



General Certificate of Education

Health and Social Care 8626/8629

HC17 Understanding Mental Disorder

Report on the Examination

June 2009

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Dr Michael Cresswell Director General.

HC17: Understanding Mental Disorder

There was another 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 throughout the reports.

Fewer candidates included disorders not listed in the specification. However, while anorexia is admissible if its use is justified and it is explicitly linked to an anxiety disorder, it is advisable to adhere those disorders which are listed. Self-abuse, dyslexia and other learning disabilities are not creditworthy and eating disorders can prove problematic.

Section A: requires candidates to describe the nature, symptoms and causes of two targeted disorders. Frequently the first disorder was covered more thoroughly than the second.

In general, symptoms were described using the appropriate level of detail but there was a tendency in this subsection to cut and paste listings from Internet sources or simply copy, without amendments, from textbooks. It is appreciated it is difficult to ask for original work when the candidates are simply relaying factual information but discernment is a facet of research and should be in evidence.

There was a marked improvement in the candidates' understanding of what is meant by the 'nature' of the disorders in this year's reports.

As in previous years, 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.

The requirement to compare and contrast the two chosen disorders was done less well this year. It is important to focus on a range of factors in this sub-section as it provides an opportunity to present complex information and analysis which attracts marks in the higher bands. A difference that is under-utilised is that between neurotic and psychotic behaviours.

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

Treatments were often covered well and were discussed in the light of their underlying assumptions, but associated practitioners and the routes of access to available treatments were often neglected. A substantial part of the portfolio should inform the target audience how and where treatment can be accessed. Marks continue to be forfeited by candidates in this section. There was some impressive work submitted with a pleasing increase in the number of candidates grounding treatments in theory.

Section C: the advantages and disadvantages of treatments tended to be less generic than in previous years and more specific in their linkage to the treatment of the specified disorder. For instance, chemical therapy often enables sufferers of psychotic disorders such as schizophrenia to function relatively normally and avoid residential care.

A problem area was that some whole centres chose to integrate sections B and C. This usually led to neither section been covered in sufficient detail, which should be discouraged.

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.

Another pleasing trend was that more candidates included relevant and insightful material regarding legislation again 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 over sensationalised using unsubstantiated "waffle". Case studies, poetry and personal experiences should be avoided.

Accounts of public perceptions and attitudes are often in the news and responsible teaching practice would be to routinely draw candidates' attention to relevant issues as and when they occur.

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.

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

Full Harvard referencing should be taught and encouraged. Some of the portfolios submitted evidenced the same problems as reported last year with too many candidates submitting an incomplete reference list. Candidates should be discouraged from including a hard copy of the source material. Simply referencing the source suffices.

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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