to extremely severe. It can happen to first time mums, aswell as to mothers who have had cheldren previously.** | |

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| **4. Describe six possible risk factors for developing postnatal depression. (2.1)** |
| **a)Difficullties in conceving fertility problems.**  **b)A History of Mental illness in the family (PNP).**  **c)Having Child at a very young age (Under 16).**  **d)A unexpected or unwanted pregnancy.**  **e)Execessive Anxiety/stress during the last 3 months of pregnancy.**  **f)Premature Birth.** |
| **5. Describe two ways in which postnatal depression can affect the mother. Think about how it can affect her mood and way of thinking. (4.2)** |
| **a)Persistent Low-mood, Negative thinking - They may find it hard to see the funny side of things and spend most of their day in tears. Some feal so low they avoid meeting people even their closest friends or relatives.**  **b)Difficulty in Bonding - The depressed mother tend to interact less with thier babies. They are less likely to breastfeed play with and read to thier child, less likely to pick up on and respond to thier baby's cues for warmth + attention.** |
| **6. Explain how postnatal depression can affect the mother's ability to bond with her baby. (4.2)** |
| Depression can cause some mothers to be inconsistent in the way they care for thier newborns.  Some depressed mothers can be loving and attentive at times but at other times they may react negatively or they may not respond at all. They find it difficult to feel love towards thier baby's. |
| **7. Describe how postnatal depression can affect family and friends. (4.2)** |
| Sometimes thier offer of help may be rebuffed and the mother may seem unreachable. Family + friends can become exhausted as they take on an extra role on behalf of the mother. |

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| **8. Consider the preparations that could be taken before the birth of a baby.**  **Describe five ways in which the risk of developing postnatal depression could be reduced. (5.1)** |
| **a)Choose Appropriate Birth Partner - Someone who will support the woman throughout her pregnancy, act as a source of a practical and emotional support to the mother.**  **b)Make Practical Arrangments in Plenty of time - Packing a bag and planning the care of any other children whilst the mother is in hospital**  **c) Avoid stress in last trimester- The last 3 months of pregnacy is important expecting mums should try to keep avoiding stress-inducing situations**  **d) Formulate a birth plan- A birth plan gives the mother the security of knowing that adequate arangements have been put in place and her wishes have been recorded.**  **e)Imform G/P Health visitor of past depression- This will prompt health services to monitor her emotional and wellbeing more closely and advice her on where she can access support during pregnacy.** |

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| UNDERSTANDING POSTNATAL DEPRESSION | Unit 8 |
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| **Assessment 8.2: Managing and treating postnatal depression** | |
| **9. Describe three self-help measures that can be used to manage or overcome postnatal depression. (6.1)** | |
| **a)Join a Support Group - Meeting other mums/dads that are going through simular experiences can be extremly reassuring.**  **b)Dont be Afraid to ask for help - Allow people to help you with child care, Homework ect. So you can get a rest.**  **c)Make time for yourself Everyday - 10 - 15 minutes each day sometimes helps you to relax having a hot bath and relax or read a magazine.** | |
| **10. Describe three possible treatments for postnatal depression. (6.2 and 6.3)** | |
| **a)Health Visitors - They can provide practical support with breastfeeding health issues ect. They will also be able to put the mother in contact with local groups, mother and baby groups.**  **b)Support Groups - Support groups can be a great way of helping a mother understand why she thinks or feels the way she does.**  **c)Mother Baby Groups - This gives mothers an opportunity to discuss parenting skills and coping strategies with other new parents.** | |
| UNDERSTANDING POST NATAL DEPRESSION |  |
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| **11. Describe two examples of local sources of support that should be available to an individual experiencing postnatal depression. (6.3)** | |
| **a)Local healthcare - Health visitors, GP, Community Midwife are key sources of support for any mother who has or suspects they may have PND. Health Visitors can provide practical support I.E. Breastfeeding and health issues, Put you in contact with Mum Baby Groups.**  **b)Mother Baby Groups - Provide great deal of emotional support and companionship for new mums.**  **They also give mothers an opertunity to dicuss parenting skills + coping strategies with other new mums.** | |

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| UNDERSTANDING POSTNATAL DEPRESSION | Unit 8 |
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| **Assessment 8.3: Puerperal psychosis** | |
| **12. Describe the distinctive features of puerperal psychosis. (3.1)** | |
| Puerperal Psychosis has a number of distinctive features. The early warning signs include an inablity to sleep for several nights, Agitation, Eurporia or irratability and avoiding the baby. | |
| **13. Describe the facilities/resources that a person experiencing puerperal psychosis would require. (7.1)** | |
| Temporay + Treatable with professional help + support. Hospitalisation is usually required to keep Mum + Baby safe she will remain in hospital until she has been fully assessed + her symptoms have subsided.  She will be placed in Baby unit within a psychiatric ward to allow mum to bond with baby. Specialist Team will monitor them. | |
| UNDERSTANDING POST NATAL DEPRESSION |  |
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| **14. Describe the treatments that a person experiencing puerperal psychosis would require. (7.2)** | |
| Lithium - To control her mood. Litium is a mood stabilizer often used to treat the mood swings seen in bipolar disorder.  Antidepressants - To lift womans mood.  Anti-psychotics - To help control delusions + hellucinations. | |

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| UNDERSTANDING BIPOLAR DISORDER | Unit 9 |
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| **Assessment 9.1: The symptoms and causes of bipolar disorder** | |
| **1. Define the term 'bipolar disorder'. (1.1)** | |
| BD has recieved more attention in Recent Years partly because a number of celebs have felt comfortable enough to state that they have the condition. The positive outcome of this is that BD formaly known as "mania Depression" is now better understood + recognised. | |
| **2. Give three examples of symptoms that may occur in a mania and a depressive episode. (5.1)** | |
| **mania episode:**  **a)Increased Energy, Activity & Restlessness.**  **b)Abuse of drugs e.g. Cocane, Alcohol + Sleeping Medication.**  **c)Denial that anything is wrong.**  **Depressive episode:**  **a)Feeling of Hopelessness or Pessimism.**  **b)Feeling of Guilt, Worthlessness or Helplessness.**  **c)Difficulty concentrating, remembering and making decisions.** | |
| UNDERSTANDING BIPOLAR DISORDER |  |
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| **3. Describe the sorts of feelings that a person may have when they are experiencing the highs and lows of bipolar disorder. (3.1)** | |
| **Highs - The person may need very little sleep and be full of energy.**  **Lows - Do things they later regret e.g. Spend recklessly and be left with heavy debt.** | |
| **4. Describe some of the positive effects that bipolar disorder may have on an individual and their life. (3.2)** | |
| **The person may need very little sleep and be full of energy, This can sometimes help a person to meet their dead lines for example, A exam. The person may have a flurry of new ideas and this can help them to be extreamly creative.** | |
| **5. Describe some of the negative effects that bipolar disorder may have on an individual and their life. (3.2)** | |
| The mood swings can effect the persons worklife, e.g. having to take time off work due to depression or mania behaviour can make it difficult for some people with bipolar to hold down a regular job. | |

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| UNDERSTANDING BIPOLAR DISORDER |  |
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| **6. Explain three ways in which bipolar disorder may affect the person's family and friends. (3.3)** | |
| **a)Understanding behaviour - Until a person is diagnosed their family may have great difficulty in understanding the way the person is thinking, behaviour e.g. their loved one's behviour may be so erratic that they became completely unpredictable.**  **b)Relationship breakdown - Stress becomes to much in relationship due to bipolar and can cause them to crack. I.E. spending to much money leading to debt for family. Anger or irritability may sometimes be detected by the persons friend's family.**  **c)Lack of insight - Confidence and aptimism felt by many during mania that even through their family/ friends learn to recognise the mood swings as bipolar disorder, the person may may be in denial that anything is wrong** | |
| **7. Describe three possible causes of bipolar disorder. (2.1)** | |
| **a)Stress - Some people can trace the onset to a time of great stress in their lives. These include Physical or sexual abuse relationship breakdowns, bereavement, debts. The stress leads to a disturbance in the balance of chemicals within the brain.**  **b)Genetic Factors - There is a 10% chance that the child of a person with bipolar will also develop it. This is significantly higher than in families where there is no history of the disorder.**  **c)Enviroment Factors - There is considerable support for the belief that bipolar disorder is caused by the pressures and problems that are present in a persons everyday life. This may be at home, work or within the community.** | |
| UNDERSTANDING BIPOLAR DISORDER |  |
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| **8. Describe some demands of daily life that may influence symptoms of bipolar disorder. (4.1)** | |
| **Relationship Problem - Lack of support from those around the person and feeling insecure in their key relationship.**  **Physical Problem - Health issues including health problems, mobility and difficulty in sleeping.**  **Domestic Social Problem - These include stress of child rearing, Debt, Neighbourhood problems, poor housing conditions.** | |
| **9. Describe how these demands of daily life may influence symptoms of bipolar disorder. (4.2)** | |
| **These demands can cause the Pendulum of bipolar to swing either way, e.g. depressive episodes may be a response to problems at work or financial pressure.** | |

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| UNDERSTANDING BIPOLAR DISORDER | Unit 9 |
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| **Assessment 9.2: Managing and treating bipolar disorder** | |
| **10. Describe ways in which an individual with bipolar disorder can help to manage their illness when entering a mania and a depressive episode. (6.2)** | |
| **mania episode:**  **Reduce or avoid food with high sugar, tea, coffee ect.**  **Avoid drugs such as Cocaine, Ecstasy can trigger manic - use relaxation techniques to deal with stress.**  **Avoid taking on to much or becoming to busy.**  **Depressive episode:**  **Avoid excessive alcohol intake.**  **Get plenty of sunlight.**  **Take regular exersise like yoga, swimming and walking.**  **Spending time doing pleasurable activities.**  **Adopt a good sleep routine at night.** | |
| **11. Describe three ways in which family and friends can help the individual with bipolar disorder to manage their illness. (6.3)** | |
| **a)Learn about condition. Educate themselfs about the condition and the way it affects the person concerned, The more they know the better equipped they will be able to deal with the mood swings.**  **b)Encourage the person to get help. Family & friends may have to gently urge the person to seek professional help especially if they deny that anything is wrong in situations where the person is in danger of harming themselves or others.**  **c)Be understanding - It is important that the person knows that they are not being judged, ridiculed or criticised. They need compassion & empathy whilst they learn to understand and manage their condition.** | |
| UNDERSTANDING BIPOLAR DISORDER |  |
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| **12. Give four examples of medical interventions used to treat bipolar disorder. (6.1 and 6.4)** | |
| **a)Antipsychotics - To help with regular manic episodes as they help to reduce over-activity, sleeplessness + Agitation.**  **b)Antidepressants - To lift the mood of a person who is experiencing bipolar. Need to be used with caution because sometimes they can triger manic episodes.**  **c)Electroconvulsive Therapy (ECT ) - In rare & lifethreatening cases ECT can be prescribed short term if other treatment have not worked.**  **d)Taking Therapy - Inbetween episodes of mania or depression taking therapy treatments commonly used in bipolar disorder e.g. Psychoeducation and cognitive behavoiural therapy (CBT).** | |
| **13. Describe three examples of local sources of support that should be available to an individual experiencing bipolar disorder. (6.4)** | |
| **a)A GP - Gp is usually 1ˢᵗ port of call to be assessed. GP will refer the person to the mental health service.**  **b)Community Mental Health Team - Can offer assessment treatment and ongoing support.**  **c)Crisis Resolution - They will try to support the person in their own home. If the CRT believes that the person is a risk to themselves or others they may decide that they need to be admitted to a psychiatric hospital.** | |

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| **Well done!**  **You have now completed the questions for Module C. Please email this document to your tutor/assessor. Your tutor/assessor will provide you with feedback on the assessment. If you need any further help or guidance, please contact your tutor/ assessor.**  **Don't forget to complete the 'Personal details' and 'Candidate statement' boxes on the front page of this assessment.** |