



General Certificate of Education

**Health and Social Care
8621/8623/8626/8627/8629**

HC17 Understanding Mental Disorder

Report on the Examination

June 2010

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HC17 Understanding Mental Disorder

General comments

Overall centres are managing this unit very well. The trend indicates more sophistication and better use of research material across the specification.

There are eight acceptable disorders, all listed clearly in the specification. Rogue disorders such as anorexia and dyslexia are non-admissible.

Almost all centres successfully identified an appropriate audience and the scope and level of technical competence has markedly increased. A general criticism is that many centres are not guiding their candidates to keep in mind who their target audience is. Often, once the audience has been identified they are never referred to again anywhere in the report. The report should constantly address its audience. After all, the report's 'raison d'être' is to educate a specific audience on the causes and effects of two mental disorders.

Section A: requires candidates to describe the nature, symptoms, and causes of two targeted disorders. The work submitted this year was more balanced in terms of both disorders being given equal attention. Most candidates separated the disorders and produced two distinct mini reports whilst a few merged the two. Either approach is acceptable, but each method had its own drawbacks. When the disorders were examined separately, there was a tendency to cut and paste, which leads to duplication of information. Merging the two disorders sometimes leads to indistinct or confused commentary, especially by weaker candidates.

There still appears to be confusion as to exactly what the phrase 'nature of a disorder' refers to. Nevertheless this section fared better than last year. The nature of a disorder is not the same as its symptoms. Better centres described the profile of the disorder including ferocity, prognosis, classification, incidence etc.

In general, symptoms were described accurately and with an appropriate level of detail. There was a reduction in the tendency in this subsection to cut and paste listings from Internet sources or simply copy without amendment from textbooks.

As in previous years, causes were either completed comprehensively with supporting empirical evidence, or over simplified. The assumptions underlying the various perspectives associated with cause were introduced and examined in some detail by more candidates this year. Centres are improving in this unit year on year and the section on causes shows the most marked improvement.

The requirement to compare and contrast the two chosen disorders was tackled well this year. Candidates focused on a whole range of factors including age on onset, employment consequences, treatments, and underlying assumptions. It was pleasing to see distinctions being made between psychotic and neurotic disorders.

Candidates choosing phobias should avoid over-generalised or sensational information. Candidates sometimes are carried away in their description of phobias simply because they are very interested by their bizarre or unusual manifestations, but this can detract from the academic nature of their reports.

Section B: requires candidates to describe the usual treatments, provisions available and access routes. Treatments were often covered well with a marked improvement in the detail and explanation of assumptions and characteristics. Some candidates evidenced very strong research skills in this section and used a variety of sources, which were fully referenced and justified. Once again, associated practitioners and the routes of access to available treatments were the most neglected subsections of the portfolios. A basic requirement of the portfolio is that it should inform the target audience of how and where treatment can be accessed and just what are the duties and responsibilities of the practitioners linked to the specified disorders.

Section C: the advantages and disadvantages of treatments are usually problem areas, but this year candidates demonstrated stronger research skills. Candidates would make a statement, for instance, on a drugs success rate and then follow this with a piece of supporting research material. The portfolios are reading more and more like an academic report, which is pleasing to see. More candidates submitted detailed work, citing relevant and current research. There has been another marked shift in quality for the better.

Relevant and current legislation was researched and included to a greater extent this year. The emphasis here should be on the impact of said legislation on a victim of a disorder and any difference between the aims or intentions of an Act and the actual effects should be discussed by the candidate. This proved difficult for many candidates whilst others did not attempt it at all. Teachers need to stress the importance of giving equal weight to all the subsections. Neglecting the impact of current legislation does have a significant impact on the candidate marks.

Section D: requires candidates to evaluate the experience of their chosen disorders. This section was approached very well and provided an opportunity for the less academic candidates to display their knowledge or ability to empathise. This section does benefit from some research but also from common sense observations. The practice of using case studies drawn from the Internet was less in evidence this year, which is excellent. Candidates often drew on current news or newspaper reports to reinforce their comment, which is good practice. Overall, this section is becoming much better informed. Evidence of both prejudice and discrimination is included in the portfolios and the impact both positive and negative reporting by the media debated. There was a lot of evidence of contemporary, sensitive, and considered accounts of both primary and secondary effects of mental disorders.

Section E: requires candidates to submit a full and formal reference list.

There was an increase in the effective use of full Harvard referencing for which the centres must be commended. However, full Harvard referencing is not mandatory (although it is a useful skill to develop in students). Complete referencing is required and too many candidates are still submitting an incomplete reference list. Candidates should be discouraged from including a hard copy of the source material, which only adds bulk to the portfolio.

In identifying these opportunities for future improvement, one should not lose sight of the fact that, in general, considerable advances in report quality have been made in recent years.

Grade boundaries

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