



PART OF **nocn** GROUP

QUALIFICATION SPECIFICATION

Mental Health Qualifications

NOCN Level 2 Award in Mental Health Awareness

Qualification No: 603/6361/7

NOCN Level 3 Award in First Aid for Mental Health

Qualification No: 603/6360/5

Operational Start Date

31st August 2020

Version

1.0 – August 2020

To know more about NOCN:

- Visit the NOCN website: www.nocn.org.uk
- Call the Customer Service Team: **0300 999 1177**

www.nocn.org.uk

Introduction

NOCN is a market-leading awarding organisation that has been providing qualifications for a wide range of centres, including FE colleges and training providers, for 30 years both in the UK and internationally.

We work with centres to deliver a high quality and flexible service for learners to underpin our passionate belief in the power of education and its impact on communities and individuals.

We offer all the advantages of being with a national awarding organisation with a diverse portfolio of qualifications, alongside providing a personalised, bespoke, service to our centres and learners.

As an accredited Leader in Diversity we are proud of our reputation as a provider of fully accessible, trusted and flexible qualifications.

About NOCN Group

NOCN is part of NOCN Group, a progressive educational charity whose core aims are to help learners reach their potential and organisations thrive. The group includes business units specialising in regulated UK and international qualifications, end point assessment, Access to Higher Education, endorsed and assured short courses, Smart job cards, assessment services, consultancy, and research.

NOCN Group shares a joint purpose to offer learners, training providers, employers and FE colleges a fully integrated range of learning and skills development products and services.

About the qualifications

The NOCN Mental Health qualifications are based on shared standards which have been developed with other Awarding Organisations.

The Level 2 Award in Mental Health Awareness offers a short qualification for everyone. For example, it could be delivered to all staff within an organisation to help build a tolerant, supportive workplace.

The Level 3 Award in First Aid for Mental Health is focussed around the role of a First Aider for Mental Health in the workplace. The role is about identifying those who may be suffering from Mental Health issues and providing support. Learners will know about a range of conditions and be able to recognise the signs and symptoms and refer individuals to professional support agencies.

When used together by businesses these qualifications can support the promotion of positive Mental Health in the workplace along with development of policies and procedures to create an environment where individuals feel supported.

This Qualification Specification is the key reference for NOCN centres who wish to offer these qualifications.

Qualifications at a Glance

Title	Size
<p>NOCN Level 2 Award in Mental Health Awareness</p> <p>NOCN Level 3 Award in First Aid for Mental Health</p>	<p>L2 Award = 5 TQT, 5 GLH.</p> <p>L3 Award = 15 TQT, 15 GLH.</p>
Purpose	Target Audience
<p>The purpose of these qualifications is to equip learners with the knowledge and understanding about Mental Health.</p>	<p>L2: Anyone in an organisation.</p> <p>L3: Those within an organisation with responsibility for providing First Aid for Mental Health and senior managers responsible for mental health policy.</p>
Content Overview	Entry Requirements
<p>L2 Award: Covers an Awareness of Mental Health</p> <p>L3 Award: Covers:</p> <ul style="list-style-type: none"> • Awareness of Mental Health • Promoting Positive Mental Health in the Workplace • Common Mental Health Conditions 	<p>There are no formal entry requirements for learners undertaking these qualifications.</p>
Assessment	Additional Resources
<p>Learners are internally assessed and quality assured by centres. NOCN provides external quality assurance.</p>	<p>Indicative content is provided for each component.</p>

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1. Overview of Qualifications

At Level 2 the target group is everyone within an organisation. The qualification will raise awareness of the subject of mental health. On achievement the learner will better understand the concept of mental illness, the support available as well as basic resilience strategies for themselves.

At Level 3 the target group is those providing the role of First Aider for Mental Health or those who are responsible for mental health policies and procedures within an organisation. This may include those carrying out the First Aider role, HR staff and senior managers within an organisation. On achievement learners will:

- Be able to provide support to those experiencing mental health issues in the workplace
- Be able to recognise the signs and symptoms of a range of Mental Health conditions
- Understand self-help techniques
- Understand the limits of their role
- Be able to refer on to other sources of help and support
- Be able to promote positive mental well-being within their organisation.

1.1. Entry Requirements

There are no formal entry requirements for these qualifications. However, it is recommended that learners being put forward for the role of First Aider for Mental Health have good communication skills. In addition, a minimum of level 1 English or equivalent experience is advised.

Centres must undertake initial assessment activities with learners to ensure this is an appropriate qualification and they are capable of achieving the level they will be studying before enrolling them onto a programme of learning.

The qualifications are available to learners aged **16** years or over.

1.2. Progression Routes

Learners achieving these qualifications could progress on to:

Level 2

- NOCN Level 3 Award in First Aid for Mental Health
- Other first aid qualifications such as:
 - NOCN Level 3 Award in Emergency First Aid at Work
 - NOCN Level 3 Award in First Aid at Work
 - NOCN Level 3 Award in Emergency Paediatric First Aid
 - NOCN Level 3 Award in Paediatric First Aid

Level 3

- A role as a First Aider for Mental Health in the workplace
- Other first aid qualifications such as:
 - NOCN Level 3 Award in Emergency First Aid at Work
 - NOCN Level 3 Award in First Aid at Work
 - NOCN Level 3 Award in Emergency Paediatric First Aid

- NOCN Level 3 Award in Paediatric First Aid
- Further qualifications in Psychology, health and social care, and Mental Health.

2. Qualification Details

2.1. Qualification Structure: NOCN Level 2 Award in Mental Health Awareness

The NOCN Level 2 Award in Mental Health Awareness has a Total Qualification Time (TQT) of 5 hours of which 5 are Guided Learning Hours (GLH).

Learners **must** achieve the mandatory component.

Component Title	Level	Credit Value	Guided Learning Hours	Mandatory or Optional	Ofqual Reference Number
Mental Health Awareness	2	1	5	Mandatory	M/618/3411

2.1. Qualification Structure: NOCN Level 3 Award in First Aid for Mental Health

The NOCN Level 3 Award in First Aid for Mental Health has a Total Qualification Time (TQT) of 15 hours of which 15 are Guided Learning Hours (GLH).

Learners **must** achieve the 3 mandatory components.

Component Title	Level	Credit Value	Guided Learning Hours	Mandatory or Optional	Ofqual Reference Number
Mental Health Awareness	2	1	5	Mandatory	M/618/3411
Promoting Positive Mental Health in the Workplace	3	1	6	Mandatory	A/618/3413
Common Mental Health Conditions	3	1	4	Mandatory	J/618/3415

2.2. Total Qualification Time (TQT)

TQT has been agreed by considering the total number of learning hours required for the average learner to achieve this qualification.

TQT is split into two areas:

Area	Example of activities
<p>1. Guided Learning Hours (GLH):</p> <ul style="list-style-type: none"> • Learning activity under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training • Includes the activity of being assessed if the assessment takes place under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training. 	<ul style="list-style-type: none"> • Classroom-based learning supervised by a teacher • Work-based learning supervised by a teacher • Live webinar or telephone tutorial with a teach in real time • E-learning supervised by a teacher in real time • All forms of assessment which take place under the immediate guidance or supervision of an appropriate provider of training • Exam time
<p>2. Other Learning Hours (OLH):</p> <ul style="list-style-type: none"> • An estimate of the number of hours a learner will spend, as directed by (but not under the immediate guidance or supervision of) a lecturer, supervisor, tutor or other appropriate provider of education or training, including: <ul style="list-style-type: none"> ○ preparatory work ○ self-study ○ any other form of education or training, including assessment. 	<ul style="list-style-type: none"> • Independent and unsupervised research/learning • Unsupervised compilation of a portfolio of work experience • Unsupervised e-learning • Unsupervised e-assessment • Unsupervised coursework • Watching a pre-recorded podcast or webinar • Unsupervised work-based learning

2.3. Assessment and Evidence

These qualifications are **internally** set and **internally** assessed. Assessment activity must ensure evidence of achievement against **all** of the assessment criteria specified within each component.

Centres must ensure that knowledge based learning is at the correct level for the qualification, and in line with that described in NOCN's Indicative Content.

Assessment activities must be robust in that they are:

- Valid** Fit for purpose in that they are suitable for the identified assessment criteria and offer the learner the opportunity to demonstrate achievement at the required level.

- Sufficient** Provide the opportunity for the learner to provide adequate evidence, showing full coverage of the requirements of the assessment criteria.

- Reliable** Generate clear and consistent outcomes recognising that the activities may be applied to differing scenarios and in different contexts, with different learners. The evidence sought by the activity must be able to be assessed and result in assessment decisions that are consistent across all assessors

and centres offering the qualification. Assessment activities should not deliberately offer an unfair advantage to or disadvantage specific groups of learners.

Authentic Evidence presented must be the learner's own work.

These qualifications are graded at Pass/Fail.

2.4. Fair and Equitable Assessment

Assessment must be designed to be accessible and inclusive and the assessment methodology must be appropriate for individual assessment, giving due consideration to any assessment requirements attached to individual components.

2.5. Learners with Particular Requirements

If you are a NOCN Recognised Centre and have learners with particular requirements, please see the **NOCN Reasonable Adjustments Policy and Procedure** found on the NOCN website at www.nocn.org.uk

This policy gives clear guidance on the reasonable adjustments and arrangements that can be made to take account of disability or learning difficulty without compromising the assessment criteria.

The NOCN Centre Recognition process requires the centre to hold policy statements on Equal Opportunities, Diversity and Disability Discrimination which will be reviewed by NOCN. Please contact assurance@nocn.org.uk for further details.

2.6. Recognised Prior Learning

Recognising Prior Learning is an assessment process that recognises learning that has its origins in a learner's experience and/or previous formal and informal learning contexts. This includes knowledge and skills gained within school, college, university and outside formal learning situations such as through life, employment, apprenticeships and other work experiences.

NOCN is committed to the Recognition of Prior Learning (RPL) and has developed a policy and procedures to inform and support centres. This is available on the NOCN website at www.nocn.org.uk

2.7. Assessment and Evidence for the Components

Centres can use the following assessment methods:

- Oral / Written Questioning
- Discussion with the Learner
- Looking at Learner Statements
- Simulation

- Skills Tests
- Assignments
- Projects
- Case Studies

The evidence of achievement can be presented in a portfolio of evidence.

Forms and guidance for gathering learner evidence against the individual assessment criteria are available for download in Word format on the NOCN website:

<https://www.nocn.org.uk/support/additional-qualification-documents/>.

Alternatively, centres can use their own paperwork provided they ensure that the learners' work is ordered and portfolio references provided as required.

3. Centre Information

3.1. Required Resources for Delivering the Qualification

As part of the requirement to deliver this qualification there is an expectation that staff undertaking roles as part of the delivery and assessment of the qualification have a demonstrable level of expertise.

NOCN expects that Tutors and Assessors are able to demonstrate the following competencies:

3.1.1. Tutor Requirements

- Be subject matter experts, hold or be registered as working towards, a recognised education and training qualification, have experience of delivering training within this subject area. The Tutor should hold a Mental Health qualification at or above the level of qualification or demonstrate equivalent experience.

3.1.2. Assessor Requirements

- Be subject matter experts, have experience of carrying out assessment activities and hold, or be registered as working towards, a recognised assessing qualification. The Assessor should hold a Mental Health qualification at or above the level of the qualification or demonstrate equivalent experience.

3.1.3. Internal Quality Assurer Requirements

Each centre must have internal quality assurance policies and procedures in place to ensure that decisions made by Assessors are appropriate, consistent, fair and transparent, and that they do not discriminate against any learner. The policies and procedures must be sufficient to secure the quality of the award, ensuring validity, reliability and consistency.

NOCN expects that an Internal Quality Assurer is able to demonstrate the following competencies:

They should:

- Have an understanding of the subject area, have experience in carrying out internal quality assurance activities and hold, or be registered as working towards, a recognised Internal Quality Assurance qualification. The Internal Quality Assurer should hold a Mental Health qualification at or above the level of the qualification or demonstrate equivalent experience.

NOCN supports and recognises Centres' internal quality assurance systems which support the above; any system should include standardisation and sharing of good practice.

Centre staff may undertake more than one role, e.g. tutor, assessor or internal quality assurer, but they **cannot** carry out any quality assurance on work that they have previously assessed.

3.1.4. Continuing Professional Development (CPD)

Centres are expected to support their staff, ensuring that their subject knowledge remains current and that their members of staff are up to date with regards to best practice in delivery, assessment and quality assurance.

3.1.5. External Quality Assurance

Once recognised as a Centre, NOCN will allocate an External Quality Assurer. The External Quality Assurer will have ongoing responsibility for monitoring the Centre's compliance with the requirements of centre recognised status.

The External Quality Assurer will make regular visits to all Centres. During these visits he/she will:

- Monitor the Centre's compliance with the Centre Recognition agreement by reviewing course documentation, meeting managers, tutors, internal quality assurers, learners and administrative staff.
- Verify recommendations for achievement submitted by the centre via Quartzweb.

Refer to the **NOCN Quality Assurance User Guide** for further information on the External Quality Assurance process.

3.2. Offering the Qualification

Existing Centres

If you are already recognised to offer NOCN qualifications and would like more information about offering this qualification, please contact: business-enquiries@nocn.org.uk.

Use Horizon to add this qualification to your centre.

New Centres

If you are interested in offering this qualification, but are not yet a NOCN Approved Centre and would like more information about becoming a NOCN centre and offering this qualification please see **Become a Registered Centre** on our website <https://www.nocn.org.uk/customers/nocn-centres/> and click Become a Centre.

4. Component Information

The NOCN Level 2 Award in Mental Health Awareness qualification consists of **1 mandatory** component.

The NOCN Level 3 Award in First Aid for Mental Health qualification consists of **3 mandatory** components

Component 1 is in **both qualifications** and component 2 and 3 are in the NOCN Level 3 Award in First Aid for Mental Health **only**.

To achieve the qualifications a learner **must** provide evidence of achievement against **all** of the assessment criteria within each component. However, a number of assessment criteria can be assessed through one activity using holistic assessment which focuses on the whole work activity rather than specific component of a qualification.

The components are as follows:

4.1 Components

Unit title Mental Health Awareness			
Level 2	Credit value 1	GLH 5	Grading Pass/Fail
Subject area 1.3 - Health and social care		Ofqual reference M/618/3411	
Aim This unit is about developing the learner’s awareness of Mental Health. The learner will understand terminology, impacts and legislation around Mental Health. They will know how to maintain their own Mental Health and where to get help.			

Learning Outcomes		Assessment Criteria		Indicative Content
The learner will:		The learner can:		
1.	Understand terminology and legislation around Mental Health	1.1	Define the term Mental Health	Mental Health - a person’s condition with regard to their psychological and emotional well-being.
		1.2	Define the term First Aid for Mental Health	First Aid for Mental Health - how to identify, understand and support a person experiencing a Mental Health issue, worsening of an existing Mental Health problem or in a Mental Health crisis.

		1.3	Identify Public Attitudes and Perceptions around Mental Health	Public Attitudes and Perceptions - misconceptions and misinformation.
		1.4	Describe the impact of Labelling a person with Mental Health issues	Labelling - labels hold a lot of meaning and can therefore be very dangerous. As labels are related to judgements they have the power to create stigma, stereotypes, hearsay, bias and the inability to separate a person from the label. The power to diagnose someone with a mental health condition is for professionals with significant training, not First Aiders.
		1.5	Identify Legislation that relates to Mental Health in the workplace	Legislation - <ul style="list-style-type: none"> • Health and safety at work Act 1974 (HASWA) • Human Rights Act 1998 (HRA) • Management of Health and Safety at Work Regulations (1999) • Equality Act 2010 • Duty of Care 2014
		1.6	State Common Mental Health conditions	Common Mental Health conditions include: <ul style="list-style-type: none"> • Depression, • Generalised anxiety disorder, • Panic disorder, • Obsessive-compulsive disorder (OCD), • Post-traumatic stress disorder (PTSD) and • Social anxiety disorder <p>Source: NICE Clinical Guideline (CG123)</p>
2.	Understand how to maintain own Mental Health	2.1	Identify Key Principles for maintaining own Mental Health	Key Principles - <ul style="list-style-type: none"> • Resilience • Sources of guidance and support • Ways to manage own self care • Key protective factors for own mental health

3.	Understand the support available for those in Mental Health Crisis	3.1	Identify those that can assist in Mental Health Crisis both locally and nationally	<p>Common types of support</p> <ul style="list-style-type: none"> • Prescribed medication • Counselling and Talking therapies • Self help • Additional lifestyle or practical support <p>GP or emergency services – may be used for immediate support e.g. for conditions such as suicide and anxiety where it's deemed as an emergency</p> <p>Social services</p> <ul style="list-style-type: none"> • The Care Act 2014 • Can assist with: <ul style="list-style-type: none"> - Accommodation, employment, education, financial support, extra activities, counselling • Access to social care is gained through a referral (own or someone else), assessment, eligibility, care and support plan • Can be asked to pay for social care (depending on financial circumstances) <p>Organisations:</p> <ul style="list-style-type: none"> • Samaritans • Mind <p>Friends, family and carers</p> <ul style="list-style-type: none"> • Supportive • Caring • Listen • May need to help with finances • Home life/ day to day living • “nearest relative” <p>Local Support Networks e.g. local authorities, community groups.</p>
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Unit title Promoting Positive Mental Health in the Workplace			
Level 3	Credit value 1	GLH 6	Grading Pass/Fail
Subject area 1.3 - Health and social care		Ofqual reference A/618/3413	
Aim This unit is about developing the learner’s understanding around promoting positive Mental Health in the workplace. The learner will understand both their role as a First Aider for Mental Health and the role of their employer. They will know understand the causes, signs and symptoms of work related stress. The learner will understand strategies for dealing with Mental Health issues in the workplace.			

Learning Outcomes		Assessment Criteria		Indicative Content
The learner will:		The learner can:		
1.	Understand roles and responsibilities in relation to positive promotion of Mental Health in the workplace	1.1	Describe the Role of Employers in relation to Mental Health	Role of Employers - <ul style="list-style-type: none"> • Implementing Mental Health policies/training/First Aiders for Mental Health • Promote a positive culture towards mental health • Ensure availability and accessibility of support • Make employees aware of what support is available • Monitor and review mental health initiatives
		1.2	Describe the Role of First Aiders for Mental Health	Role of First Aiders for Mental Health -

				<ul style="list-style-type: none"> • Know limitations (it is not the role of a First Aider for Mental Health to diagnose mental health conditions) • Recognising when to approach somebody who you suspect, or know, may be experiencing a mental health issue • Acting on referrals and information from colleagues • Knowing how to initiate discussions in a tactful, considerate and appropriate manner • Listen • Support • Work with workplace to implement good Mental Health practices • Signposting – internal/external • Maintaining own mental health • Maintain confidentiality
		1.3	State the Communication Skills required of a First Aider for Mental Health	<p>Communication Skills –</p> <p>Self. Examples include:</p> <ul style="list-style-type: none"> • Listening • Nonverbal Communication • Clarity and Concision • Friendliness • Confidence • Empathy • Open-Mindedness • Respect <p>This list is not exhaustive.</p> <p>Environmental. Examples include:</p> <ul style="list-style-type: none"> • Educating • Alerting • Collaborating <p>This list is not exhaustive</p>

		1.4	<p>Provide Examples of Good Practice in developing a positive culture of Mental Health in the workplace</p>	<p>Examples of Good Practice -</p> <p>Employers can promote a positive culture through:</p> <ul style="list-style-type: none"> • Developing an approach to Mental Health that protects and improves Mental Health for all • Providing an environment whereby employees can talk to someone at work about their mental health • Improve awareness of mental health throughout the organisation and at all levels • Have designated mental health champions, senior leaders, etc. who are trained in mental health • Provide tools to promote mindfulness as well as tips for maintaining a healthy lifestyle • Conduct staff surveys on a regular basis and collection of other staff data to assist with improving work policies • Provide a workplace culture that treats everyone with respect and dignity • Not tolerating bullying or harassment in the workplace • Has a whistleblowing policy whereby acts of discrimination can be reported • Provide training and educational opportunities which support understanding of Mental Health issues • Provide access to HR • Join national and local anti-stigma campaigns • Provide peer or mentor groups or programmes with people with experience/training in Mental Health • Allowing employees to have a voice • Promoting equality and diversity • Understanding the importance/encouragement of a good work/life balance • Providing employee well-being benefits/opportunities such as health cover, gym memberships, walking groups, fun activities, social events
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				<p>Implementing HSE Management standards</p> <ul style="list-style-type: none"> • Embedding Mental Health information into induction for new starters • Bring in professionals to discuss and raise awareness • Use internal organisational communication • Have team champions (dependent on size of organisation)
		1.5	State the Benefits of positive Mental Health in the workplace	<p>Benefits -</p> <ul style="list-style-type: none"> • Fewer injuries, less illness and lost time • Reduced sick leave usage, absences and staff turnover • Increased productivity • Greater job satisfaction • Increased work engagement • Reduced costs to the employer • Improved employee Health and community wellbeing • Improved morale • Reducing presenteeism • Creating a positive work environment.
2.	Understand work-related stress	2.1	Recognise Signs and Symptoms of stress	<p>Signs and Symptoms -</p> <p>Signs</p> <ul style="list-style-type: none"> • Difficulty making decisions • Constantly worrying • Avoiding or withdrawing from troubling situations • Snapping at or conflicting with people • Poor concentration • Over or under eating • Smoking or drinking more than usual • Restlessness • Feeling tearful or crying <p>Not an exhaustive list.</p> <p>Symptoms</p>

				<p>Physical</p> <ul style="list-style-type: none"> • Hyperventilating or shallow breathing • Panic attacks • Sore eyes or blurred vision • Nightmares • Trouble getting to sleep or sleeping more than usual • Muscle tension • Fatigue or lack of energy • Grinding teeth or clenching jaw • Headaches • Chest pains • High blood pressure • Sexual problems • Heartburn or indigestion • Diarrhoea or constipation • Dizziness, feeling sick, fainting. <p>Psychological</p> <ul style="list-style-type: none"> • Irritable, aggressive or impatient • Anxious, nervous or afraid • Indecisive • Feeling like you can't switch off • Difficulty enjoying yourself • Feeling depressed • Lack of interest in life/work • Loss of sense of humour • Experiencing a feeling of dread • Health concerns • Feeling neglected or lonely. <p>Not an exhaustive list.</p>
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		2.2	State Common Factors which cause work-related stress	<p>Common Factors -</p> <ul style="list-style-type: none"> • Long hours • Salary • Heavy workload • Changes within the organisation • Tight deadlines • Changes to duties • Job insecurity • Lack of autonomy • Boring work • Insufficient skills for the job • Over-supervision (micromanagement) • Inadequate working environment • Lack of proper resources • Lack of equipment • Few promotional opportunities • Harassment • Discrimination • Poor relationships with colleagues or bosses • Crisis incidents, such as an armed hold-up or workplace death • Occupational area e.g. suicide rates are higher within the construction industry than others.
3.	Understand strategies for dealing with Mental Health issues in the workplace	3.1	Identify Best Practice for employers in dealing with Mental Health in the workplace	<p>Best Practice</p> <p>Employers should:</p> <ul style="list-style-type: none"> • Carry out a risk assessment; • Select appropriate first aiders for mental health; • Train first aiders for mental health; • Have an adequate policy in place and review it regularly; • Know where to signpost employees with mental health issues to • Have appropriate support for first aiders for mental health themselves

				<ul style="list-style-type: none"> • Provide clear description/responsibilities/boundaries for the role of a first aider for mental health • Keep records to enable review and improvement • Make employees aware of the role and responsibilities of a first aider for mental health. • Monitor Mental Health issues in the workplace.
		3.2	Identify key features of an Action Plan for Mental Health for First Aiders in the workplace.	<p>Action Plan – The key part of any action plan is <u>listening</u>. In itself listening can be very therapeutic.</p> <p>Other key factors include:</p> <ul style="list-style-type: none"> • Identify signs of distress • Discuss • Provide comfort, care, reassurance • Direct to professional support • Provide guidance on self-help strategies • Record activity
		3.3	Identify Coping Strategies to assist individuals who are experiencing Mental Health issues.	<p>Coping Strategies – Could include:</p> <p>Emotion-focused</p> <ul style="list-style-type: none"> • Breathing exercises • Exercising • Meditation • Reading • Watching a film • Listening to music <p>Problem-focused</p> <ul style="list-style-type: none"> • Asking for support • Establishing healthy boundaries

				<ul style="list-style-type: none"> • Creating a to do list • Using time management techniques • Using conflict resolution techniques <p>Not an exhaustive list.</p>
		3.4	Identify how to Support employees experiencing Mental Health issues at work	<p>Support – for those who are experiencing Mental Health issues whilst at work. Could include:</p> <ul style="list-style-type: none"> • Use management process including appraisals, planning or work, additional training and development, assessment of employee (stress assessment) • Create an action plan to help reduce stress • Flexible working or child care assistance • Manage workload • Discussion around support and additional adjustments to work/environment • Ongoing monitoring • Support given to other team members • Reassign work if necessary • Allow for alternative workspace • Promote a positive work environment • Ask everyone to communicate openly and regularly • Have an open door policy • Occupational health <p>Provisions available to those off work whilst experiencing Mental Health issues. Could include:</p> <ul style="list-style-type: none"> • Sickness/whilst off sick • Returning to work

Unit title Common Mental Health Conditions			
Level 3	Credit value 1	GLH 4	Grading Pass/Fail
Subject area 1.3 - Health and social care		Ofqual reference J/618/3415	
Aim This unit is about developing the learner’s understanding of a range of common Mental Health Conditions. The learner will recognise the signs and symptoms of the most common Mental Health conditions including Anxiety and Depression. They will also recognise other common conditions.			

Learning Outcomes	Assessment Criteria	Indicative Content
The learner will:	The learner can:	

1.	Understand the most common Mental Health conditions	1.1	Identify types of Anxiety	<p>Anxiety -</p> <p>The symptoms associated with Anxiety Disorders can be split into 2 categories:</p> <ul style="list-style-type: none"> • Physical symptoms • Psychological symptoms <p>There are several types of anxiety disorders, including:</p> <ul style="list-style-type: none"> • Generalized anxiety disorder • Specific phobia • Social anxiety disorder • Separation anxiety disorder • Agoraphobia • Panic disorder • Selective mutism <p>Panic attacks</p> <p>Basic symptoms</p>
		1.2	Recognise features and characteristics of Depression	<p>Depression -</p> <p>Symptoms</p> <ul style="list-style-type: none"> • Continued sad mood (persistent) • Lack of energy • Low self-confidence/self esteem • Lack of appetite or increased appetite • Insomnia • Suicidal thoughts • Loss of libido • Communication and cognitive difficulty

				<p>Signs</p> <ul style="list-style-type: none"> • Appearance - May look unkempt and lack personal hygiene • Quiet slow monotone voice • Movement is slow • Sad or anxious expression • May self-harm
2.	Understand a range of common Mental Health conditions	2.1	Recognise the features and characteristics of a range of Common Mental Health Conditions	<p>Common Mental Health Conditions</p> <p>Learner should have knowledge of the following conditions:</p> <p>Suicide</p> <p>Warning signs could be:</p> <ul style="list-style-type: none"> • Fluctuating mood (happy quickly after being depressed) • Increased feelings making them tearful • Restless or agitated • Withdrawn from others • Misuse of drugs and alcohol • Low energy levels • Unkempt • Sleeping/eating more/less than usual • Suicide plan • Talking about wanting to die <p>Sometimes there are no warning signs.</p> <p>Post-traumatic stress disorder (PTSD)</p> <p>PTSD can develop following being involved in or witnessing a traumatic, horrific, threatening event or series of events.</p> <p>Symptoms are:</p> <ul style="list-style-type: none"> • Re-experiencing the trauma – memories, flashbacks, nightmares

			<ul style="list-style-type: none"> • Avoidance – places, thoughts, situations or people associated with the trauma • Persistent perceptions of heightened threat – hypervigilance, startled reactions <p>The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning</p> <p>Obsessive compulsive disorder (OCD)</p> <ul style="list-style-type: none"> • Obsessional fear of: <ul style="list-style-type: none"> - Contamination - Causing harm • a need for symmetry or perfection • Own behaviour • Compulsive behaviour can include making: <ul style="list-style-type: none"> • Checks • Rituals • Requiring reassurance • Correcting thoughts <p>Phobias</p> <ul style="list-style-type: none"> • Fear of a potential panic attack can lead to people fearing: <ul style="list-style-type: none"> - Outdoors (agoraphobia) or environments - Crowds - Specific modes of transport - Events - Animals <p>Presenteeism</p>
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				<p>Presenteeism is often caused by other factors such as mental health issues.</p> <p>Signs</p> <ul style="list-style-type: none"> • Making more mistakes than usual • Poor standard of work • Low productivity • Arriving late/leaving early or conversely working long hours • Working whilst ill • Looking fatigued. <p>Bipolar</p> <ul style="list-style-type: none"> • Bipolar type I disorder - A person affected by bipolar I disorder has had at least one manic episode in his or her life. • Bipolar type II disorder - At least one episode of severe depression and symptoms of hypomania. • Cyclothymic disorder - Persistent instability of mood over a period of at least 2 years. Involving many periods of depression and hypomania. The symptoms are not severe enough to meet the criteria for Bipolar I or II. However the symptoms result in significant distress or impairment in personal, family, social, educational, occupational or other important areas of functioning. • A manic episode is an extreme mood state lasting at least one week unless shortened by a treatment intervention characterised by euphoria, irritability, or expansiveness, and by increased activity or a subjective experience of increased energy, accompanied by other characteristic symptoms such as rapid or pressured speech, flight of ideas, increased self-esteem or grandiosity, decreased need for sleep, distractibility, impulsive or reckless behaviour, and rapid changes among different moods. • Hypomania – This is a much milder type of mania lasting a few days.
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				<p>Eating disorders</p> <p>Anorexia – limiting energy intake</p> <p>Bulimia – bingeing (eating large quantities of food) the purging (expelling the food by vomiting or by use of laxatives)</p> <p>Binge eating – loss of control over eating large quantities of food</p> <p>Emotional overeating – eating large amounts of food during low moods in order to feel comforted</p> <p>OSFED – other specified eating or feeding disorder, where symptoms do not fit in with any one ED.</p> <p>ARFID – avoidant/restrictive food intake disorder, avoiding or restricting the intake of certain types of food (of a certain texture)</p> <p>Pica – eating things that are not food and have no nutritional value (wood, paper, soap....)</p> <p>Self-harm</p> <p>This is a behaviour not a disorder</p> <p>Is when someone intentionally injures their body. Usually to express or cope with overwhelming distress.</p> <p>Physical signs</p> <ul style="list-style-type: none"> • Cuts, bruises or cigarette burns in usually hidden areas • Low mood • Lack of motivation • Suicidal • Not wanting to communicate • Wearing clothing to hide injuries • Hatred of themselves (feeling they are not good enough) • Hair damage (due to hair pulling)
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				<p>Psychosis</p> <p>The key symptoms of a psychotic disorder are;</p> <p>Inability to reality test – therefore having a distorted view of what is real or not</p> <ul style="list-style-type: none"> • Positive Symptoms (thoughts and feelings that are ‘added’ to a person’s experiences e.g. hearing voices) • Persistent hallucinations – seeing, hearing, feeling, smelling or tasting something that others don’t. • Persistent delusions – firm held false belief not consistent with the person’s culture • Disorganised thinking – confused and distorted, often manifests as distorted speech. • Disorganised behaviours – any behaviour that doesn’t fit in with the situation e.g. inappropriate clothing or emotional response. • Negative symptoms (things ‘taken away’ from a person’s experiences e.g. reduced motivation) • Blunted or flat affect – inexpression or lack of expression • Avolition – lack of motivation to complete purposeful tasks • Psychomotor disturbances – anxious restlessness, making movements without meaning to. <p>Contributing factors to consider - Triggers</p> <p>There are a vast array of possible triggers/events that can cause someone to have Mental ill Health including: Bereavement; Birth of a child; Anniversary dates of losses or trauma; Workload/examinations/tests; Severe or long term stress; Family feuding; Break up of a relationship; Loneliness; Bullying or being judged, domestic violence; Debt; Physical illness (long term); Sexual harassment; Certain smells, tastes, or noises; Abuse, trauma or neglect; Drug and alcohol misuse; Witnessing or being involved in a traumatic event; Head injuries; Social media/technology; Menopause; Weather (winter blues)</p>
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				<p>Alcohol</p> <p>General effects of alcohol on the individual:</p> <ul style="list-style-type: none"> • Stage 1 – relaxation and euphoria (feeling a little merry) • Stage 2 – excited and agitated (getting loud and inappropriate) • Stage 3 – reduction of feeling pain and lack of inhibitions (not feeling hurt when falling over and behaving in ways you wouldn't otherwise) • Stage 4 – muscle relaxation and incoordination (can't feel much or walk in a straight line) • Stage 5 – Anaesthesia – can't feel a thing (could carry out surgery without you feeling it) • Often used as 'self-medication' to reduce pain of distress. • This is a similar effect to what Ether has on you if you are anaesthetised and about to have surgery. • Alcohol is a toxic chemical and does a tiny bit of brain damage each time. <p>Alcohol Limits</p> <ul style="list-style-type: none"> • Maximum 14 units per week for Men and Women • Spread out over the week • No binge drinking • drinking if pregnant <p>Other Drugs of Addiction</p> <ul style="list-style-type: none"> • Cocaine and cannabis can worsen pre-existing Mental Health conditions. • Drug Induced Psychosis – generally temporary state where the person will experience psychotic symptoms such as delusions and hallucinations.
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				<ul style="list-style-type: none">• Dual Diagnosis – Where a person has a dependency to alcohol/drugs and a Mental Health condition.
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