

## Part A

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# Level 2 Certificate in **Awareness of Mental Health Problems**

**Disclaimer:**

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

## Level 2 Certificate in Awareness of Mental Health Problems

### Welcome to this Level 2 Certificate in Awareness of Mental Health Problems

We hope you find all of the information contained in this resource pack interesting and informative. The content in this workbook and the further study you will carry out on your own should not only help you pass your assessments with ease, but also help you to improve your critical thinking and personal judgement regarding the topic in question. This will stand you in good stead for applying this knowledge throughout your personal and/or professional life. This learning resource and the assessment questions have been approved by TQUK as a great way to meet the learning outcomes for this qualification. (A complete list of the learning outcomes can be found on the last page of this resource.)

The course is made up of **three** parts (A, B and C). This is **Part A** which contains **four** units:

**UNIT 1: Understanding mental health**

**UNIT 2: Understanding stress**

**UNIT 3: Understanding anxiety**

**UNIT 4: Understanding phobias**

As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage. At the end of each section, you will be asked to answer the relevant assessment questions.

Once you have answered the questions, go to the next section and continue studying until all of the assessment questions have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content, and will help you to answer all of the assessment questions accurately. You should also refer to the Further Reading at the end of this workbook, which you should use to help you answer the assessment questions.

**Good luck with your study. Now let's begin!**

## Activity key

Throughout this book, you will be asked to complete activities to help with your English and maths skills and to allow you to stretch and challenge yourself in relation to awareness of mental health problems. These activities are designed to encourage your development throughout the course and to allow you to extend your key knowledge as you progress through the course.



### English

Whenever you see this icon, there will be an activity which encourages you to demonstrate your English skills. Completing these activities will allow you to practice literacy components and may stretch you beyond your existing skills which will then improve your general abilities.



### Maths

Whenever you see this icon, there will be an activity which encourages you to demonstrate your maths skills. Completing these activities will allow you to practice mathematical components and may stretch you beyond your existing skills which will then improve your general abilities.



### Stretch and challenge yourself

Whenever you see this icon, there will be an activity which encourages you to stretch and challenge yourself in relation to awareness of mental health problems. These activities will help you with your personal and professional development and allow you to think about certain situations and scenarios in more detail.



### Behaviour and attitudes

Whenever you see this icon, there will be an activity which encourages you to consider your own behaviours and attitudes in relation to awareness of mental health problems. These activities will help you with your personal and professional development and will help you to evaluate the skills you already have and think about how you approach various situations in the workplace.



### British Values

You will also come across this British Values icon throughout the course. Whenever you see this, it represents an area of learning that emphasises British Values. Your understanding of these values is crucial as you look to grow and develop as an employee and member of your wider community.

## Differentiation key



### **Remembering and recalling key learning**

This involves recalling or remembering key information which you should have learnt up to this point of your journey.



### **Application**

This provides you with an opportunity to practice or apply your new learning to work-related or life-related case studies and scenarios. This is about bringing your learning to life and getting you to think how you would use this learning in your current or future workplace.



### **Developing depth**

This provides you with an opportunity to think harder about what you have learnt up to this point. Activities will require you to think critically about concepts and topics in the aim to form opinions and develop your capability to analyse, question and make informed judgements.



## Unit 1: Understanding mental health

Welcome to Unit One.

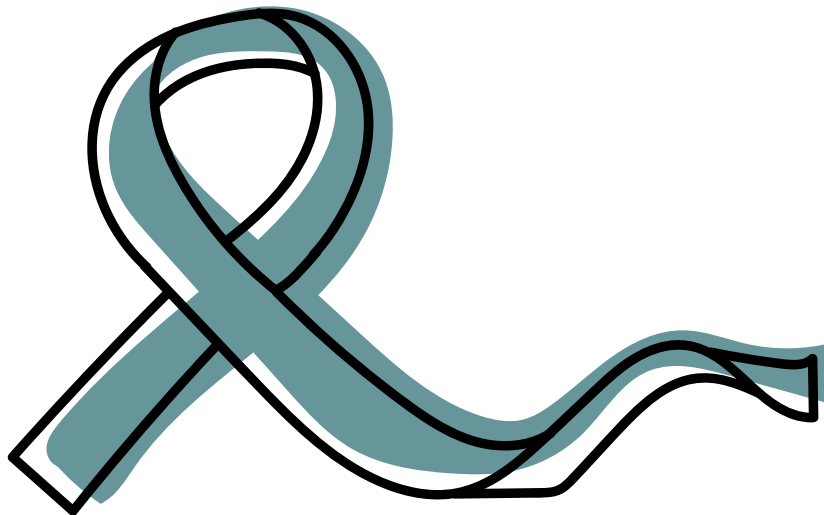
This unit is split into **four** sections. These are:

Section 1: Know what is meant by mental health and mental ill health

Section 2: Understand how mental health care has changed over time

Section 3: Understand the social context of mental illness

Section 4: Understand the legal context of mental illness





## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to mental health. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 4. You can then write out your answer in full for question 5.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all**    **2 – A little confident**    **3 – Somewhat confident**  
**4 – Confident**                **5 – Very confident**                **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the meaning of mental health and mental ill health?	
2.	How confident are you in your knowledge of how mental health care has changed over time?	
3.	How confident are you in your understanding of the social context of mental illness?	
4.	How confident are you in your understanding of the legal context of mental illness?	
5.	What are you hoping to learn in this unit?	

## Section 1: Know what is meant by mental health and mental ill health

Upon completion of this section, you will be able to:

- Define what is meant by mental health and mental ill health (1.1)
- Describe the components of mental well-being (1.2)
- Describe the risk factors associated with developing mental health problems (1.3)
- Identify examples of mental health problems. (1.4)

### What is meant by 'mental health' and 'mental ill health'

**A**

#### Introductory activity



Before you start this unit, take some time to think about what you already know about mental health and mental ill health. Have you heard of these two terms before? What do you understand about them, if anything?

Write a definition of each below, making sure to use correct spelling, punctuation and grammar.

Mental health:

Mental ill health:



## Defining mental health

The government set out a definition of mental health in its 2011 No Health Without Mental Health strategy as follows:

*“Good or positive mental health is more than the absence or management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and for their communities.”*

Source: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

The World Health Organisation (WHO) defines mental health as:

*“A state of well-being in which the individual realises their 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.”*

Source: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

According to WHO, mental health is an essential part of a person’s general health.

Mental health is, therefore, more than simply the absence of mental illness. It includes:

- How a person feels about themselves, their life and the world
- Their ability to solve problems
- Their ability to forge relationships with others
- Their ability to achieve their aims and goals.



### Key fact

The problem with all definitions is that they over-simplify issues. In practice, there may be no clear dividing line between mental health and mental illness. Also, different societies may have different views about what is considered to be mental health.

## Defining mental ill health

The term 'mental ill health' is used when a person experiences significant changes in their thinking, feelings or behaviour. This is also referred to as 'mental illness'. These changes must be extreme enough to affect how the person functions or to cause distress to them or other people.

Aspects that can occur when someone experiences mental ill health include:

- Personal harm or suffering
- Abnormal ways of thinking, feeling or behaving
- Inability to carry out normal tasks
- Danger for others or the person concerned.

*"Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early."*

Source: <https://www.mentalhealth.org.uk/your-mental-health/about-mental-health/what-are-mental-health-problems>

### R

## Wider learning

Identify which of the following terms relates to each definition.

Mental health / Mental ill health

1. \_\_\_\_\_ 'Is used when a person experiences significant changes in their thinking, feelings or behaviour.'

2. \_\_\_\_\_ '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.'

## The components of mental well-being

Some of the components of good mental well-being include:

- Feelings of calm, excitement, love or affection
- The absence of negative emotions, such as anxiety or depression
- Feeling satisfied with and fulfilled by life
- Feeling physically healthy and energetic
- Feeling in control of events
- The ability to cope with stress
- The ability to manage feelings of anger
- Having a positive body image
- The ability to solve problems and be creative
- Maintaining positive relationships
- Having high self-esteem
- The ability to manage moods
- Having social support from family and friends
- Sleeping well
- Healthy diet and exercise
- Having a gender and cultural identity.

Two of the most important components of mental well-being are:

## 1. Resilience

Resilience is the ability to persevere in the face of adversity and bounce back after traumatic or stressful events.

It is a vital component of good mental well-being that provides the coping mechanisms that people rely on to deal with difficult events and allows people to balance negative emotions with positive ones, preventing a slide into depression, anxiety or other mental health problems. Having balance in your life can improve resilience.

## 2. Positive and supportive relationships

Supportive relationships are also important for good mental well-being. People draw emotional strength from the support of other people. Developing an ability to forge positive relationships with others may take time and effort, but these relationships are crucial for emotional health.



### Key fact

Having a good sense of mental well-being does not mean that you never experience difficult situations; rather that when you do, you are better able to cope with them.



## Stop and think!



### Remembering and recalling key learning

Identify two aspects of a person's life that fall under the umbrella of mental health.

1.

2.



### Application

What would you say are the main things that contribute towards having good mental well-being? Compile a list, then consider to what extent you would say that your own mental well-being is good. Use the Here to Help website to complete a wellness module and check your own levels of mental well-being against their guidelines. Did the results surprise you, and if so, how did this make you feel?

<https://www.heretohelp.bc.ca/wellness-modules>



### Developing depth

Use the following link to look at the recommended five steps that can be taken to improve mental well-being. How could you start to implement these in your own life to improve your mental health?

<https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>

Make notes in the space below.

## Risk factors associated with developing mental health problems

A risk factor is anything that increases the likelihood of developing mental health problems.

Mental health problems, whilst common, do not affect everyone. Some people are more at risk than others. Complex social, psychological and biological factors determine a person's mental health at any one point in time. For example, constant social and economic pressures pose risks to people's mental health. In addition, there are personality factors, genetic factors and imbalances of chemicals in the brain that make some people more at risk than others.

The key risk factors in developing mental ill health are:

- **Genetic inheritance** – certain genes may cause an increased risk of developing mental ill health or a person's family situation may cause a low emotional resilience.
- **Environmental exposure before birth** – exposure to toxins such as alcohol or drugs, exposure to external stresses or inflammatory conditions whilst a person is in the womb can sometimes be linked with mental ill health.
- **Life situations** – personal life situations, such as divorce, financial problems or a death of a loved one could cause someone to experience mental ill health.
- **Brain chemistry** – when someone's brain or body signals aren't receiving in the way they should, this could cause mental ill health.
- **Substance abuse** – if a person uses drugs or alcohol, the effects caused by the substances could cause mental ill health to occur. It could also cause long-term mental ill health that will further impact the individual.
- **Lack of support** – a lack of support from a network during a difficult situation, such as from family and friends, may cause mental ill health to occur.
- **Trauma** – someone who has experienced trauma could be at risk of developing mental ill health. This could be a way that a person's body may react to the things they have experienced.
- **Ongoing medical conditions or injuries** – ongoing medical conditions could impact someone's mental health. This includes someone who has experienced a serious injury or damage to the brain.



## Stop and think!



### Remembering and recalling key learning

Examples of risk factors include lack of support, trauma and substance abuse. True or false?

True

False



### Application

Why would a lack of strong social support networks be a key factor in someone who is developing mental ill health? Why are strong support networks important?

Make notes in the space below.



### Developing depth

Talk to a friend, colleague or significant other about risk factors. What examples can they think of? Do they list anything different to what you already know about?

Make notes in the space below.

## Examples of mental health problems

Some of the most common mental health problems include the following:

### Depression

Depression lowers mood, and can make people feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, libido and self-esteem. It can also interfere with daily activities and sometimes physical health. Depression can be mild or severe, and can be related to certain experiences – for example, postnatal depression can occur after childbirth.

### Anxiety

Anxiety means constant worry about specific or general aspects of daily life. It may cause restlessness, sleeping problems and physical symptoms – for example, an increased heartbeat, stomach upset, muscle tension or feeling shaky. People may also experience panic attacks, phobias or Obsessive Compulsive Disorder (OCD).

### Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD) has **two** main parts – obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in the mind – for example, worrying that the door is unlocked when you have left the house. Compulsions are repetitive activities that people feel they have to do. This could be something like repeatedly checking that you have your purse or your wallet.

### Phobias

A fear becomes a phobia when someone has an exaggerated sense of danger about a situation or an object – for example, birds or snakes. The person will often begin to organise their life around avoiding the thing that they fear. The symptoms of phobias are similar to those of anxiety, and in severe forms the person may experience panic attacks.

### Bipolar disorder (formerly known as manic depression)

Someone with bipolar disorder will experience mood swings. During 'manic' episodes, an individual experiencing bipolar disorder may display overexcited behaviour. At other times, they may go through long periods of being very depressed.



## Personality disorders

People with a personality disorder find it difficult to change their patterns of thinking, feeling and behaving, and have a more limited range of emotions, attitudes and behaviours with which to deal with and manage everyday life.

## Eating disorders

Eating disorders can be characterised by eating too much, or by eating too little. A person may deny themselves anything to eat, even when they are very hungry, or they may eat constantly, or binge. The person thinks constantly about the subject of food, and how much they weigh.





## Stop and think!



### Remembering and recalling key learning

Name two examples of mental health problems.

1.

2.



### Application

All mental illnesses are the same. They have the same outcomes, the same risks and impact on the same people. True or false?

True

False



### Developing depth

Do some further research into the types of mental illness that are out there. Write down three that you are unsure about and research into these further.

Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain what the difference is between 'mental health' and 'mental ill health'.

2. Identify three components of mental well-being.

- 1.
- 2.
- 3.

3. Describe how life situations could be a key risk factor in developing mental ill health.



## Extend your learning



Access the following link to find out more about the different kinds of mental health conditions that someone can have.

*<https://www.mind.org.uk/information-support/types-of-mental-health-problems/>*

Make notes in the space below.



**Congratulations, you have now completed Section 1.**

## Section 2: Understand how mental health care has changed over time

Upon completion of this section, you will be able to:

- Describe how mental health care has changed with regard to: (2.1)
  - Historical approaches to care
  - The use of community care.
- Explain the impacts of the changes in mental health care (2.2)
- Explain the difficulties individuals with mental health problems may face in day-to-day living. (2.1)

**A**

### Introductory activity



Before beginning this section, consider what you already know about mental health care throughout history. Do you think attitudes towards mental health have changed over time? If so, is this for better or for worse?

Write a brief summary of your thoughts in the space below.

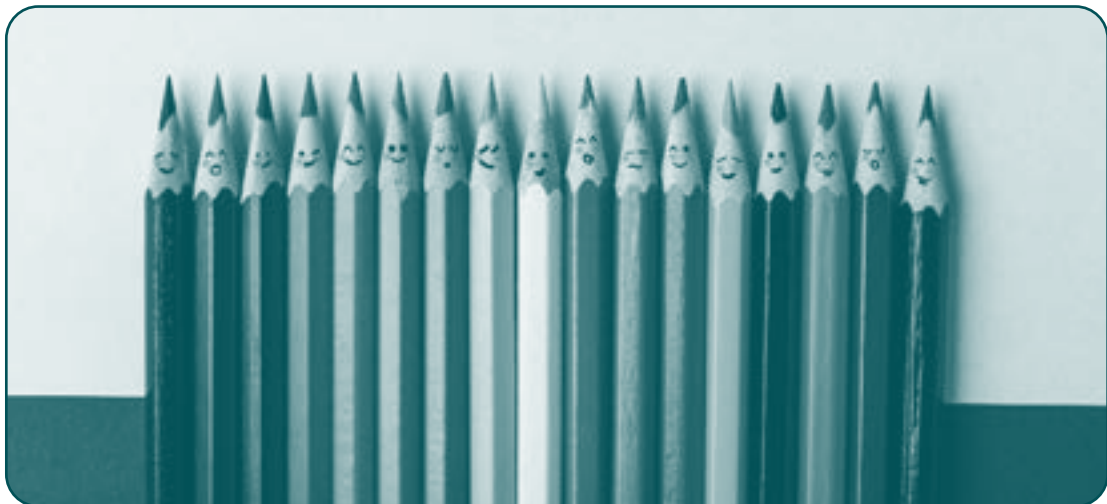
## How mental health care has changed

### Historical approaches to care

Historically, people with major mental health problems were segregated from society, either for care or containment. Charities provided some care but, generally, most people with mental illness received no organised systematic care until the provision of asylums in the 19th century.

Early asylum treatments usually involved sedative drugs and baths as a method of calming agitated patients. The asylums provided long-term residential care for a diverse range of people, including people with tertiary syphilis, learning disabilities, epilepsy and 'moral defectiveness' – for example, having an illegitimate child.

In the first part of the 20th century, large asylums, often located in isolated rural areas, were used to house people with mental health problems. Many remained there throughout their lives.



### The use of community care

The main push towards community care came in the 1950s and 1960s, a period which saw changes in attitudes towards the treatment of the mentally ill, and the development of campaigns to support the civil rights of mental health patients.

The Mental Health Act 1959 abolished the distinction between psychiatric and other hospitals and encouraged the development of community-based care.

The closure of large asylums and the introduction of care in the community created big changes in mental health care. It was a movement away from the isolation of the mentally ill in old Victorian asylums, and towards their integration into the communities in which they lived.

The aim was to return people with mental health problems to their everyday routines, events and lifestyle wherever possible, and to remove the social stigma of mental illness.



### Key fact

Social stigma occurs when people disapprove of someone who appears different because of a characteristic they possess – for example, mental illness, physical disability or sexual orientation.

#### The 1960s

Throughout the 1960s, attitudes continued to move against putting mental health patients in large isolated hospitals. Psychiatrists questioned traditional treatments for mental illness such as Electroconvulsive Therapy (ECT) that had to be carried out in a hospital. The introduction of medicinal drugs to treat a person's mental state also meant that patients could be more easily treated outside of an institution.

Other significant developments included civil rights movements and the increase in charities which championed them. This made it more difficult for people with mental health problems to be put into institutions.

#### The 1970s

During the 1970s, the effectiveness of large psychiatric hospitals was steadily discredited.

The new district general hospitals, which provided some psychiatric services, contributed to the reduction in the number of beds in mental hospitals, from 150,000 in the mid-1950s to 80,000 by 1975.

#### The 1980s

The 1980s saw the introduction of legislation that gave the mentally ill and those experiencing mental ill health more rights. The Mental Health Act 1983 set out the rights of people admitted to mental hospitals, allowing them to appeal against committal.

By the 1980s, concerns were being expressed about care in the community following a series of killings by people with mental health problems. This prompted a government inquiry into community care led by Sir Roy Griffiths. His report, *Community Care: Agenda for Action* (The Griffiths Report) 1988, led to the introduction of The National Health Service and Community Care Act 1990, to ensure that individuals in the community were not at risk – nor a risk to others.

### The 1990s to the present day

The National Health Service and Community Care Act 1990 states that it is a duty for local authorities to assess people for social care and support. This is to ensure that people who need community care services or other types of support get the services they need and are entitled to. Patients have their needs and circumstances assessed, and the results determine whether or not care or social services will be provided. The Care Act 2014 was later introduced, which outlines responsibilities of local authorities in terms of how individuals and their carers have their needs assessed and met.

Community care ensures that people in need of long-term care are now able to live either in their own home with adequate support, or in a residential home setting.



#### **R** Wider learning

Research more into the Care Act 2014 by accessing the following link.

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

Make notes in the space below.



## The impacts of the changes in mental health care

Historically, care for individuals who have mental ill health has not been positive or constructive. This was due to a number of factors, such as stigma and societal opinions around certain illnesses.

Often, individuals had to endure painful or dehumanising procedures such as long stays in psychiatric hospitals (known as 'asylums') or given therapies such as electroconvulsive therapy (ECT). There was also a misunderstanding of illnesses like postnatal depression and bipolar disorder.

In 1961, the government declared that these institutions should be closed and that individuals should be cared for in hospital wards or within the community.

### **R** Wider learning

For further research into the historical changes, please access the following link.

*<https://indepth.nice.org.uk/mental-health-and-the-nhs/index.html>*

Make notes in the space below.

## Care in the community

The move to community care has had a major impact on the way that care is delivered to people with mental health problems. Care and support provided to a mental health service user or vulnerable person living in the community is now divided into:

- Healthcare, which is the responsibility of the NHS
- Social care, which is arranged by local authority social services.

In the past, healthcare and social care were separate. Healthcare mainly took place in hospitals, clinics and general practice surgeries, while social care was run by local authority social services departments. Both services might sometimes be offered at the person's home through doctor's home visits, district nurses, visits from social workers and home helps. Voluntary services were a third source of help, which included drop-in centres and advice centres.

Today, health and social services and the voluntary sector are becoming more intermingled, because of government policies and new ways of financing services. For example, community mental health trusts can pay for some social and voluntary sector services, while local authorities can pay for nursing care.

Community Mental Health Teams (CMHTs) run by the NHS employ professionals from both health and social care. Care provided by the NHS is free of charge to the person, whereas local authority social services departments can charge on a means-tested basis for the services they arrange.

The main aim of the community-based approach today is to:

- Foster independence
- Support people towards recovery.

The community-based approach has also had an impact on the roles of mental health care professionals. In the days of large mental health hospitals, healthcare staff were based on wards in those hospitals – now their role has changed.

## R

### Wider learning

Correctly match up the division of care in the community below.

Social care / Healthcare

1. \_\_\_\_\_ 'Arranged and is the responsibility of the NHS.'

2. \_\_\_\_\_ 'Arranged by local authority social services.'



## Stop and think!



### Remembering and recalling key learning

Fill in the missing word.

The main aims of the community-based approach today are to support people towards recovery and to foster \_\_\_\_\_.



### Application

Look at the following list of healthcare professionals who deliver care in the community and tick those that you have heard of before. Write down anything you already know about each in the space provided.

- Care coordinator
- Community Mental Health Nurse (CMHN)
- Social worker
- Occupational therapist.



### **Developing depth**

Then, use the Skills for Care website to find out more about these roles and any other relevant roles in community care. You can add to your notes on the previous page, if you wish, or make notes in the space below.

*[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)*

## **C** Case study: Hashim

Hashim met his support worker 15 months ago and spends two hours a week with him (but this can be flexible). Hashim wanted to get out of the house to do things, but had not left his home for two years. The support worker found information about activities Hashim might enjoy, such as day centres, cafes and cinemas, and then accompanied Hashim to these. He had not been on a bus for 20 years until then.

Hashim is now able to make decisions about what he wants to do. He is beginning to plan for himself, and is going to enrol on an art foundation course. Making his own decisions now gives Hashim a sense of confidence and independence.

## **i** Key fact

Government policy is in the process of changing to enable more choice for service users, in order to be even more focused on recovery and the 'personalisation' of care – making sure that the individual's needs are taken into account.



## The use of technology to treat conditions

The NHS are now using technology to help treat mental ill health. The IAPT (Improving Access to Psychological Therapies) programme allows individuals to access therapies for common mental health conditions, such as anxiety and depression, on an organised and personalised platform. This can range from face-to-face or digital therapies (through apps or courses).

This change has allowed more people to access therapies and has allowed resources to become more personalised to an individual and their situation. For example, a course that can help someone on stress management can be accessed by someone at any time of day, which is useful if they have a busy work day or a family to support.

## The difficulties individuals with mental health problems may face in day-to-day living

### **R** Wider learning

Whilst the community-based approach aims to foster independence, mental health problems can create difficulties in day-to-day living for the individuals concerned.

How do you think day-to-day life can be impacted by mental ill health? Write a couple of paragraphs in the space below on how these issues could affect the quality of your daily life.

Some impacts on day-to-day living you may have thought of include the following:

- Poor performance at work may occur
- Poor performance at school or university may occur – mental problems can affect individuals' ability to concentrate and study
- Home life – completing day-to-day chores may be difficult
- Relationships may suffer
- Energy levels and physical health may decline as the individual does not look after themselves properly
- The ability to think and make decisions can be impaired
- Medication may affect the ability to drive safely and legally.

Other impacts on day-to-day living may include:

- There may be a loss of interest in activities that were previously enjoyed
- Mood swings that are out of character may affect relationships
- Changes in eating habits or appetite
- Loss of, or increase in, sexual desire
- Sleep patterns can be disrupted – feeling tired, listless and lacking in energy
- The individual may socialise less and become isolated
- The individual may go out a lot more, needing little sleep, and may start trusting strangers and spending large amounts of money – this may signal that they are becoming 'hyper'.





## Stop and think!

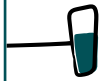


### Remembering and recalling key learning

Medication that someone takes for a mental illness may affect the ability to drive safely and legally. True or false?

True

False



### Application

Imagine that you had a mental health problem. How do you think it might affect your everyday life – for example, if you were studying or working, or simply trying to organise daily chores?

Make notes in the space below.



### Developing depth

Think back to the five steps towards mental well-being you learnt about in the previous section. You can revisit these here.

<https://www.nhsinform.scot/healthy-living/mental-wellbeing/five-steps-to-mental-wellbeing>

Make notes in the space below.



## **Extreme effects of mental health problems on day-to-day living**

The more severe the mental health problem is, the bigger the impact it will have on an individual's daily life. The following are examples of effects that can occur due to mental ill health.

### **Withdrawn behaviour**

People who are given a diagnosis of schizophrenia may lose interest in life. They may become withdrawn and shun social contact, or become hard to talk to. They may have no energy and stay in bed for long periods of time.

People who have had an episode of psychosis may be less communicative than they were before. Their face may also be less mobile. They may show less affection for members of the family, and this can be hurtful and confusing, particularly for a parent.

### **Self-neglect**

Some people lose interest in their personal appearance and personal hygiene. They may need reminders and practical help with personal care, as sometimes these tasks are difficult for someone feeling upset or preoccupied.

### **Depression**

People who are severely depressed may not be able to make decisions or carry out tasks they would normally do for themselves.

### **Restlessness, over-activity or anxiety**

Sometimes people who are experiencing the symptoms of psychosis find it hard to sit still or go to sleep. They may pace a room and find it hard to relax.

### **Food and eating**

People may experience loss of energy and lethargy. This results in a lack of exercise and weight gain. Antipsychotic medication can also make people put on weight. Being overweight increases the risk of high blood pressure and developing diabetes.

**R**

## Wider learning

Match the definition with the correct type of effects that you have already learnt about. The effects you should be choosing from are:

- Withdrawn behaviour
- Depression
- Food and eating.

1. This relates to not being able to make decisions or carry out tasks you enjoy.

2. This relates to being lethargic, losing/gaining weight or not wanting to exercise.

3. This relates to shunning social contact, or becoming hard to talk to.

### Delusions

Delusions are when a person has fixed false beliefs, such as being followed or believing other people can hear their thoughts. These are a symptom of psychosis and, in extreme cases, the person may feel they are being ordered to carry out acts.

### Hallucinations

Hallucinations are occurrences where a person may see, hear, feel, smell or taste something that is not actually there. These can appear to be so realistic that individuals may not realise that what they are experiencing is false. Hallucinations can lead to difficulties performing everyday tasks and possible displays of inappropriate behaviour or responses.

### **'Out of character' behaviour**

Sometimes, people who are experiencing the symptoms of psychosis behave in a way that is out of character or be deemed 'embarrassing'. They may shout, laugh inappropriately, talk loudly to themselves, take their clothes off or speak in a threatening way. People may behave in these sorts of ways because they are angry or frightened, or because they are responding to voices they can hear.

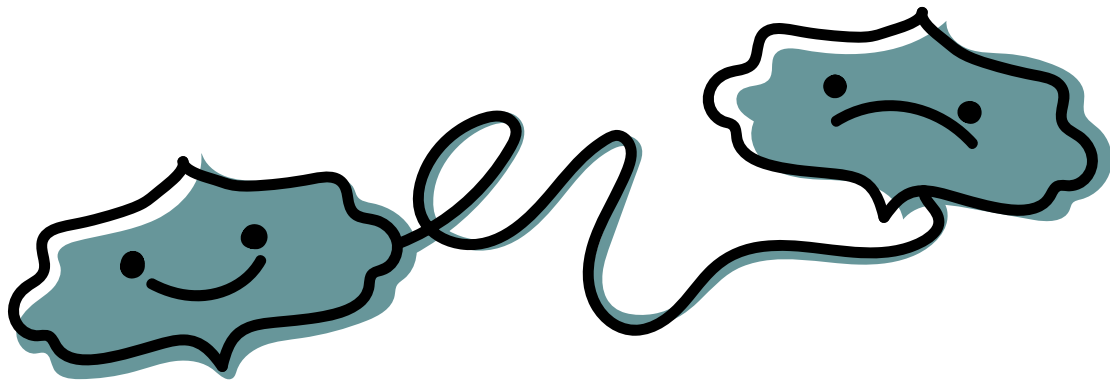
### **Sex, promiscuity and relationships**

Sometimes, people who have a severe mental illness behave in a promiscuous way, choosing sexual partners they would previously have considered unsuitable. Promiscuous behaviour may be an early sign of relapse for people diagnosed with bipolar disorder.

People who are unwell can also lose their sexual desire. Some types of antipsychotic medication also impact on people's sexual interest. This may be particularly difficult for partners to understand and deal with, especially if the person who is unwell has also stopped expressing affection. Mental illness can have a severe effect on relationships.

### **Alcohol, drugs and medication**

Some medication prescribed for the symptoms of psychosis interacts with alcohol and increases its potency. As a result, someone who drinks alcohol while on medication may feel its effects more quickly. Even small amounts of alcohol when combined with medication may make an individual become sleepy, morose or less in control of strong emotions.



**R**

**Wider learning**

Match each definition below with the correct type of effect you have already learnt about. The effects you should be choosing from are:

- Alcohol, drugs and medication
- Hallucinations
- Delusions.

1. Someone who experiences this effect may see, hear, feel, smell or taste something that is not actually there.

2. Someone who experiences this effect has fixed false beliefs, such as being followed or believing other people can hear their thoughts.

3. Someone may become more sleepy, or less in control of their emotions, if substances interact with other things.

### **Violent behaviour**

Contrary to common belief, most people who experience psychosis are not violent. However, when someone does behave in a violent way, it may be directed at a family member, sometimes the person most involved in supporting them.

People may act in a violent way because they are angry or frightened, or because they think someone is being unreasonable. Sometimes, violence is triggered by alcohol, street drugs or by lack of sleep. Some people hear voices that tell them to behave violently, which they feel they have to obey.

### **Suicide threats**

Research has shown that people with a diagnosis of schizophrenia and bipolar disorder are more likely to take their own lives or attempt suicide than other people. People who have bipolar disorder are more likely to kill themselves when they are depressed.

People who are unwell can believe they are a burden to members of their family, that they have nothing to live for and that their future is bleak.

### **Money problems**

When people are experiencing the symptoms of psychosis or an episode of mania or depression, they may not feel able to work, and then may find it hard to get a job when they begin to feel better. There is still enormous stigma and fear about mental health problems, and many employers are still reluctant to employ someone diagnosed with schizophrenia or bipolar disorder.

People with a diagnosis of bipolar disorder may spend large amounts of money while they are having a manic episode, running up huge debts and taking risky decisions that may impact on the family finances.





## Stop and think!



### Remembering and recalling key learning

Recall three examples of extreme effects of mental health problems on day-to-day living.

- 1.
- 2.
- 3.



### Application

Describe how money problems can affect someone's mental health on a day-to-day basis.

Make notes in the space below.



### Developing depth

Research more into this topic by accessing the following link.

*<https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/types-of-mental-health-problems/>*

Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Name three examples of how healthcare has changed over time.

1.

2.

3.

2. The National Health Service and Community Care Act 1990 states that it is a duty for local authorities to assess people for social care and support. Is this true or false?

True

False



## Extend your learning



Undertake some further research into how mental health conditions affect people's everyday lives.

*<https://www.mind.org.uk/information-support/tips-for-everyday-living/>*

Make notes in the space below.



**Congratulations, you have now completed Section 2.**



## Section 3: Understand the social context of mental illness

Upon completion of this section, you will be able to:

- Describe social and cultural attitudes to mental illness (3.1)
- Describe media attitudes to mental illness (3.2)
- Explain the impact of these attitudes on individuals and their care. (3.3)



### Introductory activity



What do you understand by the terms 'societal attitudes' and 'cultural attitudes'? How do the two differ? Have a go at writing a definition of each term in your own words.

Societal attitudes:

Cultural attitudes:

## Social and cultural attitudes to mental illness

The increased understanding of mental illness and its causes may have led to more positive social and cultural attitudes. As stigma, prejudice and discrimination are often based on fear of the unknown, the move to community-based care may have created positive attitudes by making people with mental health problems a part of society, rather than shutting them away from view in mental institutions.

Despite this, people with mental health problems are some of the most disadvantaged people in society due to negative social and cultural attitudes, discrimination and stereotyping.

### Social attitudes

Whilst there has certainly been some improvement in the overall understanding of mental illness in recent years, some social attitudes towards it still indicate a fear of the unknown in relation to a lot of mental illnesses, and a sense that people who are mentally unwell are somehow a danger to society.

Such attitudes are founded in myths, which often come about due to negative media reporting about people who are mentally unwell and the use of negative language in relation to people who are mentally unwell, for example referring to people as 'schizo' or 'psycho'.

Myths which inform negative social attitudes include:

- People with mental illnesses can't work
- Recovery from mental illness is impossible
- People who are mentally ill are all violent and unpredictable
- People who are mentally ill can easily snap out of it if they try hard enough
- Therapy is a waste of time and money and should not be available on the NHS.

### Cultural attitudes

In terms of cultural attitudes, mental illness has historically been perceived in a negative light, and sadly some of these attitudes towards mental illness and those who live with mental illness still prevail.

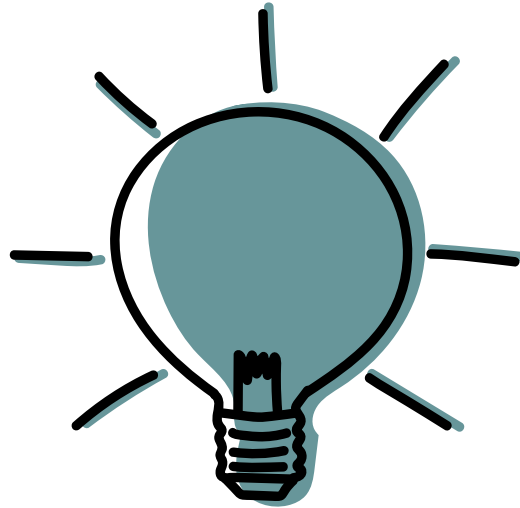
For example, in some cultures, mental illness is seen as a sign of failure or weakness, and some believe that those people who seek support for a mental health problem are simply lazy.

In some cultures, the admission of a mental health problem may come alongside a fear that the family of the individual will be shunned by their community. This will bring about a sense of shame for them, which may continue long after the individual's illness has been resolved.

**R** **Wider learning**

Can you think of any examples of societal and cultural attitudes towards mental illness that you are already aware of? Are these positive or negative?

Make notes in the space below.



**Mental health and discrimination**

Many people with mental illnesses are isolated and have low self-esteem and low aspirations. Their condition is made worse by the stigma, lack of understanding and discrimination they face on a daily basis.

The effects of discrimination and stigma can be just as harmful as the illness itself, making it more difficult to ask for help and talk openly with friends, family and employers. Young people with mental health problems may also be bullied because of their illness, which can affect their education and self-esteem, with knock-on effects for the rest of their lives.

## Research on mental health and discrimination

Working conditions and the environment can have a huge impact on someone's mental health. This can have significant effect on how well someone performs in the workplace. A study that was undertaken by the Adult Psychiatric Department in the UK reported that 19.8% of women in fulltime employment had a common mental health problem. This is twice as likely as men, who were at 10.9%.

Evidence in an ONS report suggests that 12.7% of all sickness absence days in the UK can be attributed to mental health.

Finally, a report by mentalhealth.org reported that 40% of Scottish people felt fear about revealing their mental health problem, thinking it would jeopardise their career.

### Sources:

Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

ONS (2014) Full Report: Sickness Absence on the Labour Market, February 2014.

[nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776\\_353899.pdf](http://www.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_353899.pdf)

Mental Health Foundation – Shocking new poll reveals mental health stigma in the workplace

<https://www.mentalhealth.org.uk/news/shocking-new-poll-reveals-mental-health-stigma-workplace>



### Key fact

Discrimination in the form of stigma prevents people from being treated fairly in their workplaces and in their communities. It also deters people in distress from seeking help when they are in need.



## Stop and think!



### Remembering and recalling key learning

What percentage did the ONS report about sickness days that could be attributed to mental health? Select the correct answer.

- a) 10.2%
- b) 12.7%
- c) 15%
- d) 1.2%



### Application

Look at this quote from a survey of 2,000 Scottish workers. '40% feared that revealing a mental health problem at work would jeopardise their career'. Why do you think this is? How do you feel about the statistic? Are you surprised or shocked?

Write notes in the space below.



### Developing depth

Imagine that one of your friends told you about their mental health problems. Now that you know how the fear of stigma can make this a daunting task, how would you ensure that your behaviour and attitudes did not contribute to this negative view of mental illness? What kind of things could you say to reassure them that you would support them through it?

Make notes in the space below.

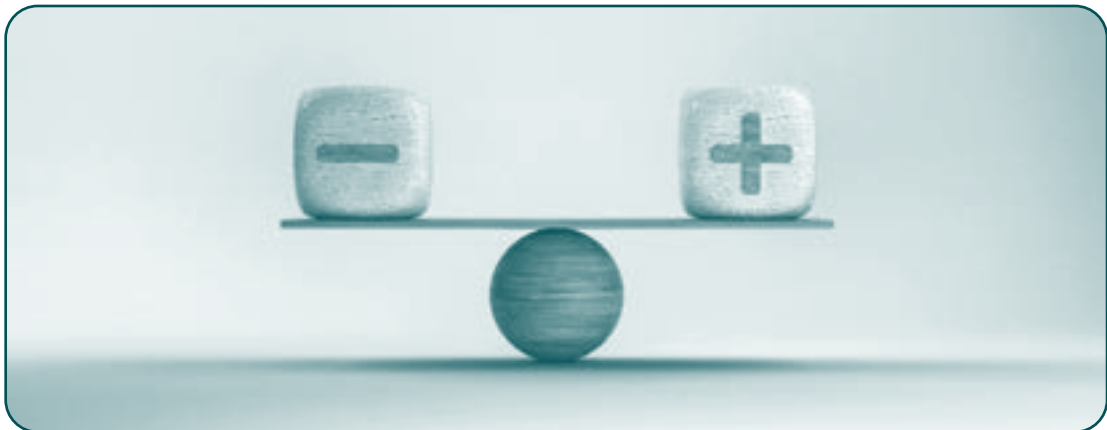
## Mental health and stereotyping

People with mental health problems may also experience being stereotyped by others because of their illness.

A stereotype is a generalisation about a group of people that makes all of them the same, based on one characteristic or assumption about their behaviour. Stereotypes are usually negative, always simplistic and nearly always untrue.

Stereotypes applied to people with mental disorders often include the following generalisations – that they are:

- Dangerous or violent
- Unintelligent
- Incapable
- Unpredictable
- Suicidal.



### Effects of stereotyping

Whilst some individuals may present these types of characteristics, it is not true that all people with mental health problems are like this.

Stereotyping means categorising other groups of people and leads to a 'them' and 'us' mentality, which in turn leads to prejudice, discrimination and inequality.

This can also lead to:

- Groups of people being oppressed by others in control
- Exploitation of other groups of people
- Denial of people's rights
- Stereotyped groups being pushed to the margins of society
- People beginning to believe in their stereotype and starting to live up to it.



## Stop and think!



### Remembering and recalling key learning

What is the difference between stereotyping and discrimination?



### Application

Complete the following sentences by noting down the first thought that comes into your head.

- Politicians are...
  
- People claiming welfare benefits are...
  
- Elderly people are...
  
- Substance users are...
  
- Nurses are...
  
- People diagnosed with mental health conditions are...



### **Developing depth**

Whatever you wrote in the Application activity is likely to be a stereotype, as you will probably have made a generalisation about a group of people who are all different individuals. Now, consider whether any of these beliefs are harmful. Is there a factual basis for them, or are they based purely on assumptions?

Read back over your notes and evaluate your initial statements. How could you challenge any negative stereotypes you may have thought of?

Make notes in the space below.



## How the general public see people with mental illness

Public opinions about people with mental illness show no significant differences in relation to gender, education level and income. However, there were differences between age groups, with those in their teens or early 20s and those over 50 expressing the most negative attitudes. Of those, 16–19 year olds expressed the most negative attitudes towards people with mental illness.

- Those with schizophrenia are seen as dangerous and unpredictable
- People with alcohol and drug addictions are not only seen as dangerous, but the public also blame them for their addiction
- Anyone with mental illness is seen as unreliable, especially in terms of looking after children
- Mental illness is thought to reduce intelligence and the ability to make decisions
- Depression and anxiety disorders are not regarded as being as serious as psychotic illnesses, but they are still stigmatised – for example, people with depression are often seen as lazy and hard to talk to.

Most people have a limited knowledge of mental illness, and the knowledge they do have is often factually incorrect. For example:

- Many still believe that schizophrenia means having a split personality
- Many do not understand the difference between mental illness and learning disabilities
- It is commonly thought that people experiencing depression or other illnesses can 'snap out of it', 'get a grip' or 'pull themselves together'.



### Key fact

Although some studies indicate that public opinions have become more positive, they also found huge differences between what people say in response to surveys and their actual behaviour as experienced or witnessed by mental health patients and service providers.

## Media attitudes to mental illness

One source of the public's stereotyped attitudes towards mental illness is the media – particularly TV, films and newspapers. This creates negative attitudes because the media tends to be only interested in reporting or portraying mental illness when it leads to sensational events. In addition, images and discriminatory language in the media encourage people's beliefs that mental illness is 'incurable madness'.

The tabloid newspapers regularly use words such as 'psycho' and 'bonkers' which may show a lack of sensitivity to people with mental illness. This encourages the public to believe that disorders like schizophrenia are particularly dangerous, and that it is acceptable to fear and ridicule mental illness.

Due to their lack of knowledge and the influence of stereotypes in the media, the general public tend to view the mentally ill as unpredictable, responsible for their bizarre beliefs and behaviour, incapable of rational thought, and probably dangerous. The result of these beliefs and attitudes is that the mentally ill are socially excluded and isolated.

### **R** Wider learning

Make a list of all of the representations of mental illness you have seen or are aware of across films, television, newspapers, and any other media. Then, consider whether each of these portrayals of mental illness is positive or negative. Does one outweigh the other? Why do you think this is?

Make notes in the space below.

## Mental illness portrayed in newspapers and films

### C

#### Case study: Mind

According to Mind, the mental health charity, poor, unbalanced press coverage of mental health issues can fuel stigma and reduce the quality of life for individuals who have a mental illness. However, positive media coverage can also have a positive impact.

One report by Mind found that media coverage has a direct impact on the lives of people diagnosed with psychiatric disorders. The charity surveyed 515 people experiencing a range of mental illnesses about their feelings on press coverage.

- A total of 73% of all respondents felt that coverage of mental health issues over the past three years had been unfair, unbalanced or very negative.
- Only 12% thought it had been fair, balanced or very positive.
- Half said that media coverage had a negative effect on their own mental health, with 34% feeling more depressed and anxious as a result.
- A total of 22% felt more withdrawn and isolated and 8% said that press coverage made them feel suicidal.
- Almost a quarter of respondents said that their neighbours had behaved in a hostile way towards them because of negative newspaper and television reports.
- However, some programmes and media outlets were seen as being significantly more helpful than others. Regional newspapers, TV news and radio news programmes were all felt to be fairer or more mixed in their coverage than national media.
- The Big Issue, The Guardian and EastEnders were all highlighted as fair and balanced reporters of mental health issues.

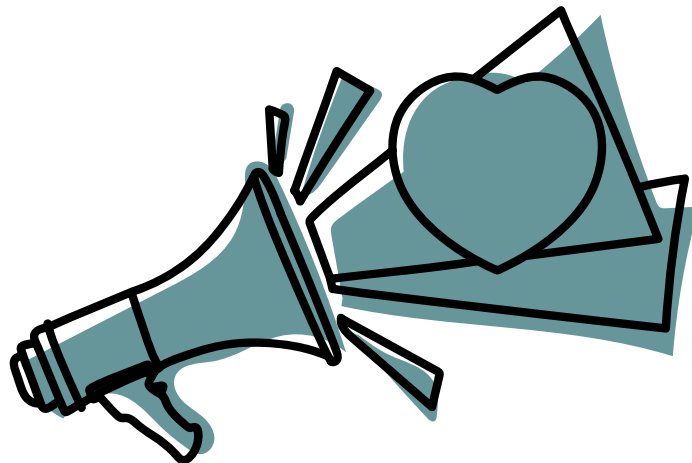
For more information, visit [www.mind.org.uk](http://www.mind.org.uk).

## Improving media coverage and stigma

Research carried out in 2018 found that media coverage and associated stigma had improved.

- More than half of people asked believed that the Royal Family had encouraged the whole nation to talk openly about mental health
- 28% started conversations about mental health after watching news reports
- 16% of those who watched a mental health storyline in a soap reached out for help following this
- One in four people who watched a mental health storyline in a soap reached out to a loved one experiencing a mental health condition following this.

Source: <https://www.mind.org.uk/news-campaigns/news/surge-in-people-feeling-less-alone-following-year-of-unprecedented-media-coverage-on-mental-health/>



## Coverage of mental illness in newspapers

According to Mind, tabloid newspaper coverage gives the most cause for concern, as they are looking for sensational headlines that will sell papers, but which do not reflect reality. For example, they report on people who have committed murder whilst experiencing mental illness, yet less than 5% of homicides are committed by people with mental illness. The result is that they stigmatise people who have been diagnosed with personality disorders.

Ironically, many readers of tabloids are likely to be affected by mental ill health, as one in four people are likely to experience a mental health problem at some time in their lives.

Many reports in newspapers make a link between mental illness and violence – for example, reports of mass shootings in the USA or some years ago at Dunblane in Scotland. Reports of individual homicides may also be linked to mental illness.



### Case study: The media, mental illness and violence

Although this case study is now 30 years old, it is interesting to consider how media attitudes towards mental health have changed since then.

An analysis of media content in April 1993 found that two-thirds of items dealing with mental health issues made a link between mental illness and violence. Using some of this media content, the study looked at how it affected people's beliefs.

Two-fifths of the general sample believed mental illness to be associated with violence and gave the media as their source. While some people with personal knowledge of mental illness rejected this media message, others accepted it against the evidence of their own eyes.

Source: *Message Received: Glasgow Media Group Research, 1993 – 1998* Ed. Philo. G, Glasgow Media Group, Longman (1998)

## The representation of mental illness in films

The depiction of mental illness is present in many blockbuster films, some of which portray this in a positive light, and others with a more negative portrayal. Examples include:

- 'Psycho' (1960/1998)– with Norman Bates, the psychotic killer
- 'One Flew Over the Cuckoo's Nest' (1975) – depicting life in an asylum
- 'Fatal Attraction' (1987) – with Alex, the psychotic lover
- 'Silence of the Lambs' (1991) – with the cannibalistic psychopath Hannibal Lecter
- 'A Beautiful Mind' (2001) – portraying the brilliant mathematician with schizophrenia
- 'Black Swan' (2010) – depicting a ballerina's psychological breakdown
- 'Joker' (2019) – a troubled depiction of the main character's experience with severe mental illness.



### Key fact

Films like those on the previous page depict sensational images of mental illness, and therefore shape public perception, which can lead to the stereotyping of all individuals with mental health conditions.

## Positive media coverage of mental health issues

However, not all representation and discussion of mental illness in the media is negative. Many celebrities now use social media to advocate for causes and charities related to mental health and speak openly about their own issues in the hope of breaking the stigma.

- **Stephen Fry:** As President of leading mental health charity Mind, Stephen Fry is one such celebrity who uses his own experience with bipolar disorder to advocate for mental health awareness.
- **Zoe Sugg:** Zoe Sugg is another Celebrity Ambassador for Mind. Having risen to fame via her YouTube channel Zoella, Zoe has been speaking openly about her own experiences of anxiety and panic attacks for around a decade, inspiring the young generation to speak out about their own struggles.
- **The Royal Family:** The Duke and Duchess of Cambridge have become mental health advocates through their work with the charity Heads Together, hoping to open up the conversation surrounding mental health. Prince Harry and Meghan Markle, also known as the Duke and Duchess of Sussex, have spoken publicly about their own experiences with mental health.
- **Kristen Bell:** Several high profile US celebrities are also well known for using their global platforms to advocate for mental health awareness. One example is actress Kristen Bell, perhaps most famous for playing Anna in Frozen, who often uses her own experiences of depression and anxiety to encourage regular mental health check-ins and challenge the stigma surrounding mental illness.
- **Simone Biles:** Olympian Simone Biles, the most decorated gymnast in the world, has been open about her own experiences of abuse and associated mental health struggles. In August 2021, she was praised for choosing to prioritise her mental health over competing in several Olympic events at Tokyo 2020 following a bout of the 'twisties', a common but dangerous sensation sometimes experienced in gymnastics, and therefore showing the world how important it is to take care of your mental health.



Many other celebrities have spoken publicly about their experiences with mental illness, including:

- **Catherine Zeta Jones** – bipolar disorder
- **David Beckham** – Obsessive Compulsive Disorder (OCD)
- **Adele** – anxiety, panic attacks
- **Emma Thompson** – depression
- **Robbie Williams** – alcohol and substance misuse
- **Cara Delevingne** – depression
- **Johnny Depp** – anxiety
- **Nadiya Hussein** – panic disorder, anxiety
- **Olly Alexander** – bulimia, anxiety, depression.

**i** Key fact

If people know that celebrities are experiencing mental health problems, they are more likely to be open about their own problems.

**R** Wider learning

Take a look at the following BBC webpage to see celebrities such as Jade Thirlwall, Troian Bellisario, Justin Bieber and Lady Gaga talk about their experiences of mental health issues in their own words. You can also listen to Olly Alexander's appearance on The Surgery with Gemma and Dr Radha if you wish to learn more.

*<https://www.bbc.co.uk/programmes/articles/4cVPjcFly4TrNWq0XR5/mz7/15-celebrities-get-super-real-about-their-mental-health-issues>*







## Stop and think!



### Remembering and recalling key learning

How might negative portrayals of mental health issues in the media impact those living with mental illness?



### Application

Considering what you have learnt in this section regarding the way that mental health is portrayed in the media, have a go at writing a positive newspaper article about a celebrity's experience with mental health. This could be one of the celebrities listed on the previous page, one you already know of or one you have found through your own research.

You may need to undertake some further research into your chosen celebrity and their experience of mental ill health. You should consider your use of tone and language and ensure that your article portrays mental health in a positive light.



### **Developing depth**

Consider how you think the media in general could improve the way in which mental health is presented.

Make notes in the space below.

## The impact of media attitudes on individuals and their care

Negative public attitudes to mental illness can have physical and psychological impacts on both the individuals who are experiencing mental illness and the care available to them.

If you felt that you would be stigmatised, excluded and discriminated against because of your mental health problem, you might be reluctant to disclose it to anyone. This in turn would deprive you of support, leading to your illness worsening and lessening the possibility of recovery. In addition, lack of disclosure could lead to care providers thinking that levels of care could be reduced.

The following case studies illustrate some of the effects of attitudes resulting in stigma and discrimination.

### C

#### Case study: 'M'

*"I am 30 years old and have been living with bipolar disorder since I was 16 years old, though I was only recently diagnosed.*

*When I was working as an art teacher, everything had got way too much. I was having severe migraines, pains in my chest, pins and needles in the back of my head and feeling faint. I was signed off with work-related stress and anxiety.*

*During my time off, I was mainly sitting and staring, not washing, not bothering to eat and sleeping a lot. I felt like it was all pointless.*

*I remember one situation that really upset me. I hadn't been out in weeks and my husband suggested that it might make me feel better to get out of the flat. We went to the pub but when we got there it was full of my teacher friends. I said 'Hello', but I looked a state. My hair was greasy and unwashed.*

*One of the teachers who was covering my classes at the time gave me a stare and barged me as she walked past me. It was at this moment it dawned on me how everyone felt about my absence. I was a problem in their eyes, someone who didn't want to work and was having the time of her life.*

*Once the depression passed, I seemed to go through a spell of not really sleeping at all. Most of my teacher friends are on social networking sites and I had updated my status to say I was very excited about the book I was reading – not knowing at the time that I was actually hypermanic. A friend had told me that this status had created quite a stir because, as I was off sick, I was not allowed to be happy!*

*After this, I became very depressed. People often referred to me as a wild child, but if they could see me at my lowest, they probably wouldn't recognise me. Socially I wear a mask, I wear a smile, but it's a lie."*



### Case study: 'B'

*"The stigma that I have experienced because of my mental health problem has really affected my childhood in terms of friendships, relationships and education, and, more recently, at work.*

*When I was first diagnosed at 14, I was automatically told by healthcare professionals to stop going to school because it was too stressful. At the same time, my school also refused to allow me to return there once they knew I had a mental health problem.*

*Then once I left, I heard nasty rumours that people were spreading about me. My friends were advised to stop hanging out with me in case I killed them. This has made it so hard to keep friends and make new ones."*

## Social attitudes and their economic impact

Social attitudes also have an economic impact on individuals and care:

- If people weren't afraid to ask for help in the first place because of stigma, they could recover more quickly
- There would be fewer people leaving their jobs because they were unable to cope
- There would be fewer people on disability living allowance for depression
- There would be fewer people on long-term medication with its resulting medical costs.



## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Name three social attitudes towards mental ill health.

1.

2.

3.

2. What does discrimination mean?

3. What stereotypes have been given to people who have mental health conditions?



## Extend your learning



Think of a film or TV programme that you know to have a negative portrayal of mental ill health in it. What was the film or programme, and what did it show?

Explain your answer in the space below.



Congratulations, you have now completed Section 3.

## Section 4: Understand the legal context of mental illness

Upon completion of this section, you will be able to:

- Identify relevant legislation in relation to mental illness (4.1)
- Outline the implications in legislation for the provision of care to an individual with mental health problems (4.2)
- Outline legal provisions for individuals who are unable to make decisions due to mental health problems (4.3)
- Outline the legal issues around confidentiality and data protection in relation to people with mental health problems. (4.4)

### Relevant legislation in relation to mental illness

#### **A** Introductory activity

Are you already aware of any legislation relating to mental health? Note down any that you are aware of, along with everything you know about each piece of legislation and how it works.

Why do you think it is important for this legislation to be in place?

Make notes in the space below.

The key legislation and guidance relating to mental illness is as follows:

- **The Mental Health Act 1983 (MHA):** This Act dealt with the assessment, treatment and rights of people with a mental health condition and their compulsory admission to hospital.
- **The National Health Service and Community Care Act 1990:** This Act made local authorities responsible for providing care in the community.
- **The Caldicott Report 1997:** This report was about recording and reporting work activities in mental health care. All information that could reveal a person's identity must be protected to safeguard confidentiality.
- **The Human Rights Act 1998:** The Act protects a range of human rights and ensures that all people are treated equally.
- **The Mental Capacity Act (MCA) 2005:** This Act aimed at safeguarding people who couldn't make decisions for themselves due to mental health problems. It introduced The Office of the Public Guardian and The Court of Protection to ensure that such individuals were treated fairly.
- **The Mental Health Act 2007:** This Act made important amendments to the Mental Health Act 1983 to bring it into line with human rights law. It also amended the Mental Capacity Act 2005.
- **The Health and Social Care Act 2008:** The Health and Social Care Act is the primary piece of legislation relating to health and social care. This Act helps to ensure that people are protected within the health and social care sector. The Act established the Care Quality Commission (CQC) to regulate the quality of care provision and the education and training of mental health professionals.
- **The Equality Act 2010:** This Act consolidated all previous anti-discrimination laws under one Act, making it easier for people to comply with the law.
- **The Care Act 2014:** This Act introduced new responsibilities and duties for local authorities. These new responsibilities impacted on service users, care providers, carers and employees within the care sector.
- **The General Data Protection Regulation 2016:** This Regulation deals with the safeguarding of confidential information about individuals.
- **The Mental Capacity (Amendment) Act 2019:** This Act came into force on 1 April 2022 and amends the Mental Capacity Act 2005. It introduces a new process for authorising deprivations of liberty for persons who lack capacity to make a particular decision, replacing the Deprivation of Liberty Safeguards which were introduced in 2008 as an earlier amendment to the Mental Capacity Act 2005.

Source: <https://commonslibrary.parliament.uk/research-briefings/cbp-9341/#:~:text=The%20Mental%20Capacity%20%28Amendment%29%20Act%202019%20received%20Royal,earlier%20amendment%20to%20the%20Mental%20Capacity%20Act%202005.>



## The implications in legislation for the provision of care to an individual with mental health problems

There are many pieces of legislation which govern how people with mental health conditions receive care and treatment. The **two** main pieces are:

1. **The Mental Health Act 1983 (updated by the 2007 Act):** The Mental Health Act (MHA) gives guidelines on how a person can be admitted, detained and treated in hospitals. This could be also against their wishes however it details safeguards to always ensure that their human rights are upheld. People who are detained under the MHA are treated under the safeguards that are set out in the Codes of Practice and appeals are carefully monitored by the Care Quality Commission.
2. **The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards):** Mental Capacity Act (MCA) allows somebody to make a decision on behalf of someone over the age of 16, by working within the individual's 'best interests'. You will learn more about this piece of legislation further within the course.

### **R** Wider learning

Identify which piece of legislation relates to each definition below.

The Mental Health Act 2007 / The Mental Capacity Act 2005

1. \_\_\_\_\_ Allows somebody to make a decision on behalf of someone over the age of 16, by working within the individual's 'best interests'.

2. \_\_\_\_\_ Gives guidelines on how a person can be admitted, detained and treated in hospitals.



## Case study: Mr L

The main changes made to the Mental Capacity Act 2005 (MCA) were amendments to the MCA to respond to what was called the 'Bournewood gap'. This refers to the lack of a procedure to challenge the deprivation of liberty of a person resident in a hospital or care home who lacks capacity to give consent, as explored in the case study below.

Mr L, a 49 year old man with learning difficulties and autism, was detained under common law powers as an informal patient in Bournewood Hospital for a period during 1997, on the grounds that he required treatment for a mental illness. He did not have capacity to consent to or refuse admission and treatment.

In 2004, the European Court of Human Rights held that Mr L's detention under common law was incompatible with Article 5 of the Human Rights Act (which is concerned with the right to liberty), because it was arbitrary and lacked appropriate safeguards.

The European Court ruled that judicial review – which was the only way that Mr L had been able to challenge his detention at Bournewood – did not provide the kind of rigorous challenge that was required by human rights provision.

The Mental Health Act 2007 introduced the 'Deprivation of Liberty Safeguards (DoLS)' or 'Bournewood' safeguards. These protect against illegitimate deprivation of liberty for people who do not have the capacity to consent to arrangements made for their care that would deprive them of liberty. Deprivation of liberty is to be avoided wherever possible, and is only authorised if it is identified by independent assessment as a necessary and proportionate course of action to protect the person from harm.

The Deprivation of Liberty Safeguards was replaced by the Liberty Protection Safeguards when the Mental Capacity (Amendment) Act 2019 came into force in April 2022. This will be explored in more detail later in the section.





## Stop and think!



1. What does the term 'human rights' mean to you, and how do you think that human rights and mental health problems may be linked?

Make notes in the space below.

2. Can you think of any scenarios in which an individual who experiences mental health problems may have their human rights infringed?

Make notes in the space below.

## The Health and Social Care Act 2008

The Health and Social Care Act 2008 contains **two** key policies that aim to improve the provision of mental health care:

1. **Care Quality Commission** – The Care Quality Commission (CQC) was established as a regulating body for health and adult social care, bringing together existing health and social care regulators into one regulatory body, with tough new powers to ensure safe and high quality services.
2. **Professional regulation** – This part of the Act aimed to reform the system of professional regulation as part of the government's response to the Shipman Inquiry.



## The Equality Act 2010

The Equality Act 2010 brought together all previous anti-discrimination laws in a simple and consistent form under one Act.

- It applies to everyone who provides a service to the public – whether or not there is a charge for that service – and everyone who sells goods or facilities.
- It covers statutory, private, voluntary and community sector organisations, including:
  - Social care services
  - Community centres
  - Information and advice centres
  - Internet services
  - Residential care homes
  - Services delivered by voluntary organisations.
- It prohibits discrimination on the grounds of what are called ‘protected characteristics’. These are:
  - Age
  - Disability
  - Gender reassignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation.
- People are also protected if they are discriminated against because they are perceived or thought to have one of the above characteristics, or are associated with someone who has.
- The Act prohibits not only direct discrimination, but also indirect discrimination, harassment and victimisation.

## The Equality Act and mental health care

The Equality Act 2010 places legal obligations on anyone providing, or working in, mental health care.

In order to comply with the Equality Act 2010:

- Employers should inform their employees of the legislation
- Employers should consider whether further staff training is required
- Employers should review whether there are under-represented groups among people who use the service and if so, implement actions to encourage greater participation – for example, outreach activities.



### Key fact: British Values



Mental health workers must follow employers' policies and procedures relating to equality and diversity legislation. The Equality Act is one important law that underpins British Values.

In Britain, complete social equality has not yet been achieved, there are still inequalities relating to the distribution of wealth, differences of social status and other factors of society. Nevertheless, the pursuit of a more equal society has been the aim of successive British governments and other organisations that support equality and diversity.

This aim is supported by laws to promote equality and outlaw discrimination, such as the Equality Act 2010.





## Stop and think!



### Remembering and recalling key learning

What year did the Equality Act come into legislation? Select the correct answer.

- a) 2008
- b) 2005
- c) 2010
- d) 2020



### Application

What are DOLS, and why is it important that these are monitored in terms of human rights?

Make notes in the space below.



### Developing depth

What is a Community Treatment Order? You should research into this by watching the following video.

<https://www.youtube.com/watch?v=0SCvOt-wiys>

Make notes in the space below.

## Legal provisions for individuals who are unable to make decisions due to mental health problems

### The Mental Capacity Act 2005 (MCA)

The purpose of the MCA is to give protection to people who lose the capacity to make their own decisions. It promotes and safeguards decision making within a legal framework by:

- Empowering people to make decisions for themselves wherever possible
- Protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process
- Allowing people to plan ahead for a time in the future when they might lack the capacity, for any number of reasons, to make decisions for themselves.

### Principles of the Mental Capacity Act 2005

The key legislation and guidance relating to mental illness is as follows:

- **Principle 1: A presumption of capacity** – Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that it cannot be assumed that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
- **Principle 2: Individuals are supported to make their own decisions** – A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means that every effort must be made to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important to involve the person as far as possible in making decisions.
- **Principle 3: Unwise decisions** – People have the right to make decisions that others might regard as unwise or eccentric. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
- **Principle 4: Best interests** – Anything done for, or on behalf of, a person who lacks mental capacity must be done in their best interests.
- **Principle 5: Less restrictive option** – Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.



Roles, bodies and powers supporting the Mental Capacity Act 2005 (MCA):

- **Attorneys appointed under Lasting Powers of Attorney (LPAs)** – The Act introduces a new form of Power of Attorney to replace the former Enduring Power of Attorney (EPA). The new LPA allows people over the age of 18 to formally appoint one or more people to look after their health, welfare and/or financial decisions, if at some time in the future they lack capacity to make those decisions for themselves.
- **Court of Protection and Deputies** – The MCA created a new court and a new public official to protect people who lack capacity and to supervise those making decisions on their behalf. The court is able to appoint a deputy – for example, because a person has an ongoing lack of capacity. The court will tailor the powers of the deputy according to the circumstances of the individual.
- **The Public Guardian** – The role of the Public Guardian is to protect people who lack capacity to protect themselves from abuse. The Public Guardian is supported by the Office of the Public Guardian (OPG). The OPG maintains a register of LPAs. It also maintains a register of the court-appointed deputies and is responsible for supervising them.
- **Independent Mental Capacity Advocate (IMCA)** – IMCAs are a statutory safeguard for people who lack capacity to make some important decisions. This includes decisions about where the person lives and serious medical treatment when the person does not have family or friends who can represent them. IMCAs can also represent individuals who are the focus of adult protection proceedings. The Deprivation of Liberty Safeguards introduced further roles for IMCAs.
- **Advance decisions to refuse treatment** – The Act creates statutory rules with clear safeguards so that people may make a decision in advance to refuse treatment if they should lack capacity in the future.
- **A criminal offence** – The Act introduces a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity.
- **The Mental Capacity (Amendment) Act 2019** – The Mental Capacity (Amendment) Act 2019 aims to reform the process under the Mental Capacity Act 2005 for authorising arrangements enabling the care or treatment of people who lack capacity to consent to the arrangements, which give rise to a deprivation of their liberty. It introduces the Liberty Protection Safeguards, which came into force and replaced the Deprivation of Liberty Safeguards (DoLS) in April 2022. The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements. People who might have a Liberty Protection Safeguards authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. They have been designed to put the rights and wishes of those people at the centre of all decision making on deprivation of liberty.

Sources: <https://www.legislation.gov.uk/ukpga/2019/18/notes/division/2/index.htm>

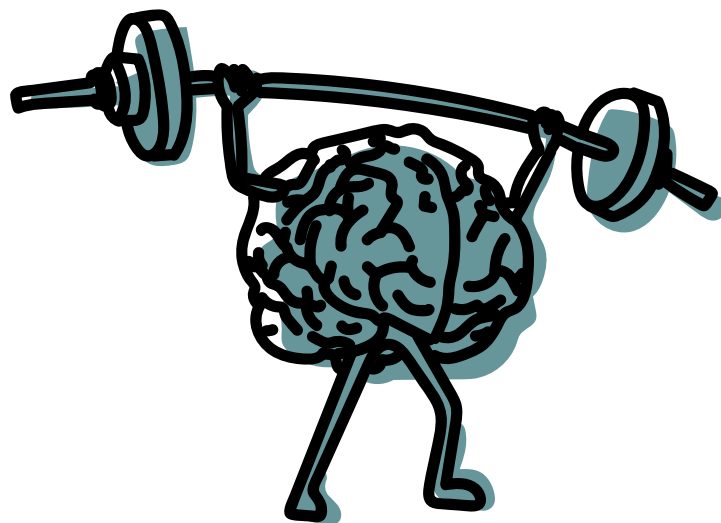
<https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets/liberty-protection-safeguards-what-they-are>

## **R** Further research

Learn more about the Mental Capacity (Amendment) Act 2019, which came into force in April 2022, via the following link:

<https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets/liberty-protection-safeguards-what-they-are>

Make notes on any key points in the space below.



## Legal issues around confidentiality and data protection in relation to individuals with mental health problems

Within the NHS, there are guidelines and policies regarding the confidentiality of health information – for example the NHS Code of Practice on confidentiality.

This is based on legal requirements and best practice and sets out the required standards of practice concerning confidentiality and patients' consent to use their mental health records.

### **R** Further research

Read through the NHS Code of Practice on confidentiality via the link below:

[www.gov.uk/government/publications/confidentiality-nhs-code-of-practice](http://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice)

## The Caldicott Report 1997

In 1997, Dame Fiona Caldicott carried out an investigation into the handling of patient information within the health service. This investigation was commissioned following concerns that patient confidentiality was being undermined by the development of information technology within the NHS.

1. Workers must be able to justify the purpose of sharing patient identifiable information, either within or outside the organisation.
2. Patient identifiable information should only be used if there is no alternative.
3. Workers should only record the minimum patient identifiable information necessary.
4. Access to patient identifiable information should be restricted and only shared on a 'need-to-know' basis.
5. Everyone who has access to patient identifiable information must be aware of their responsibilities relating to ensuring information remains confidential.
6. Everyone who has access to patient identifiable information must understand and comply with the law.

In addition to these **six** principles, the Caldicott Report recommended that a senior person, preferably a health professional, should be nominated in each health organisation to act as a 'guardian', responsible for safeguarding the confidentiality of patient information.

## The General Data Protection Regulation 2016

The General Data Protection Regulation 2016 ensures that personal information, including information about mental health, is safeguarded. It also gives individuals the right to know what information is held about them. Anyone who handles personal information must comply with the six principles of the GDPR. These principles state that information must be:

- 1. Processed fairly, lawfully and in a transparent manner in relation to the data subject.** Care workers must not collect and use an individual's personal information unless they have the person's permission and are confident that they are entitled to handle it. Individuals have a right to know how their information is being used, to have any errors corrected and to prevent their personal information being used for advertising or marketing purposes.
- 2. Collected for specified, explicit and legitimate purposes, and not further processed for other purposes incompatible with these purposes.** Further processing for archiving purposes or statistical purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes. The information must only be used for the purpose for which it was obtained and not anything else.
- 3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.** Only collect and use as much information as is needed.
- 4. Accurate and, where necessary, kept up to date.** Every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay. Any errors must be corrected promptly, and the information kept up to date. Care workers should never handle personal or sensitive information that they do not need to carry out their role.



- 5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes, subject to implementation of the appropriate technical and organisational measure required by GDPR in order to safeguard the rights and freedoms of individuals.** Information should be destroyed when it is no longer needed. Individuals have the 'right to be forgotten', which means they will be able to request that their personal data is erased and no longer processed. Retention of data will be lawful in some cases where it is necessary for compliance with a legal obligation, or for reasons of public interest.
- 6. Processed in a way that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.** Information should be kept secure at all times and protected from unauthorised access, disclosure, alteration and destruction. As soon as the organisation becomes aware that a personal data breach has occurred, it should, with undue delay and, where feasible, not later than 72 hours after becoming aware of it, notify the Information Commissioner's Office (ICO) of the breach.

The purpose of these principles is to protect the interests of the individuals whose personal information is being processed.

The Data Protection Act 2018 was also introduced in May 2018, to modernise UK data protection laws and implement General Data Protection standards .



## Stop and think!



### Remembering and recalling key learning

In what year was the Caldicott Report released?



### Application

What are three of the principles of GDPR and how do you think they relate to someone who is supporting someone with mental ill health?

1.

2.

3.



### Developing depth

Research further into the legal rights of accessing personal information by accessing the following link.

*<https://www.mind.org.uk/information-support/legal-rights/accessing-my-personal-information/overview/>*

Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Mental health does not include:

- a) A person's ability to solve problems
- b) A person's diet
- c) A person's ability to forge relationships
- d) How a person feels about themselves

2. Risk factors associated with mental health include:

- a) Social pressures
- b) Chemical imbalances in the brain
- c) Economic pressures
- d) Personality factors
- e) All of the above

3. 'On the whole, media coverage of mental health issues is positive.' True or false?

- True       False

4. Stigmas are a negative thing that can prevent mentally ill people from seeking help. True or false?

- True       False

5. How many principles are underpinned by the Mental Capacity Act 2005?

- a) Three
- b) Five
- c) Eight



## What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to mental health.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first four questions and then type your answer out for question 5.

- |                          |                        |                                                        |
|--------------------------|------------------------|--------------------------------------------------------|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident                                 |
| 4 – Confident            | 5 – Very confident     | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your understanding of the meaning of mental health and mental ill health?	
2.	How confident are you in your knowledge of how mental health care has changed over time?	
3.	How confident do you feel in your understanding of the social context of mental illness?	
4.	How confident do you feel in your understanding of the legal context of mental illness?	
5.	How do you feel your knowledge has improved since starting this unit?	





## Extend your learning



Research more into the legal rights of people who live with mental health conditions by accessing the following link.

<https://www.mind.org.uk/information-support/legal-rights/>

Make notes in the space below.



**Congratulations, you have now completed Section 4 and Unit 1.**  
Please now go to your assessment and answer Q1 to Q13.

## Unit 2: Understanding stress

Welcome to Unit Two.

This unit is split into five sections. These are:

Section 1: Understand the term 'stress'

Section 2: Understand possible causes of stress

Section 3: Understand how stress can affect an individual

Section 4: Understand how demands of daily life can contribute to stress

Section 5: Understand how stress may be managed





## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to stress. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- |                          |                        |                                                        |
|--------------------------|------------------------|--------------------------------------------------------|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident                                 |
| 4 – Confident            | 5 – Very confident     | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your understanding of the term 'stress'?	
2.	How confident are you in your knowledge of the possible causes of stress?	
3.	How confident are you in your understanding of how stress can affect an individual?	
4.	How confident are you in your understanding of how the demands of daily life can contribute to stress?	
5.	How confident do you feel in your knowledge of how stress may be managed?	
6.	What are you hoping to learn in this unit?	

## Section 1: Understand the term 'stress'

Upon completion of this section, you will be able to:

- Define the term 'stress'. (1.1)

### The term 'stress'

**A**

#### Introductory activity



What is stress? Write a definition in your own words, based on what you already know.

Make notes in the space below.

Some studies have claimed that up to 70% of visits to GPs are for conditions that are related to stress. But what is stress? Take a look at the following definitions.

**D**

#### Definition: 1

Stress is a biological response that the brain makes when it reacts to any physical or emotional situation that it finds challenging.

**D** **Definition: 2**

*Stress is: 'any interference that disturbs a person's healthy mental and physical well-being.'*

Source: Illustrated Medical Dictionary, British Medical Association (BMA)

**D** **Definition: 3**

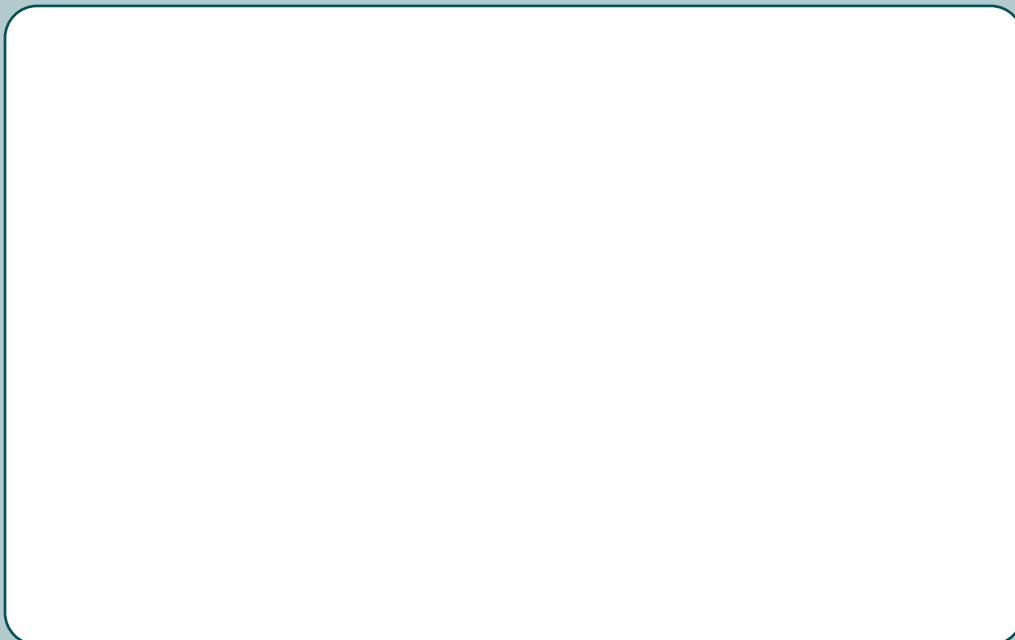
*Stress is: 'the adverse reaction people have to excessive pressure or other types of demand placed on them.'*

Source: Working Together to Reduce Stress: A Guide for Employees, The Health and Safety Executive (HSE)

**R** **Wider learning**

Think about any periods in your life where you have felt stressed. Were there any particular reasons for this, and how did it make you feel?


Make notes in the space below.



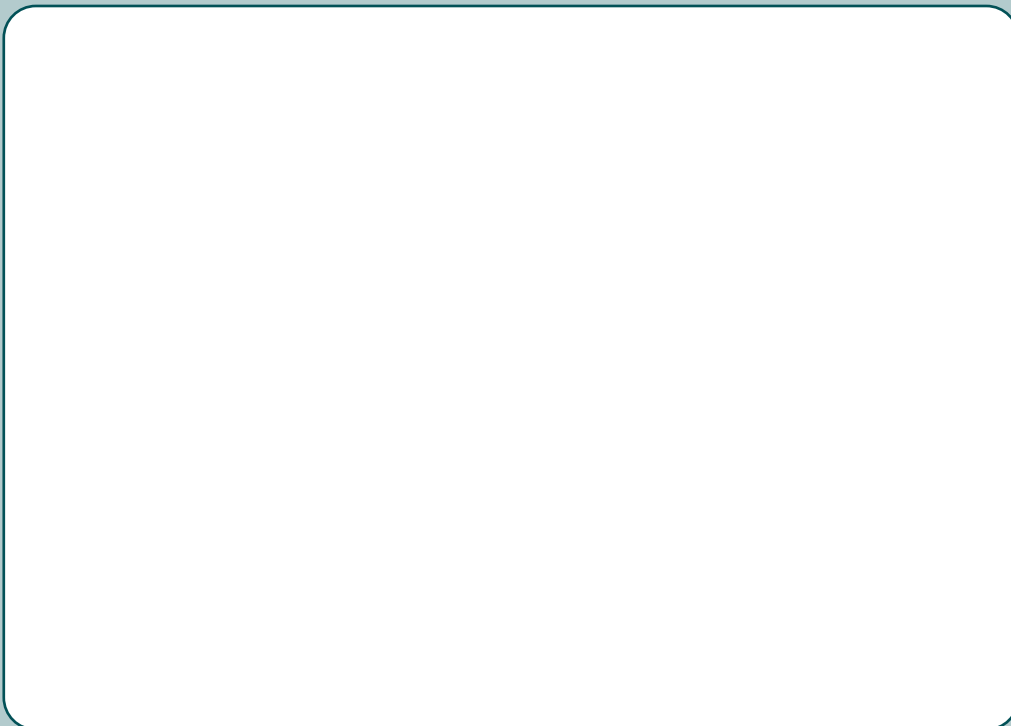
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Define what is meant by the term 'stress'.



2. The British Medical Association describe stress as being: 'any interference that disturbs a person's healthy mental and physical well-being.' What do you think about this?



**A**

## Extend your learning



Undertake some further research on stress and its definitions using the following link.

*<https://www.nhs.uk/every-mind-matters/mental-health-issues/stress/#what-is>*

Make notes in the space provided.



**Congratulations, you have now completed Section 1.**

## Section 2: Understand possible causes of stress

Upon completion of this section, you will be able to:

- Describe possible causes of stress. (2.1)

### Possible causes of stress

#### **A** Introductory activity



Can you think of any general factors or life events that may provoke stress? Write down the things that may cause stress in your life. Then, add these up. How many factors did you identify?

Make notes in the space below.

The brain can see everything as stressful, depending on the degree of stimulation and how much of a threat it poses to that individual. For example, going out of the house could be stressful for one person but not for another, and having to produce work to a deadline could be stressful for one person but not for another. The causes of stress can differ between individuals.



## General causes of stress

- **Threat:** A perceived threat will make someone feel stressed. This can include physical, social and financial threats. The threat seems worse when the person feels they can't do anything about it, as this affects a person's need to be in control.
- **Fear:** Threat can lead to fear, which can lead to people imagining terrible situations. This then leads to stress.
- **Uncertainty:** When we are not certain about something, we are unable to predict what is going to happen. We feel like we are not in control, and so may feel fearful or threatened by whatever is causing the uncertainty.
- **Cognitive gap:** This means that there is a difference, or a gap, between what we think about ourselves and what we do, which is felt as stress. So, if you think you are a nice person then do something that hurts someone else, you may experience stress. This gap also occurs when we cannot meet our commitments. We may think we are committed to something, but if circumstances prevent us from keeping our promises or meeting our responsibilities, we may be frightened that others will see us as incapable or useless.
- **Conflict:** Being in conflict with others is a source of stress. Conflict with colleagues or with managers can lead to stress in the workplace. This can also arise in domestic and other social situations, where there is a difference of opinions or a clash of personalities.
- **Frustration:** Frustration occurs when we cannot achieve something that we feel like we should achieve. This is coupled with feelings of helplessness due to being unable to resolve the situation, and a lack of control that leads to feelings of stress.
- **Pressure:** Pressure can come from many sources, including domestic life and work. Often, there are lots of demands on the individual, to the point where they feel a lack of personal control and unable to fulfil their commitments. This creates stress.



## Stop and think!



### Remembering and recalling key learning

When we feel stress because we think there is a difference between what we think about ourselves and what we do, this is called a cognitive \_\_\_\_\_.



### Application

Think of your own personal situation. What do you think usually causes you stress? Can you think of a time where more than one thing was causing you stress?

Make notes in the space below.



### Developing depth

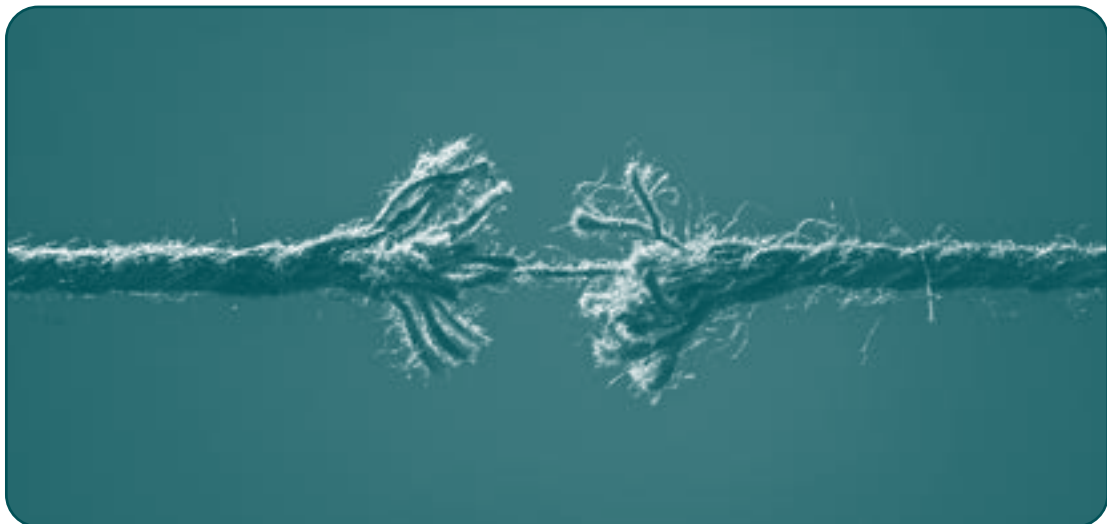
Chat to a friend, family member or colleague about stress and its causes. What causes stress for them?

Make notes in the space below.

## Life events

There are many life events that can cause stress, including:

- **Death** of a friend or family member
- **Health** – injury, illness, pregnancy
- **Crime**, such as sexual violence, mugging or burglary
- **Family change** – separation, divorce, new baby or marriage
- **Sexual problems** leading to unstable relationships
- **Arguments** with family, friends, co-workers or your boss
- **Physical changes**, such as lack of sleep through new working hours
- **Moving** to a new house, school or job
- **Money problems** – too little or too much
- **Increase in responsibilities** – in the home or at work
- **Loss of a job** and the income that goes with it.

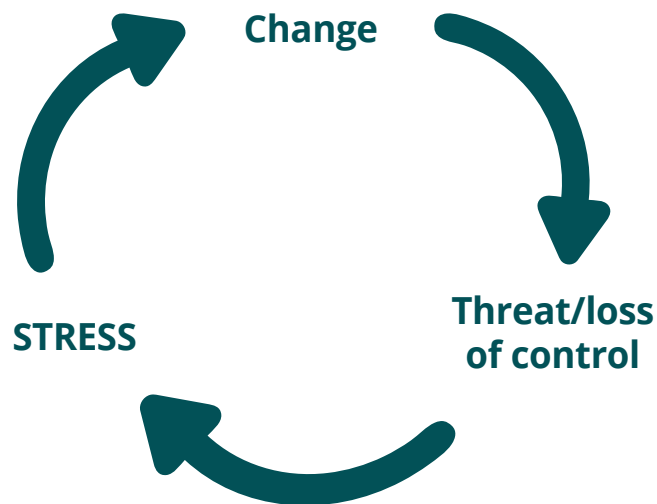


## The cause and effect of stress

Many of the causes of stress are the result of some kind of change or instability that creates a threat, fear or feeling of a lack of personal control. In these circumstances, the effects of stress may be experienced as physical symptoms, such as sweating and a pounding heart.

Even if the person doesn't feel physical symptoms, long-term stress can have a damaging effect on the body, for example increasing the risk of stroke or heart attack brought about by raised blood pressure.

## The stress cycle



## Stress at work

The workplace can be a common focus of stressful situations for many people.

The Health and Safety Executive (HSE) lists **six** key causes of stress in the workplace:

1. The demands of the job
2. The degree of control staff have over how they do their work
3. The degree of support they receive from colleagues and superiors
4. Their relationships with colleagues
5. Whether they understand their roles and responsibilities properly
6. How far the company consults staff over workplace changes.



## Stop and think!



### Remembering and recalling key learning

The only life event that can cause someone stress is divorce or separation from a partner. True or false?

True

False



### Application

Can you think of any examples of situations or incidents that may provoke stress at work? Make a list of these below. Then, consider all of the indicators you are aware of that there may be a high level of stress in the workplace, and list these below.



### Developing depth

How many examples did you think of for each category? Add these up and compare the totals. Do you know more about the causes of workplace stress, or the indicators? Why do you think this is?

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Name five general causes of stress.

1.

2.

3.

4.

5.

2. Name three examples of life events that could cause stress.

1.

2.

3.

**A**

## Extend your learning



Find out more about stress at work by accessing the following link:

<https://www.hse.gov.uk/stress/>.

Make notes in the space below.



**Congratulations, you have now completed Section 2.**

## Section 3: Understand how stress can affect an individual

Upon completion of this section, you will be able to:

- Explain how stress can be both useful and harmful (3.1)
- Give examples of the symptoms of stress (3.2)
- Describe the feelings an individual may have when experiencing stress (3.3)
- Describe how stress can affect an individual. (3.4)

### How stress can be both useful and harmful

**A**

#### Introductory activity



Do you know the difference between useful and harmful stress? Write a definition of each term, ensuring that your spelling, punctuation and grammar are correct.

Useful stress:

Harmful stress:

We usually think of stress as being something that should be avoided; however, **not all stress** is bad for you.



## Positive stress

Positive stress is the type of stress response triggered by excitement, whereas negative stress is stress that an individual feels unable to handle.

## Managing stress

Some people are able to cope with stress better than others. If individuals cannot cope with stress, this is because the situation is perceived by the brain as threatening.

It is important to achieve a balance between enjoying positive, useful stress on the one hand; and on the other, having a lack of stimulation which could lead to boredom, or too much harmful stress, leading to feeling unable to cope.



## Useful and harmful stress

### Useful stress

- Makes you more alert to danger and focuses your senses
- Can help you solve daily challenges and motivate you to reach your goals
- Can boost your memory
- Can help to strengthen the immune system – for example, stress can improve how your heart works and protect your body from infection.

### Harmful stress

- Can weaken the immune system if experienced over a period of weeks or months and cause high blood pressure, fatigue, depression, anxiety and even heart disease
- Makes the body produce too much epinephrine, which can be harmful to your heart
- Can affect the arteries and how their cells are able to regenerate.

**R**

## Wider learning

Look at the following list of situations and decide whether each is an example of useful or harmful stress.

1. Worrying about personal death or illness.
2. Being worried about your parent who is in her 90s and developing Alzheimer's disease.
3. Creating a plan for managing credit card finances.
4. Giving a performance on stage.
5. Overworking and not spending time with family.
6. Having an academic debate with another student at college or university.

**i**

## Key fact

The degree to which a situation disturbs a person's healthy mental state determines whether or not any stress caused is problematic.



## Stop and think!



### Remembering and recalling key learning

Sajid is not feeling positive about life. They are stressed about how the stress that they are receiving at work will increase due to a new government election. They are unsure about who will be elected but this stress is causing them to lose sleep. Is this an example of useful or harmful stress?



### Application

Why did you choose this option?

Write your reasoning in the space below.



### Developing depth

What advice might you give Sajid to reduce their stress?

*E.g. Avoid reading the news before bed.*

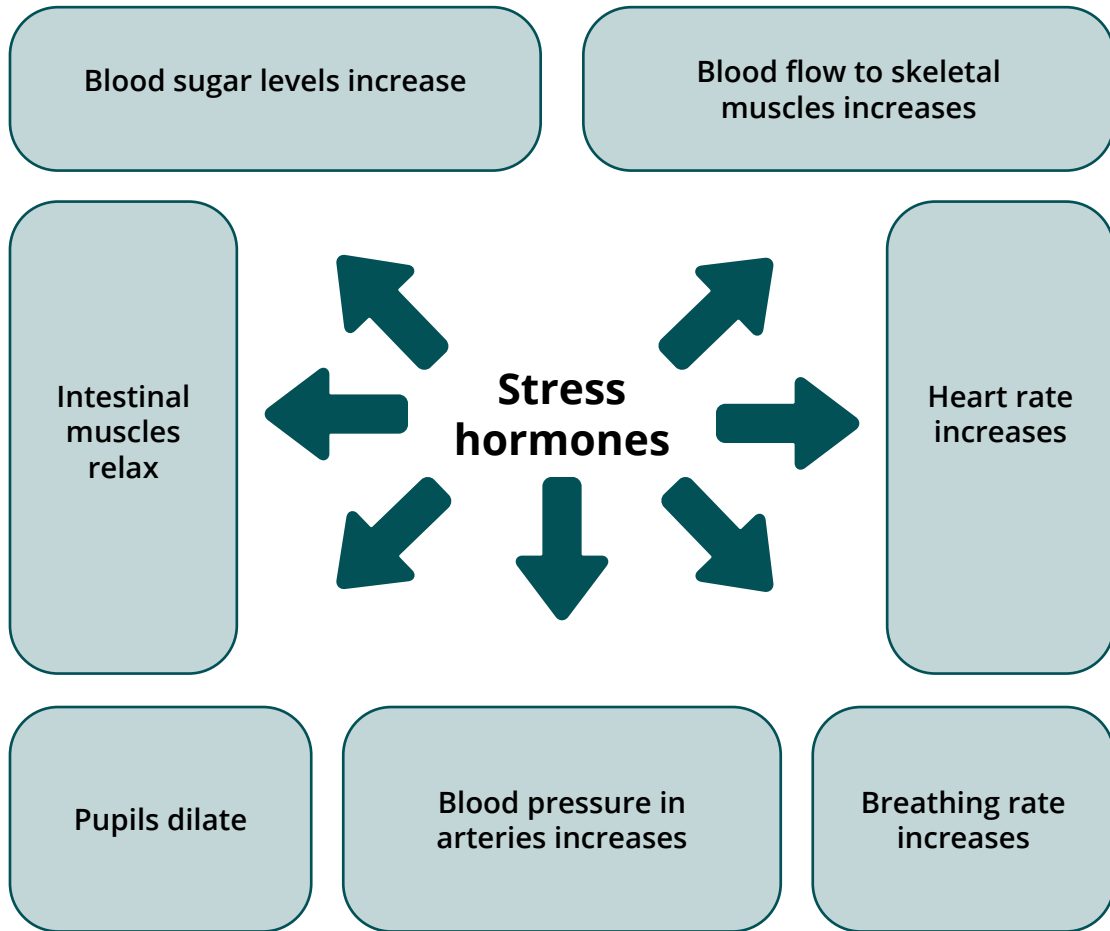
## Examples of the symptoms of stress

Common physical symptoms include:

- Increased heart rate, high blood pressure and palpitations
- Aches, pains and headaches
- Difficulty breathing
- 'Butterflies'
- Indigestion
- Sleep disturbance and constant tiredness
- Feeling sick or dizzy
- Constipation or diarrhoea
- Sexual difficulties
- Tendency to sweat.

Although you may not be aware of it, your body reacts to stress in the following ways due to the effect of stress hormones.





**R** Wider learning

When you feel stressed, what symptoms do you experience? Write a short reflection in the space below.

## The feelings an individual may have when experiencing stress

Different people experience stress in different ways; however, there are some common feelings that are often experienced. The feelings and behaviours you experience during a stressful situation will depend on the degree of stress that you can cope with.

### Feelings

- Feeling aggressive towards others
- Feeling depressed or withdrawn
- Being easily annoyed or irritated by others
- Feeling neglected or isolated
- Fearing you are ill
- Dreading the future
- Dreading failure
- No interest in life
- Lack of interest in others
- Loss of your sense of humour
- Feeling you have no one to confide in.

### Behaviours

- Difficulty making decisions
- Inability to show true feelings
- Problems concentrating
- Avoiding difficult situations
- Denying there's a problem
- Frequently crying
- More likely to smoke or drink
- More likely to take sick leave from work
- Poor time management.

**R** Wider learning

Look at the phrases or statements below and choose whether they would be a 'behaviour' or 'feeling'.

1. Ingrid tells their college lecturer that they are upset.
2. Jasper starts to ignore deadlines and emails at work.
3. Blessing avoids social events.
4. Alex quits their college course as they no longer are interested in studying.

**How stress can affect an individual**

Stress can trigger health problems or make existing health concerns worse, for example:

- Asthma, hay fever, eczema and allergies
- Migraines
- Stomach ulcers
- Diarrhoea
- Irritable bowel syndrome (IBS)
- Heart disease
- Diabetes and high blood pressure.

**i** Key fact

Long-term chronic stress can lead to serious physical illnesses, such as high blood pressure, strokes and heart attacks.



## Stop and think!



### Remembering and recalling key learning

Different people experience stress in the same ways. True or false?

True

False



### Application

Think about a situation where you were under stress – it could be a short-term situation such as hearing bad news, feeling threatened by something or sitting a driving test, or a long-term situation such as being in an unhappy relationship or having health worries. What was the situation like and how did it make you feel?

Make notes in the space below.



### Developing depth

How do you think another individual may have reacted in the same situation? Would they have experienced the same feelings, and why/why not?

Make notes in the space below.



## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. What is useful stress?

2. What is harmful stress?

3. Name four examples of the symptoms of stress.

1.

2.

3.

4.

4. How can stress trigger health problems or existing health concerns?



## Extend your learning



Use the following links to learn more about the impact of stress on your body. You can also undertake your own research if you wish.

[https://www.huffingtonpost.co.uk/entry/stress-health-effects-cancer-immune-system\\_n\\_2599551](https://www.huffingtonpost.co.uk/entry/stress-health-effects-cancer-immune-system_n_2599551)

<https://www.youtube.com/watch?v=v-t1Z5-oPtU>

<https://www.helpguide.org/articles/stress/stress-symptoms-signs-and-causes.htm>

Make notes in the space below.



**Congratulations, you have now completed Section 3.**

## Section 4: Understand how demands of daily life can contribute to stress

Upon completion of this section, you will be able to:

- Describe internal and external demands in life which may result in stress. (4.1)

**A**

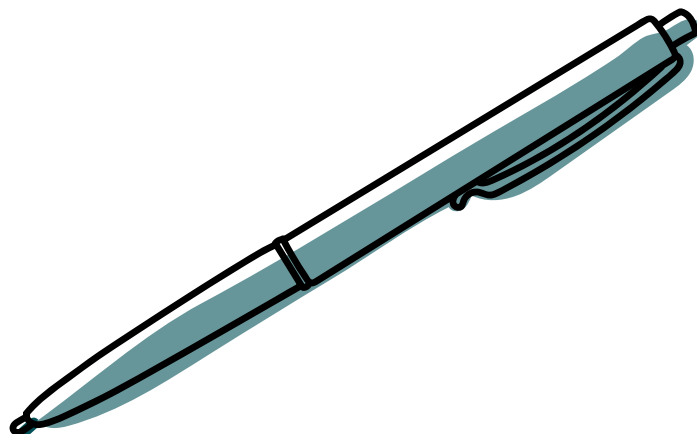
### Introductory activity



What do you think is meant by internal factors and external factors? Write a definition of each term in your own words in the space below. Then, make a list of any internal and external demands you can think of that could cause stress in the space below.

Internal factors

External factors



## Internal and external demands in life which may result in stress

### Internal demands

Internal demands that can cause stress are a result of our personality – aspects of ourselves that we are born with. They are pressures generated from inside the body by your level of well-being and your personality.

The body's ability to cope with internal demands in daily life differ from person to person, but is determined by factors such as:

- General health and fitness levels
- A person's emotional state
- A person's nutritional balance
- Adequate rest and sleep.

### External demands

External stress comes from outside sources or situations.

### Internal factors

Internal factors are often hard to identify but could include:

- Feelings of general anxiety
- Stress caused by addictive behaviour
- Physical and mental health problems
- Worrying about finances, job or college performance
- Poor time management and personal organisation
- Feeling guilty about taking time to relax.

## External factors

External factors could include:

- Finance issues such as debt
- Relationship problems
- Household issues
- Personal responsibilities due to pressure from other members of the family
- Dealing with a death or serious illness
- Moving to a new house
- Job loss or job search.



### Key fact

It is often difficult to distinguish what is an internal demand and what is external – one may be a result of the other.



## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Name three internal factors of demands in daily life that can contribute to feelings of stress.

1.

2.

3.

2. Name three external factors of demands in daily life that can contribute to feelings of stress.

1.

2.

3.

**A**

## Extend your learning



The NHS have lots of resources and guides on how to manage stress within your everyday life. Take the 'Mind Plan' quiz by following the link below. If you need to, record your findings and make notes in the space below.

*<https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/>*



**Congratulations, you have now completed Section 4.**

## Section 5: Understand how stress may be managed

Upon completion of this section, you will be able to:

- Describe healthy strategies that could be used by an individual to reduce or manage stress in life (5.1)
- Describe local support available to individuals experiencing stress. (5.2)

**A**

### Introductory activity



Think about a situation where you were stressed. What did you do to try and manage this? If someone you know was to tell you they are experiencing stress, are there any other strategies you can think of that you could suggest they try in order to manage their stress better?

Make notes in the space below.



## Healthy strategies that could be used to reduce or manage stress in life

If you are feeling stressed, there are a number of things you can do to help yourself. Steps an individual could take in order to cope better with stress include the following:

- **Take a regular break.** Give yourself a brief break whenever you feel things are getting on top of you – get a soft drink or take a brief stroll.
- **Learn to relax.** Follow a simple routine to relax your muscles and slow your breathing.
- **Be more organised.** Make a list of jobs and tackle one task at a time.
- **Sort out your worries.** Divide them into those that you can do something about and those that you can't. There's no point in worrying about things that you can't change.
- **Change what you can.** Look at the problems that can be resolved and get whatever help is necessary to sort them out.
- **Look at your long-term priorities.** Examine what it is about your life that's giving you too much stress. What can you offload or change? Reassess your priorities.
- **Improve your lifestyle.** Find the time to eat properly, get plenty of exercise and enough sleep. Avoid drinking and smoking.
- **Confide in someone.** Don't keep your emotions bottled up.
- **Focus on the positive aspects of your life.** Take some time to focus on the positive aspects of your life, and the things you're grateful for.

### Remember

If a person is stressed, the first strategy for reducing it and feeling better should be to identify the symptoms and what is causing them.

**R**

## Wider learning

Use the following link to look at 10 stress busters that might be useful in reducing your stress levels. You can also undertake your own research if you wish.

<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/reduce-stress.aspx>

Make notes on the key points in the space below.



## Journaling

Different people will find different things helpful, when it comes to managing their own stress. One way in which this could be done is through a stress journal. This could be used to work out what triggers your stress, how the person operates under pressure and how to develop better coping mechanisms.

## Goal setting using SMART targets

Goal setting is when you set goals for yourself and consider what you want to achieve.

You do this to help you to think positively and to identify the different possible options for achieving your goals.

It is important to set goals for things that feel challenging. Your goal is supposed to stretch you to take action, doing things that you might not have done before. It is when you are willing to 'have a go' and keep going that you can make positive change happen.

When you set goals, they need to be SMART. SMART is an acronym for:

- Specific
- Measurable
- Achievable
- Realistic
- Timely.

Your goal needs to be written clearly and specifically so that you know what you want to do and can check how you will know you have done it. This makes it easier to measure your success.

Whilst the goal needs to challenge and stretch you, it also needs to be something that is possible and achievable. If you want your goals to be achievable, it is important to put a time and date next to when you think you will complete the actions towards your goal.

It is when you take action, set yourself a few realistic goals and start to take small steps forward that you make the difference. It isn't always easy to do, and it is totally understandable and okay if it doesn't feel comfortable at first.

Believing in yourself and your own ability to achieve a goal or make a change can take time.

When you take action and have an experience that goes well, you are more likely to feel confident that you can do this again.



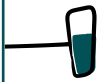
## Stop and think!



### Remembering and recalling key learning

Unjumble the following sentence to discover one of the ways you can reduce stress:

oexnl ea rtalr



### Application

Have a go at keeping a stress diary by noting down any stressful episodes you experience for two to four weeks. In each entry, you should include:

- The date, time and place of a stressful episode
- What you were doing
- Who you were with
- How you felt emotionally
- How you felt physically
- What you started doing
- A stress rating of 0 – 10, with 10 being the most stressed.



### **Developing depth**

Once you have completed this diary, you should review your findings. What triggers can you identify when reflecting on stressful episodes? Can you think of any strategies you could use to manage this stress better?

## **Local support available to individuals experiencing stress**

Local support for people experiencing stress can include:

- Stress counsellors
- Stress support groups with people in similar situations
- Support from family and friends
- GPs as the first port of call for information about local support, and for medication; however, medication is usually a last resort due to potentially problematic side effects
- Local services that can help with specific causes of stress, such as:
  - Citizens Advice Bureau
  - Local authority housing department
  - Local credit union for financial guidance
  - Trade unions for work disputes.

## How local support can help

### Physical assistance

This can be financial or direct help, or the provision of useful resources.

### Information

People may have information that can help the situation or solve the problem, or may have personal experience that can help you. They may have solved the problem before, or may have seen the problem solved elsewhere.

### Problem solving

People may be able to help you to think through how to solve the problem. Just explaining a problem clearly to someone else can bring it into focus so that the solution is obvious.

### Reassurance

People can also give emotional support and reassurance when you may be starting to doubt yourself. They can help you to put problems into context or find solace elsewhere.





## Stop and think!



### Remembering and recalling key learning

Which of the following can local support NOT help you with?

- a) Physical assistance
- b) Reassurance
- c) Taking over the task for you
- d) Information



### Application

What are the services that you are aware of in your local area?

Make notes in the space below.



### Developing depth

Using a search engine, take a look at charities within your local area. What kind of services are on offer and how can these be accessed?

Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. What percentage of visits to GPs are for conditions related to stress?

- a) 10%
- b) 40%
- c) 70%

2. Stress is...

- a) A biological response created in the brain
- b) A physical effect of being tired
- c) Not caused by pressure or other demands

3. Select the correct pathway that can lead to stress.

- a) Change - Loss of control - Event - Stress
- b) Stress - Event - Change - Loss of control
- c) Event - Change - Loss of control - Stress
- d) Loss of control - Change - Stress - Event

4. An example of external factors in daily life that causes stress is...

- a) Feeling depressed for no identifiable reason
- b) Financial issues, such as debt
- c) Physical and mental health conditions

5. Which of the following is not a source of local support for people with stress?

- a) GB
- b) Citizens Advice Bureau
- c) Work manager





## What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to stress. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- |                                 |                               |                                                               |
|---------------------------------|-------------------------------|---------------------------------------------------------------|
| <b>1 – Not confident at all</b> | <b>2 – A little confident</b> | <b>3 – Somewhat confident</b>                                 |
| <b>4 – Confident</b>            | <b>5 – Very confident</b>     | <b>6 – Confident enough to share my knowledge with others</b> |

1.	How confident do you feel in your understanding of the term 'stress'?	
2.	How confident are you in your knowledge of the possible causes of stress?	
3.	How confident are you in your understanding of how stress can affect an individual?	
4.	How confident are you in your understanding that demands of daily life can contribute to stress?	
5.	How confident do you feel in your knowledge of how stress may be managed?	
6.	How do you feel your knowledge has improved since starting this unit?	



## Extend your learning



Research local support for stress within your local area. You could use the internet or local information hubs for this.

Make notes in the space below.



**Congratulations, you have now completed Section 5 and Unit 2. Please now go to your assessment and answer Q1 to Q10.**

## Unit 3: Understanding anxiety

Welcome to Unit Three.

This unit is split into five sections. These are:

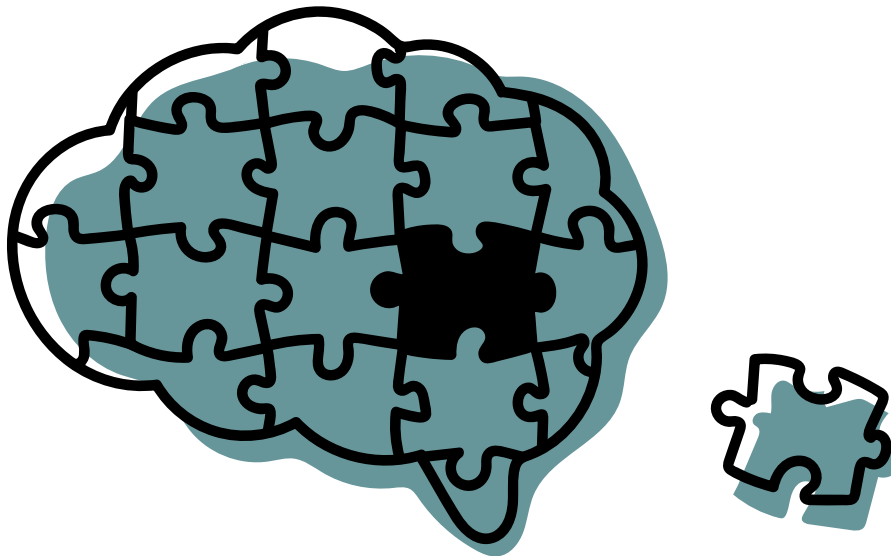
Section 1: Understand the terms 'anxiety' and 'panic attack'

Section 2: Understand possible causes of anxiety

Section 3: Understand how anxiety can affect the individual and others

Section 4: Understand how different ways of thinking and behaving can affect anxiety

Section 5: Understand how anxiety may be managed





## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to anxiety. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- |                          |                        |                                                        |
|--------------------------|------------------------|--------------------------------------------------------|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident                                 |
| 4 – Confident            | 5 – Very confident     | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your understanding of the terms 'anxiety' and 'panic attack'?	
2.	How confident are you in your knowledge of the possible causes of anxiety?	
3.	How confident are you in your understanding of how anxiety can affect the individual and others?	
4.	How confident are you in your understanding of how different ways of thinking and behaving can affect anxiety?	
5.	How confident do you feel in your knowledge of how anxiety may be managed?	
6.	What are you hoping to learn in this unit?	

## Section 1: Understand the terms 'anxiety' and 'panic attack'

Upon completion of this section, you will be able to:

- Define the term 'anxiety' (1.1)
- Describe what is meant by a 'panic attack'. (1.2)

**A**

### Introductory activity



What do you understand by the terms 'anxiety' and 'panic attack'? Write a definition of each in your own words, ensuring that your spelling, punctuation and grammar are correct. Then, consider how you would differentiate between the two.

'Anxiety':

'Panic attack':

How would you differentiate between the two?

## Defining the term 'anxiety'

A certain level of anxiety is normal. It helps us to avoid dangerous situations, and makes us alert and motivated to deal with problems. The cold sweat reaction that we get when feeling anxious is part of our instinctive 'fight or flight' response to danger that kept our ancestors safe.

### **D** Definition: Anxiety

*Anxiety is 'the feeling of fear that we experience when faced with a threatening or difficult situation.'*

Source: Anxiety, Panic and Phobias, BBC (2008)

### **i** Key fact

Anxiety becomes a mental health disorder when it occurs regularly and at any time, and produces prolonged symptoms of stress that affect a person's quality of life. If a person responds with anxiety to events or threats that do not pose a realistic danger, the condition can enter a cycle where everything becomes a potential crisis. In these situations, the person becomes incapable of functioning normally in daily life.



## What is meant by a 'panic attack'

As with anxiety, panic is a normal response to a dangerous situation and is an important survival mechanism for human beings.

### **D** Definition: Panic attack

*'A panic attack is when your body experiences a rush of intense mental and physical symptoms. It can come on very quickly and for no apparent reason.'*

Source: <https://www.nhs.uk/conditions/panic-disorder/>

This sudden onset of intense apprehension, fear or terror that makes the person want to leave the situation immediately may also be accompanied by physical symptoms, such as:

- Difficulty breathing
- Dizziness
- Palpitations
- Chest pain
- Tingling sensations
- Shaking and sweating
- Feelings of unreality.

As with anxiety, panic attacks become a mental health disorder when they occur regularly, often for no obvious reason, and prevent a person from living a normal daily life.



## Stop and think!



### Remembering and recalling key learning

Which of these is a physical symptom of a panic attack?

- a) Chest pain
- b) Negative thoughts
- c) Dizziness
- d) Sweating



### Application

Imagine that one of your friends is experiencing anxiety or panic attacks. How do you think you could try to support them with this? Are there any strategies you could suggest to help them manage their feelings?





### Developing depth

Read through the following statements and decide whether you think each is true or false. Then, research these statements to learn more.

In the UK, about 1 in 10 people experience panic disorder.

True       False

Most people first develop the disorder when they are in their twenties.

True       False

More men than women experience panic disorder.

True       False

GAD stands for 'Generalised Anxiety Disorder'.

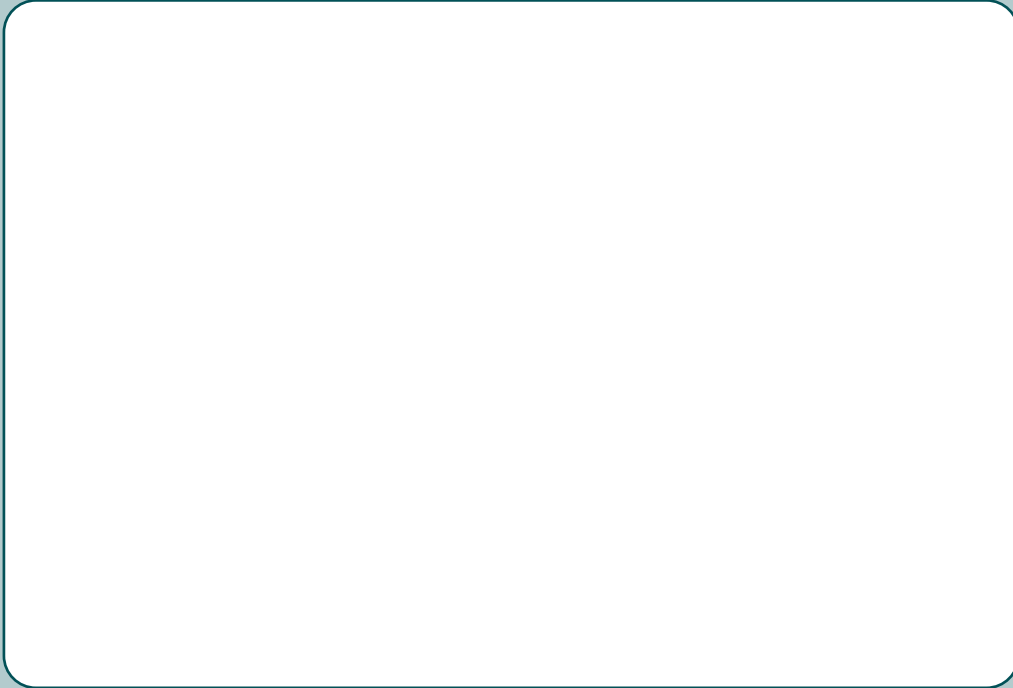
True       False

Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain in your own words what the term 'anxiety' means.



2. What is a 'panic attack'?



**A**

## Extend your learning



To learn more about the signs and symptoms of panic attacks and anxiety, you may wish to visit this website for further research.

*<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/panic-attacks/>*

Make notes in the space below.



**Congratulations, you have now completed Section 1.**

## Section 2: Understand possible causes of anxiety

Upon completion of this section, you will be able to:

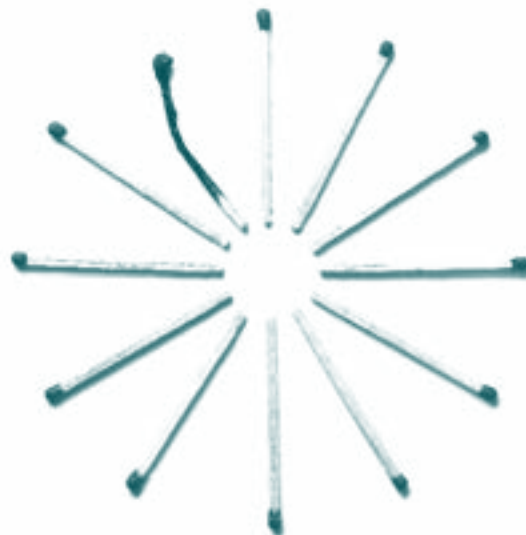
- Describe possible causes of anxiety. (2.1)

**A**

### Introductory activity



Are you already aware of any possible causes of anxiety? Make notes on any that you know of, along with an explanation of how you think each might trigger the condition.



As with many mental health disorders, the precise causes of anxiety are not known. It is thought that biological, psychological and environmental factors combine to produce anxiety in some people, whilst other people are unaffected by these. Some possible causes of anxiety include:

- **Genetic inheritance.** Some people seem to be born more anxious than others. Some theories suggest that you may inherit a tendency to be more anxious, forming a part of your personality.
- **Past experiences.** If something distressing happened to you in the past and you were unable to deal with your emotions at the time, you may become anxious about facing similar situations again in case they stir up the same feelings of distress.
- **Everyday life and habits.** Daily lifestyle habits, such as consuming excess caffeine or sugar, poor diet, exhaustion, stress, and the side effects of certain medication, can also trigger symptoms of anxiety. The use of recreational drugs like amphetamines, LSD or ecstasy can also lead to feelings of anxiety.
- **Fear of losing control.** If you feel like you are not in control of your life, you can start to feel anxious about events beyond your control, such as the threat of being attacked, developing cancer, or losing a job.

After a while, you can start to fear the symptoms of anxiety, especially the feeling of not being in control. This can create a vicious cycle of emotions, where you feel anxious because you dread feeling the symptoms of anxiety, and then you experience those symptoms because you are having anxious thoughts.



### Key fact

If people are under high levels of stress for a prolonged period of time, this can trigger more long-term symptoms of anxiety.



## Stop and think!



### Remembering and recalling key learning

Which of these is not a possible cause of anxiety?

- a) Past experiences
- b) Fear of losing control
- c) It is contagious
- d) Genetic inheritance



### Application

According to a UK charity, young adults are experiencing 'anxiety overload'. Read this article on the BBC website to learn more about this.

<http://news.bbc.co.uk/1/hi/health/8286939.stm>



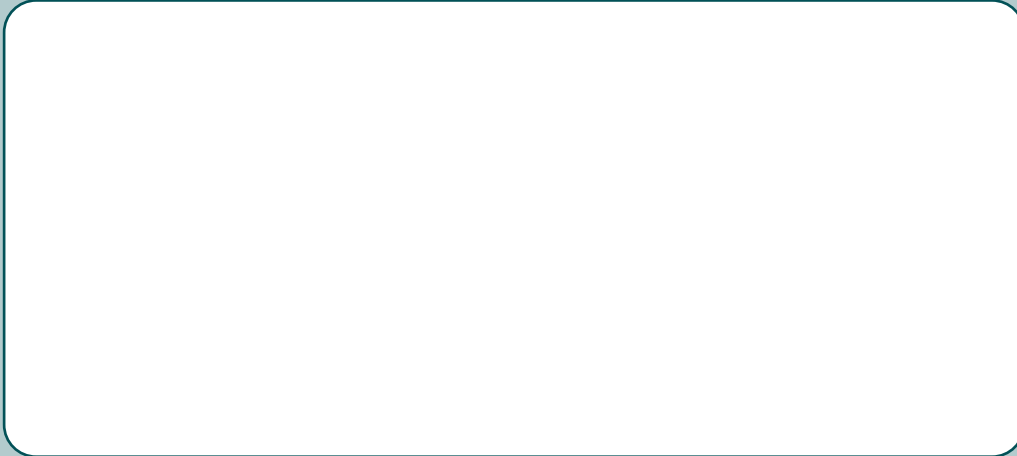
### Developing depth

If 66% of 18-24 year olds felt stressed or anxious at least once a week, then what percentage of those surveyed did not experience these feelings?

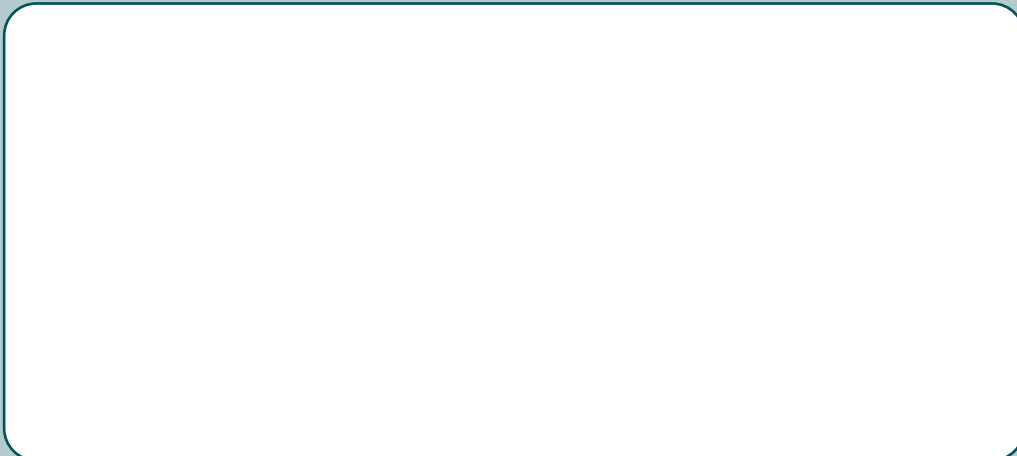
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

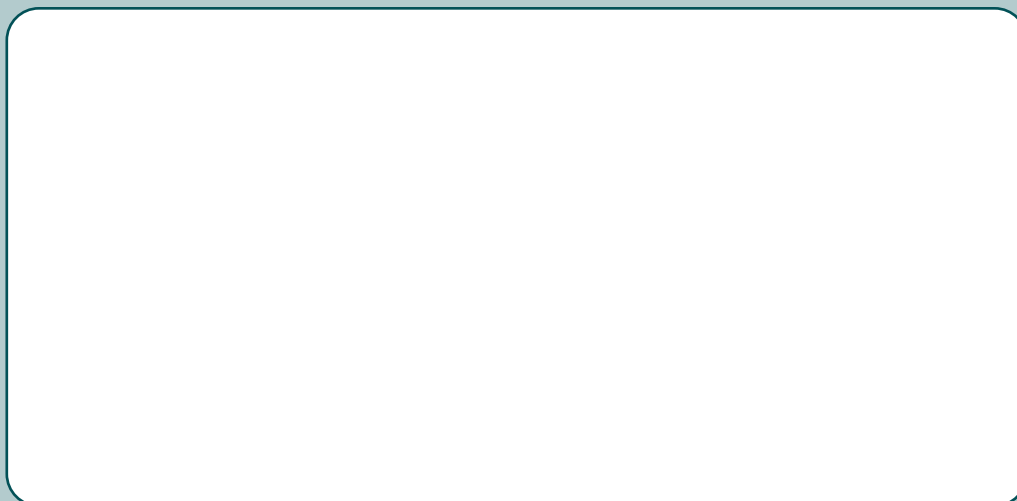
1. What biological factors can cause anxiety?



2. What psychological factors can cause anxiety?



3. What environmental factors can cause anxiety?





## Extend your learning



To further your learning, visit the following link to research more into the causes of anxiety.

*<https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/>*

Make notes in the space below.



**Congratulations, you have now completed Section 2.**



### **Section 3: Understand how anxiety can affect the individual and others**

Upon completion of this section, you will be able to:

- Describe situations where individuals may experience anxiety (3.1)
- Describe the feelings an individual may have when experiencing anxiety (3.2)
- Describe how anxiety can affect an individual (3.3)
- Describe how an individual's anxiety may affect others. (3.4)



## Situations where individuals may experience anxiety

**A**

### Introductory activity



Think about what you already know about anxiety. What kind of situations may cause people to feel anxious? Have you ever experienced any of these situations yourself?

Make notes in the space below.

Situations that may lead to people feeling anxious include:

- Being frightened of something happening to themselves or someone close to them
- Feeling under pressure to perform in some way
- Worrying about debt
- Having to do something that you don't feel prepared for or capable of
- Worrying about your health
- Knowing or feeling like there is a lot resting on success
- Being in a strange environment where you don't feel in control.

**R**

**Wider learning**

Write a diary entry imagining that you have just experienced a situation that provoked anxiety for the first time. You should include what happened, how you felt, any symptoms you experienced and how you reacted.

Make your notes in the space below.

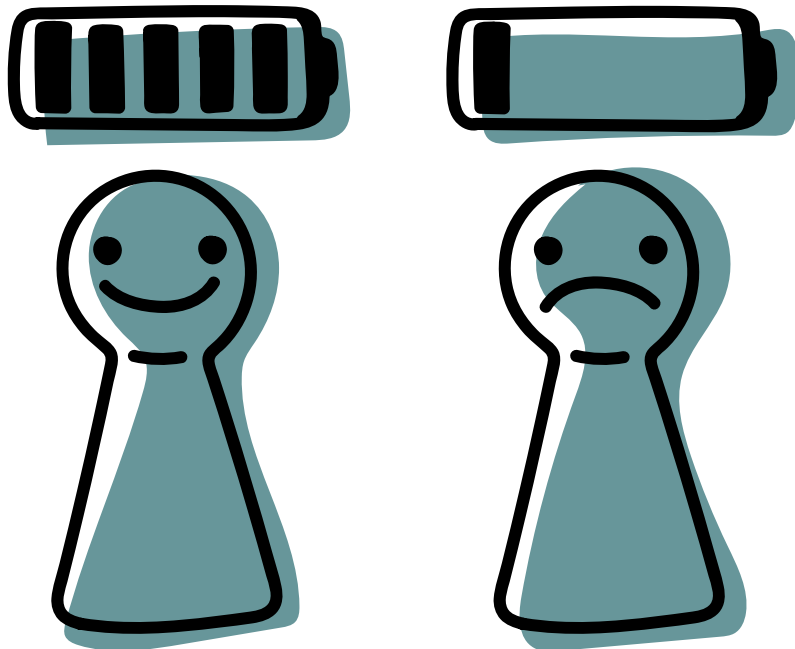


## Feelings an individual may have when experiencing anxiety

We all feel anxious from time to time – perhaps before sitting a driving test or waiting to hear the results of a medical check-up. There are many scenarios in which these feelings can arise.

Feelings that people commonly experience when anxious include:

- Feeling restless and 'on edge'
- Feeling irritable and impatient
- Feeling sick
- Tension in the muscles of the neck and shoulders
- Tiredness
- Dreading something about to happen
- Feeling you can't cope with normal everyday issues
- Feeling that your heart is pounding
- Pins and needles.



## How anxiety can affect an individual

Anxiety can affect people **physically, mentally** and **emotionally**.

### **Mental and emotional effects of anxiety**

- Feeling restless and 'on edge'
- Mood swings
- Feeling negative
- Difficulty sleeping
- Low mood – depression
- Feeling irritable and impatient
- Dreading something about to happen
- Loss of confidence
- Low self-worth
- Feeling like you can't cope with normal everyday issues
- Low attention levels
- Poor concentration
- Poor judgement
- Relying on alcohol, tobacco or other drugs to cope.

## Physical effects of anxiety

- Palpitations of the heart
- Increased heart rate
- Shortness of breath
- Hyperventilation – fast, shallow breathing
- Muscle tension in the neck and shoulders
- Feeling sick
- Diarrhoea
- Flushing on the face
- Dry mouth
- Sweating
- Tightness in the stomach
- Pins and needles
- Tiredness
- Irritable bowel syndrome (IBS).





## Stop and think!



### Remembering and recalling key learning

Anxiety only causes emotional symptoms. True or false?

True

False



### Application

Reflect on the diary entry you wrote in the 'Wider learning' activity on page 137. How many of the effects you have just learnt about did you experience during the anxious situation?



### Developing depth

Calculate whether you experienced more mental, emotional or physical effects during your anxious situation. Do you think there is a reason for this?

## How high levels of anxiety can affect an individual

High levels of anxiety may also have the following effects on a person's health:

- **Panic attacks.** These are attacks in which anxiety symptoms worsen and become more acute. Symptoms include hyperventilation, difficulty breathing and a choking sensation in the throat.
- **Circulatory problems.** People who experience long-standing anxiety symptoms tend to have a higher blood pressure. This in turn can lead to an increased risk of strokes and heart attacks.
- **Digestive problems.** When feelings of anxiety are experienced for a prolonged period of time, specific digestive conditions such as stomach ulcers and irritable bowel syndrome (IBS) can develop.
- **Increased inflammation.** The chemicals giving rise to anxiety symptoms can disrupt normal healing processes in the body. This is why stress and anxiety can make the symptoms of conditions such as rheumatoid arthritis or asthma even worse.





## How a person's anxiety may affect their friends and family

An anxiety disorder can affect one's family and friends in a number of ways. The symptoms, which can include irritability, tension, poor concentration and lack of sleep, can damage the individual's interpersonal relationships with family members, friends and colleagues at work.

An anxiety disorder can:

- Impair a person's ability to function through poor concentration, which can make it difficult to interact with others.
- Interfere with the ability to relate to others and the outside world, causing other people to feel that they are being shut out or ignored.
- Make it difficult for family and friends to understand that giving reassurance and logic may not be comforting or sound realistic to those experiencing deep anxiety. They may therefore feel like their help is being rejected.

Anxiety disorders often occur in conjunction with other serious disorders, such as depression and substance abuse. This in turn can have a serious impact on relationships with family, friends and colleagues, and the ability to carry out day-to-day tasks.

Without a real understanding of the mental health problem and appropriate support for themselves as carers, family and friends may feel:

- Frustrated
- Resentful of giving practical help
- Angry
- Helpless
- Concerned
- Rejected.



## Stop and think!



### Remembering and recalling key learning

Anxiety disorders often occur in conjunction with other serious disorders, such as depression and substance abuse. True or false?

True

False



### Application

What might a friend or family member do if they find out that someone they are close to has anxiety?

Make notes in the space below.



### Developing depth

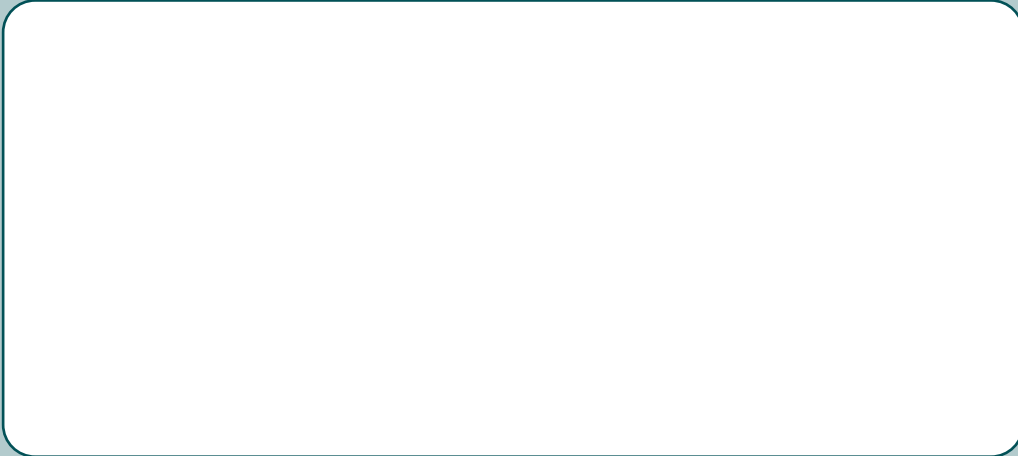
Have a conversation with a friend, colleague or family member about how they think someone else's anxiety would affect them, particularly if it was a member of their close support network.

Make notes in the space below.

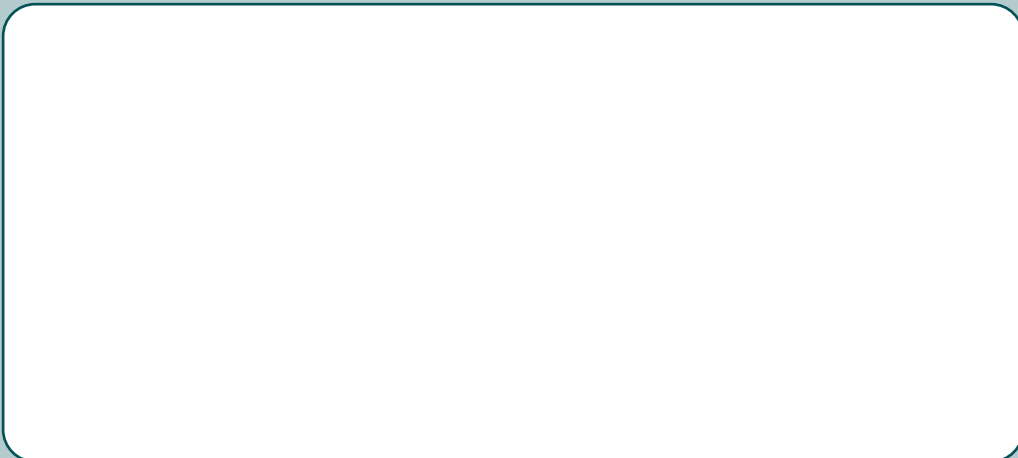
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

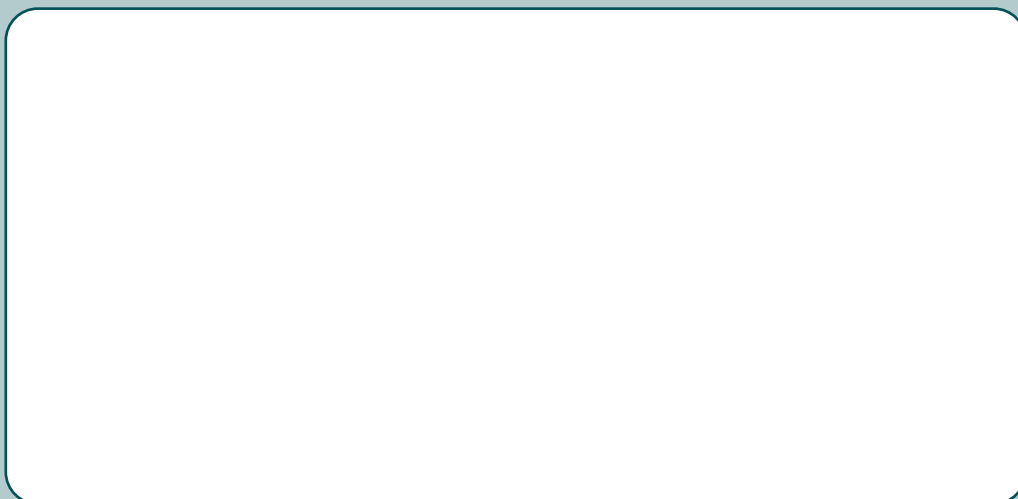
1. How might a situation lead someone to feel anxious?



2. How can anxiety affect an individual physically?



3. How might someone's anxiety affect their family?





## Extend your learning



Use the following websites to explore different people's experiences of anxiety.

<https://www.mind.org.uk/information-support/your-stories/mind-podcast-anxiety-and-panic-attacks/>

<https://hellogiggles.com/news/how-anxiety-disorder-affects-my-daily-life/>

<https://www.bbc.co.uk/programmes/p00cc1jf>

Make notes in the space below.



Congratulations, you have now completed Section 3.

## Section 4: Understand how different ways of thinking and behaving can affect anxiety

Upon completion of this section, you will be able to:

- Describe what happens in a cycle of negative thinking (4.1)
- Explain how an individual's personality and outlook on life could help or hinder anxiety. (4.2)

### What happens in a cycle of negative thinking

**A**

#### Introductory activity



Have you heard of the term 'cycles of negative thinking' before? What do you think is meant by this? Have a go at writing a definition in your own words in the space below.

The way people think influences the way they approach demanding, stressful events, and the way they react when facing these situations. For people experiencing anxiety, this thinking is often characterised by negative thoughts that can develop into a cycle that is difficult to break out of.

If we have a job interview to attend, we may experience symptoms of anxiety. This is normal and can help us to be mentally alert and prepared for the situation. However, if we think negatively about the situation, it can lead to a cycle of anxiety.



### Case study: Joe

Read the case study, then answer the questions.

Joe had an interview for a job in a supermarket. As the date of the interview approached, they started to feel anxious about the interview and convinced themselves that they would not do well. This then started to make the anxiety worse.

They then decided not to attend the interview because they had convinced themselves that they were going to fail. In doing so, they avoided the situation – but they didn't know how they would have coped, because they didn't try.

The next time they had an interview to go to, they remembered the previous negative experience, and again avoided going due to their fears. This then reinforced their feelings of failure and negativity.

It had become an automatic cycle of negative thoughts, leading to continual escalation of their anxiety symptoms.



### Stop and think!



1. What initially made Joe's anxiety get worse?

- a) Self-doubt
- b) Panic attacks
- c) Other people's comments
- d) Negative feelings about the job

2. Next time Joe goes to an interview, they might have negative thoughts again which may mean they might avoid going to other opportunities. True or false?

True

False



## Case study: Sophie

Read the case study, then answer the questions.

Sophie was driving towards a business meeting when they took a wrong turn, causing them to be 20 minutes late for a meeting.

Minor events like this can happen to lots of people, but in Sophie's case, they experienced a wave of nausea and stomach tightening from stress.

The physical reaction triggered a negative thought: 'I'm always late. I mess things up like this all the time, and I'm going to lose my job.'

Without taking a moment to decide if these thoughts were rational, the cycle gained momentum and initiated other negative actions. Believing that the people in front of them were stopping them from making up lost time, Sophie began to shout abuse and make rude hand gestures at innocent motorists.

This entire scenario could have been resolved with a simple and rational thought like, 'Well, I am usually early for these events, and everyone makes mistakes. I'm sure my colleagues will understand.'



## Stop and think!



1. What affect did Sophie's anxiety have on them?

- a) Sweating
- b) Back pain
- c) Emotional outbursts of anger
- d) Vomiting

2. Sophie is not likely to lose their job, even though they were 20 minutes late to a meeting. True or false?

True

False

## How does a cycle of negative thinking develop?

Individuals who are prone to anxiety are more likely to imagine the worst-case scenario in any event that takes place in their life. This is referred to as 'catastrophising', and it is closely linked to how someone's catastrophic thoughts can develop into a cycle that can prevent them from seeing a situation in a more realistic light.

Examples of catastrophising include:

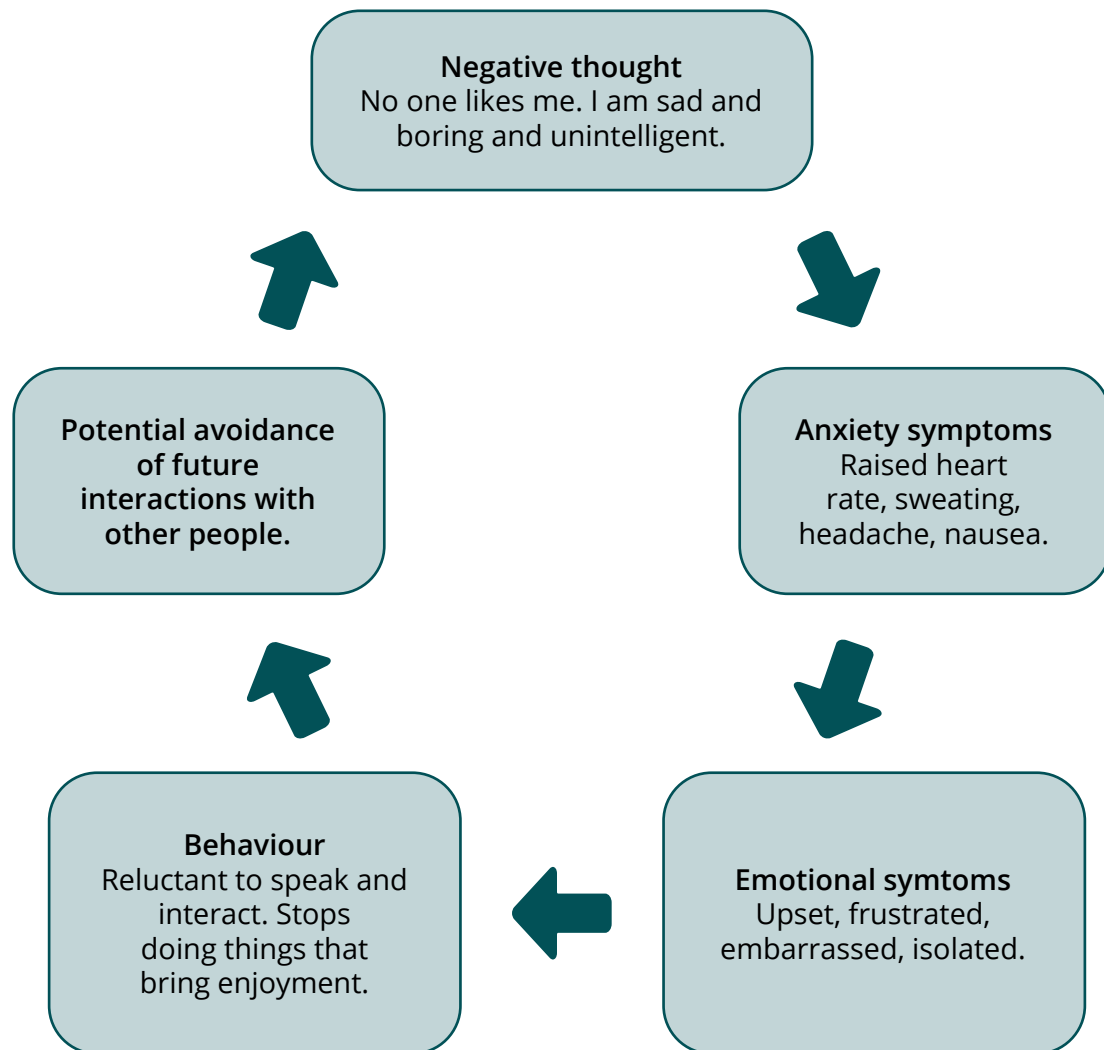
- **Failure of an exam.** I will never get a job, I will live in poverty and I will not live as long.
- **Being on a turbulent flight.** The plane is going to crash, and we are all going to die.
- **Child is late home from school.** They have been abducted and are in danger. I will never see them again.
- **A colleague ignores an email.** The colleague doesn't like me. What did I say or do? It must be my fault.
- **Smelling smoke whilst walking home.** My house is on fire, and someone is trapped inside it.

Whilst these thoughts may seem extreme, this is genuinely how some people who experience anxiety think – they are unable to reason with themselves and cannot convince themselves that any number of explanations is more likely rather than the one they have come up with.



## Negative cycles of thinking

Negative cycles of thinking develop when individuals do not take control of their thought patterns. Therefore, each time they find themselves in a situation similar to one that has previously caused them anxiety, the thought patterns return, and the individual goes through the same thought patterns again. This is reflected in the diagram below:



### Key fact

Specific memories can become attached to certain emotions.

For example, feeling nervous may bring back the memory of a relationship break up, which makes any attempt at a new relationship be linked to negative thoughts from the outset. This can lead to a situation where every negative event a person has experienced comes to mind suddenly and in an overwhelming manner.

## **R** Wider learning

Complete the following sentence.

'When someone thinks of the worst case scenario of a situation, this is called the \_\_\_\_\_ of negative thinking.'

## How an individual's personality and outlook on life could help or hinder anxiety

### How having a negative outlook can help or increase anxiety

We all have negative thoughts at one time or another, but for some it is a daily or even constant event. Negative thought patterns can start from childhood.

In many cases, the environment we lived in as a child has formed our thought patterns going into adulthood. For example, an individual whose family and living environment were negative whilst growing up is likely to think negatively about themselves and other people.

For many people, it is lack of confidence and self-esteem that causes negative thoughts and can lead to a defeatist and hopeless view of life. In other cases, where people have suffered some form of verbal or physical abuse either as a child or adult, negative thinking becomes the norm as a consequence. In addition, physical or mental health problems can lead to destructive thought patterns.

These thought patterns tend to exaggerate fears, turn challenges into impossible hurdles and generally create anxiety.

### How having a positive outlook can hinder or decrease anxiety

Having a positive outlook can enable people to overcome negative cycles of thought. Consider the story of Roger Bannister, the first man to run a mile in under four minutes.

Before Roger Bannister broke the four-minute barrier, people felt that it was not physically possible for a human being to run a mile in under four minutes.

During his training sessions, Roger repeatedly imagined himself running a mile in under four minutes. He did this so often that he got to a point where there were moments when he felt that he had already done it – his imagination had crossed the border into his perception of reality. In other words, he created enormously powerful emotional memories of his desired goal. Roger Bannister broke the four-minute mile barrier because he believed that it was possible.



## Key fact

People can learn strategies to promote positive thinking and break the negative cycles that cause anxiety. Letting friends and family know how your thought processes work can also help.



## Stop and think!



### Remembering and recalling key learning

What is the fourth step in someone's thought sequence when they experience negative thinking?

- a) Emotional
- b) Anxiety
- c) Behaviour
- d) Avoidance



### Application

Think of a situation that could cause anxiety. How could an individual's personality and outlook on life help the situation positively, or hinder the situation negatively?



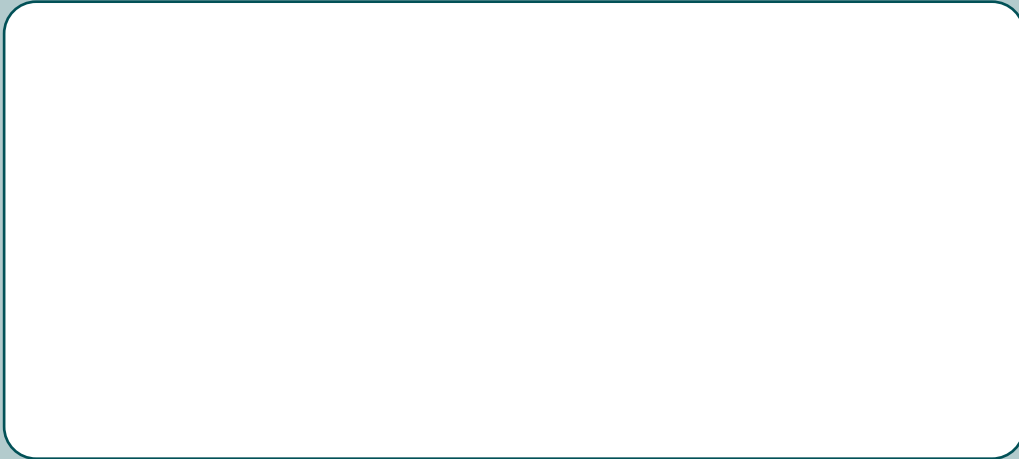
### Developing depth

Now, think of any strategies that could be used to try and encourage the individual to approach the situation more positively.

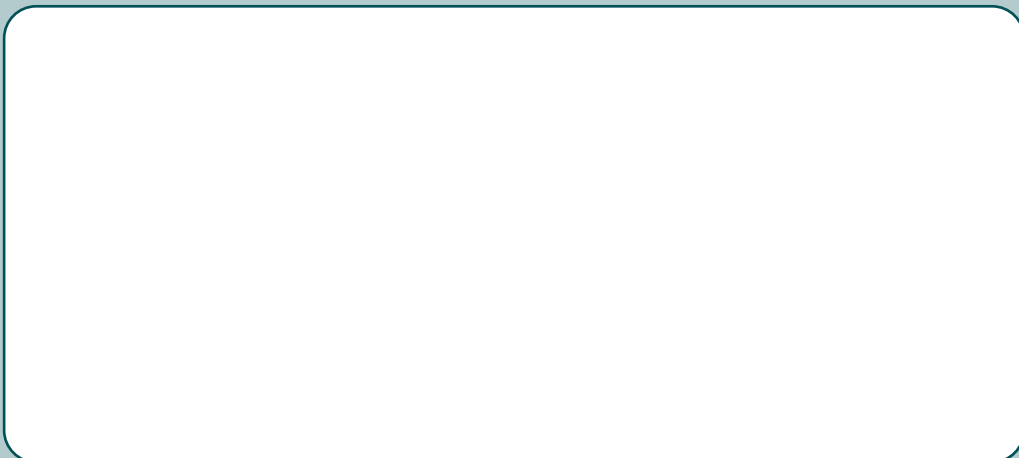
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

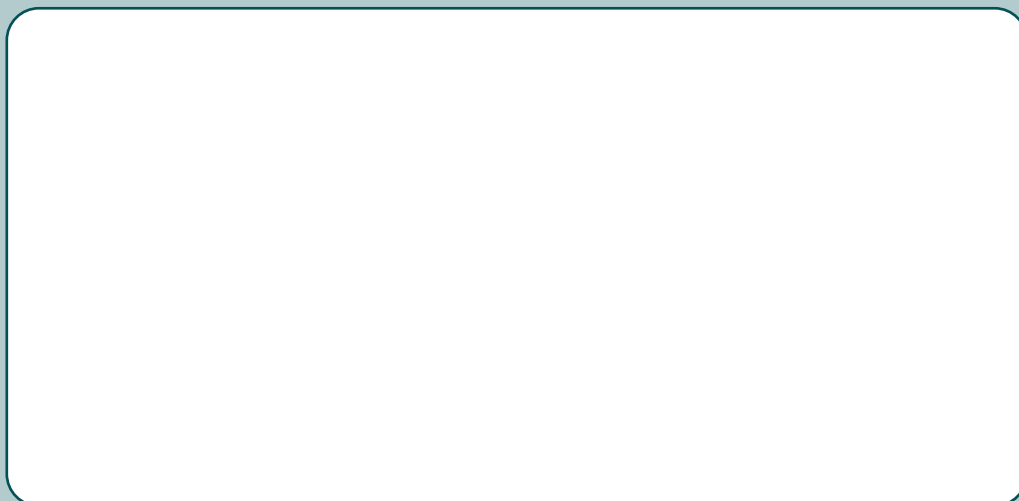
1. What is the cycle of negative thinking?



2. How might someone's personality or outlook help their anxiety?



3. How might someone's personality or outlook hinder their anxiety?



**A**

## Extend your learning



Research someone in the public eye who has anxiety, for example Selena Gomez or Lady Gaga. How might they have overcome this in a certain situation? Write a short paragraph about the person and the situation they have overcome. You should also look at the actions they took to do this.

Make notes in the space below.



**Congratulations, you have now completed Section 4.**

## Section 5: Understand how anxiety may be managed

Upon completion of this section, you will be able to:

- Describe examples of self-help for anxiety (5.1)
- Describe enjoyable activities which may help an individual manage anxiety (5.2)
- Describe local resources and treatments that would be available to individuals experiencing anxiety problems. (5.3)

### Examples of self-help for anxiety

**A**

#### Introductory activity



What do you understand by the term 'self-help'? Write a definition in your own words, using accurate spelling, grammar and punctuation.

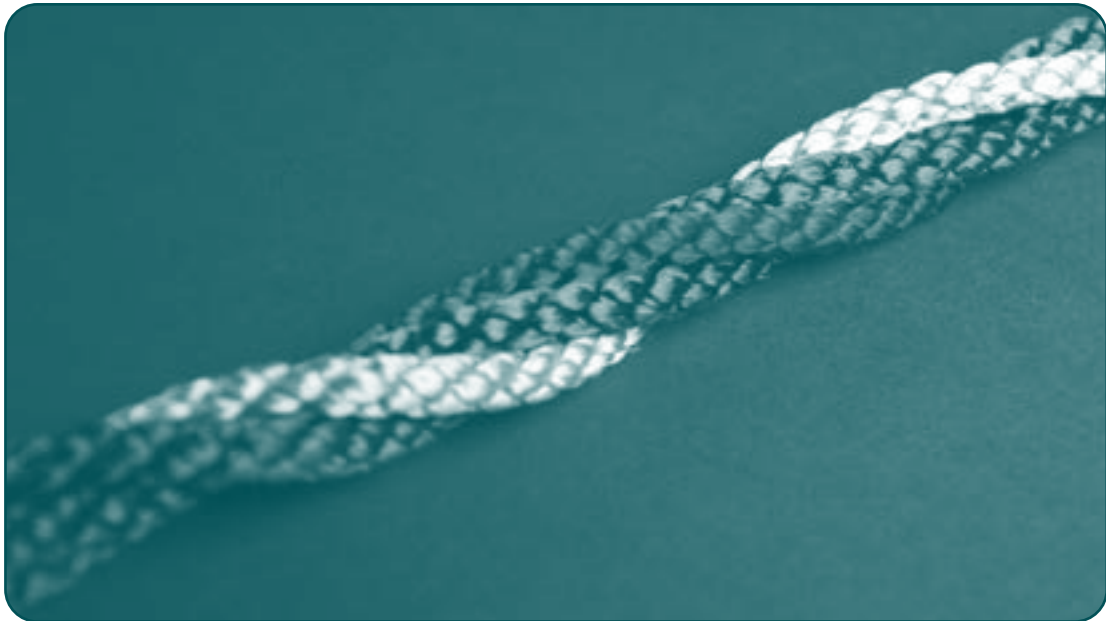
There are many ways in which a person can help themselves, although it can be difficult at first, as anxiety can interfere with a person's ability to think logically and make decisions.

A good place for an individual to start is to let a friend or family member know how they are feeling and that they might need some support and encouragement to enable them to help themselves.



### Key fact

The first important step to coping with anxiety is to recognise that there is a problem.



### Relaxation

Relaxation can reduce anxiety. As it can be difficult to find the motivation to practise alone, relaxation training is often provided in group sessions. It trains people to relax their muscles, breathe slowly and deeply, and clear their mind of worrying thoughts.

After a few sessions, most people are able to relax rapidly and use this new skill at times of stress after the formal training has ended.

Some GPs, charities and voluntary organisations also offer relaxation groups and training.

### Self-help groups

Many people find it helpful to meet and share experiences with others who may be going through similar experiences. This can provide opportunities for mutual support, as well as ideas of strategies and activities other people may have found helpful for them. It is also an opportunity to help people realise that they are not alone in how they are feeling.

### Support forums

If there is no self-help group in the area, or the person finds going out of the house or meeting people difficult, they can join an internet support forum. This enables them to make contact with others, share experiences, and give and receive support in a way that may feel more comfortable.

## Enjoyable activities which may help an individual manage anxiety

One way to manage anxiety is to take part in a pleasurable activity. Although anxiety may initially interfere with the ability to make decisions, or make getting out of the house difficult, being physically active can be very beneficial. Friends and family can help by offering to go for a walk with the person, or by encouraging them to continue with physical activity if this has been part of their normal routine. Further to this, some people may find activities such as art, music or journaling very beneficial to help overcome symptoms of anxiety.

Any activity that the person finds enjoyable is good for managing anxiety, but exercise in particular helps to raise levels of serotonin in the brain that can fight anxiety, as well as other conditions such as depression.

Activities that may be beneficial to help people cope with anxiety include:

- Going for a walk in the countryside with a friend
- Swimming
- Going for a bike ride
- Writing or listening to music
- Writing in a journal
- Drawing, painting or other forms of art.







## Stop and think!



### Remembering and recalling key learning

Which of these is NOT a self-help strategy for managing anxiety?

- a) Self-help groups
- b) Diet
- c) Support forums
- d) Relaxation



### Application

Imagine that one of your friends is finding it difficult to cope with their anxiety. Are there any steps you could take to try to help them manage this? What types of activities do you think might help them to manage their anxiety?



### Developing depth

Can you think of any other self-help techniques that may be helpful to help people cope with anxiety? You may wish to do some of your own research here.

Make notes in the space below.

## Local resources and treatments available to individuals experiencing anxiety problems

People experiencing anxiety can seek local support and treatment in a number of ways.

### Relaxation techniques

No matter what anxiety treatment a person may be using, it is important to also use relaxation techniques – for example:

- Aromatherapy
- Meditation
- Yoga
- Massage
- Pilates.

Simple deep-breathing exercises are also very effective.

### Psychotherapy or talking treatments

Psychotherapies are talking treatments which can help people to understand and control their anxieties. These can take place in groups or individually, and can last for a period of several weeks or months.

Speaking to other people helps to identify issues and solutions which are not obvious to the individual.

### Medication

Tranquillisers are effective but must only be taken for a short period of time, as they can be addictive.

Antidepressants work well but can take two to four weeks to work. Side effects include nausea, drowsiness, dizziness, dry mouth and constipation.

Beta blockers are usually used to treat high blood pressure but can be used in low doses to control the physical shaking caused by anxiety.

## Graded exposure

Graded exposure can be a method of self-help for a range of anxiety problems, but it would usually be implemented as part of an intervention plan with the Community Mental Health Team (CMHT). It works best with simple phobias or other anxiety problems where the person can identify what it is that they are anxious about. The idea is that the person will gradually expose themselves to the feared situation in a way that allows them to control their fear at each step.

If the steps are right in terms of how difficult each one is, the person should be able to master their anxiety at each stage and conquer their fear.

## The role of family and friends

Family and friends can provide support by being patient and understanding, giving encouragement and offering general help in life. However, they also may need support in their role as carers.



### Key fact

A GP will be able to advise on treatment and the availability of counsellors, local support groups and the Community Mental Health Team (CMHT).



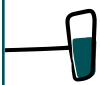


## Stop and think!



### Remembering and recalling key learning

When someone has gradually introduced a phobia back into their lives, this is called what?



### Application

Individuals may need to care for their family members for a variety of reasons, including both physical and mental health problems.

In a 2008 study, 71% of carers reported that their own mental or physical health was poor. What percentage of the carers surveyed reported good physical or mental health?

Source: <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-carers>



### Developing depth

As seen in the statistics above, caring for a family member with a mental health problem can significantly affect individuals' mental health. Considering this, what kind of support do you think the friends and family of people with anxiety may need?

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. What does PTSD stand for?

- a) Post-Trauma and Stress Development
- b) Panic, Trauma and Stress Disorder
- c) Post-Traumatic Stress Disorder
- d) Panic Traumatic Syndrome and Disease

2. Anxiety can become a vicious cycle, whereby a person feels anxious about the symptoms of anxiety. True or false?

True

False

3. Anxiety can also affect the friends and family of the individual. True or false?

True

False

4. Anxiety is characterised by a feeling of what?

- a) Euphoria
- b) Fear
- c) Boredom
- d) Hatred

5. Which type of medication must only be taken for a short period of time as they can be addictive?

- a) Antidepressants
- b) Tranquilisers
- c) Beta blockers



## What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to anxiety. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- 1 – Not confident at all    2 – A little confident    3 – Somewhat confident  
 4 – Confident    5 – Very confident    6 – Confident enough to share my knowledge with others

1.	How confident do you feel in your understanding of the terms 'anxiety' and 'panic attack'?	
2.	How confident are you in your knowledge of the possible causes of anxiety?	
3.	How confident are you in your understanding of how anxiety can affect the individual and others?	
4.	How confident are you in your understanding of how different ways of thinking and behaving can affect anxiety?	
5.	How confident do you feel in your knowledge of how anxiety may be managed?	
6.	How do you feel your knowledge has improved since starting this unit?	

**A**

## Extend your learning



Use the following websites to learn more about organisations offering local support for people experiencing anxiety.

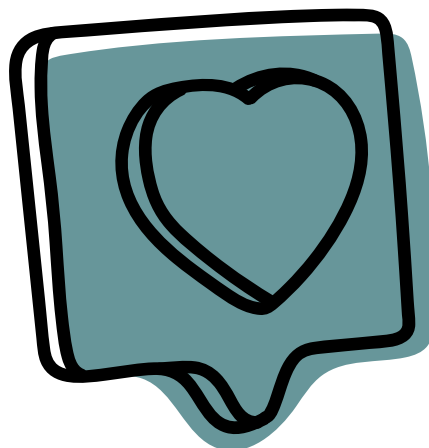
*[www.sane.org.uk](http://www.sane.org.uk)*

*[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)*

*[www.anxietycare.org.uk](http://www.anxietycare.org.uk)*

*[www.social-anxiety.org.uk/](http://www.social-anxiety.org.uk/)*

Make notes in the space below.



**Congratulations, you have now completed Section 5 and Unit 3. Please now go to your assessment and answer Q1 to Q11.**

## Unit 4: Understanding phobias

Welcome to Unit Four.

This unit is split into **four** sections. These are:

Section 1: Understand the term 'phobia'

Section 2: Understand the possible causes of phobias

Section 3: Understand how a phobia can affect the individual and others

Section 4: Understand how phobias may be managed







## What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to phobias. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 4. You can then write out your answer in full for question 5.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- |                          |                        |                                                        |
|--------------------------|------------------------|--------------------------------------------------------|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident                                 |
| 4 – Confident            | 5 – Very confident     | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your knowledge of the term 'phobia'?	
2.	How confident are you in your understanding of the possible causes of phobias?	
3.	How confident do you feel in your understanding of how a phobia can affect the individual and others?	
4.	How confident are you in your knowledge of how phobias may be managed?	
5.	What are you hoping to learn in this unit?	

## Section 1: Understand the term 'phobia'

Upon completion of this section, you will be able to:

- Define the term 'phobia' (1.1)
- Describe the main groups of 'phobia' (1.2)
- Describe examples of specific and social phobia. (1.3)



### Introductory activity



What do you think is meant by the term 'phobia'? Write a definition in your own words.

Are you already aware of any phobias (either commonly occurring or rare)? What do you know about these?

Make notes in the space below.

## The term 'phobia'

### **D** Definition: Phobia

A phobia is *'an irrational fear of a person, thing or situation that most of us take in our stride. A person with a phobia will avoid the subject of the fear wherever possible.'*

Source: What is phobia? Triumph Over Phobia (TOP UK)  
[www.topuk.org](http://www.topuk.org)

Whilst it is impossible to list all phobias – they can develop in response to any object or situation – you will look at **three** in this unit: agoraphobia, social phobia and specific phobia.

### **R** Wider learning

Have you heard of the following terms before?

- Agoraphobia
- Social phobia
- Specific phobia.

Write down a definition of each term if you can, or jot down any assumptions you may be able to make if you have not heard of them before.

## The main groups of 'phobia'

The **two** main groups of phobias are:

1. Specific phobias, also known as simple phobias
2. Complex phobias.

### Specific (simple) phobias

These are phobias about one specific thing. They often develop in childhood or adolescence, and often reduce in intensity as the person gets older.

A specific phobia about something that the person does not often come into contact with is easier to cope with than something they encounter every day – nevertheless, a severe specific phobia can cause fear even when the object or situation is not present.

### Complex phobias

Complex phobias can be more disruptive and disabling to a person's life and can often develop after adolescence. One of the most common complex phobias is social phobia – sometimes called 'social anxiety'.

Social phobia makes the person feel anxious when they have to be in contact with other people. They may be frightened that other people are going to criticise them or that they will do something embarrassing.

Social phobia can be about one specific social activity, such as speaking to a group or audience in public. This is commonly known as 'stage fright' and can result in vomiting, and may render the person literally speechless and unable to perform. It can be extremely debilitating and turn everyday activities such as shopping, going to a restaurant or meeting friends into impossible tasks.



## Stop and think!



Match the definition to the type of phobia.

1. 'These can be more disruptive and disabling to a person's life and can often develop after adolescence.'

- a) Complex
- b) Specific/simple

2. 'These are phobias about one specific thing.'

- a) Complex
- b) Specific/simple

## Examples of specific and social phobia

Common examples of specific phobias include a fear of:

- **Animals:** A phobia of animals such as dogs, rodents, reptiles, birds or insects can lead to someone avoiding public spaces where these may inhabit. It may also cause a phobia of places where the animals might have a habitat, such as wooded areas, grass and farms.
- **The natural environment:** A phobia of environmental factors, such as water, darkness and heights might cause someone to avoid things such as swimming, enclosed spaces, going out at night or enjoying activities such as flying or climbing.
- **Situations:** A phobia of situations, such as going to see medical professionals or flying might have further impact on a person. For example, if someone has phobia of visiting the dentist, their oral health might decline. Or if someone has a phobia of flying, they will miss out on travel opportunities or social interactions with family/friends.
- **One's body:** Examples of this could include vomiting, going for injections, blood or a phobia of illness itself.

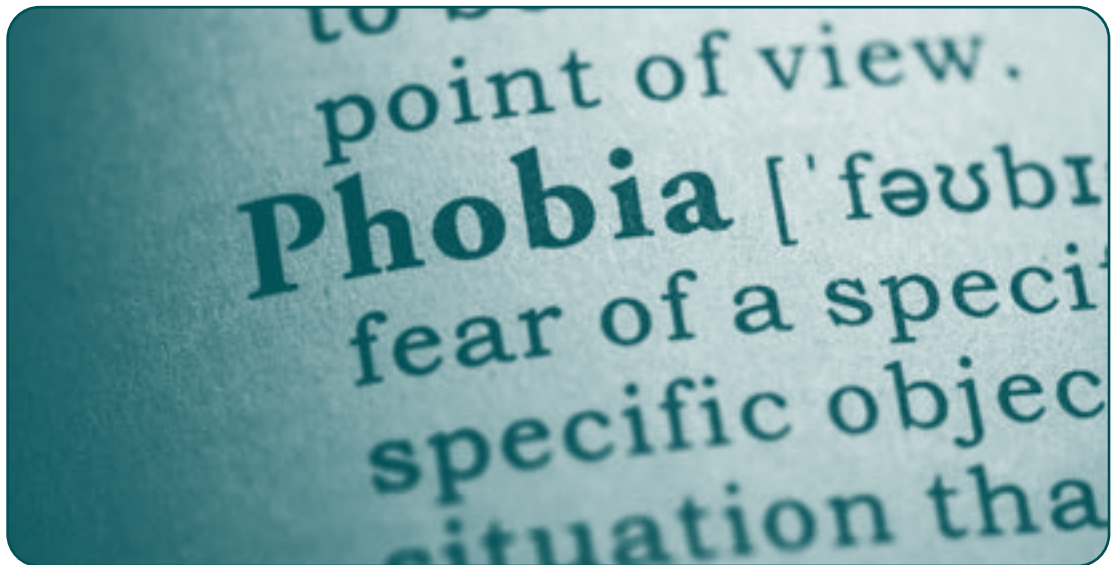
Examples of social phobia include the fear of:

- **Meeting people** – this can limit the individual's social circle
- **Walking down the street** – this can prevent the individual from leaving their home
- **Standing in a queue** – this can prevent the individual from new experiences (e.g. going to a sporting event)
- **Visiting a restaurant** – this can also prevent the individual from new experiences and socialising with others
- **Attending meetings** – this can limit the individual's career progression
- **Public speaking** – this can also limit the individual's career progression.



### Key fact

Phobias produce uncontrollable feelings of panic, fear and feelings of distress.





## Stop and think!



### Remembering and recalling key learning

What is agoraphobia?

- a) These are phobias about one specific thing
- b) It is the fear of being in situations where it might be difficult to escape
- c) Can be more disruptive and disabling to a person's life and can often develop after adolescence



### Application

Imagine that you, or someone you know, were struggling to cope with a phobia, and reflect on how you would feel and the kind of advice you think would be helpful.



### Developing depth

Undertake some research of your own into different kinds of phobias that people commonly experience and how these can be managed. Make notes in the space below.

## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What is a phobia?

2. There are two main groups of phobias - Specific and \_\_\_\_\_.

3. What are the differences between the two main groups of phobias?





## Extend your learning



Access the following website to find out more information about the types of phobias that can affect individuals.

*<https://www.nhs.uk/mental-health/conditions/phobias/overview/>*

Make notes in the space below.



**Congratulations, you have now completed Section 1.**

## Section 2: Understand the possible causes of phobias

Upon completion of this section, you will be able to:

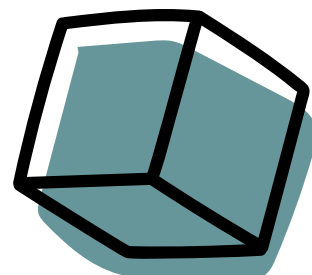
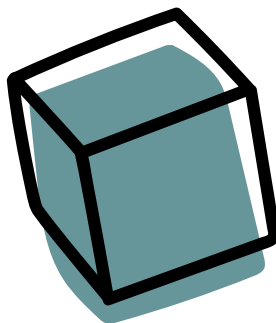
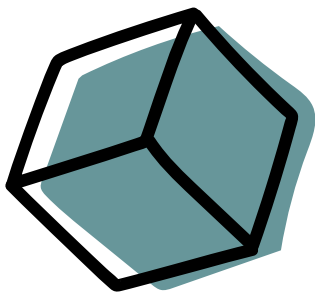
- Describe possible causes of a phobia. (2.1)

**A**

### Introductory activity



How do you think phobias might develop? Look back at the list of phobias you created in the previous section, and make notes on how each one may have developed in the space below.



## Possible causes of a phobia

Phobias usually develop during childhood, adolescence or early adulthood following a frightening event or a stressful situation. However, it is not known why some phobias occur.

Some of the possible causes are as follows.

### Childhood experiences

A specific phobia can sometimes be traced to an early childhood experience. For example, if a young child is trapped in a confined space, they may develop claustrophobia when they are older. If they experience turbulence on an aeroplane, they might develop a fear of flying.

### Learnt responses from other family members

If someone shares the same phobia with another family member, this may be because they learnt to fear this thing from the other person. For example, having parents who are very anxious can affect the way someone copes with anxiety in later life and make them more prone to develop phobias.

### Genetic inheritance

The exact causes of complex phobias, such as agoraphobia and social phobia, are unknown. However, it is thought that genetics and brain chemistry play a part in the development of these phobias. Some people appear to be born with a tendency to be more anxious than others.

### Life experiences

Social phobias may be caused by a previous intense or anxious experience in a certain social situation.



## Stop and think!



### Remembering and recalling key learning

Which of these is NOT a cause of a phobia?

- a) Childhood experience
- b) Medication
- c) Life experience
- d) Genetics



### Application

Explain how a learnt response from other family members might cause a phobia.

Write your ideas in the space below.



### Developing depth

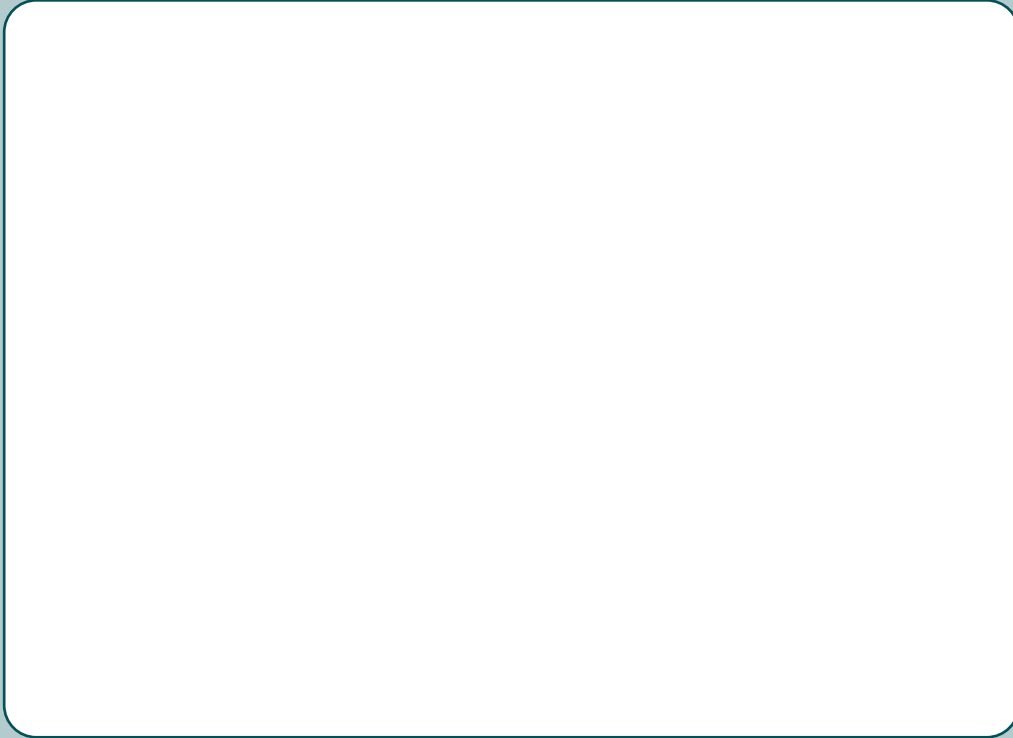
Do you have a phobia or do you know someone who has a phobia? What caused it? What do you think caused it?

Make notes in the space below.

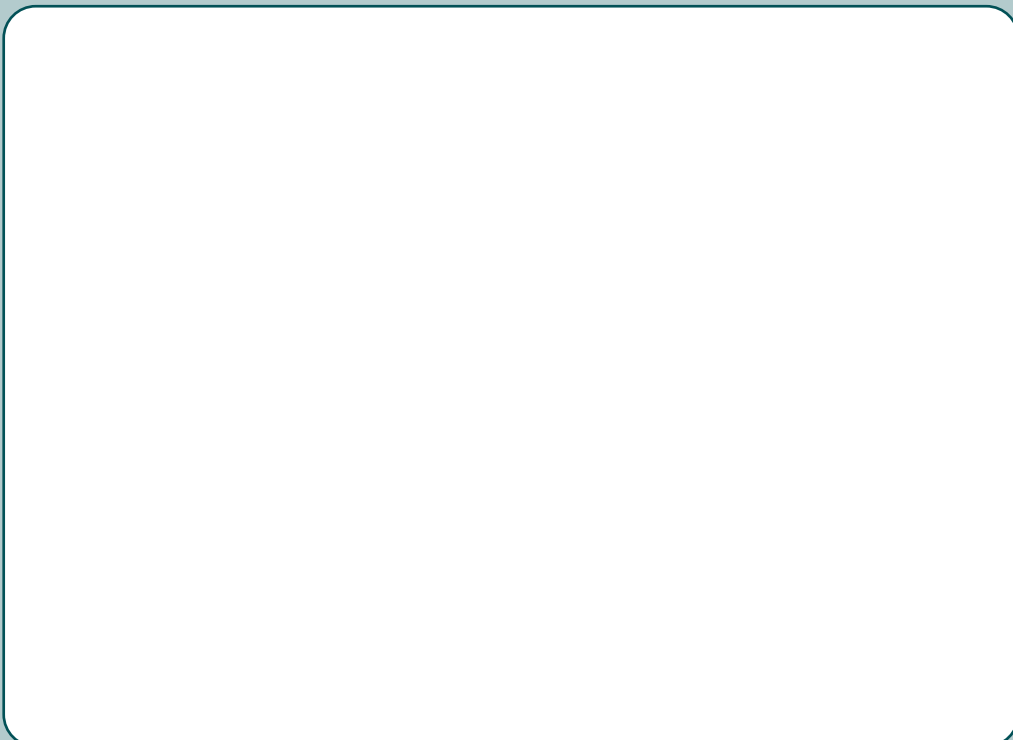
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. How can childhood experiences cause phobias?



2. How can life experiences cause phobias?



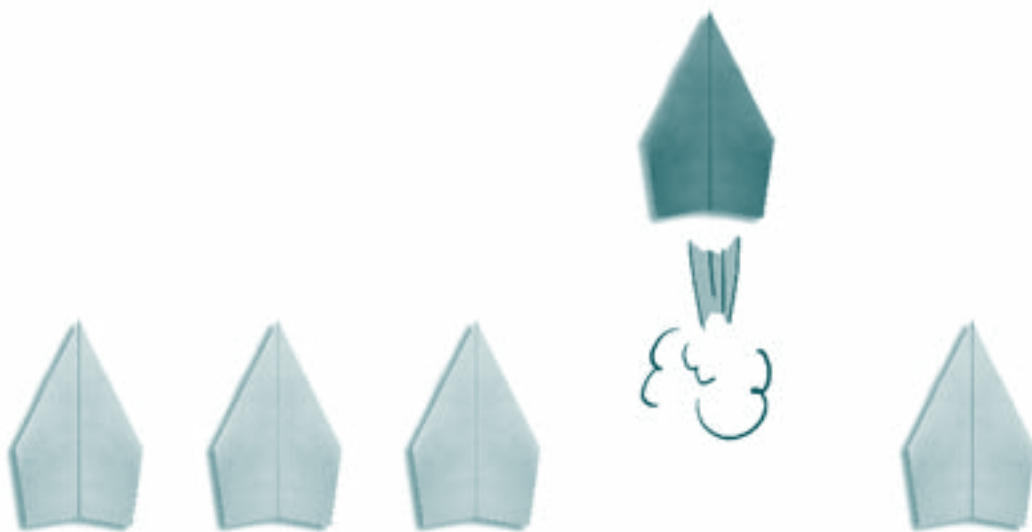
**A** **Extend your learning**



Research further into phobias by accessing the following website.

*<https://www.nhs.uk/mental-health/conditions/phobias/causes/>*

Make notes in the space below.



**Congratulations, you have now completed Section 2.**

## Section 3: Understand how a phobia can affect the individual and others

Upon completion of this section, you will be able to:

- Describe the feelings an individual may have when experiencing a phobia (3.1)
- Explain how a specific phobia could prevent an individual from leading a normal life (3.2)
- Describe how agoraphobia could prevent someone leading a normal life (3.3)
- Describe how an individual's phobia may affect others. (3.4)

**A**

### Introductory activity



What does it feel like to have a phobia about something? Write in your own words how you think this might feel, including the kinds of emotions you might experience.

Make notes in the space below.

## The feelings an individual may have when experiencing a phobia

Having a phobia makes you feel intense fear about a thing, person or situation. The object that is feared does not even have to be present for a person to feel this fear.

We all feel fear at some time or another; this is perfectly normal and is an important survival mechanism that kept our ancestors safe from danger.

How did these feelings of fear manifest themselves? Unless you have a phobia yourself, you probably simply experienced temporary feelings of a high level of anxiety. A phobia, on the other hand, produces exaggerated and persistent fear and panic in response to an object or situation each time it is encountered. The fear may be irrational, but the person concerned is unable to cope with it, to the extent that it interferes with normal everyday activities.

## Physical and psychological feelings caused by phobias

### Physical feelings

- Hot flushes and chills
- Sweating
- Dry mouth
- Trembling
- Shortness of breath and difficulty breathing
- Rapid heartbeat
- A choking sensation
- Nausea
- Numbness or pins and needles
- Butterflies in the stomach
- Chest pain
- A need to go to the toilet
- Feeling faint
- Ringing of the ears
- Headaches and dizziness
- Feeling confused or disorientated.

### Psychological feelings

- Fear of losing control
- Feeling of dread
- Fear of fainting
- Feeling detached from your body
- Fear of dying
- Feelings of unreality.



### Key fact

These feelings or symptoms can make a person more anxious, causing the body to release more adrenaline and leading to a full-blown panic attack.





## Stop and think!



### Remembering and recalling key learning

Which of these is a psychological feeling?

- a) Feeling of dread
- b) Numbness or pins and needles
- c) Butterflies in the stomach
- d) Chest pain



### Application

When you sense fear about something, what feelings do you experience?

Make notes in the space below.



### Developing depth

Think about a time when you felt fearful about something. Have a go at writing a diary entry of the event, imagining that it is happening now. You should include what happened, how this made you feel, whether you experienced any physical symptoms, and any other relevant information you can think of.

## How a specific phobia could prevent an individual from leading a normal life

To understand how a specific phobia could prevent someone leading a normal life, read the following case study.

### C

#### Case study: Sharon

Vomiting is a momentary loss of control and a cause of embarrassment for Sharon, aged 36. Even talking about being sick makes Sharon panic. Her phobia is one of the 10 most common phobias in the UK, according to Anxiety UK.

*"If I'm sick, I always need someone with me to reassure me. Being sick on my own is my worst nightmare. The sickness itself isn't so much of a problem. It's the unexpected loss of control that I can't deal with. I'm comfortable when I'm in control. I don't like surprises."*

Seeing other people vomit or even hearing about it makes her panic. *"I don't think people understand how paralysing it can be,"* she says.

Her fear of sickness means she avoids public transport and public lavatories, doesn't go on holiday and does all of her shopping online.

*"I stick to my safe places, my house and my garden,"* she says. She studies by distance learning so that she doesn't have to go to a college or university in the company of other people.

Eating in front of other people is a challenge, so visits to restaurants are out.

She says, *"It has affected my relationship with my parents and with boyfriends. People would get annoyed because I didn't want to travel anywhere. I accept that I can't do some things. I don't live a life that other people would like, but I manage."*

## How agoraphobia could prevent someone leading a normal life

Agoraphobia is a fear of being in places from which you cannot easily escape or where help may not be available if you have a panic attack. It is a complex phobia and can have devastating effects on a person's daily life.

### C

#### Case study: Fran

Fran, aged 23, was diagnosed with agoraphobia after she had a panic attack while out shopping in her local high street. She initially believed that it may have had something to do with where she was, so she stopped going there and began to shop elsewhere. When she had a similar attack in another location, she stopped going there too.

*"Every time I went out after that, I got this feeling again, and avoided that particular place. Instead of thinking it was me, I associated the panic attack with the place. The idea that it was all in my head never occurred to me."*

Within months, she had stopped going out and only felt truly safe at home. She left her job as a school teacher and spent the next year indoors reading, watching TV and surfing the internet.

*"I got to a point where my stomach dropped as soon as I woke up," she says. "I reached a stage when even the thought of going into the garden made me panic. It was hard on my friends who were sports fans and liked going to watch live events. Elderly neighbours did my shopping because I couldn't go outside. I lost my confidence and independence."*

She was helped by sharing her experience with other individuals, whom she contacted through support groups on the internet.

*"Talking to other people in the same position helped me most by breaking down our boundaries together."*

Fran has learnt to cope and has regained the confidence to go back to work. *"It's important for people to know that you can recover and that the treatments do work. I still have my down days, but I've learnt to accept that you can't feel your best every day."*



## Stop and think!



1. What has Fran now been able to go back to, after regaining her confidence?
  
  
  
  
  
  
  
  
  
  
2. Who did Fran share her experiences with?
  - a) Family
  - b) Friends
  - c) People on the internet
  - d) GP

## How an individual's phobia may affect their friends and family

Phobias can lead to serious disruption among family members, as it can cause difficulties in interpersonal relationships.

Families with children experiencing a phobia may find it quite difficult to cope with the situation. Either the family must create circumstances that will help the child combat the phobia, or they must work together to avoid situations that might cause acute fear and anxiety.

Someone with social phobia feels anxious around people, especially those who are unfamiliar to them. This can also cause problems for the rest of the family, as they may feel embarrassed when asked about the absence of the phobic individual.



## Key fact

If the phobic individual finds it difficult to express their fears to family and friends, they may misunderstand what the problem is and feel angry, rejected or frustrated with the person.



## Stop and think!



### Remembering and recalling key learning

What is agoraphobia?

- a) Fear of water
- b) Fear of missing out
- c) Fear of particular places and situations
- d) Fear of holes



### Application

Think about the two case studies you have just read. How did Sharon's fear of vomiting and Fran's agoraphobia prevent them both from leading a normal life?

Make notes in the space below.



### Developing depth

Read through some stories of individuals' experiences with phobias at the following weblink:

<https://www.mind.org.uk/information-support/your-stories/>.

You should select 'Phobias' from the dropdown list on the left-hand side of the page.

Make notes in the space below.



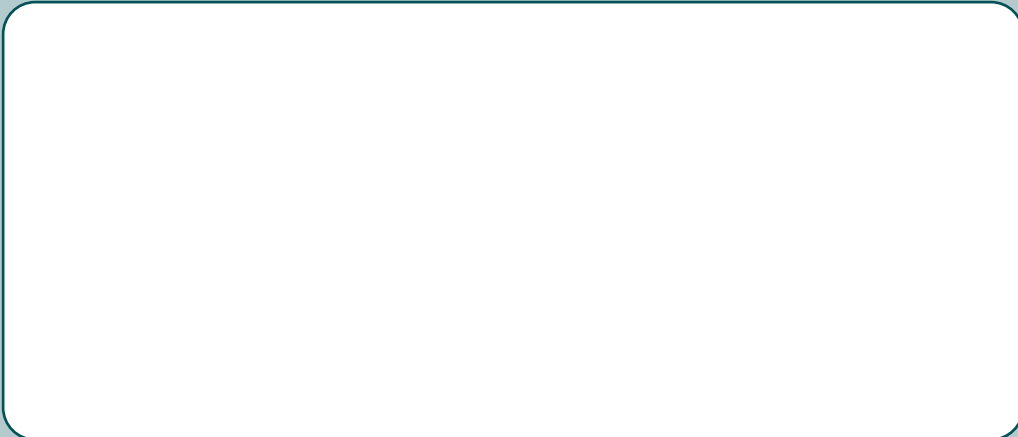
## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

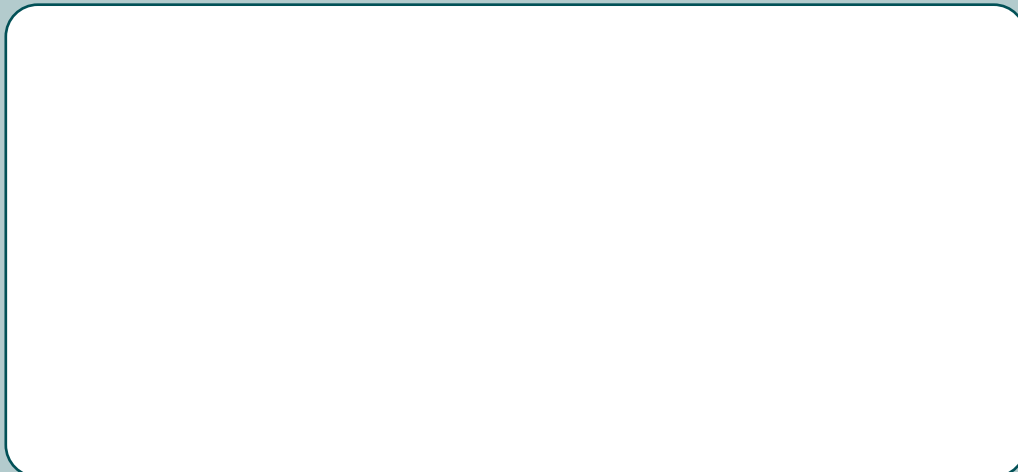
1. What physical feelings might someone feel when they are experiencing a phobia?



2. What is agoraphobia, and how could it prevent someone from leading a normal life?



3. How can an individual's phobia affect their family and friends?





## Extend your learning



Learn more about how friends and family can support an individual with phobias by accessing the following link.

*<https://www.mind.org.uk/information-support/types-of-mental-health-problems/phobias/for-friends-family/#TryToUnderstandPhobias>*

Make notes in the space below.



**Congratulations, you have now completed Section 3.**



## Section 4: Understand how phobias may be managed

Upon completion of this section, you will be able to:

- Describe examples of self-help for phobias (4.1)
- Describe examples of possible treatments for phobias (4.2)
- Describe the local resources and treatments available to an individual experiencing a phobia. (4.3)

**A**

### Introductory activity



Can you think of any examples of self-help strategies that may be useful for people with phobias, in order to help them manage their feelings? Write a brief description of each strategy you can think of in the space below.

## Describe examples of self-help for phobias

Self-help strategies for people with phobias include:

### **Talking to others about their fears**

Talking to someone about the problem and what it feels like, as well as trying to think positive thoughts, can help people understand and control their fear. Speaking to other people helps to identify issues and solutions that may not be obvious to the individual.

### **Using relaxation and breathing exercises**

As it can be difficult to find the motivation to practice alone, relaxation training is often provided in group sessions. This trains people to relax their muscles, breathe slowly and deeply, and clear their mind of worrying thoughts.

After a few sessions, most people are able to relax rapidly and use this new skill at times of stress after the formal training has ended.

### **Self-help groups**

Self-help groups are a good way for people with phobias to get in touch with people with similar problems.

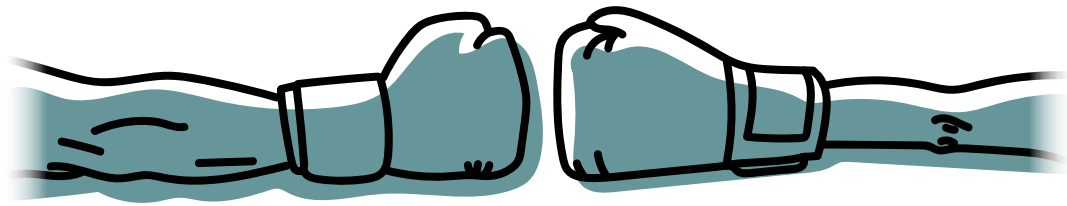
Self-help groups support their individual members because:

- Members of the group learn how to face up to fears together in a gradual, controlled way, so that eventually, the anxiety should decrease
- People share coping strategies and techniques
- It is reassuring to know that there are others out there experiencing the same feelings
- You only get to understand the experience of living with a phobia by talking to an individual who has actually experienced one.

### Changes to lifestyle

Making some small changes to their lifestyle might help to reduce the symptoms of phobias such as panic attacks. This could include:

- Exercise
- Eating regular and healthy meals
- Sleep and getting enough of it
- Reducing the intake or avoiding caffeine and other stimulants.



### Support forums

If there is no self-help group in the area, or the person finds going out of the house, or meeting people, difficult, they can join an internet support forum. This enables them to make contact with others, share experiences, and give and receive support in a way that may feel more comfortable.

### Visualisation

This is a combination of relaxation and breathing techniques that allow the individual to visualise how they would successfully deal with a situation that might cause them to feel anxious. By doing this, it could help an individual to understand how to manage the symptoms that a phobia could cause.

For more information on visualisation, please access the following link.

Source: <https://science.jrank.org/pages/cma5hev1t9/Phobias-Managing-Fear-Phobias-on-Your-Own-Visualization.html>



## Stop and think!



### Remembering and recalling key learning

Self-help groups are not a good way for people with phobias to get in touch with people with similar problems. True or false?

True

False



### Application

Why do you think accessing support from other phobic individuals in the form of a self-help or support group might be a more effective strategy than an individual trying to cope with a phobia on their own?



### Developing depth

To find out more about self-help groups in your locality and the advice and support available for individuals, take a look at the following websites.

[www.sane.org.uk](http://www.sane.org.uk)

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

[www.anxietycare.org.uk](http://www.anxietycare.org.uk)

[www.social-anxiety.org.uk](http://www.social-anxiety.org.uk)

Make your notes in the space below.

## Examples of possible treatments for phobias

Most phobias are curable, but no single treatment is guaranteed to work for all phobias. In some cases, a combination of different treatments may be recommended.

The main types of treatment are as follows:

- **Clinical hypnotherapy:** Some phobia organisations offer clinical hypnotherapy, which is not available on the NHS. The person is put in a relaxed state of mind and asked to see themselves confronting their fear with confidence.
- **Counselling:** A trained counsellor listens to the person's problems, such as feeling anxious in certain situations, and helps them to overcome them.
- **Cognitive Behavioural Therapy (CBT):** For people with severe specific phobias, the most effective treatment is likely to be CBT. This involves the person looking at their problems, examining thought and behaviour patterns, and working out ways of changing negative behaviours or thoughts.

Therapists often set clients homework to do in between sessions, which may include carrying out activities such as monitoring thoughts and feelings throughout the week and entering these into a thought diary.

- **Changing lifestyle habits:** With complex phobias such as social phobia and agoraphobia, lifestyle habits may be aggravating anxiety symptoms.

Tackling diet, fitness and sleep can help as much as therapy in treating the phobia. When they are anxious, people often eat or drink the wrong things, such as coffee, which can aggravate anxiety further. It is also important to get enough sleep and take regular exercise to use up excess adrenaline, a hormone that causes the heart to beat faster which can worsen anxiety symptoms.

- **Desensitisation:** Many simple phobias can be treated using a form of behaviour therapy known as desensitisation, self-exposure therapy or graded exposure.

'Graded exposure' works best with specific phobias, where the person can identify what it is that they are frightened of. The idea is that the person gradually exposes themselves to the feared situation over a period of time in a way that allows them to control their fear at each step.

If the steps are right in terms of how difficult each one is, the person should be able to master their anxiety at each stage and conquer their fear, gradually confronting situations they previously avoided.

Sometimes, a combination of behaviour therapy and medication may be recommended.

## The local resources and treatments available to an individual experiencing a phobia

Medication is not usually recommended for treating phobias, because talking therapies are normally successful. However, medication is sometimes prescribed for treating the effects of phobias, such as anxiety.

### Treatments

There are **three** main types of medicine that are used to treat anxiety issues, including phobias.

- 1. Antidepressants:** Antidepressants are often prescribed to help reduce anxiety. These can cause withdrawal symptoms. If you are prescribed antidepressants, it is important that you don't stop taking them suddenly. Instead, you should see your GP, who will lower your dose gradually over time.
- 2. Tranquillisers:** Benzodiazepines are a group of medicines that are also known as minor tranquilisers. They are sometimes used to treat severe anxiety, but are usually only prescribed in the lowest possible dose for the shortest possible time. This is because they are associated with withdrawal and dependence problems.
- 3. Beta-blockers:** Beta-blockers are sometimes prescribed to help reduce the symptoms of anxiety, such as palpitations (irregular heartbeat).



### Key fact

With complex phobias, it is important to get treatment as soon as possible. The longer it is untreated, the more entrenched it becomes.



## Local resources

A GP is the first point of access to the NHS. They can provide an assessment and diagnosis and can refer the person to a Community Mental Health Team (CMHT), which provides support and treatment for people with common mental health problems.

The CMHT brings together counsellors, social workers, psychologists, psychiatrists and occupational therapists. It can offer one-to-one consultations, where the person will be given self-help material and some basic therapy.



### Key fact

Overcoming a phobia is not a fast process, but individuals can be helped to learn to relax, and local support and advice is also available.

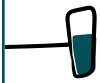


## Stop and think!



### Remembering and recalling key learning

What does the acronym CMHT stand for?



### Application

Go to the following BBC webpage and read through the factsheet about graded exposure and an example diary. This resource explores the variety of ways people can address their fears and anxieties.

<http://downloads.bbc.co.uk/health/factsheets/graded.pdf>

Make your notes in the space below.



### Developing depth

Imagine that one individual identifies their anxiety level as 80% at the beginning of their first step and 20% by the end of the same step. What is the difference between these two percentages?



## Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. A phobia is an overwhelming and debilitating fear of an object, place, situation or animal. True or false?

True

False

2. Which of the following are physical effects of phobias?

a) Negative thoughts

b) Anxiety

c) Hunger

d) Pins and needles

3. Phobias only ever affect the individual, as the fear is only felt by them. The individual's family and friends are usually unaware that a person has a phobia. True or false?

True

False

4. On which type of phobias would 'graded exposure' be carried out?

a) Specific

b) Complex

c) Agoraphobia

5. Which of these would be an example of a specific phobia?

a) Snakes

b) The dentist

c) Being alone

d) Silences



## What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to phobias. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- 1 – Not confident at all    2 – A little confident    3 – Somewhat confident  
 4 – Confident    5 – Very confident    6 – Confident enough to share my knowledge with others

1.	How confident do you feel in your knowledge of the term 'phobia'?	
2.	How confident are you in your understanding of the possible causes of phobias?	
3.	How confident do you feel in your understanding of how a phobia can affect the individual and others?	
4.	How confident are you in your knowledge of how phobias may be managed?	
5.	How do you feel your knowledge has improved since starting this unit?	

**A****Extend your learning**

There are also resources and support services available to help people with specific phobias, such as a fear of flying (aerophobia). One example of this is a passenger guide produced by Manchester Airport, signposting individuals to various courses that may help them overcome their fear. Take a look at the following link to read more and make notes in the space below.

*<https://www.manchesterairport.co.uk/help/passenger-guides/fear-of-flying/>*



**Congratulations, you have now completed Section 4 and Unit 4. Please now go to your assessment and answer Q1 to Q11.**

## Further reading

Please take your time to visit the links listed below. These will help you widen your reading for answering the assessment questions. You will need to type out the links in full into a browser in order to access them.

<https://www.nami.org/Blogs/NAMI-Blog/December-2020/Why-We-Need-Responsible-Representation-in-the-Film-Industry#:~:text=Hollywood%20has%20a%20long%20history,harmful%20stereotypes%20about%20mental%20illness.>

Mental Health Law in England and Wales: A Guide for Mental Health Professionals by Debbie Martin, Paul Barber, and Robert Brown

Mental Health Law: Policy and Practice by Book by Peter Bartlett and Ralph Sandland

<https://www.mind.org.uk/information-support/your-stories/improving-representations-of-mental-health-on-tv/>

<https://www.mind.org.uk/news-campaigns/news/mind-praises-media-momentum-on-mental-health/>

<https://www.mind.org.uk/news-campaigns/news/soap-characters-and-news-readers-can-save-lives-people-with-mental-health-problems-seek-help-following-media-coverage/>

Sutherland, V. J., & Cooper, C. L. (1990). Understanding stress: A psychological perspective for health professionals. Chapman & Hall/CRC

Smith, J. C. (1993). Understanding stress and coping. Macmillan Publishing Co, Inc.

<https://www.nhs.uk/every-mind-matters/mental-health-issues/stress/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/what-is-stress/>

<https://www.theguardian.com/film/2019/oct/21/joker-mental-illness-joaquin-phenix-dangerous-misinformed>

<https://www.bbc.com/culture/article/20180828-how-cinema-stigmatises-mental-illness>

Mindfulness for Health: A practical guide to relieving pain, reducing stress and restoring wellbeing by Vidyamala Burch and Dr Danny Penman

The Anxiety and Phobia workbook by Edmund J Bourne

<https://www.pchtreatment.com/the-black-swan-movie-and-psychological-illness/>

<https://www.verdict.co.uk/mental-illness-films/>

<https://www.headstogether.org.uk/>

<https://www.mind.org.uk/about-us/celebrity-support/our-ambassadors/>

<https://www.bbc.co.uk/sport/olympics/57992327>

<https://olympics.com/en/news/simone-biles-exclusive-mental-health-advice-future>

<https://time.com/4352130/kristen-bell-frozen-depression-anxiety/>

<https://disabilityhorizons.com/2019/10/10-celebrities-who-have-struggled-with-mental-health/>

<https://commonslibrary.parliament.uk/research-briefings/cbp-9341/#:~:text=The%20Mental%20Capacity%20%28Amendment%29%20Act%202019%20received%20Royal,earlier%20amendment%20to%20the%20Mental%20Capacity%20Act%202005>

Anxiety Disorders and Phobias: A cognitive perspective by Aaron Beck and Gary Emery

<https://www.verywellmind.com/list-of-phobias-2795453>

## Answers to Activities Unit 1

### Wider learning – Page 8

1. **Mental ill health** – ‘Is used when a person experiences significant changes in their thinking, feelings or behaviour.’
2. **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.’

### Stop and think: Remembering and recalling key learning – Page 13

Examples of risk factors include lack of support, trauma and substance abuse.  
True or false?

### Stop and think: Application – Page 16

All mental illnesses are the same. They have the same outcomes, the same risks and impact on the same people. True or false?

### Wider learning – Page 24

1. **Healthcare** – ‘Arranged and is the responsibility of the NHS.’
2. **Social care** – ‘Arranged by local authority social services.’

### Stop and think: Remembering and recalling key learning – Page 25

Fill in the missing word. The main aims of the community-based approach today are to support people towards recovery and to foster **independence**.

### Remembering and recalling key learning – Page 30

Medication that someone takes for a mental illness may affect the ability to drive safely and legally. True or false?

### Wider learning – Page 32

This relates to not being able to make decisions or carry out tasks you enjoy.  
(**Depression**)

This relates to being lethargic, losing/gaining weight or not wanting to exercise.  
(**Food and eating**)

This relates to shunning social contact, or becoming hard to talk to.  
(**Withdrawn behaviour**)

**Wider learning – Page 34**

Someone who experiences this effect may see, hear, feel, smell or taste something that is not actually there. **(Hallucinations)**

Someone who experiences this effect has fixed false beliefs, such as being followed or believing other people can hear their thoughts. **(Delusions)**

Someone may become more sleepy, or less in control of their emotions, if substances interact with other things. **(Alcohol, drugs and medication)**

**Let's summarise – Page 37**

The National Health Service and Community Care Act 1990 states that it is a duty for local authorities to assess people for social care and support. Is this **true** or false?

**Stop and think: Remembering and recalling key learning – Page 43**

What percentage did the ONS report about sickness days that could be attributed to mental health?

- a) 10.2%
- b) 12.7%**
- c) 15%
- d) 1.2%

**Wider learning – Page 63**

**The Mental Capacity Act 2005** – Allows somebody to make a decision on behalf of someone over the age of 16, by working within the individual's 'best interests'.

**The Mental Health Act 2007** – Gives guidelines on how a person can be admitted, detained and treated in hospitals.

**Stop and think: Remembering and recalling key learning – Page 69**

What year did the Equality Act come into legislation?

- a) 2008
- b) 2005
- c) 2010**
- d) 2020

**Stop and think: Remembering and recalling key learning – Page 76**

In what year was the Caldicott Report released?

**1997**

**Let's summarise – Page 77**

1. Mental health does not include:
  - a) **A person's ability to solve problems**
  - b) **A person's diet**
  - c) A person's ability to forge relationships
  - d) How a person feels about themselves
  
2. Risk factors associated with mental health include:
  - a) Social pressures
  - b) Chemical imbalances in the brain
  - c) Economic pressures
  - d) Personality factors
  - e) **All of the above**
  
3. 'On the whole, media coverage of mental health issues is positive.  
'True or **false**?
  
4. Stigmas are a negative thing that can prevent mentally ill people from seeking help. **True** or false?
  
5. How many principles are underpinned by the Mental Capacity Act 2005?
  - a) Three
  - b) **Five**
  - c) Eight



## Answers to Activities Unit 2

### Stop and think: Remembering and recalling key learning – Page 88

When we feel stress because we think there is a difference between what we think about ourselves and what we do, this is called a cognitive **gap**.

### Stop and think: Remembering and recalling key learning – Page 91

The only life event that can cause someone stress is divorce or separation from a partner. True or **false**?

### Wider learning – Page 96

Look at the following list of situations and decide whether each is an example of useful or harmful stress.

1. Worrying about personal death or illness. **Harmful**
2. Being worried about your parent who is in her 90s and developing Alzheimer's disease. **Harmful**
3. Creating a plan for managing credit card finances. **Useful**
4. Giving a performance on stage. **Useful**
5. Overworking and not spending time with family. **Harmful**
6. An academic debate with another student at college or university. **Useful**

### Stop and think: Remembering and recalling key learning – Page 97

Sajid is not feeling positive about life. They are stressed about how the stress that they are receiving at work will increase due to a new government election. They are unsure about who will be elected but this stress is causing them to lose sleep. Is this an example of useful or harmful stress?

**Answer = Harmful**

### Wider learning – Page 101

Look at the phrases or statements below and choose whether they would be a 'behaviour' or 'feeling'.

1. Ingrid tells their college lecturer that they are upset. **Feeling**
2. Jasper starts to ignore deadlines and emails at work. **Behaviour**
3. Blessing avoids social events. **Behaviour**
4. Alex quits their college course as they no longer are interested in studying. **Feeling**

### Stop and think: Remembering and recalling key learning – Page 102

Different people experience stress in the same ways. True or **false**?

**Stop and think: Remembering and recalling key learning – Page 114**

Unjumble the following sentence to discover one of the ways you can reduce stress:

**oexnl ea rtalr - Answer: Learn to relax**

**Stop and think: Remembering and recalling key learning – Page 117**

Which of the following can local support NOT help you with?

- a) Physical assistance
- b) Reassurance
- c) Taking over the task for you**
- d) Information

**Let's summarise – Page 118**

1. What percentage of visits to GPs are for conditions related to stress?

- a) 10%
- b) 40%
- c) 70%**

2. Stress is...

- a) A biological response created in the brain**
- b) A physical effect of being tired
- c) Not caused by pressure or other demands

3. Select the correct pathway that can lead to stress.

- a) Change – Loss of control – Event - Stress
- b) Stress – Event – Change – Loss of control
- c) Event – Change – Loss of control – Stress**
- d) Loss of control – Change – Stress – Event

4. An example of external factors in daily life that causes stress is...

- a) Feeling depressed for no identifiable reason
- b) Financial issues, such as debt**
- c) Physical and mental health conditions

5. Which of the following is not a source of local support for people with stress?

- a) GP
- b) Citizens Advice Bureau
- c) Work manager**

## Answers to Activities Unit 3

### Stop and think: Remembering and recalling key learning – Page 126

Which of these is a physical symptom of a panic attack?

- a) Chest pain
- b) Negative thoughts**
- c) Dizziness
- d) Sweating

### Stop and think: Remembering and recalling key learning – Page 132

Which of these is not a possible cause of anxiety?

- a) Past experiences
- b) Fear of losing control
- c) It is contagious**
- d) Genetic inheritance

### Stop and think: Developing depth – Page 132

If 66% of 18-24 year olds felt stressed or anxious at least once a week, then what percentage of those surveyed did not experience these feelings?

**Answer = 34%.**

### Stop and think: Remembering and recalling key learning – Page 141

Anxiety only causes emotional symptoms. True or **false**?

### Stop and think: Remembering and recalling key learning – Page 144

Anxiety disorders often occur in conjunction with other serious disorders, such as depression and substance abuse. **True** or false?

### Case study: Joe – Page 148

What initially made Joe's anxiety get worse?

- a) Self-doubt**
- b) Panic attacks
- c) Other people's comments
- d) Negative feelings about the job

Next time Joe goes to an interview, they might have negative thoughts again which may mean they might avoid going to other opportunities. **True** or false?

**Case study: Sophie – Page 149**

What affect did Sophie's anxiety have on them?

- a) Sweating
- b) Back pain
- c) Emotional outbursts of anger**
- d) Vomiting

**Case study: Sophie – Page 149**

Sophie is not likely to lose their job, even though they were 20 minutes late to a meeting. **True** or false?

**Wider learning – Page 152**

Complete the following sentence. 'When someone thinks of the worst case scenario of a situation, this is called the \_\_\_\_ of negative thinking.'

**Answer = cycle**

**Stop and think: Remembering and recalling key learning – Page 153**

What is the fourth step in someone's thought sequence when they experience negative thinking?

- a) Emotional
- b) Anxiety
- c) Behaviour**
- d) Avoidance

**Stop and think: Remembering and recalling key learning – Page 159**

Which of these is NOT a self-help strategy for managing anxiety?

- a) Self-help groups
- b) Diet**
- c) Support forums
- d) Relaxation

**Stop and think: Remembering and recalling key learning – Page 162**

When someone has gradually introduced a phobia back into their lives, this is called what?

**Answer = Graded exposure**

**Let's summarise – Page 163**

1. What does PTSD stand for?
  - a) Post-Trauma and Stress Development
  - b) Panic, Trauma and Stress Disorder
  - c) Post-Traumatic Stress Disorder**
  - d) Panic Traumatic Syndrome and Disease
  
2. Anxiety can become a vicious cycle, whereby a person feels anxious about the symptoms of anxiety. **True** or false?
  
3. Anxiety can also affect the friends and family of the individual. **True** or false?
  
4. Anxiety is characterised by a feeling of what?
  - a) Euphoria
  - b) Fear**
  - c) Boredom
  - d) Hatred
  
5. Which type of medication must only be taken for a short period of time as they can be addictive?
  - d) Antidepressants
  - e) Tranquilisers**
  - f) Beta blockers

## Answers to Activities Unit 4

### Stop and think – Page 171

'These can be more disruptive and disabling to a person's life and can often develop after adolescence.'

- a) **Complex**
- b) Specific/simple

'These are phobias about one specific thing.'

- a) Complex
- b) **Specific/simple**

### Stop and think: Remembering and recalling key learning – Page 173

What is agoraphobia?

- a) These are phobias about one specific thing
- b) **It is the fear of being in situations where it might be difficult to escape**
- c) Can be more disruptive and disabling to a person's life and can often develop after adolescence

### Let's summarise – Page 174

There are two main groups of phobias – Specific and \_\_\_\_\_.

**Answer = Complex**

### Stop and think: Remembering and recalling key information – Page 178

Which of these is NOT a cause of a phobia?

- a) Childhood experience
- b) **Medication**
- c) Life experience
- d) Genetics

### Stop and think: Remembering and recalling key learning – Page 183

Which of these is a psychological feeling?

- a) **Feeling of dread**
- b) Numbness or pins and needles
- c) Butterflies in the stomach
- d) Chest pain

**Stop and think – Page 186**

What has Fran now been able to go back to, after regaining her confidence?

**Answer = Work**

**Stop and think – Page 186**

Who did Fran share her experiences with?

- a) Family
- b) Friends
- c) People on the internet**
- d) GP

**Stop and think: Remembering and recalling key learning – Page 187**

What is agoraphobia?

- a) Fear of water
- b) Fear of missing out
- c) Fear of particular places and situations**
- d) Fear of holes

**Stop and think: Remembering and recalling key learning – Page 194**

Self-help groups are not a good way for people with phobias to get in touch with people with similar problems. True or **false**?

**Stop and think: Remembering and recalling key learning – Page 198**

What does the acronym CMHT stand for?

**Answer = Community Mental Health Team**

**Stop and think: Developing depth – Page 198**

Imagine that one individual identifies their anxiety level as 80% at the beginning of their first step and 20% by the end of the same step. What is the difference between these two percentages?

**Answer = 60%**

**Let's summarise – Page 199**

1. A phobia is an overwhelming and debilitating fear of an object, place, situation or animal. **True** or false?
  
2. Which of the following are physical effects of phobias?
  - a) Negative thoughts
  - b) Anxiety
  - c) Hunger
  - d) Pins and needles
  
3. Phobias only ever affect the individual, as the fear is only felt by them. The individual's family and friends are usually unaware that a person has a phobia. True or **false**?
  
4. On which type of phobias would 'graded exposure' be carried out?
  - a) **Specific**
  - b) Complex
  - c) Agoraphobia
  
5. Which of these would be an example of a specific phobia?
  - a) **Snakes**
  - b) **The dentist**
  - c) Being alone
  - d) Silences



## Learning outcomes Unit 1

### 1. Know what is meant by mental health and mental ill health

- 1.1 Define what is meant by mental health and mental ill health
- 1.2 Describe the components of mental well-being
- 1.3 Describe the risk factors associated with developing mental health problems
- 1.4 Identify examples of mental health problems.

### 2. Understand how mental health care has changed over time

- 2.1 Describe how mental health care has changed with regard to:
  - Historical approaches to care
  - The use of community care.
- 2.2 Explain the impacts of the changes in mental health care
- 2.3 Explain the difficulties individuals with mental health problems may face in day-to-day living.

### 3. Understand the social context of mental illness

- 3.1 Describe social and cultural attitudes to mental illness
- 3.2 Describe media attitudes to mental illness
- 3.3 Explain the impact of these attitudes on individuals and their care.

### 4. Understand the legal context of mental illness

- 4.1 Identify relevant legislation in relation to mental illness
- 4.2 Outline the implications in legislation for the provision of care to an individual with mental health problems
- 4.3 Outline legal provisions for individuals who are unable to make decisions for themselves due to mental health problems
- 4.4 Outline the legal issues around confidentiality and data protection in relation to individuals with mental health problems.

## **Learning outcomes Unit 2**

### **1. Understand the term 'stress'**

1. Define the term 'stress'.

### **2. Understand possible causes of stress**

2.1 Describe possible causes of stress.

### **3. Understand how stress can affect an individual**

3.1 Explain how stress can be both useful and harmful

3.2 Give examples of the symptoms of stress

3.3 Describe the feelings an individual may have when experiencing stress

3.4 Describe how stress can affect an individual.

### **4. Understand how the demands of daily life can contribute to stress**

4.1 Describe internal and external demands in life which may result in stress.

### **5. Understand how stress may be managed**

5.1 Describe healthy strategies that could be used by an individual to reduce or manage stress in life

5.2 Describe local support available to individuals experiencing stress.

## Learning outcomes Unit 3

### 1. Understand the terms 'anxiety' and 'panic attack'

1.1 Define the term 'anxiety'

1.2 Describe what is meant by a 'panic attack'.

### 2. Understand possible causes of anxiety

2.1 Describe possible causes of anxiety.

### 3. Understand how anxiety can affect the individual and others

3.1 Describe situations where individuals may experience anxiety

3.2 Describe the feelings an individual may have when experiencing anxiety

3.3 Describe how anxiety can affect an individual

3.4 Describe how an individual's anxiety may affect others.

### 4. Understand how different ways of thinking and behaving can affect anxiety

4.1 Describe what happens in a cycle of negative thinking

4.2 Explain how an individual's personality and outlook on life could help or hinder anxiety.

### 5. Understand how anxiety may be managed

5.1 Describe examples of self-help for anxiety

5.2 Describe enjoyable activities which may help an individual manage anxiety

5.3 Describe local resources and treatments available to individuals experiencing anxiety problems.

## **Learning outcomes Unit 4**

### **1. Understand the term 'phobias'**

- 1.1 Define the term 'phobia'
- 1.2 Describe the main groups of phobias
- 1.3 Describe examples of specific and social phobias.

### **2. Understand the possible causes of phobia**

- 2.1 Describe possible causes of phobia.

### **3. Understand how a phobia can affect the individual and others**

- 3.1 Describe the feelings an individual may have when experiencing a phobia
- 3.2 Explain how a specific phobia could prevent an individual from leading a normal life
- 3.3 Describe how agoraphobia could prevent someone leading a normal life
- 3.4 Describe how an individual's phobia may affect others.

### **4. Understand how phobias may be managed**

- 4.1 Describe examples of self-help for phobias
- 4.2 Describe examples of possible treatments for phobias
- 4.3 Describe the local resources and treatments available to an individual experiencing a phobia.

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Upon successful completion of this qualification, learners will be awarded the TQUK Level 2 Certificate in Awareness of Mental Health Problems (RQF) (603/2958/0).

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The Skills Network Ltd.

T: 0845 1770047 / 01757 210 522

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# Level 2 Certificate in **Awareness of Mental Health Problems**

Individuals who work with people with mental health conditions need to understand each condition fully. Likewise, anyone who has seen someone experience mental ill health would benefit from understanding the meaning, causes, effects, symptoms and management of mental health conditions. This nationally recognised qualification covers all of these aspects and is the perfect place to start if you wish to increase your awareness of various mental health conditions.

## **Part A: Unit 1:** Understanding Mental Health

**Unit 2:** Understanding Stress

**Unit 3:** Understanding Anxiety

**Unit 4:** Understanding Phobias

## **Part B: Unit 5:** Understanding Depression

**Unit 6:** Understanding Postnatal Depression

**Unit 7:** Understanding Bipolar Disorder

**Unit 8:** Understanding Schizophrenia

**Unit 9:** Understanding Dementia

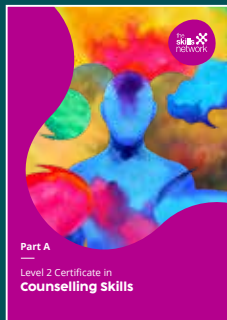
## **Part C: Unit 10:** Understanding Eating Disorders

**Unit 11:** Understanding ADHD

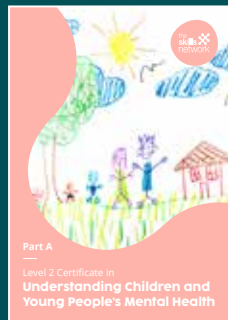
**Unit 12:** Understanding OCD

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