



## **General Certificate of Education**

# **Health and Social Care 8626/8629**

**HC17      Understanding Mental Disorder**

# **Report on the Examination**

*2008 examination – June series*

Further copies of this Report are available to download from the AQA Website: [www.aqa.org.uk](http://www.aqa.org.uk)

Copyright © 2008 AQA and its licensors. All rights reserved.

#### COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

The Assessment and Qualifications Alliance (AQA) is a company limited by guarantee registered in England and Wales (company number 3644723) and a registered charity (registered charity number 1073334). Registered address: AQA, Devas Street, Manchester M15 6EX  
*Dr Michael Cresswell Director General.*

## **HC17 Understanding Mental Disorder**

### **Principal Moderator's Report**

There was a marked shift in the quality of the content and style of portfolios for this unit; generally they tended to be more academic and sophisticated.

Few centres neglected to identify an appropriate audience and more appropriately technical language was used.

There was a problem with candidates including disorders not listed in the specification. Anorexia was admissible if its use was justified and it was linked to an anxiety disorder.

However, it is advisable to adhere to the specification. Self-abuse, dyslexia and other learning disabilities are to be avoided.

Section A requires candidates to describe the nature, symptoms and causes of two targeted disorders. Often the first disorder included was covered more thoroughly than the second. In general, symptoms were described using the appropriate level of detail.

However, candidates often misunderstood what is meant by the 'nature' of the disorders. Causes were either done comprehensively with supporting empirical evidence, or over simplified. If the causes are discussed adequately it is easier to understand the treatments and problems associated with dealing with the origin of the disorder.

Many candidates produced intelligent accounts of the similarities and difference of their chosen disorders.

Section B requires candidates to describe the usual treatments, provisions available and access routes.

As was the case last year, treatments were often covered well but the additional requirements were either omitted or inadequately covered. Candidates from some centres wrote extensively on the importance of the Care Value Base or patients' rights in this section, which accrued very few marks.

The centres that did particularly well discussed treatments in the light of underlying assumptions about causation.

There was some impressive work submitted with a pleasing increase in the number of candidates grounding treatments in theory. The provisions available and how to gain access to the services available are important and centres should ensure these elements are included in some detail in the candidates' portfolios.

In Section C, the advantages and disadvantages of treatments tended to be generic and not specific to the treatment of the specified disorder. For instance, behavioural therapy can be highly effective in treating phobias, but is less useful in treating schizophrenia.

Some candidates or often whole centres chose to integrate sections B and C. This usually led to neither section been covered in sufficient detail.

The analysis of the treatments proved to be the most difficult task. This can only be done really well if supported by empirical evidence.

Some candidates submitted detailed work citing relevant and current research.

More candidates included relevant and insightful material regarding legislation this year. However, the emphasis must be on the impact of the legislation in real terms, not just its existence.

Section D requires candidates to evaluate the experience of their chosen disorders. This section was either done with great sensitivity and insight or done poorly. Case studies, poetry and personal experiences should be avoided.

Accounts of public perceptions and attitudes are often in the news.

The better candidates evidenced their awareness of the dangers of public ignorance and prejudice.

Most candidates discussed secondary effects with good synoptic cross-referencing to HC01 and life quality factors.

Some centres highlighted the escalating problems and challenges facing the NHS and its patients.

Section E showed some of the same problems as last year with too many candidates submitting an incomplete reference list.

These were done mostly in the required conventional form, demonstrating the use of a wide range of appropriate sources.

Candidates should be discouraged from actually including a hard copy of the source material. Simply referencing the source suffices.

### ***Grade boundaries***

Grade boundaries and cumulative percentage grades are available on the AQA website at [www.aqa.org.uk/over/stat.html](http://www.aqa.org.uk/over/stat.html) .