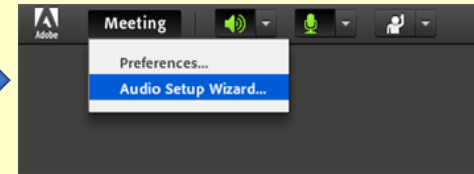




D241: Understanding Mental Health EMA including overview points

April Thursday 27th 2023, 2 hours 7-9pm
Troy and Martha

While you are waiting please run your audio set up wizard 😊



Plan for Tutorial 7-9pm



- Welcome and where we are check-in

Everyone

- The 'nuts and bolts' of the EMA: submission and structure of the assignment, word counts, process words in title, approaching the task, referencing and using independent sources

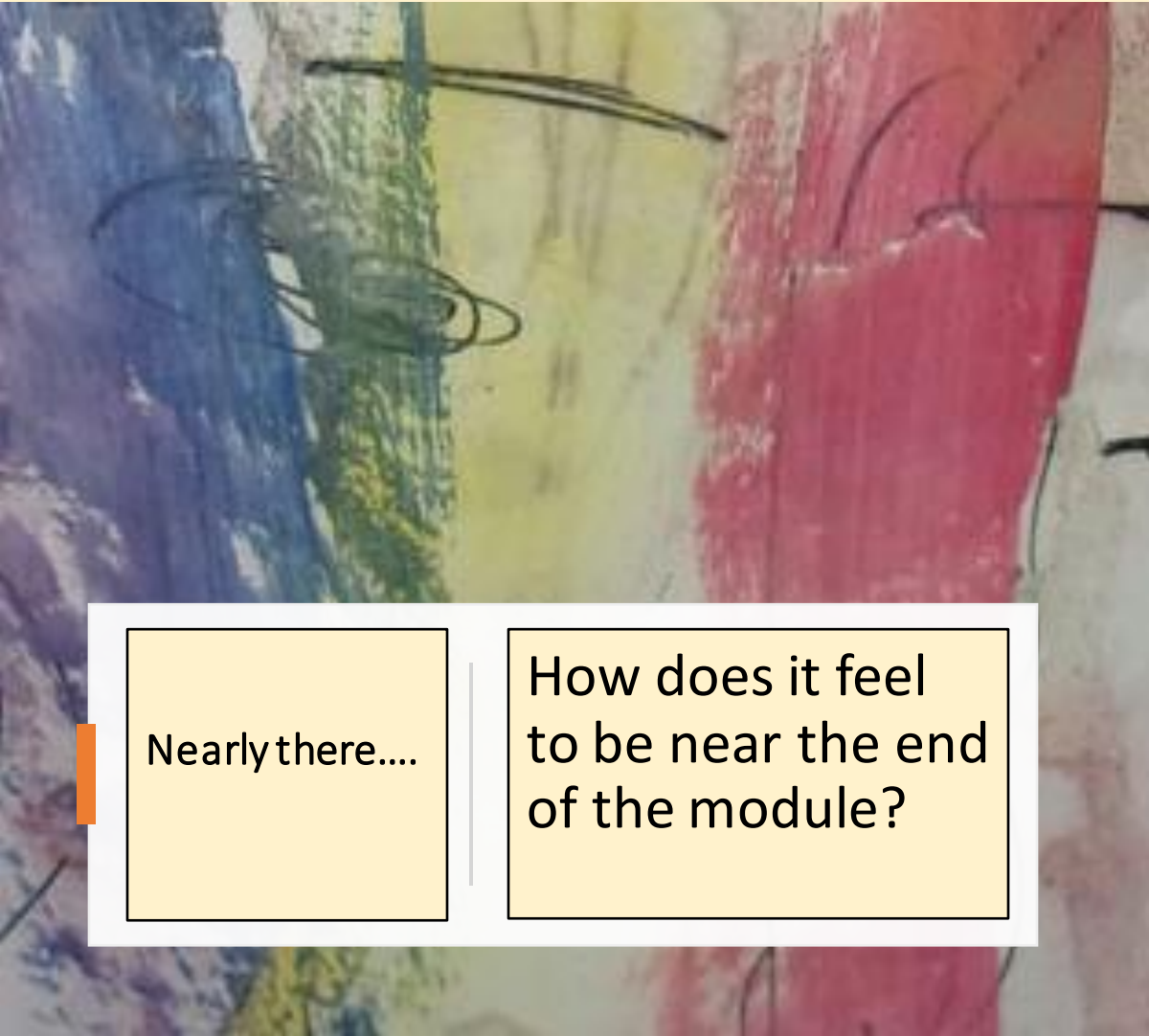
Martha

- Part 1: Exploring the Assessment guidance: The scenario and what sections on the user-led approach, individual modality and community activism are asking Troy
- Part 2 Exploring the Assessment guidance

Reflexivity

Martha

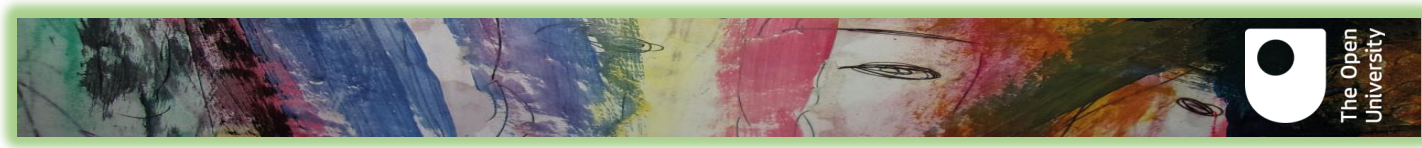
Final questions and worries (no worry too small!)



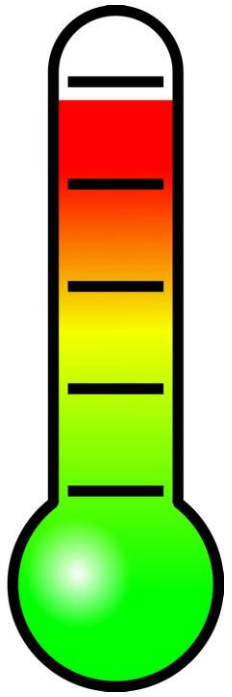
Nearly there....

How does it feel
to be near the end
of the module?





How are you feeling about EMA?



I'm feeling overwhelmed

I'm a very confused and do not know what to do

I'm a bit confused and still not sure how to start

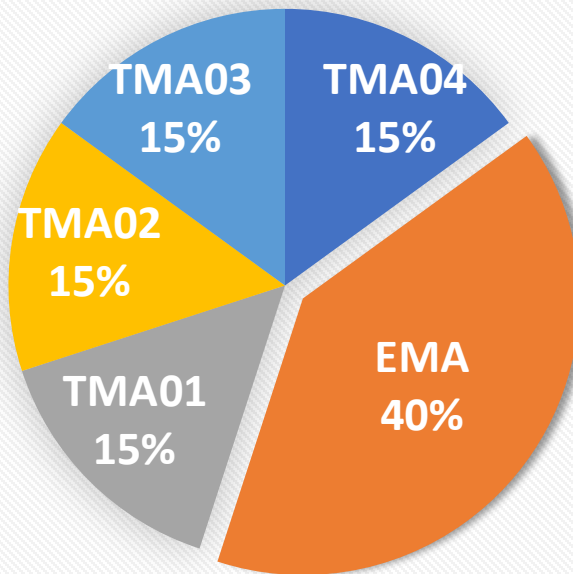
Generally clear, but some parts still feel confusing

Feeling confident that I have the information I need

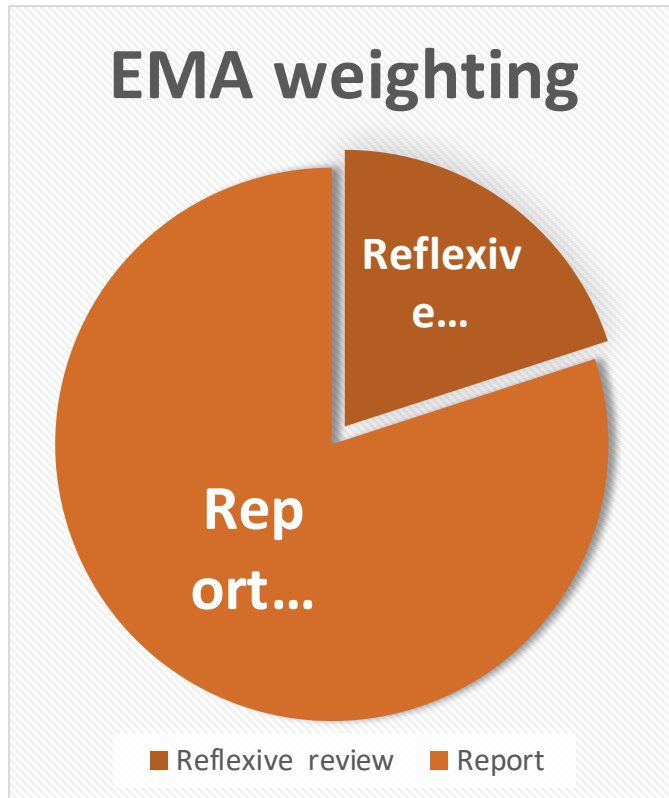
Everything is crystal clear!



EMA and TMA weighting



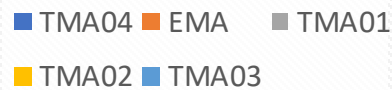
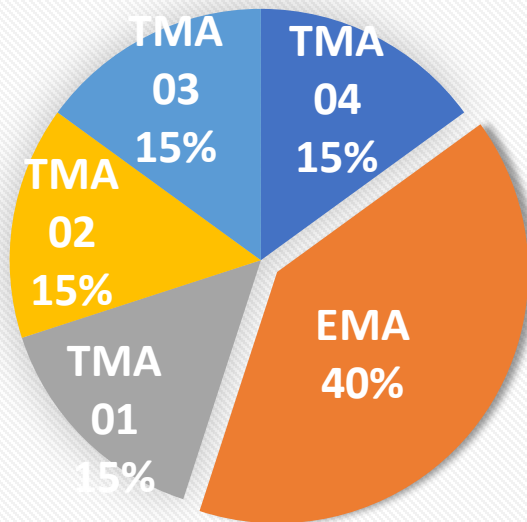
■ TMA04 ■ EMA ■ TMA01 ■ TMA02 ■ TMA03



- There are 2 separate parts to the EMA
- Part 1 is the Report on a counselling intervention
- Part 2 is your Reflexive Review
- Both parts must be completed and submitted
- Each part is marked separately and there is different marking guidance for each part
- Read the guidance for each part independantly



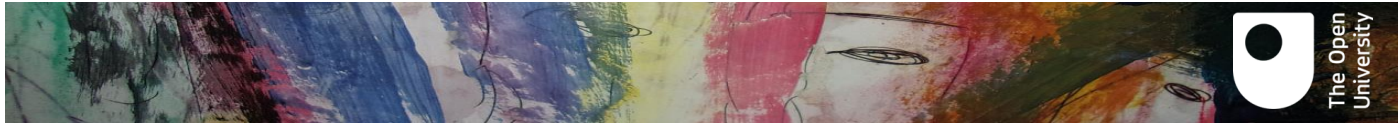
Module marks



Example grades

- TMA01 - 56% = 8.4%
- TMA02 = 63% = 9.5%
- TMA03 = 69% = 10.4%
- TMA04 = 75% = 11.2%
- EMA = 65% = 26%

Module Score = 66%



Open University Grade Bandings

University scale %	Performance standard	Classification equivalent
85 – 100	Pass 1 (Excellent)	First class
70 – 84	Pass 2 (Good)	Upper second
55 – 69	Pass 3 (Clear Pass)	Lower second
40 – 54	Pass 4 (Pass)	Third class
30 – 39	Fail 5 (Bare Fail)	Fail – resubmission allowed
15 – 29	Fail 5 (Fail)	
0 – 14	Fail 5 (Bad Fail)	



Word count for the EMA



- Word count limit is per part of the assignment e.g. you would not be penalised for using an additional 50 words on Part 2

- The faculty policy on word limits for EMAs is:

“If you exceed the word limit on an end-of-module assessment (EMA) by more than 10 per cent, the script marker will mark your work down by 10 marks (10 percentage points). This penalty will be applied irrespective of whether you have previously exceeded the word limit on a TMA.”



Referencing in your EMA



- ✓ Both the Report and the Reflexive Review should including references where appropriate
- ✓ You need to include 2 independent sources
- ✓ Adhere to the CiteThemRight (Harvard) format
- ✓ You can include a separate reference list for your Report and your Reflexive Review i.e. 2 reference lists or 1 complete reference list



Referencing in your EMA: Independent study



You need to include evidence from 2 independent sources.

This is a source which is not;

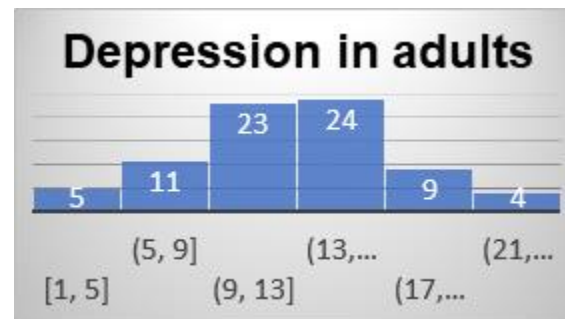
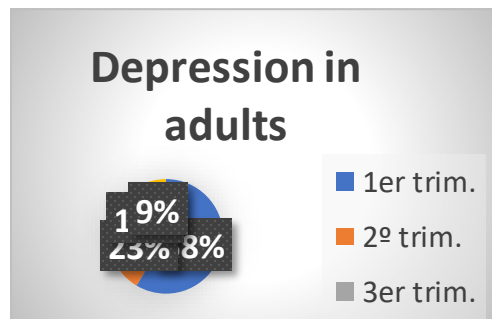
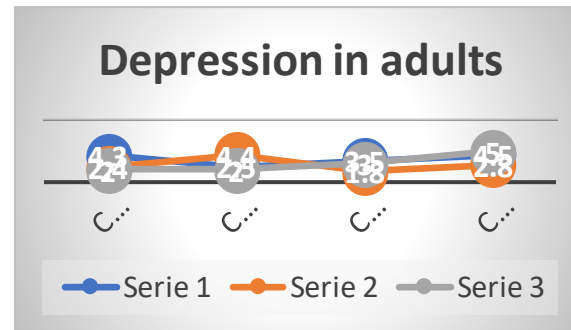
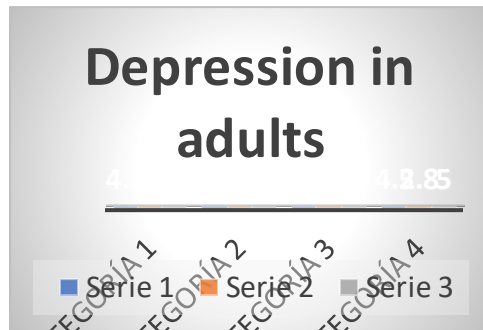
- the module text book
- online module materials
- a secondary source from the module materials.

Some sources of independent sources;

- End of block further reading lists
- Reference lists from sources you have read
- Sources you have found through independent study



Using non-textual content in your EMA





Does explaining the point with the non-textual element require less words than without it?

Do they illustrate a core point that you are trying to make?

Using non-textual content in your EMA

Is the information communicated more clearly with a visual element than in written form?

Is including the non-textual content going to make your point clearer for your reader?

Must be included within the main body of your assignment.
They cannot be included as appendices



Using specialist language with non-academic audience

Identifying specialist language:

- Theoretical concepts e.g. transference
- Medical or psychological e.g. diagnostic terms
- Social science e.g. therapeutic culture
- Acronyms e.g. DMS





Using specialist language with non-academic audience

How to use specialist language:

- Explain jargon (briefly)

It is important for doctors to be empathic when working with individuals with *Acute Thespian Syndrome*

- Include additional information

Ask yourself what additional information does my lay person need to understand this point?'





Using specialist terms and language with non-academic audience

- ✓ Assume intelligence on the part of your audience
- ✓ Give concise definitions for specialist language
- ✓ Reference specialist terminology
- ✓ Keep any explanation short
- ✓ Prioritise word count for your argument and justification

Don't over explain factual information.

The majority of your word count should be used for making your argument, critical evaluation, and justifying your argument.

Defining and referencing specialist terms should make your points clearer, not more complicated.



Submitting your assignment and receiving feedback

What is the final submission date for the EMA?

- The final submission date for the EMA is Tuesday 23th of May 2023

How do I submit my EMA?

- The submission process for the EMA is the same as for the TMAs

How will I receive my grade and feedback?

- You will receive a feedback form with your grade and feedback comments from the marker.
- You will not receive your assignment script back with tutor comments



Submitting your assignment and receiving feedback

What happens if I fail the EMA?

- If you receive a fail grade on the EMA, you will be given feedback about how to improve your assignment
- You will have the opportunity to re-submit your EMA

How is the EMA marked?

- The Student Notes
- The Assessment Marking Grid which you have access to
- Further guidance which is provided to EMA markers

Can I request an extension from my tutor for the EMA?

- Tutors cannot give extensions for the EMA
- In very exceptional circumstances contact Student Support Team



Focus of the EMA task (taken from Student Notes: defining and understanding the requirements)

- This task will assess your understanding of some of the **ethical dilemmas** encountered in the field of mental health and the importance of **'service-user' perspectives**.
- It will assess your skills in **evaluating evidence** about mental health issues and **research about the usefulness of the interventions** available.
- You will also need to **demonstrate your knowledge** of how mental health issues can be understood to be **embedded in social conditions** and that interventions might be planned to **operate at a social or community level**
- You will need to **demonstrate** that you are able to **select and present relevant arguments and evidence from a range of sources** gathered across the module.

The scenario for the EMA task



- You work for a charity providing a range of service aimed at serving mental health needs in Darlington
- You have been asked to draw up plans for service provision in the event of a particular crisis or disaster causing trauma.
- You must provide justification for services to be provided
- Your charity is a user-led service using co-production
- Professionals and service leaders are included in the leadership of your organisation
- You should deliver a report with interventions and justifications, written for an audience who will look at reasons for each intervention and evidence which supports the approach

What are the concerns being addressed? What do different stakeholders want?

Type your answers in the chat box



layers of concerns which might influence interventions

- **Individual concerns:** (un)employment; economic hardship; loss of friends, family, place; isolation; housing; access to GP/treatments; risk of self-harm or suicide; stigma; alienation; levels of mental distress; personal geographics; levels of physical health - *individual vulnerabilities*
- **Community level concerns:** loss of community, rising poverty or inequality; injustice; impact on parenting; increased demand for interventions with less £; identifying and prioritizing interventions; impacts on physical health; economic and other inequalities between ethnic groups – *community dilemmas*
- **Societal concerns:** to preserve services and societal functioning eg political structures; community unrest and distress destabilise social structures; long lasting impacts on national productivity and economic wellbeing – *social issues*

It is difficult to separate individual from social issues when we look at mental health problems. Consider how a proposal might work at different levels.

Grandmothers on a Bench: layers of impact

Desirable possible impacts

Produced in the community: builds social cohesion
Reduces stigma
Increases access to individual support
Increases agency and control in the community
Possibility of psychoeducation
Decreases demand on health services
Empowers 'service users'

Undesirable possible impacts

Possibility of community 'policing' – support for dominant social conventions and mores
Complies with individualisation of depression, and does not highlight e.g. social/cultural effects of poverty or resource access
Allows political/invested interests to advertise increased access to support for depression on the cheap
Supports the status quo
Diversity of involvement – who does it and who does it appeal to

What were the key impacts of Grandmothers on Benches at different levels – the individual, social and societal?

Type some of the desirable possible impacts in the text box

Type some undesirable possible impact and issues in the text box

[Effect of a Primary Care–Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial | Anxiety Disorders | JAMA | JAMA Network](#)



Part 1 exploring the assessment guidance

- A Service User Approach 600 words
- Individual Therapy 550 words
- Community Activism/Campaigning 1000 words

Introduction: (200 words)

- Explain the background to the report, summarise its important points, include a brief rationale and purpose of the interventions provided.
- Use the skills you have developed throughout your studies, what makes for a good introduction?

Share in the
chatbox

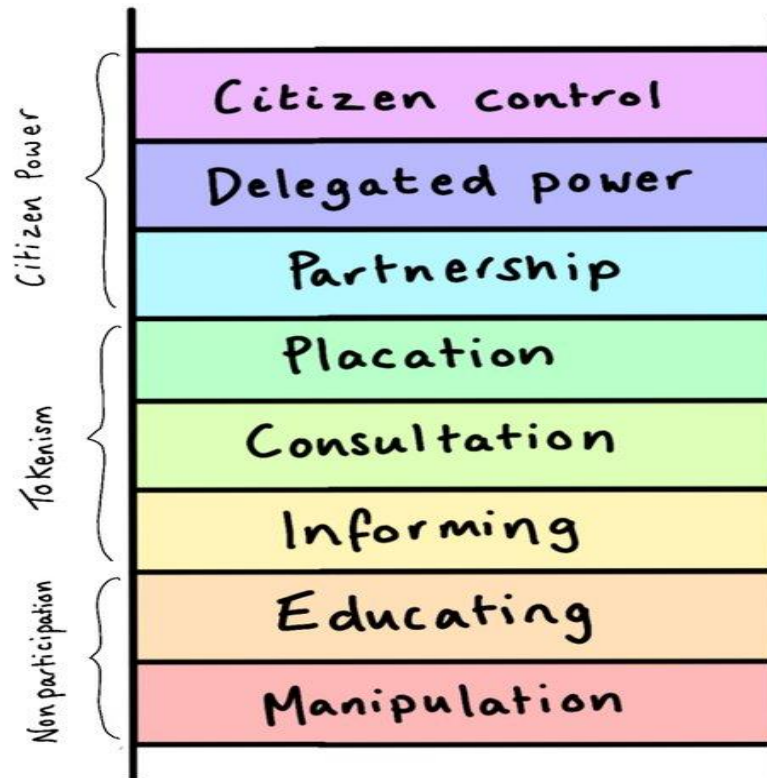


The service-user led approach 600 words

- Roots in protest & activism, aimed at addressing **power imbalance**
- “*to identify as a service user, services need to exist*” (Moller et al, 2020)
- **Service-User Voice** – expert by experience and collaboration; differential affect of ‘lived experience’, despite similar causes; ‘nothing about us, without us’
- **Emphasis on experience vs diagnosis** (what ‘solution’ would best address the problem, as it is *experienced*?)
- **Practical considerations** – engaging service users as peer support / ‘skilled helper’; evaluating effectiveness; are SUs involved in or leading the service provision?
- **Ethical considerations** – avoid tokenism; culturally social phenomena (Block 2: ch 5); safeguarding and wellbeing; use of language

User-led activities

Ladder of Participation (Arnstein, 1969)



Stakeholders have the idea and **set up the project**

Goal created by a facilitator but **resources and responsibility given to citizens**

Stakeholders have **direct involvement** in decision making

Stakeholders **shape ideas**, but final decision sits with facilitators

Stakeholder **views are sought** but decisions made by facilitators

Stakeholders are **informed on decisions** but no opportunity to contribute

Assumption that the **stakeholders are passive recipients**

The illusion of participation when **actually power is denied**

@creative.clinical.psychologist

Drawn by Juliet Young



Individual therapy 550 words

- **briefly describe** the nature of the first intervention which is a form of individual psychotherapy
- choose **one** of the treatment modalities that you have focused on in the module. You should select either a CBT, OR a psychodynamic, OR a person-centred/humanistic approach.
- Justify the use of the chosen approach with relevant literature
- Critical engagement theory and research
- Don't describe intervention, use concepts and research evidence to back up claims



Which modality?

There is an introduction to the three main treatment modalities in Block 1, Week 4.

Each modality is discussed in detail in Block 3:

- Week 12 psychodynamic

- Week 13 CBT

- Week 14 humanistic and person-centred approaches.

Issues of research and evidence are discussed throughout the module. Particular attention to some of the complexities of evidence are discussed in Block 5, Week 22 and in Chapter 17.

It will also be useful to refer to material on the importance of the therapeutic relationship (Block 4, Week 17) and on the ethics of practice (Block 4, Week 20).

An abstract painting featuring several faces rendered in a style reminiscent of Vincent van Gogh's 'Olympia'. The faces are composed of various colors like blue, red, green, and purple, with visible brushstrokes. The text 'Key points:' is overlaid in white on the central part of the painting.

Key points:

- You should justify the use of the approach by referring to relevant literature.
- You need to demonstrate critical engagement with relevant theory and research evidence to back up the claims that you are making.
- Avoid spending too much time describing the intervention as higher marks will be awarded for explaining the concepts and using research evidence to back up your claims.
- You only have 550 words!

Amongst people who contact Citizens Advice, people with mental health problems have a greater number of practical problems



When considering the modality, you may also want to consider the economic context

Social inequalities and mental illness

Employment

For those in contact with secondary mental health services, the **employment rate was 67.4 percentage points lower** than the overall rate



Benefits

50.9% of Employment Support Allowance Claimants have a primary condition of a mental and behavioural problem



Social isolation

Psychotic disorder is more common in people living alone. Evidence suggests links between mental illness, social isolation, and the challenges that people with psychotic disorder may face with maintaining relationships

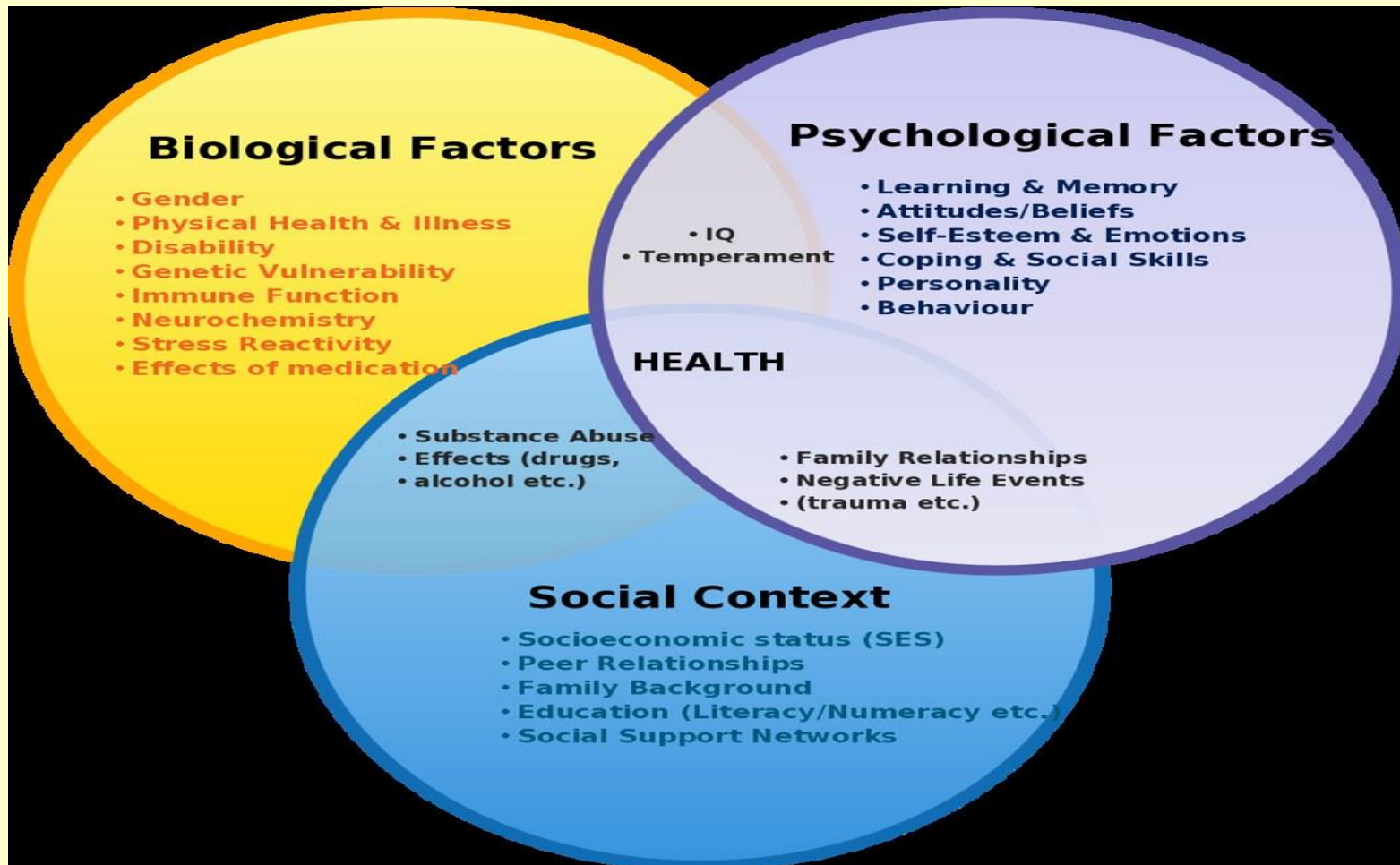


Housing

54% of adults (age 18-69) receiving secondary mental health services on the Care Programme Approach were recorded as living independently, with or without support

And social context....

Community activism/campaigning: Revisiting the biopsychosocial model



An abstract painting with vibrant colors (blue, red, green, yellow) and faint outlines of faces, serving as a background for the title.

Community activism and campaigning 1000 words

- Funders want approaches which do not solely rely on professional mental health intervention, but support capacity of communities and individuals to cope with crisis
- Explain a community oriented approach using theory and evidence
- Give examples of work in this area
- Provide a rationale, not a long description, of why it would work and expected impact
- Emphasise particular issues which might have been identified as significant to mental health subsequent to a traumatising event or disaster.

Community activism/campaigning example 1

An intervention that supports community-level campaigning e.g., provision of support, advice, facilities and resources for a peer-led group campaigning to improve a particular issue in the area (such as poor employment prospects for young people locally or the lack of support for families with young children).

Background reading for ideas to introduce:

Week 8, 3:3 – recovery from trauma at a community level through memorialisation, mourning, campaigning - (Enniskillen, 1987; Herman, 1992)

Week 24, Ch. 19 – ‘macro’ origins of depression in poverty and inequality (Kaposi, 2020, pp. 563 - 565)

Week 25, 7:1 – organisations campaigning for social justice (see <https://www.grenfellunited.org.uk/>)

Briefly describe the intervention – what it is and what it aims to do e.g.:

Created a memorial, holds vigils, runs a housing advice phone line for young families

Explain the rationale of a community-level intervention and explain why it works, and the expected impact of taking this approach on mental health – other ideas and projects:

Community psychology - ‘something needs to be done to alleviate people’s distress’ (Kaposi, 2020, p. 569, in Moller et. al., 2020)

Week 24, 4:2 and 4:3 - Influencing policy;

<https://www.mentalhealth.org.uk/publications/building-resilient-communities>

Week 3 ch 2. service user movement, coproduction, peer-led supports (Lomani, 2020)

Community activism/campaigning example 2

A community-led mental health initiative, e.g., a weekly 'coffee morning' peer-led group with a crèche supporting parents of under-fives where the parent is experiencing depression.

Background reading for ideas to introduce:

Week 24, ch. 19 origins of depression in 'social' circumstances (Brown and Harris, 1978; 1989, cited in Kaposi, 2020, pp. 558 - 562);

Week 8, sections 3 and 5 - community recovery from trauma; e.g, Tedeschi and Calhoun's article on posttraumatic growth and the value of 'self-disclosure in supportive social environments' (2004, p. 11)

Week 25, 6:3, 7:1 - supporting community and peer-led recovery (see <https://futuremen.org/>)

Briefly describe the intervention – what it is and what it aims to do e.g.:

Peer-led sharing around mental health issues whilst volunteers play with children; mental health talks; buddying; outreach; social and leisure facilities for wellbeing.

Explain the rationale of a community-level intervention and explain why it works, and the expected impact of taking this approach on mental health – other projects:

Sue Holland's 'social action project' (Holland, cited in Kaposi, 2020, p. 569.)

Week 24, 4:2 Carolyn Kagan's interview – 'Working as a community social psychologist'

Community activism/campaigning example 3

A campaign aimed at the wider community e.g., to draw attention to the impact of poverty in order to reduce poverty in the area, or strengthen social cohesion, or enhance the capacity of the community itself to provide support for its members or reduce levels of stigma.

Background reading for ideas to introduce:

Week 24, ch. 19 community psychology e.g. (Orford, 2008; Gergen, 1999; Martin-Baro, 1994, cited in Kaposi, 2020, pp. 568 - 572);

Week 24, section 4 and independent study: community psychology and influencing policy,

Briefly describe the intervention – what it is and what it aims to do e.g.:

Campaigning for improving access to work through improved flexible working in relation to childcare and disability to redress social inequalities; campaign for addressing discriminatory and excluding practices within mental health services; campaign for user-led service provision, coproduction and grassroots peer support.

Explain the rationale of a community-level intervention and explain why it works, and the expected impact of taking this approach on mental health – other projects:

Week 24, 4.3 influencing mental health policy landscape

Week 3, ch 2. service user movement, antipsychiatry (Lomani, 2020)

Week 3, service user perspectives, power, control and anti-psychiatry perspectives, sections 1; 3 5; independent study

Week 25 Therapeutic culture, e.g., therapeutic values (Giddens, 1991); narcissistic culture (Lasch, 1979)

Week 25 Ch 20 (Brown and Richards, 2020)



REFLEXIVE REVIEW – WEIVER EVIXELFER



Reflexive Review overview – 500 words (20% of EMA)

1. Discuss the meaning of ‘reflexivity’ and how counsellors might make ‘therapeutic use of the self’ in their work with clients.
2. Explain which of the three therapeutic modalities addressed on the module (psychodynamic, person-centred and cognitive behavioural) you are most drawn to and least drawn to.
3. Reflect on your own experiences with the module material and how your views on issues of mental health may have changed over the course of the module.

1. Discuss the meaning of 'reflexivity' and how counsellors might make 'therapeutic use of the self' in their work with clients.

- Definition and meaning are different – both are relevant
- Benefit of reflexivity to the client
- Place of reflexivity in self-care for the therapist
- Theories which include use of self (e.g. psychodynamic counter-transference / person centred congruence)
- Boundaries and ethics

2. Explain which of the three therapeutic modalities addressed on the module (psychodynamic, person-centred and cognitive behavioural) you are most drawn to and least drawn to.

- You need to discuss 2 modalities in this section
- Important to choose from the 3 modalities listed
- Did your preferences change throughout the module – WHY?
- Do these preferences link to areas of your self awareness?
- Acknowledge counter-views

3. Reflect on your own experiences with the module material and how your views on issues of mental health may have changed over the course of the module.

- Pick a few specific views and track the change
- What influenced the change?
- Are you aware of how your previous views on mental health developed / were influenced?
- Which issues in particular caused you to confront your own biases, judgements, assumptions the most?
- Acknowledge any areas of under-development that are still in progress for you



02 May 2023 (Tue) 10:00 - 12:00	D241 - 2022J	Rachel Adams, Jade Howe	(Not recorded) Module review & preparation for the EMA	Online
02 May 2023 (Tue) 19:00 - 21:00	D241 - 2022J	Rachel Adams, Lorraine Brown	(Recorded) Module review & preparation for the EMA	Online
04 May 2023 (Thu) 10:00 - 12:00	D241 - 2022J	Amy Critoph, Jade Howe	(Not recorded) Module review & preparation for the EMA	Online
04 May 2023 (Thu) 19:00 - 21:00	D241 - 2022J	Amy Critoph, Briony Martin	(Not recorded) Module review & preparation for the EMA	Online