



**General Certificate of Education (A-level) Applied
June 2011**

Health and Social Care

HC17

**(Specification
8621/8623/8626/8627/8629)**

Unit 17: Understanding Mental Disorder

Report on the Examination

Further copies of this Report on **the Examination** are available from: aqa.org.uk

Copyright © 2011 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.

HC17 Understanding Mental Disorder June 2011 Principal Moderator's Report

Following the trend of the past few years, centres are continuing to manage this unit very well. Overall the reports are focused on what is outlined in the AQA specification and some high-quality work was submitted.

The inclusion of disorders not sanctioned in the specification continues to be a problem. There are eight acceptable disorders, all listed clearly in the specification, so it is difficult to understand why candidates are allowed to use anorexia, bulimia or self-harm. Vigilance is once again encouraged as non-compliance to this well laboured request has a significant effect on a centre's results.

The AQA specification is very specific about the required format and it was pleasing to see that almost every centre followed the guidelines. Following the specified structure of sections and subjects helps give the report a logical pathway and improves the clarity of the information being presented. The formatting requested also conforms to general academic report-writing, which is a good skill for candidates to develop pre-university. Centres are handling this aspect of the unit well.

Section A: requires candidates to describe the nature, symptoms and causes of two targeted disorders. Following a trend that began last year, this year's work was more balanced in terms of both disorders being given equal attention. The most popular disorders chosen for scrutiny were schizophrenia and depression, sensible choices as these are covered very well in psychology textbooks and journals. There continues to appear to be a problem with the researching of alcoholism, treatments are not well-documented and candidates choosing this disorder struggle to find reliable information.

The candidates are required to describe and explain the possible causes of their chosen disorders, which they did extremely well. Biological roots were explored and supported by well-explained empirical evidence. Cognitive and behavioural roots were commonly included and their underlying assumptions explored. This section is the strongest in the majority of candidates' work and if it is done well sets the standard for the rest of the portfolio. Even the weaker candidates managed to provide sensible coverage of the popular aetiologies and to explain them in sufficient detail to gain respectable marks.

Section B: requires candidates to describe the usual treatments, provisions available and access routes. Most candidates who chose schizophrenia or depression did this section very well. Alcoholism and ADHD proved more difficult. The more-able candidates matched treatments to causes. If a candidate begins with an assumption; for example that an abnormal behaviour is learned then the treatment follows on - that it can be unlearned. There were a lot of descriptions provided but not explanations. The candidates need to explain how or why a treatment works. Sadly this was rarely tackled and is something that needs attention in future submissions.

Routes of access, relevant practitioners, legislation and its impact on the people suffering from mental disorders remain the most neglected subsections of the portfolios. A basic requirement of this unit 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. Centres omit these subsections altogether or neglect the details. The purpose of these reports is to provide: relatives, sufferers or associated health workers with information pertinent to a specific disorder. It is important they know how and where people can get treatment, who will be treating them and what

relevant legislation exists. These are areas of great importance and this should be reflected in the portfolios; neglecting any of these areas does have a significant impact on the marks to be awarded.

Section C: There was a marked shift in the quality of this part of the report. Advantages and disadvantages of the available treatments were equally reported supported in the case of the more-able candidates by credible sources. Referencing is improving year on year with secondary sources of data being included more and more. Sadly, this is the section where the candidate begins to forget to address their specified audience. Teachers need to remind them that the focus should be on helping their reader. If the candidate forgets the audience, then the whole purpose of the report is lost.

Section D: requires candidates to evaluate the experience of their chosen disorders.

Of all the sections this one is the least academically demanding. Common-sense commentary is creditworthy and it was good to see realistic evaluations of the difficulties a client or patient is likely to face as a result of a mental disorder. Centres seemed to do this section well or badly across all of the candidates. Prejudice and the effects of the media were included and many candidates gave empathetic and rational accounts of what it must be like to have a particular disorder. Candidates should not include case studies drawn from the Internet; they attract no marks.

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

Once again there was an increase in the effective use of full Harvard referencing for which the centres must be commended. In-text referencing is appearing more and more, there was a drop in the amount of Internet materials referenced, and less generic material cut and pasted from the Internet, all positive moves.

Hard copies of the source material should not be included; they only add bulk to the portfolio.

The trend overall has been overwhelmingly positive and all the hard work and expertise of the teaching staff is to be commended.

Grade boundaries

Grade boundaries and cumulative percentage grades are available on the AQA website at www.aqa.org.uk/over/stat.html