YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

YMCA Level 2 Award in Supporting Wellness (610/4039/3)

YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)

Operational start date: 08/07/2024

Qualification Specification

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YMCA Awards

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YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

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Contents

Introduction

YMCA Awards is part of Central YMCA – the world's first YMCA – a national charity that has been helping people make positive changes in their lives since 1844.

We are experts in education, health, and wellbeing with over 25 years of experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 350,000 people have advanced their careers with the YMCA Awards.

Aims

YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

The purpose of this qualification is to enable learners to:

- Understand mental health, mental ill health and factors which contribute to poor mental health.
- Understand risks associated with poor mental health and mental health conditions.
- Support individuals using a person-centred approach
- Signposting individuals to access appropriate services and interventions to support mental health.

YMCA Level 2 Award in Supporting Wellness (610/4039/3)

The purpose of this qualification is to enable learners to:

- Build connections with local organisations and services to support healthy lifestyles.
- Have meaningful brief conversations with individuals and small groups to raise awareness of the benefits of healthy lifestyle behaviours.
- Signpost individuals to access appropriate services and interventions to support health and wellness.

YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)

The purpose of this qualification is to enable learners to:

- Build connections with local organisations and services to support healthy lifestyles.
- Provide interventions to raise awareness of the benefits of healthy lifestyle behaviours.

- Support individuals and groups with lifestyle behaviour change information and support.
- Provide inclusive, person-centred brief advice and extended advice within scope of practice:
  - physical activity
  - healthy eating, nutrition, and weight management.
- Signpost individuals to other services and opportunities to improve health and wellness:
  - sleep, stress management, mental health, emotional wellbeing, confidence and self-image
  - smoking cessation, alcohol, and substance misuse
  - work/life balance
  - social interaction, finances, employment.

Progression opportunities

The YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X) is an occupational entry qualification. This means they meet the agreed industry prerequisites to enter the sport and physical activity sector as an employed or self-employed Health Navigator.

The YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1) and YMCA Level 2 Award in Supporting Wellness (610/4039/3) are designed to recognise learners' achievements on the way to completing the full YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X).

These qualifications can also lead to further training to specialise and increase scope of practice. For example:

- **Lifestyle specialisms** (to support work with a broader range of needs) (coming soon):
  - YMCA Level 2 Award in Smoking and Vaping Awareness and Support.
  - YMCA Level 2 Award in Alcohol and Substance Misuse Awareness and Support.
  - YMCA Level 2 Award in Stress Management Awareness and Support.
  - YMCA Level 2 Award Healthy Eating Awareness and Support.
  - YMCA Level 2 Award in Physical Activity Awareness and Support.
  - YMCA Level 2 Award in Body Image and Confidence.
  - YMCA Level 3 Award in Menopause Awareness and Support.
- **Technical specialisms** (to perform additional roles within the workplace):
  - YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9).
  - YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1).
  - YMCA Level 3 Award in First Aid at Work (603/1903/3).

Stakeholder engagement

These qualifications are mapped and endorsed against the following Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) professional standards:

Qualification	CIMSPA Professional standard(s)
YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)	**CIMPSA Endorsed CPD (no professional standard)** Learners will meet the requirements for CIMSPA Education Partner Endorsed CPD.
YMCA Level 2 Award in Supporting Wellness (610/4039/3)	**Health Navigator** Learners will **partially** meet the requirements of the CIMSPA Health Navigator professional standard.
YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)	**Health Navigator** Learners will **fully** meet the requirements of the CIMSPA Health Navigator professional standard.

Entry requirements, prerequisites, and availability

There are no entry requirements for the YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1). However, centres should ensure that the content of the qualification is appropriate for their learners where they are aged under 16.

There are no entry requirements for the YMCA Level 2 Award in Supporting Wellness (610/4039/3). However, centres should ensure that the content of the qualification is appropriate for their learners where they are aged under 16.

Learners completing the YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X) must be aged 16 plus at the point of certification.

Learners can take this qualification in:

Location	Regulated by
England	Ofqual
Wales	Qualifications Wales
Northern Ireland	CCEA Regulation
Other UK regions and outside of the UK	Ofqual

Reasonable adjustments and special consideration

In making this qualification available, YMCA Awards has made every attempt to make sure that there are no unnecessary barriers to achievement. You can find full details of our reasonable adjustment and special consideration policy on our website:
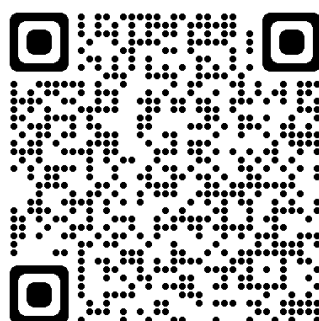
ymcaawards.co.uk/centres/policies-and-procedures

Grading and structure

These qualifications are graded Pass or Refer.

A Pass grade demonstrates that a learner has been assessed as fully competent against all assessment criteria within the qualification.

A Refer indicates that a learner has been assessed as not yet competent against one of more of the assessment criteria of the unit and/or qualification. This is a failing grade, and learners will require reassessment to achieve the qualification.

YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

To achieve a Pass, learners must complete one mandatory unit.

UN	Unit title	Level	GLH	TQT
H/651/1188	Mental health awareness and support	2	24	29

YMCA Level 2 Award in Supporting Wellness (610/4039/3)

To achieve a Pass, learners must complete the three mandatory units.

UN	Unit title	Level	GLH	TQT
H/651/1188	Mental health awareness and support	2	24	29
J/651/1189	Determinants of health and health inequalities	2	17	36
M/651/1190	Professional practice for health navigators	3	22	54

YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)

To achieve a Pass, learners must complete the four mandatory units.

UN	Unit title	Level	GLH	TQT
H/651/1188	Mental health awareness and support	2	24	29
J/651/1189	Determinants of health and health inequalities	2	17	36
M/651/1190	Professional practice for health navigators	3	22	54
R/651/1191	Fundamentals for supporting lifestyle behaviour change	3	50	124

The table below shows the Guided Learning Hours (GLH) and Total Qualification Time (TQT) for this qualification.

Qualification	GLH	TQT
YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)	24	29
YMCA Level 2 Award in Supporting Wellness (610/4039/3)	63	119
YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)	113	243

Find out more about GLH and TQT on our website:
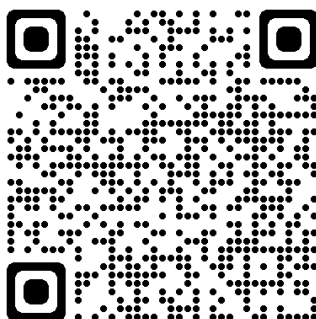
ymcaawards.co.uk/qualifications/glh-and-tqt

Using this document

The following pages provide the unit content for this qualification. Each unit includes learning outcomes, assessment criteria, and relevant content for delivery. These are set out below.

Learning outcome ('the learner will')	
Assessment criteria ('the learner can') What a learner is expected to know, understand, or be able to do following their learning.	**Relevant content** (additional delivery guidance) Suggestions on the depth and breadth of content to cover.

At the end of each unit, the assessment specification outlines how we expect to measure or confirm the learner has met the standard set in the learning outcomes and assessment criteria.

Assessment overview

Learners completing the YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1) are required to complete assessment task 1.1.

Learners completing the YMCA Level 2 Award in Supporting Wellness (610/4039/3) are required to complete assessment tasks 1.1, 2.1 and 3.1.

Learners completing the YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X) are required to complete assessment tasks 1.1, 2.1, 3.1 and 4.1 (all assessment tasks).

The table below provides details of the tasks within each qualification.

Assessment task	Details	Unit(s) assessed
1.1 Presentation and professional discussion	There are two parts to this assessment: 1. presentation 2. professional discussion. **Presentation** Learners need to plan and deliver a 10-minute presentation to assess their knowledge of mental health and ways to support individuals. The presentation should cover: • The difference between mental health and mental illness • The signs, symptoms and prevalence of different mental health conditions • Attitudes to mental health • Risks associated with mental health conditions • Mainstream and alternative methods of supporting individuals with mental health conditions	Mental health awareness and support (H/651/1188)

Assessment task	Details	Unit(s) assessed
	• The importance of physical activity and exercise for mental health **Professional discussion and underpinning knowledge** Once the assessor has confirmed that the presentation has been completed to the required standard, learners will undertake a 20 minute ±10% professional discussion with their assessor. The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge, understanding. The professional discussion will take place within 2 weeks of the presentation being signed off. Learners may refer to their presentation notes during the professional discussion. No other notes are permitted. The assessor will ask one broad overarching question to start the professional discussion and a maximum of 6 open-ended questions relating to the underpinning knowledge listed below. **Underpinning knowledge and understanding** During this assessment, learners will be assessed on their underpinning knowledge of the following subjects: • The difference between mental health and mental illness • The signs, symptoms and prevalence of different mental health conditions • Attitudes to mental health • Risks associated with mental health conditions • Mainstream and alternative methods of supporting individuals with mental health conditions	

Assessment task	Details	Unit(s) assessed
	• The importance of physical activity and exercise for mental health Further information can be found in the Learner Assessment Record (LAR) for the YMCA Level 2 Award in Supporting Wellness and YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change. The estimated time required by an assessor to mark and provide feedback for this assessment is 30 minutes per learner.	
2.1. Presentation and professional discussion	There are two parts to this assessment: 1. presentation 2. professional discussion. **Presentation** Learners need to plan and deliver a 10 minute presentation to assess their knowledge of the determinants of health and health inequalities. The presentation should cover: • What is meant by the terms 'wider determinants of health,' 'social determinants of health' and 'health inequalities.' • How the wider and social determinants of health and health inequalities impact the health and wellness of individuals and communities. • The populations most at risk of health inequalities. • Ways in which health inequalities are measured and monitored locally, regionally, and nationally. • National, regional, and local policies and/or strategies aimed to address health inequalities. • The importance of healthy lifestyles and physical activity for supporting health and wellness.	Determinants of health and health inequalities (J/651/1189)

Assessment task	Details	Unit(s) assessed

	• The key messages, guidance, and recommendations for different lifestyle behaviours:
	
	    ○ physical activity
	
	    ○ healthy eating
	
	    ○ stopping smoking
	
	    ○ safe alcohol limits.
	
	    ○ weight management
	
	    ○ mental health.
	
	Professional discussion and underpinning knowledge
	
	Once the assessor has confirmed that the presentation has been completed to the required standard, learners will undertake a 20 minute ±10% professional discussion with their assessor.
	
	The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge, understanding.
	
	The professional discussion will take place within 2 weeks of the presentation being signed off.
	
	Learners may refer to their presentation notes during the professional discussion. No other notes are permitted.
	
	The assessor will ask one broad overarching question to start the professional discussion and a maximum of 6 open-ended questions relating to the underpinning knowledge listed below.	

Assessment task	Details	Unit(s) assessed
	Underpinning knowledge and understanding During this assessment, learners will be assessed on their underpinning knowledge of the following subjects: • How the wider and social determinants of health and health inequalities impact the health and wellness of individuals and communities. • The populations most at risk of health inequalities. • Ways in which health inequalities are measured and monitored locally, regionally, and nationally • The importance of healthy lifestyles and physical activity for supporting health and wellness. • The key messages, guidance, and recommendations for different lifestyle behaviours. Further information can be found in the LAR. The estimated time required by an assessor to mark and provide feedback for this assessment is 30 minutes per learner.	
3.1 Professional project and practice portfolio with professional discussion	There are three parts to this assessment: 1. professional portfolio 2. practice log 3. professional discussion. **Professional portfolio** The professional portfolio needs to include the following information with supporting evidence:	Professional practice for health navigators (M/651/1190)

Assessment task	Details	Unit(s) assessed
	• An overview of the health needs of a local population and the priority areas and target groups for health and physical activity interventions within a specific locality.	
	• Names and contact information of a range of credible local agencies, organisations, and relevant professionals.	
	• Evidence of using different ways to engage with services and service users:	
	• Examples of working jointly with partner organisations.	
	• Evaluations of the impact of working together.	
	• Adherence to agreed local pathways and protocols.	
	• Maintaining role boundaries.	
	• Adherence to relevant codes of conduct and ethical practice.	
	• Evidence of providing and receiving peer mentoring, feedback, and support.	
	• Evidence of engagement and three conversations with service users.	
	Practice log	
	Learners are required to conduct a minimum of **three** conversations with real clients and record all information gathered and provided.	
	A minimum of two of these conversations must be observed by an assessor.	
	The observations may be conducted live in actual or virtual (online) presence of an assessor or by using pre-recorded video evidence.	
	Any video assessment must adhere to the guidelines detailed in Appendix 1: The use of video evidence in practical assessments of the LAR.	
	The following range of conversations must be covered:	
	• Face-to-face.	

Assessment task	Details	Unit(s) assessed
	• Remote.	
	• One-to-one.	
	• Small group (three to six people).	
	• Brief conversation and advice (5-10 minutes).	
	• Very brief conversation and advice (up to five minutes).	
	Professional discussion and underpinning knowledge	
	Once the assessor has confirmed that the observations and submission of the professional project and practice log has been completed to the required standard, learners will undertake a 20 minute ±10% professional discussion with their assessor.	
	The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge, understanding.	
	The professional discussion will take place within 2 weeks of the professional project being signed off.	
	Learners may refer to their professional project notes during the professional discussion. No other notes are permitted.	
	The assessor will ask one broad overarching question to start the professional discussion and a maximum of 6 open-ended questions relating to the underpinning knowledge listed below.	
	Underpinning knowledge and understanding	
	During this assessment, learners will be assessed on their underpinning knowledge of the following subjects:	
	• Partnership working and professional relationships.	

Assessment task	Details	Unit(s) assessed
	• Communication skills and helpful ways to support clients. • Legislative, regulatory, and health and safety requirements. • Professional role boundaries, scope of practice, and continuing professional development (CPD). Further information can be found in the LAR. The estimated time required by an assessor to mark and provide feedback for this assessment is 30 minutes per learner.	
4.1 Behaviour change conversations and case studies. (Level 3 qualification only)	There are three parts to this assessment: 1. Practice log 2. Observed behaviour change consultations and interventions 3. Professional discussion. **Practice log** Learners need to conduct a minimum of **six** behaviour change conversations with real clients and record all information gathered and provided. The following range must be covered: • Face-to-face. • Remote. • One-to-one. • Smaller group (three to five) or larger group (six plus). • Same client or clients for a minimum of four conversations/interventions. • Brief conversation (5-10 minutes).	Fundamentals for supporting lifestyle behaviour change (R/651/1191)

Assessment task	Details	Unit(s) assessed
	• Extended brief intervention – 30 minutes+.	
	All information gathered and discussed must be summarised using the behaviour change record.	
	Observed behaviour change conversations and interventions	
	Three of the conversations must be observed by a tutor/assessor.	
	The observations may be conducted live in the actual or virtual (online) presence of a tutor/assessor or by using pre-recorded video evidence.	
	Any video assessment must adhere to the guidelines detailed in Appendix 1: The use of video evidence in practical assessments of the LAR.	
	Professional discussion and underpinning knowledge	
	Once the assessor has confirmed that the behaviour change conversation observations and submission of the practice log has been completed to the required standard, learners will undertake a 20 minute ±10% professional discussion with their assessor.	
	The aim of the professional discussion is to authenticate learner work and confirm the learner's knowledge, understanding.	
	The professional discussion will take place within 2 weeks of the practice log being signed off.	
	Learners may refer to their practice log during the professional discussion. No other notes are permitted.	
	The assessor will ask one broad overarching question to start the professional discussion and a maximum of 6 open-ended questions relating to the underpinning knowledge listed below.	

Assessment task	Details	Unit(s) assessed
	Underpinning knowledge and understanding During this assessment, learners will be assessed on their underpinning knowledge of the following subjects: • Behaviour change theories. • Strategies to support lifestyle behaviour change that are appropriate for individuals at different stages of 'readiness' to change. • The importance of effective communication skills and person-centred working in the delivery of lifestyle messages and interventions to support behaviour change • Monitoring client progress and record keeping • Reflective practice and critical thinking This task will be centre assessed by an assessor using the checklist provided by YMCA Awards. Further information can be found in the LAR. The estimated minimum time required by an assessor to mark and provide feedback on each learner's work is two hours per learner.	

Qualification content

# Mental health awareness and support (H/651/1188)

Unit aim

This unit develops the knowledge required for learners to recognise different mental health conditions and attitudes towards mental health and mental illness. Learners will also be able to identify risks associated with mental health conditions, organisations, and services that can support those with mental health conditions.
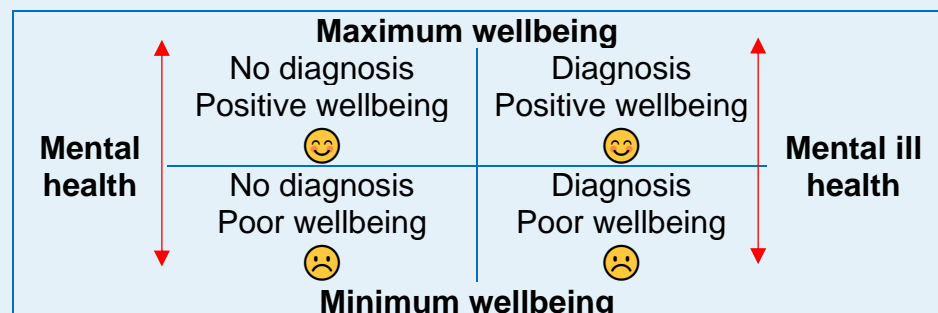
Content

1. Understand mental health and mental ill health	
1.1 Define the term 'mental health'	**The Health Education Authority (1997):** • Mental health is 'the emotional and spiritual resilience which enables us to enjoy life and survive pain, disappointment, and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others dignity and worth.' **The World Health Organization (WHO) (2018):** • Mental health is 'a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. Mental health is fundamental to our ability as humans to think, emote, interact with each other, earn a living, and enjoy life.' **World Health Organization (WHO) (2022)** • 'Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community, and socio-economic development.

1.2 Outline the difference between mental health and mental ill health, to include:	• The mental health continuum:
	    ○ There is no single, clear defining point.
	    ○ Diagnosis of mental health conditions would be made by a GP (more common conditions) or clinical psychologist (more complex conditions).

- Flourishing model – mental health may be flourishing, moderate or languishing. Links with PERMA™ positive psychology model.

| Mental health | 1 > 2 > 3 > 4 > 5 > 6 > 7 > 8 > 9 > 10 | Mental ill health |
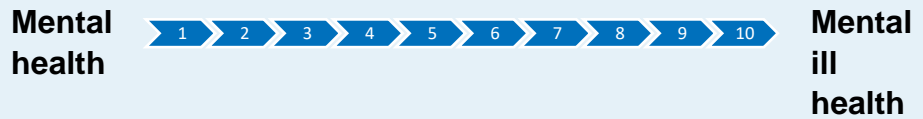
- The Mental health quadrant:
  - People may have no diagnosis of a mental health condition and have:
    - Positive wellbeing, e.g. healthy.
    - Poor wellbeing and not coping with life, e.g. stress.
  - People may have a diagnosis of a mental health condition and have:
    - Positive wellbeing, e.g. coping with life and managing their condition.
    - Poor wellbeing (not coping with life and not managing their condition).

	Maximum wellbeing		
Mental health	No diagnosis Positive wellbeing 😊	Diagnosis Positive wellbeing 😊	**Mental ill health**
	No diagnosis Poor wellbeing ☹️	Diagnosis Poor wellbeing ☹️	
	Minimum wellbeing		

- Mental health disorders - as defined by the WHO (2020):
  - A broad range of classified conditions, with different symptoms. 'They are generally characterised by a combination of abnormal thoughts, emotions, behaviour, and relationships with others.'
  - Examples are schizophrenia, depression, intellectual disabilities, and disorders due to drug abuse. Most can be successfully treated and managed.
- Classification systems used by healthcare professionals to diagnose mental health conditions:
  - The DSM – Diagnostic and statistical manual of mental disorders, published by the American Psychiatric Association. (USA)
  - The ICD – International classification of diseases published by the WHO (Europe).

	- The Mental Health Questionnaire (MHQ: owned by MH1 Global): - A series of questions that measure the trajectory of mental health using lifestyle factors as markers. **Not** a diagnostic tool. - Can be useful to assess mental wellbeing. NB: For medical diagnostic purposes other evidence-based questionnaires are used, e.g. PHQ-9 for depression.
1.3 Identify the prevalence of different mental health conditions	450 million people worldwide have a mental health problem. - Mental health conditions affect one in four people every year. - Increased prevalence of mental health conditions in people with chronic physical health conditions. - In the UK, depression affects one in six people and between 8-12% of the population experience depression in any year. Mixed anxiety & depression is most common, affecting 9% of people. - Disabling anxiety disorder affects 1 in 10 people. - Eating disorders affect around 1.6 million people. - Obsessive compulsive disorder (OCD) affects 1 in 50 people. - Bipolar disorder affects 1 in 100 people. - Schizophrenia affects 1 in 100 people. - Phobias affect around 1.9% of adults (women to men ratio of 2:1). - Suicide. In the UK, men are 3 x more likely to die from suicide than women. - Self-harm. Around 400 per 100,000 people in the UK self-harm (the highest population for self-harm in Europe). - Consideration to workplace productivity and sick days. More information on the prevalence of specific mental health conditions refer to reference resources below. Statistics change over time, so check currency of information from different sources. **See Appendix 2 for details on the following sources:** - Health and Safety Executive (HSE) - Office of National Statistics (ONS). - Mental health charities.

2. Understand mental health conditions	
2.1 Outline factors that may contribute to the development of mental health conditions	- Chemical imbalances in the brain: - Dopamine, serotonin, endorphins. - Limited evidence to support this. - Genetics: - Limited evidence to support any specific gene. - Genetics may play a role in some mental health conditions. For example, some studies have indicated schizophrenia and other types of psychotic disorders, including bipolar disorder, may have a genetic link. There have also been studies into possible genetic links with depression. However, research regarding genetic links is not conclusive. - Nature or nurture? - Early life experiences (trauma). These are now commonly referred to as Adverse Childhood Experiences (ACE) and can be common factors in many mental health conditions: - abuse, e.g. mental, emotional, physical, sexual - bullying - bereavement - neglect - unstable family system. - Social and environmental factors and life experiences can significantly impact mental health and wellbeing and can include: - Unemployment. - Working conditions and relationships at work. - Finances. - Work and life balance. - Study and exams. - Relationship breakdown. - Bereavement. - Traumatic events such as: - pandemics (COVID-19/Coronavirus 2020) - war (WW1, WW2, Vietnam, and various others) - serious accidents (road, air etc.) - crime (rape, kidnapping, murder etc.).

- other socioeconomic factors, e.g. poverty, living conditions etc.

- Physical health changes and chronic health conditions:

  - Cancer, stroke, low back pain, chronic fatigue syndrome/ myalgic encephalomyelitis (CFS/ME) etc.

- Effects of prescribed medication:

  - Some prescribed medications cause depressive symptoms.

  - Illegal substances (cannabis, cocaine etc.) which can have depressant or a hallucinogenic or stimulant effect.

  - Alcohol misuse.

- Unhealthy lifestyle:

  - Unhealthy diet and lack of exercise or physical activity, alcohol misuse, poor sleep, stress.

  - Social isolation and limited social interaction.

- Psychological factors:

  - Thinking patterns (catastrophising and others), beliefs, attitudes etc.

  - Self-image, confidence, coping strategies, emotional intelligence.

Please note: The above lists may all be contributory causative factors, but generally not in isolation, i.e. it is more likely there are a combination of factors, rather than any single factor. Another consideration is that an individual's responses to triggers are individual, i.e. different people may be exposed to the same triggers without the same impact or effect on mental health.

Figure 1: Diagram of the social determinants of mental health adapted from The Determinants of Health

See Appendix 1: Mind Causes of mental health conditions.

2.2 Identify the signs and symptoms of some common mental health conditions, including:	**Depression**
	
	 • Core symptoms:
	     o Low mood.
	     o Fatigue or lack of energy.
	     o Lack of interest or enjoyment in life (anhedonia).
	
	 • Other symptoms:
	     o Poor concentration and attention.
	     o Poor self-esteem and confidence.
	     o Feelings of guilt, worthlessness, self-reproach.
	     o Bleak, pessimistic views of the future.
	     o Ideas or acts of self-harm or suicide.
	     o Continuing state of worry and apprehension.
	     o Disturbed sleep (insomnia or hypersomnia).
	     o Poor appetite with weight loss or increased appetite with weight gain.
	     o Physical inactivity or hyperactivity.
	     o Decrease in sexual drive.
	
	 • Diagnosis:
	     o Classified by NICE as less severe or more severe.
	     o Diagnosed when at least two out of three core symptoms and three other symptoms experienced.
	     o Different levels of severity – depending on number and intensity of symptoms.
	     o More severe depression may significantly affect daily functioning and cause someone to feel suicidal.
	
	 Stress
	
	 • Not classified as a mental health condition (although, it often cited as a contributory factor).
	
	 • Various mental, physical, emotional, and behavioural symptoms which overlap with anxiety symptoms (see anxiety).
	
	 • Can lead to the development of other mental health conditions, e.g. depression, substance misuse etc.
	
	 Generalised anxiety disorder (GAD)
	
	 • Mental symptoms:
	     o Thinking lots and not being able to control thoughts.

- o Worrying and not being able to control worrisome thoughts.
- o Difficulty concentrating.
- o Feeling irritable.
- o Sleep problems.
- o Feelings of panic.
- o Increased alertness.
- o Changes in appetite.
- o Wanting to escape from the situation you are in.
- Physical symptoms:
  - o sweating, hot flushes, or blushing
  - o tense muscles
  - o heavy and fast breathing
  - o dry mouth
  - o shaking
  - o fast heartbeat
  - o extreme tiredness or lack of energy
  - o dizziness and fainting
  - o stomach aches and sickness.
- Diagnosis:
  - o Diagnosed when symptoms persist for at least six months but are not accompanied by panic attacks, phobias, or obsessions.
  - o Anxiety and worry usually focus on two or more stressful life experiences, e.g. work, relationships finances, study.

Panic attacks

- Sudden attacks of intense fear (with presentation of a few symptoms at the same time) that may happen for no obvious reason, and which leave the person worried about having another attack.
- Symptoms may include:
  - o Shortness of breath (SOB).
  - o Chest pains.
  - o Dizziness.
  - o Trembling or shaking.
  - o Feeling of choking.
  - o Sweating.

- o Feeling sick.

- o Numbness.

- o Feeling like you are going to die.

- o Hot or cold flashes.

- Two or more symptoms = mild panic attack.

- Four or more symptoms = a full panic attack.

Post-traumatic stress disorder (PTSD)

- May be caused by witnessing or experiencing a threatening life situation. The anxious feelings continue for months or years after the experience and even if the person was not physically harmed.

- Causes may include:

  - o Witnessing or being a casualty in a severe accident.

  - o Witnessing or being the victim of a violent crime or a terrorist attack such as a bombing.

  - o Surviving an accident or disaster.

  - o Being diagnosed with a life-threatening illness.

Schizophrenia

- Diagnosed if at least two of the following symptoms are present for at least six months:

  - o Hearing voices or seeing things which others cannot see or hear (hallucinations).

  - o Unusual beliefs not based on reality (delusions), e.g. the television sending messages.

  - o Muddled thinking.

  - o Loss of interest in everyday activities, including lack of self-care and personal hygiene and avoiding people.

- Extra information:

  - o Hallucinations: can be auditory ('hearing voices'), olfactory (smelling things), visual (seeing people/objects), and tactile (feeling invisible fingers touching body).

  - o Delusions: false belief systems that appear out of touch with reality or persecutory, i.e. belief in being poisoned, harassed, or conspired against.

  - o Disorganised speech (thought disorder): problems in organising speech in a coherent/understandable pattern – includes conversation jumping from one subject to the next.

- - - Emotional expression: vacant expression, cannot experience pleasure = effect on behaviour.

  - Disorganised behaviour: confused long period without movement or constantly on move – wide awake/alert.

NB: Other symptoms of depression and anxiety may also be present. More information available from NHS Schizophrenia (Appendix 1).

Bipolar disorder

- Formally called manic depression.

- Mood swings range from extreme mood highs (mania) to feeling very low and depressed (depressive symptoms).

- Symptoms during 'high' phase are:

  - Over activity – which may include exercising or moving lots.

  - Decreased need for sleep.

  - Increased energy.

  - Excitement.

  - Irritability.

  - Rash and inappropriate social behaviour (such as overspending).

  - Speaking and thinking quickly.

- Symptoms during depressive phase: See depression (negativity, hypersensitivity, despair, contemplation of suicide).

Please note: it can take quite a number of weeks, or even months, to move from one phase to another.

More information can be found from the NHS and MIND websites listed in Appendix 1.

Eating Disorders

- The most common are anorexia nervosa and bulimia nervosa.

- Usually starts in the teenage years but can also affect adults. Although the majority affected are teenage girls, eating disorders are not restricted to this group.

- Affect men as well as women.

- Anorexia nervosa:

  - Will eat as little as possible and/or exercise lots to lose weight.

  - They may be very thin but still think they are fat.

  - High weight loss may cause menstrual cycle to stop.

	More information on anorexia is available from NHS and BEAT, listed in Appendix 1:
	• Bulimia nervosa
	o Will be stuck in a cycle of behaviour where they eat lots of food in one go (binge) and then use laxatives or make themselves sick.
	o They will have a real fear about gaining weight but are not usually underweight.
	More information on bulimia is available from NHS and BEAT (Appendix 1).
	Please note: Eating disorders are very complex disorders and the above points are meant as a very general/basic introduction to this topic only.
	See Appendix 2 for the full list of reference sources:
	• Davies, T. & Craig, T. (editors) (2009)
	• Johnstone, M. (2007)
	• Lawrence, D. (2005)
	• Lawrence, D. & Burns, J (2011)
	• Lawrence, D. & Bolitho, S (2011).

3. Understand attitudes to mental health

3.1 Outline how attitudes towards mental health and mental illness may impact individuals with mental health conditions	• Attitudes which may include:
	o discrimination
	o stigma
	o ignorance
	o prejudice
	o misunderstanding.
	• Attitudes shaped by:
	o upbringing, family, friends, and social network interactions
	o personal knowledge and experience
	o social and cultural stereotypes
	o media stories.
	• Types of attitude/effects:
	o When positive these can result in supportive and inclusive behaviours.
	o When negative these can result in fear, exclusion, labelling, discrimination, and create barriers to necessary

support to enhance recovery, e.g. housing, employment, and education.

- Common social attitudes and misconceptions to mental health conditions:
  - 'They are dangerous' – schizophrenia
  - 'It is their own fault' (blame) – addiction
  - 'They are unreliable and cannot be trusted'
  - 'They are less intelligent'
  - 'They are attention seeking' – self-harm
  - 'They are lazy'
  - 'They are weak'
  - 'It is all in their head, they should snap out of it' – depression.
  - Negative language used – nutter, lunatic, basket case, fruit loop, crazy etc.

- Cultural attitudes:
  - Western and some other cultures associate shame and stigma around mental ill health.
  - A need to conform to social norms of behaviour, thinking (including workplaces).
  - Some cultures are more accepting, e.g. shaman, witch doctor, healer.

  Please note: Cultural attitudes are complex.

- Other social/cultural considerations:
  - Black men (particularly young men) are disproportionately represented in mental health statistics, particularly regarding more serious illnesses than their white counterparts.
  - Various reports cite high levels of mental health stigma amongst Afro-Caribbean and some other BAME communities in the UK.

Useful references – see appendix 1:

- Black, Asian and Minority Ethnic (BAME) communities.

- African and Caribbean men and mental health.

- The UK National Consumer Council report: 'It's our health' recognises the potential of social marketing to improve behavioural interventions and recommends the setting up of a 'National social marketing centre' (Appendix 1) to build national and local capacity and skills in social marketing.

	• The 'Time to Change' campaign (circa 2021) addressed discrimination and stigma in England.

3.2. Identify how the media may affect attitudes towards mental health	• Can support myths and misconceptions:
	   ○ News stories – violent and dangerous
	   ○ Films - 'Psycho,' 'The shining,' 'One flew over the cuckoo's nest.'
	• Can help to reduce stigma:
	   ○ Positive campaigns, e.g. 'Time to change'
	   ○ More recent films less scaremongering – 'Patch Adams,' 'A Beautiful Mind.'
	• Cyber bullying issues (social media influence):
	   ○ Example – Caroline Flack suicide (2020).
	Reference sources (Appendix 2):
	   ○ Lawrence, D. & Bolitho, S. (2011).

4. Know risks associated with mental health conditions

4.1 Identify risks of mental health conditions	• Panic attack. • Alcohol intoxication – overdose (also consider implications of alcohol use for self-medication). • Self-harm. • Suicide. • Psychotic episode.

4.2 Identify how risks can be managed	**Further training will be required to manage risks. Learners taking this qualification should be reminded of the limitations within their scope of practice at Level 2.**
	Further training can be accessed:
	• Mental health first aid (centrally administered by MHFA England and available from various mental health charities, e.g. Mind and Rethink
	• Mind – suicide intervention training:
	   ○ Suicide:
	      – If a person discloses that they are feeling suicidal, take this seriously, e.g. is this just a thought or have they made plans for how and when?
	      – Own safety first – if distressed or threatening, call 999.
	      – If drugs or alcohol, encourage them not to take more.

- Seek immediate help and pass on any information gathered about risk.

- Stay near to them.

  o If no immediate risk:

    - Tell them to speak with their GP.

    - Tell them that you will need to contact their named emergency contact. To check risk ask and listen to assess risk – questions:

- Have they thought about how or when?

- Have they made any plans?

- Have they given any possessions away?

- How much are they struggling currently?

- Are there times when pain is unbearable?

- What support resources do they have (friends and family or other helping resources may reduce risk)?

- Have they attempted suicide before?

- Panic attack:

  o Move to quiet place.

  o Encourage slow relaxed breathing to calm them.

  o Listen without judgement.

  o Reassure them (panic attack not heart attack).

  o Explain the symptoms will pass.

  o Stay with them.

  o Call an emergency contact if necessary.

- Overdose or alcohol intoxication:

  o Conscious or unconscious.

  o 999 Emergency.

  o Nil by mouth.

  o Reassure and stay with them.

  o Find out what substances they have taken.

  o Keep them warm.

- Self-harm:

  o Harm may not be visible.

  o If identified - encourage them to talk to GP.

  o If it appears life threatening contact the emergency services.

	Please note: If involved with managing these risks, it is also important to get support for yourself, e.g. counselling.

4.3 Identify organisations and services to signpost and support those with mental health conditions	• General Practitioner (GP):
	   o First point of contact for diagnosis and referral for appropriate support.
	 • Emergency services (999/112):
	   o If any risk to self or others, e.g. suicide, substance intoxication, psychotic episode.
	 • Samaritans: www.samaritans.org.
	   o Phone service available for those in crisis – 116 123.
	 • Charities and information services:
	   o BEAT
	   o Cruse bereavement care
	   o Drugs help
	   o Drink aware
	   o FRANK
	   o Mind
	   o Mental health foundation
	   o Rethink
	   o SANE.
	 • Counselling services - List of registered therapists available:
	   o Improving access to psychological therapies (IAPT). Every local authority has an IAPT service.
	     – a free talking therapy, usually CBT, for local residents who meet certain qualifying criteria.
	   o British association of counselling and psychotherapy
	   o The national counselling society
	   o UK council for psychotherapy (UKCP)
	 See Appendix 1: Information sources.

5. Know mainstream and alternative methods of supporting individuals with mental health conditions	
5.1 Identify common approaches to the treatment of mental health conditions	- A GP visit is the first step in support using healthcare systems: - The GP will diagnose common mental health conditions, e.g. anxiety and depression. - They will explain and suggest appropriate treatments, which may include self-care and management, medication, and counselling. Some GPs may refer to exercise referral services. - More complex conditions (if suspected) may be referred to a specialist for diagnosis, e.g. clinical psychologist. - Medication – does not cure mental health conditions but can help to manage some symptoms: - Antidepressants to treat depression, OCD and eating disorders. - Tranquilisers and sleeping tablets – to treat anxiety and sleep problems. - Antipsychotics – to treat schizophrenia and bipolar disorder. Mind provide downloadable resources on different types of medication (see Appendix 1). - Counselling and talking therapies – used to discuss problems, explore feelings and thinking patterns and explore coping strategies: - There are many different talking therapies that can be used to support mental health. - Talking therapies can help to build psychological tools to support wellbeing, e.g. healthy thinking patterns, valuing, accepting, and having empathy and compassion for self and others, being able to express feelings, assertive communication, strategies for managing stress (such as breathing and relaxation techniques). - The therapy environment is one that mirrors empathy and is non-judgemental, non-shaming, and non-blaming. - Therapies most used in the NHS include: - Counselling – where problems can be discussed in confidence. - Cognitive behavioural therapy (CBT) – which explores how thinking patterns can affect mood.

	See Appendix 1: Information Sources for details of NHS talking therapies

5.2 Outline alternative approaches to manage mental health conditions	• Complementary and alternative therapies:
	
	  o Limited evidence base to support efficacy but many people find these beneficial.
	
	  o All therapies are useful for self-care.
	
	  o Example therapies include:
	
	    − aromatherapy
	
	    − massage
	
	    − meditation
	
	    − mindfulness
	
	    − yoga and yoga nidra
	
	    − Pilates
	
	    − relaxation
	
	    − Tai chi
	
	    − homeopathy
	
	    − acupuncture
	
	    − sound therapy
	
	    − creative therapy (drawing or painting etc.).
	
	• Mindfulness:
	
	  o When stressed, anxious, or depressed, the mind is often focused on the past or future and not in the present moment. The mind is full of thoughts and the individual may not be paying attention to thinking patterns.
	
	  o Mindfulness offers "A way of paying attention to the present moment by using meditation, yoga and breathing techniques. It involves consciously bringing awareness to our thoughts and feelings without judging them. It is a method for observing what is happening right now, in our bodies, minds, and the world around us" (Mental health Foundation (2010) Mindfulness Report. UK. MHF).
	
	  o One example of mindfulness (using the senses) when walking outside: focus on things you can see, then things you can hear, things you can smell, things you can feel.
	
	• The national food model ('Eatwell guide') general recommendations:
	
	  o Base all meals around starchy foods (potatoes, rice pasta and ideally whole grains).

	○ Eat a minimum of five portions of fruit and vegetables a day. ○ Eat less foods that are high in fat, salt, and sugar (less cakes and biscuits, less processed food) and choose unsaturated oils and spreads. ○ Eat some beans, pulses, fish, eggs, meat, and other proteins. ○ Eat at least two portions of fish per week (one oily). ○ Maintain a healthy body weight. ○ Be physically active on a regular basis. ○ Drink plenty of water (six to eight cups or glasses per day). ○ Eat breakfast. - Recommendations for supporting mental health: ○ Reducing alcohol and caffeine intake, drinking water, eating natural foods. ○ Eating healthily may help to: – improve mood – boost energy levels – support clearer thinking. - Food stressors are those that can negatively affect mood and mental health – caffeine, sugar, alcohol, processed foods. - Food supporters such as those that support mood and mental health – fresh fruit and vegetables, natural produce. See Appendix 1: Information Sources, Mind 'Food and Mood.
5.3 Explain the importance of healthy eating for mental health	- The national food model ('Eatwell guide') general recommendations: ○ Base all meals around starchy foods (potatoes, rice, pasta and ideally whole grains). ○ Eat a minimum of five portions of fruit and vegetables a day. – Eat less foods that are high in fat, salt, and sugar (less cakes and biscuits, less processed food) and choose unsaturated oils and spreads. – Eat some beans, pulses, fish, eggs, meat, and other proteins. – Eat at least two portions of fish per week (1 oily). – Maintain a healthy body weight. – Be physically active on a regular basis.

	- Drink plenty of water (six to eight cups or glasses per day). - Eat breakfast. - Recommendations for supporting mental health: - Reducing alcohol and caffeine intake, drinking water, eating natural foods. - Eating healthily may help to: - improve mood - boost energy levels - support clearer thinking. - Food stressors – those that can negatively affect mood and mental health – caffeine, sugar, alcohol, processed foods. - Food supporters – those that support mood and mental health – fresh fruit and vegetables, natural produce. See Appendix 1: Information Sources, Mind (Food and Mood downloadable PDF)
5.4. Identify other ways to support mental health	- Self-help books including: - positive thinking - managing fear - improving self-esteem - assertiveness. - Lifestyle behaviours: - not using recreational drugs - drinking alcohol responsibly - regular sleep - relaxation - stress management. - Developing better sleep habits: - Use relaxation activities before going to bed. - Go to bed and get up at a regular time. - Avoid alcohol, nicotine, or caffeine before bedtime. - Avoid mobile phone use at bedtime. - Avoid eating a heavy meal close to bedtime. - Create a bedtime self-care routine which supports relaxation, e.g. warm bath with candles or warm milky drink.

- Create a bedroom environment that supports sleep e.g. quiet, dark, and a comfortable temperature.

- Social network and connections:

  - Friends, family, and healthy relationships.

  - Speaking about problems and being listened too.

  - Asking for help when needed.

  - Having hobbies and social interests.

  - Belonging to groups and being engaged with others and the community.

- Helpful ways to support someone with a mental health condition:

  - Stay in touch and check how they are.

  - Listen with empathy and be supportive.

  - Remind them that they are not alone.

  - Encourage them to stay active and eat healthily.

  - Encourage them to speak with their GP.

  - Gather information from charity websites.

  - Look after your own mental health.

- Unhelpful ways to support someone with a mental health condition:

  - Any blame or shame is not helpful, e.g. telling them:

    - It is all in their head.

    - It is their own fault.

    - They are weak.

    - They need to pull themselves together.

    - Other people are worse off.

    - To snap out of it.

- NHS 'five ways to improve mental wellbeing':

  - Connect - build relationships and socialise with others.

  - Be active - be active more often.

  - Keep learning - learn new skills to build competence and confidence.

  - Give to others - being kind and generous to others.

  - Take notice of the here and now - being present and aware of the surrounding world.

More information from: www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing.

6. Understand the importance of physical activity and exercise for mental health	

6.1 Explain the benefits of physical activity for mental health	• Psychological benefits include:
	
	    o improved mood
	
	    o reduced stress
	
	    o outlet for physical and mental tension
	
	    o distraction from thinking
	
	    o time out for self
	
	    o structure and routine for day or week
	
	    o feel better about self.
	
	• Physiological benefits include:
	
	    o Increased heart rate, circulation and temperature have a tranquilising effect.
	
	    o Chemical balance improves (serotonin, dopamine) and improvement in mood.
	
	    o Increased endorphins – feel good factor.
	
	• Physical benefits include:
	
	    o Improved fitness, strength, endurance, stamina (cardiovascular), flexibility, balance, coordination etc.
	
	    o Maintain independence.
	
	    o Improved daily functioning.
	
	    o An improved ability to cope in situations (physically).
	
	• Social benefits include:
	
	    o make friends
	
	    o meet new people
	
	    o reduced isolation.
	
	• Exercise and sleep:
	
	    o Exercise reduces mental stress and provides physical energy release.
	
	    o It can improve sleep quality and duration.
	
	    o It may reduce sleep problems, e.g. hypersomnia, insomnia.
	
	    o Outdoor exercise in sunlight supports Vitamin D absorption.
	
	    o Outdoor exercise in nature is natural stress relief (William Bird).

	• William Bird presentation activity and mental health: www.youtube.com/watch?v=fUrXoXutd8U.
	• Exercise and health:
	o Reduces the risk of many chronic health conditions.
	o Used as part of treatment/management of some health conditions:
	− cardiovascular diseases – coronary heart disease, angina, high blood pressure, high cholesterol
	− mental health conditions – stress, depression, anxiety
	− skeletal conditions – osteoporosis, osteoarthritis, low back pain
	− respiratory conditions – asthma, chronic obstructive pulmonary disease (COPD)
	− cancer – throat, liver, bowel
	− Metabolic conditions – obesity, diabetes type 2.
6.2. Describe different types of physical activity and exercise that can be used to support mental health	• Activities of daily living include:
	o Gardening, housework, cleaning the car, walking, climbing stairs.
	o Moving more often and sitting down less.
	• Active transport includes:
	o Walking short distances rather than using car.
	o Using stairs rather than escalators or lifts.
	o Cycling or walking to work, school, college, or university.
	• Active leisure includes:
	o playing sport and games, swimming, cycling, walking, dancing.
	• Structured exercise includes:
	o gym
	o group exercise classes – exercise to music, aqua exercise, indoor cycling, circuits
	o outdoor exercise – circuits, bootcamp, park run, park yoga.
	• Mindful movement classes include:
	o Pilates
	o yoga
	o Tai Chi
	o relaxation and meditation.

	• Sport (recreational, professional) includes:
	
	   o team or individual sports
	
	   o land and water sports
	
	   o contact or non-contact sports
	
	      − cricket
	
	      − netball
	
	      − hockey
	
	      − football
	
	      − rugby.
	
	• Athletics and track and field events.
	
	• Outdoor exercise:
	
	   o Benefits include:
	
	      − Natural connection and contentment.
	
	      − Brain can relax and recharge.
	
	      − Escape from daily tasks that drain brain energy.
	
	   o Focus and fascination of the natural environment needs less concentration.
	
	   o Immediate positive physiological response to natural views include:
	
	      − reduced blood pressure
	
	      − reduced muscle tension
	
	      − reduce heart rate.
	
	• See Appendix 2: References Bird (2007)

6.3 Outline the recommended guidelines for physical activity to maintain health	• Guidelines (WHO. 2020 and ACSM. 2018) for adults aged 18-64:
	
	   o At least 150 minutes of moderate intensity aerobic physical activity each week (can be accumulated in bouts of 10 minutes) or at least 75 minutes of vigorous intensity aerobic physical activity each week or an equivalent combination of moderate and vigorous intensity activity.
	
	   o For additional health benefits – 300 minutes of moderate intensity aerobic physical activity or 150 minutes of vigorous intensity aerobic physical activity per week, or an equivalent combination of moderate and vigorous intensity activity.
	
	   o Plus, muscle strengthening activities on two or more days a week.
	
	   o Key messages are to move more often and sit down less.

	- Type of activity or exercise that may be appropriate (or not) will be dependent on various factors including:
	
	    o Individual factors – age
	
	    o Mental health condition, e.g. exercise not recommended for anorexia.
	
	    o Individual likes and dislikes.
	
	    o Previous exercise experience and activity levels.
	
	    o Level of supervision needed, e.g. general session, personal trainer, or clinical support and supervision may be needed for some.
	
	    o Any comorbid health conditions.
	
	    o Medications and side effects.
	
	See Appendix 1: Information Sources Mind resource 5 tips to get moving.

Determinants of health and health inequalities (J/651/1189)

Unit aim

To provide knowledge of:

- The various factors that can influence health and wellness, including lifestyle behaviours and wider determinants and health inequalities.

- The role of healthy lifestyles, including physical activity and healthy eating for supporting health and wellness.

- The use of tools to identify healthy lifestyle behaviours (e.g. The Mental Health Questionnaire (MHQ: owned by MH1 Global)

Content

1. Understand the wider determinants of health	

1.1 Explain what is meant by the terms 'wider determinants of health,' 'social determinants of health' and 'health inequalities'	• Wider or social determinants of health are the various non-medical factors that affect health outcomes, such as social, economic, environmental, political, commercial, and cultural factors.
	
	 • Some examples of wider 'determinants,' would include:
	
	    o The number of fast-food outlets on the high street which has the potential to influence levels of obesity and diabetes.
	
	    o The availability or work opportunities in a specific location.
	
	    o The accessibility and availability of services to support health in a location.
	
	    o Poverty levels.
	
	 • Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience, and the care that is available to them (NHS England).
	
	 Determinants of health (Dahlgreen and Whitehead model) from: Public Health England (2017).

1.2 Describe how the wider and social determinants of health and health inequalities impact the health and wellness of individuals and communities.	• With consideration to wider determinants of health (using Dahlgren and Whitehead model) including the impact of social context and relationships and how they can have positive or negative effects on health outcomes.
	
	• Can impact:
	   o Longevity of life, life expectancy.
	   o Health care accessible and available.
	   o Prevalence of some health conditions, e.g. some populations are at greater risk of some conditions).
	
	• Non-modifiable factors include age, gender, ethnicity etc.
	
	• Most other factors, whether these be lifestyle behaviours such as smoking or wider determinants are modifiable.

1.3 Outline populations most at risk of health inequalities, including those at risk of physical inactivity	• Levels of physical activity/inactivity and sedentary behaviour through the lens of health inequalities, i.e. less active groups include:
	   o older adults
	   o women
	   o disabled people
	   o ethnic minorities
	   o cultural groups
	   o lower socio-economic groups.

1.4 Identify ways in which health inequalities are measured and monitored locally, regionally, and nationally.	• The concept of health inequality and the broad principles of national, regional, and local variations in health outcomes.
	
	• An overview of national policy and guidance for public health and health inequalities including physical activity:
	
	• Credible sources for this information:
	   o Public Health England (PHE) health profiles
	   o Department of Health and Social Care (DHSC) (England)

	- Welsh government health and social services - Department of Health Northern Ireland - Scottish government health and social care - Public health outcomes framework (PHOF) - Joint strategic needs assessment (JSNA) - The National Institute for Health Care Excellence (NICE). - The methodologies used to determine levels of activity, and the target groups identified: - active lives - health survey for England.
1.5 Identify national, regional, and local policies or strategies aimed to address health inequalities	- The broad principles of national, regional, and local variations in health outcomes and the credible sources for this information – as outlined in 1.4. - How national and local policies and/or strategies can impact the health and wellness of individuals and communities.
1.6 Identify local pathways and strategies to support health and wellbeing of individuals and communities	- Links with professional practice unit. - Use information sources including those of key stakeholders, to understand the health needs of a local population and the priority areas and target groups for health and physical activity interventions within a specific locality. - Where to find information on: - Credible local health and physical activity providers and related stakeholders. - The methods to and the importance of continually updating knowledge and information that is recorded and stored. - The principles of asset-based community development and the importance of resources/assets including organisations and people within communities. - Credible local agencies/organisations and relevant professionals from health, social, and community/voluntary sectors who can support people to become more physically active and/or healthy – what they do and how to make and maintain regular contact including identifying key staff. - The main methods of engaging with individuals and groups within the community in order to promote health including physical activity, provide key messages and signpost to opportunities, e.g. at events, social media, face-to-face and group talks. - The importance of respecting others, their contribution to the community, and fulfil commitments in a timely manner, in

	order to build successful relationships with both organisations and people.
	
	• The concept of integrated care pathways, the relevant national and local models that exist:
	
	    o social prescribing
	
	    o making every contact count (MECC).
	
	• The potential routes into and out of the brief intervention provided.
	
	• The difference between a referral, self-referral, a recommendation, and signposting, and the role of the health navigator in relation to each.
	
	• Similar roles such as link workers, health champions, health coaches, health trainers, or community activators. The similarities and differences between them and which are relevant in a specific locality.

2. Understand the importance of healthy lifestyles and physical activity for supporting health and wellness	
2.1 Define the terms health, wellness and wellbeing	• Health is defined as "A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization [1948]). • Wellness is defined as "an active process through which people become aware of, and make choices toward, a more successful existence" (The National Wellness Institute [2023]). • Wellbeing comprises two main elements: feeling good and functioning well (The New Economic Foundation [2008]).
2.2 Outline the different components of health and wellness	• physical • psychological – mental, emotional, and intellectual • medical • nutritional • social and environmental • spiritual • financial.

2.3 Outline the key messages, guidance, and recommendations for different lifestyle behaviours:
 	
• physical activity
• healthy eating
• stopping smoking.
• safe alcohol limits.
• weight management.
• mental health.
• other MHQ lifestyle factors.
	• Physical activity key messages:
	  o move more often
	  o sit down less.
	  o more is better
	• Awareness of Department of Health and Social Care (DHSC) national recommendations for physical activity in:
	  o adults
	  o older adults
	  o pregnant women.
	• Heathy eating – The 'Eatwell' guide and the Nutrition Society.
	• Smoking cessation.
	• Safe alcohol limits.
	• Weight management.
	• Mental health including the New Economics Foundation's (NEF) 'Five ways to wellbeing.'
	• MHQ lifestyle factors.
	
	• See Appendix 1: Information sources

2.4 Identify barriers and motivators for making changes to different lifestyle behaviours	• Physical and environmental barriers and motivators. • Psychological barriers and motivators. • Social barriers and motivators. • Health-related barriers and motivators.

2.5 Define terminology relating to physical activity and exercise	• Define relevant terms and what these are referring to:
	o physical activity – 'any movement of the body that increases energy expenditure above resting level' (WHO 2020)
	o inactivity – not meeting current minimum guidelines for physical activity
	o sedentary – spending lots of time sitting and not being active
	o sport - a variety of events or games that may be participated in at recreational or competitive level - amateur, professional, Olympic, or Paralympic.
	o exercise - any activity that is planned, structured and performed regularly with the specific intention of maintaining or improving one or more of the components of physical fitness.
	o physical fitness - the outcome of taking part in regular structured exercise, which may include improvement in or more components of physical fitness.
	o components of physical fitness
	− muscular strength can be defined as the ability of a muscle or group of muscles to generate maximal force or overcome a maximal resistance. Activities to improve strength include performing resistance-based exercises and lifting a heavier resistance for fewer repetitions.
	− muscular endurance can be defined as the ability of a muscle or group of muscles to contract repeatedly for an extended duration without fatigue. Activities to improve endurance include performing resistance-based exercises and lifting lower resistances for higher repetitions.
	o cardiovascular/aerobic - the efficiency of the heart, lungs and circulatory system to take in, transport and use oxygen and remove waste products like carbon dioxide and lactic acid effectively.
	o flexibility - the ability to move a joint complex through its full potential range of motion.
	o motor fitness - skill-related components that are part of neuromuscular fitness, e.g. balance, coordination, agility speed, power, reaction time.

2.6 Describe the broad spectrum of opportunities to increase physical activity	• Identify and describe activities that fit the following categories:
	   o activities of daily living
	   o active travel
	   o structured exercise
	   o unstructured/informal
	   o sport and exercise.

2.7 Outline the short, medium and long-term benefits of physical activity including physical, psychological and social aspects	• Short, medium and long-term benefits of physical activity and other lifestyle factors:
	   o physical
	   o psychological
	   o social.

2.8 Explain the risks of inactivity, sedentary behaviour, and unhealthy lifestyles in relation to long term health conditions	• Long term effects of inactivity, sedentary behaviour and unhealthy lifestyles (including unhealthy eating, smoking, alcohol misuse, etc) on physical and mental health.
	• Be familiar with associated health terminology.
	• Increased risk of:
	   o cardiovascular disease – coronary heart disease and stroke
	   o type 2 diabetes
	   o obesity and metabolic syndrome
	   o hypertension
	   o low back pain
	   o osteoporosis
	   o falls and fractures
	   o dementia.
	• Other risks: social isolation, addiction etc.

2.9 Identify the most up-to-date, credible sources of evidence-based information and support for lifestyle and behaviour changes	• National and local sources.
	• Campaigns:
	   o One you
	   o Change for life
	   o Active 10.
	See Appendix 1.

2.10 Explain scope of practice in relation to providing advice on physical activity and	• Provide information and deliver services within scope of qualifications held. • Signpost individuals with need(s) that exceed scope of practice to other services.

other lifestyle behaviours	

Professional practice for health navigators (M/651/1190)

Unit aim

To provide the essential foundation knowledge for supporting health improvement including:

- The importance of partnership working and building networks to support individuals with their health and wellbeing.
- Core legislation, policy, and procedures.
- Person-centred and inclusive ways of working.
- Scope of practice.
- Continuing professional development (CPD).

Content

1. Understand the importance of partnership working and building networks to support community health and wellbeing	
1.1. Explain the value of working with other organisations and professionals to support wellness	- Organisations and professionals who have common goals and objectives. - The importance of developing and sustaining professional relationships to benefit clients and their family. - The main principles and importance of asset-based community development including organisations and people within communities. - To enable integrated care and use of assets: - National and local models of integrated care. - Care pathway – is a term to describe what needs to happen, when, where, for whom and by whom. - Integrated care may involve multiple agencies working together. - Relevant national and local models that exist: - social prescribing - making every contact count (MECC). - With consideration to the potential routes into and out of the brief interventions provided in own role.

	- To deliver support that cuts across boundaries and reaches out to wider agencies within leisure, health, social, and voluntary sectors. - To enable connection and reach to a wider audience, including harder to reach groups.

1.2 Identify methods of engaging with individuals and groups within the community to build successful relationships to promote health and wellness	- Where to find information about credible local agencies that support physical activity and healthy lifestyles.
	
	- Credible local agencies and relevant professionals from health, social, and community/voluntary sectors who can support people to become more physically active and/or healthy:
	
	   o What they do.
	
	   o How to make and maintain regular contact.
	
	   o Identifying key staff.
	
	- The methods to and the importance of continually updating knowledge and information that is recorded and stored.
	
	- Engagement to promote health including physical activity, provide key messages and signpost to opportunities:
	
	   o at events
	
	   o social media
	
	   o face-to-face
	
	   o group talks.
	
	- The importance of respecting others, their contribution to the community, and fulfilling commitments in a timely manner, in order to build successful relationships with organisations and people.

1.3 Identify working roles designed to support health and physical activity in the community	- Other roles and the similarities and differences between them, including those which are relevant in a specific locality:
	
	   o link workers
	
	   o health champions
	
	   o health coaches
	
	   o health trainers
	
	   o community activators.

1.4 Explain the difference between a referral, self-referral, a recommendation and signposting, and the role of the health	- The health navigator can provide support within scope to support:
	
	   o Self-referral – A client gaining access to services by themselves and not involving a clinical referral.
	
	   o Referral – The transfer of care for a patient from one clinician or clinic to another by request.

navigator in relation to these	o Social prescribing – Sometimes referred to as community referral, is a means of enabling GPs, nurses, and other primary care professionals to refer people to a range of local, non-clinical services.
	o Signposting – a recommendation to another service (not a referral).
	• Informed consent does not need to be gained to signpost as no personal information is shared.
	• Informed consent is required for referrals where information is shared.
1.5 Outline the importance of monitoring client progress and systemic record keeping when working with partners	• The importance of systematic record keeping and data collection including the use of electronic records.
• To identify the client experience of the service.
• To ensure that the client's goals and positive satisfaction with the service are achieved.
• To support service improvement.

2. Understand communication skills to support building client relationships and professional networks	
2.1 Outline the importance of communicating effectively with a wide range of professionals	• Professionals from different cultural and organisational backgrounds, including health, social, and the voluntary sector.
• How to effectively build local networks, professional relationships, and regularly communicate with stakeholders.
• Engage and connect using appropriate communication.
• The importance of respecting others, their contribution to the community, and fulfilling commitments in a timely manner, in order to build successful relationships with both organisations and people.
2.2 Explain different methods of communicating with organisations and service users	• The importance of regular communication.
• Methods of communicating:
o face to face
o telephone
o written (letters, email, posters)
o social media and digital technology.
• Methods of building rapport and how these influence the customer experience.
• Different communication techniques and how to use them:
o observation/non-verbal techniques/body language

	o open and closed questions
	o active listening.
	• The importance of communicating effectively with a wide range of people from different cultural and demographic backgrounds.
2.3 Explain the barriers to communication and how to adapt communication effectively to meet the needs of diverse populations	• How to adapt communication methods to meet the needs of participants for differing backgrounds, cultures, sport/activity experiences etc.
	• Barriers and potential solutions:
	o Language difficulties.
	o The level of knowledge, relating to health and lifestyle experience.
	o Cultural religions and personal beliefs and/or values.
	o Demographic and background.
	o Impairments, e.g. visual, hearing, cognitive.
2.4 Describe how to use understanding of health inequalities to elicit a conversation and create an action plan	• To elicit a conversation that identifies the priority issues relevant to the individual.
	• To co-devise an action plan that takes these into account.
2.5 Explain how to use conversation skills to elicit and provide relevant information pertinent to the individual	• Pertinent to their stage of change, health status, and priorities.
	• Advice on physical activity including benefits and risks that are pertinent to an individual.
	• Type(s) of physical activity most appropriate for the individual to ensure that client preference is accommodated and that chances of adherence are maximised.
2.6 Outline how to support people to locate and access credible sources of information on healthy lifestyles	• Healthy lifestyle topics appropriate to individual needs.
	• Advising at appropriate time points.
	• Suggesting appropriate formats e.g., apps, online, flyers, and booklets, appropriate to the individual.

3. Understand core legislation, policy, and procedures relating to the working role	

3.1. Explain health, safety, and welfare requirements relevant to own working role	• Health and safety – to ensure a safe environment when working with clients.
	
	• Importance:
	   ○ everyone has responsibility
	   ○ duty of care
	   ○ negligence and commission
	   ○ safety and wellbeing
	   ○ professionalism.
	
	• Relevant requirements – organisational and national guidelines/legislation:
	   ○ safeguarding
	   ○ risk assessment
	   ○ management of the space and activity
	   ○ managing emergencies and emergency action plans
	   ○ reporting procedures – confidentiality, data protection
	   ○ public liability Insurance
	   ○ first aid regulations and procedures
	   ○ equality and diversity
	   ○ conflict of interest
	   ○ normal operating procedures
	   ○ control of substances hazardous to health (COSHH),
	   ○ reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR)
	   ○ electricity at work regulations
	   ○ personal protective equipment (PPE).
	
	• Policies and legislation relating to inclusion and disabled people(s), equity/equality/diversity/social services/adults at risk:
	   ○ The information that needs to be communicated to individuals.

3.2 Outline *e*quality and diversity responsibilities relevant to own working role	• The core legislation and local policy and procedure relevant to role. • Equality and diversity – encompassing the rights of individuals to be treated with respect as unique individuals and with reference to the special provisions surrounding 'protected characteristics' as defined by the Equality Act 2010.
3.3 Explain the importance of holding appropriate insurance	• Including employer's liability and professional indemnity.
3.4 Explain the importance of client confidentiality and informed consent prior to transfer of information	• The need to obtain client consent to the transfer of relevant information to third party providers and outlining any risks and benefits of the selected activity/activities. • The importance of confidentiality when dealing with sensitive and personal information relating to clients.
3.5 Outline the procedures for data collection and record keeping in line with legislation	• The principles and legal requirements for data protection including the GDPR and how to share and store information securely. • The importance of systematic record keeping and data collection including the use of electronic records. • The importance of monitoring client progress and experience of the service to ensure client's goals and positive satisfaction with the service are achieved and to support service improvement. • The importance of confidentiality when dealing with the sensitive and personal information relating to clients.

3.6. Explain safeguarding requirements relating to own role	• Key principles for working with vulnerable adults and DBS requirements of employing organisations and awareness of local escalation procedures for the purpose of maintaining client and personal safety.
	
	• What is meant by safeguarding?
	
	• The different types of abuse.
	
	• Possible signs of abuse.
	
	• Responsibilities and limitations.
	
	• Procedures to follow to protect oneself from accusations of abuse.
	
	• Organisational procedures and policies.
	   o Disclosure and barring (DBS).
	   o Safeguarding adults and adults at risk.
	   o Safeguarding children.

56	○ The responsible person for managing safeguarding issues. ○ Reporting procedures for safeguarding. - The statutory agencies responsible for safeguarding. - When it may be necessary to contact statutory agencies. - How to maintain confidentiality of information relating to possible abuse.

4. Understand professional role boundaries and scope of practice	

4.1 Explain the role, responsibilities, and scope of practice of the health navigator	• The scope of the role and professional boundaries that apply.
	
	 • Representation of skills, abilities, and knowledge:
	    o code of conduct
	    o professional ethics
	    o professional memberships.
	
	 • How to work within the role boundaries and scope of own professional knowledge and competence based on qualifications and experience, e.g. when additional qualifications are needed and when to signpost etc.
	
	 • Signposting and facilitating access to appropriate services when individual needs exceed scope or practice, may include (depending on other qualifications held):
	    o stopping smoking
	    o increasing physical activity
	    o healthy eating
	    o weight management
	    o improving mental health
	    o alcohol and substance misuse
	    o sexual health advice.

4.2 Outline the roles and responsibilities of referring professionals, exercise, and community delivery partners and other related health practitioners	• The roles and responsibilities of:
	    o Referring professionals, exercise, and community delivery partners and other related health practitioners.
	    o Similar roles such as link workers, health champions, health coaches, health trainers, or community activators. The similarities and differences between them and which are relevant in a specific locality.

4.3 Describe appropriate codes of conduct for managing potential queries and concerns relating to clients	• How, when and from whom, to seek advice for potential queries/concerns relating to clients.
	
	 • The standards, code of conduct, ethical issues and associated codes including what constitutes a reputable organisation to signpost to, e.g. the charity governance code.
	
	 • Outline how to manage risk for more complex clients, e.g. mental health first aid.
	
	 • Information sources:
	    o The charity governance code.
	    o Sector bodies.

	o National governing bodies (NGB) for sport.
	o Health and safety executive (HSE).
	o Home countries sports councils.
	o Government led independent reviews, for example duty of care.
	• Relating to – working role, scope, boundaries, continuing professional development, health and safety, and safeguarding etc.

5. Understand the importance of reflective practice, critical thinking and continuing professional development	
5.1 Summarise the methodology and benefits of reflective practice and critical thinking	• Methodology of reflective practice and critical thinking. • The benefits in terms of gaining knowledge, experience, and greater self-awareness. • The role of reflective practice and how to complete self-reflection/evaluation to aid personal and professional development.

5.2 Explain the importance, benefits, and mechanisms of continuing professional development	• The importance, benefits, and mechanisms of keeping knowledge and skills up to date through a variety of traditional and innovative learning activities and reflective practice:
	
	   o Inclusion and disability awareness.
	
	   o Health and physical activity policy/guidance/pathways and implications for practice.
	
	   o Peer-to-peer mentoring/action learning sets.
	
	• The scope of industry requirements.
	
	• How to access CPD.
	
	• Importance of accessing CPD relevant to role.
	
	• How to access relevant and recognised CPD.
	
	• How to keep up to date with new information.
	
	• Relevant legislation/policy and guidelines relating to CPD.

5.3 Describe ways to manage and support personal stress and develop emotional resilience	• The importance of managing own personal stress.
	
	• Risks of not managing personal stress:
	
	   o use of supervision
	
	   o use of peer support
	
	   o self-help strategies
	
	   o use of personal counselling.

6. Be able to establish and maintain effective working relationships to support local health improvement	
6.1 Make contact and communicate effectively with relevant organisations and professionals	• Organisations, professionals, and key people who can provide access and information on local health needs and health and physical activity opportunities. • Those most relevant to own work. • Engage with individuals and groups through a variety of routes in order to promote health and physical activity, key messages, and signpost them to relevant services. • Emphasise aspects of own work which are most relevant to partner organisation priorities. • Check and improve the information you hold about partner organisations, their work, and the target population(s).
6.2 Work effectively with partner organisations and professionals	• Use information sources, including those of key stakeholders, to understand the health needs of a local population and the priority areas and target groups for health and physical activity interventions within a specific locality. • Work with other organisations and professionals to evaluate the impact of working together. • Seek to solve problems jointly with partners, providing support from your own area of expertise (where relevant). • Keep partner organisations and professionals informed of progress and developments in appropriate formats. • With consideration to standards, code of conduct, ethical issues and associated codes including what constitutes a reputable organisation to signpost to, e.g. the charity governance code. • Develop trust and maintain confidentiality.
6.3 Use understanding of health inequalities to elicit conversations with individuals and create appropriate action plans	• Understanding of health inequalities to elicit a conversation that identifies the priority issues relevant to the individual. • Co-devise an action plan that takes these into account. • Develop trust and maintain confidentiality.
6.4 Use conversation skills to elicit and provide relevant information pertinent to the individual	• Effective communication and conversation skills. • Person-centred approach. • Relevant to individual needs and respectful to their readiness.

6.5 Elicit and provide information and advice on physical activity opportunities and healthy living appropriate to the individual's stage of readiness	• Elicit and provide information and advice on physical activity including benefits and risks that are pertinent to an individual. • Elicit and determine the type(s) of physical activity most appropriate for the individual to ensure that client preference is accommodated and that chances of adherence are maximised. • Elicit and where appropriate provide current, relevant information that is pertinent to the individual, their stage of change, health status, and priorities.
6.6 Support individuals to locate and access credible sources of information on healthy lifestyles	• How to locate and access credible sources of information on healthy lifestyle topics. • At appropriate time points (readiness). • In appropriate formats, e.g. apps, online, flyers, booklets appropriate to the individual.
6.7 Maintain relevant and accurate records	• systemic records – where appropriate • consideration to GDPR and data protection • maintain confidentiality.

Fundamentals for supporting lifestyle behaviour change (R/651/1191)

Unit aim

To develop the knowledge and skills to support lifestyle behaviour change and facilitate increased physical activity:

- Using person-centred and inclusive approaches.

- Working with individuals and groups.

- Delivering remote and face-to-face support.

- Applying behaviour change theories and models appropriate to individual needs (readiness, motivation, importance, and confidence).

1. Understand behaviour change theories and approaches	

1.1 Describe the main principles of behaviour change models and theories	Relevant behaviour change theories and approaches.
	
	• Person-centred and humanistic approach (Carl Rogers and Abraham Maslow 1950s-1970s).
	
	• Transtheoretical model (Prochaska and DiClemente 1983):
	   o Stages and processes:
	      – Cognitive and behavioural.
	      – Different techniques and tools, i.e. decisional balance.
	   o Self-efficacy (Bandura. 1977):
	      – own experiences
	      – observed experiences
	      – verbal persuasion
	      – emotional responses.
	
	• COM-B (Michie et al. 2011):
	   o capability, opportunity, motivation, behaviour.
	
	• Biopsychosocial model (Engel. 1977):
	   o biological
	   o psychological
	   o social.
	
	• Health belief model (Rosenstock et al. 1966):
	   o Beliefs influence actions.

	o Action will be taken if benefits of actions outweigh barriers.
	• Self-determination theory (Deci and Ryan 1985):
	o motivation – autonomy, competence, relatedness.

2. Understand approaches to support behaviour change	
2.1 Identify lifestyle behaviours that impact health and which individuals may want to change	• Behaviours may include: o physical activity levels o eating behaviours o smoking cessation o stress management, including sleep, work, and life balance o alcohol and substance misuse o sexual health.

2.2 Outline extrinsic and intrinsic barriers to become more active or make a lifestyle change and ways to overcome these	• Barriers and motivators of those seeking to become more active or make a lifestyle change:
	 o Extrinsic barriers from outside, such as other commitments (time, family, work etc).
	 o Intrinsic barriers:
	  − self-efficacy
	  − locus of control
	  − self-talk (change and sustain talk, problem or solution focus
	  − resistance
	  − comfort zones and fear (arousal)
	  − cognitive dissonance
	  − ambivalence.

2.3 Outline extrinsic and intrinsic motivators to become more active or make a lifestyle change	• Motivators link with barriers 2.2. • They are the opposite way of looking at the same issue. • Intrinsic motivators – personal sense of achievement, satisfaction, and reward. • Extrinsic motivators – encouragement from others, improve health and wellness etc.

2.4 Describe person centred and inclusive support and how to provide this when tailoring interventions	• Person-centred working evolves from work of Carl Rogers.
	
	• Person centred care is about focusing care on the needs of the individual. Ensuring that people's preferences, needs, and values guide clinical decisions, and providing care that is respectful of and responsive to them. (Health Education England).
	
	• Core conditions – empathy, congruence, positive regard.
	
	• The concept of inclusive person-centred care to reflect the following aspects:
	
	  o Inclusive practice, respect, dignity and compassion:
	
	    – Respecting equality, diversity and client autonomy.
	
	    – Supporting people to build on their own capabilities.
	
	    – Focusing on what matters to the individual and their family.
	
	    – Offering coordinated support across multiple episodes, agencies, and time.
	
	  o The professional role of the practitioner in offering advice, information and interventions tailored to the needs and aspirations of the individual.

2.5 Describe other coaching approaches to support lifestyle and behaviour change	• Solution-focused interventions:
	
	  o Listen, select, build.
	
	  o Focus on solutions, rather than problems.
	
	  o Miracle question.
	
	• Cognitive behavioural therapy (CBT):
	
	  o Negative automatic thoughts (NATs)
	
	  o The extent to which thoughts, feelings, and behaviours are helpful or unhelpful.
	
	  o Changing thinking patterns.
	
	• Positive psychology:
	
	  o Positive emotions, engagement, meaning, relationships, accomplishment (PERMA).
	
	  o Wellbeing and happiness focus.
	
	• Other:
	
	  o Awareness of body language and posture.
	
	  o Awareness of silence and uses in consultation process.
	
	• With consideration to:
	
	  o The importance of mental health and wellbeing.
	
	  o Factors that can influence an individual's wellbeing.

2.6 **Describe** effective motivational strategies and techniques that can be used to support individuals and groups to change their physical activity and lifestyle behaviour(s)	• Motivational strategies and techniques that can be used to support someone to change their behaviour both on a one-to-one basis or as part of a group (this is not an exhaustive list):
	o Decisional balance.
	o Sustaining adherence.
	o Monitoring progress.
	o Goal setting – process, outcome, and behaviour.
	o SMART goal setting for physical activity.
	o Action planning.
	o Building self-efficacy.
	o Importance and confidence.
	o Problem solving.
	o Awareness of self-talk.
	o Awareness of antecedents and behaviour triggers.
	o Social support systems.
	o Education and learning.
	o Role models.
	o Use of rewards and incentives.
	o Self-monitoring.
	o Feedback on behaviour.
	o Preventing and managing lapse and relapse.
	o Peer support.
	o Commitment.
	o Monitoring progress.
	o Realigning goals.
	See Appendix 1: 'Centre of behaviour change'.
2.7 **Explain** how to apply motivational support (including the use of peer support) in a physical activity session and in other client interactions	• Use of evidence-base to inform interventions relating to:
	o behaviour change support.
	o physical activity and exercise recommendations
	o lifestyle advice and guidance.
	• How to apply motivational support:
	o In a physical activity session (one-to-one and group).
	o To support individuals at different stages of the change process.
	o To manage relapse.
	• Use of a person-centred empathetic approach.

	• Consideration to the wider determinants of health and their impact on an individual's ability to change their behaviour.
	• The most effective techniques (see LO1) that can be used to support someone to change their behaviour both on a one-to-one basis or as part of a group.
	• With consideration to:
	o Safety.
	o Motivation levels.
	o Medical information.
	o Personal motivations and preferences.
	o Appropriate and regular intervals to review and adapt behavioural strategies.
	• Protocol(s) to meet the needs of individuals:
	o At high(er) risk of developing long term conditions.
	o Living with one or more long term conditions.
2.8 Outline the effectiveness and evidence for providing one-to-one, group, and peer behaviour change support	• How these can be combined to develop an effective intervention protocol to support lifestyle change.
	• Sources of ongoing and emerging research to support lifestyle and behaviour change interventions, e.g. Centre of lifestyle behaviour change – see appendix 1.
	• Information sources to gather further information and to continue own professional learning.
	• The varying purposes, types, duration, and content of effective communication conversations ranging from very brief advice through brief intervention to extended brief intervention.
	• Evidence to support provision of:
	o One-to-one, group and peer behaviour change support.
	o Face to face versus remote communication, e.g. digital, print, and telephone.
	o Combined interventions to meet the needs of individuals with long-term health conditions, including those with health inequalities.
2.9 Explain the importance of continuity of contact with the client to support motivation and adherence	• Adherence to change requires:
	o Checks on progress.
	o Accountability.
	o Responsibility.
	o Motivation and adherence.

	o Identification of further support needed.

2.10 Describe how customer relationship management systems can be used to tailor motivational support and assist behaviour change	• Use of:
	
	  o Customer relationship management (CRM) systems.
	
	  o Other similar local arrangements or tools.
	
	• Used to:
	
	  o Support the practitioner and participant to make and manage behaviour change.
	
	  o Monitor change in behaviour and to track and tailor follow up motivational support based on individual need(s) and circumstance.
	
	  o Tailor follow-up motivational support according to the tracking information collected and individual needs.

3. Understand the importance of effective communication skills in the delivery of lifestyle messages to support behaviour change

3.1 Describe how to conduct effective communication conversations including brief interventions and extended brief interventions	• The varying purposes, types, duration, and content of effective communication conversations.
	
	• Brief – very brief advice:
	
	  o Verbal advice, discussion, negotiation, or encouragement, with or without written or other support or follow up.
	
	  o Usually lasting from 30 seconds to three mins).
	
	  o Short interventions are generally delivered opportunistically, usually include giving people information, or directing them towards further help.
	
	  o They may be used to raise awareness in relation to lifestyle risks, provide encouragement and support for change and are often best framed within a 'ask, advise, assist' structural format.
	
	• Brief intervention and extended brief intervention:
	
	  o Similar in content with the above.
	
	  o Usually lasting more than 30 minutes and often consisting of a series of individually focused sessions.
	
	• Both types of intervention may involve verbal discussion, negotiation, or encouragement, with or without written or other support or follow-up.
	
	• Both may also involve a referral for further interventions, directing people to other options, or even more intensive or specialist support.

3.2 Identify different opportunities to create conversations and engage with individuals to provide lifestyle support	• Making every contact count (MECC):
	
	     o An approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.
	
	     o MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

3.3 Explain conversational communication skills to support lifestyle and behaviour change	• Communication skills that best help to support lifestyle change conversations and messages.
	
	 • Person-centred and core conditions:
	     o empathy
	     o positive regard
	     o congruence.
	
	 • Motivational interviewing:
	     o Change and sustain talk.
	     o OARS:
	       – Open questions.
	       – Affirmative statements.
	       – Reflective listening and accurate empathy – use of simple and complex reflective statements.
	       – Summaries.
	     o RULE:
	       – Resist the righting reflex.
	       – Understand, explore, and be curious.
	       – Listen with empathy.
	       – Empower.
	     o DARN CAT
	       – desire (what they want)
	       – ability (self-efficacy)
	       – reason (the benefits)
	       – need (the importance)
	       – commitment
	       – activation
	       – taking steps.

	○ Intervention processes – engage, focus, evoke, plan.
	○ Eliciting and strengthening change and sustain talk.
3.4 Explain the need to communicate clearly, sensitively, and effectively with clients/participants	• In verbal and written form, and in a solution focused manner.
	• To engage, build relationship and trust.
	• To elicit information, e.g. change and sustain talk.
	• To guide the conversation (MI style).
	• To ensure understanding.
	• To provide accurate and concise message.
	• To focus on solutions.
	• To communicate with people from different cultural and demographic backgrounds.
	• To provide relevant messages.
	• To respect diversity.
	• With consideration to health inequalities.
3.5 Identify the potential barriers to communication	• Barriers such as language difficulties, level of knowledge, cultural, religious, and personal beliefs and/or values and identify potential solutions.
	• Examples of potential solutions to overcome barriers:
	○ Person-centred working to better understand individual needs.
	○ Availability of written resources in different languages.
	○ Use of interpreters and translators.
	○ Research and CPD.

4. Be able to support behaviour change

4.1 Use available and appropriate opportunities to create lifestyle conversations and engage with individuals	• Deliver conversations that engage with and support people. • Deliver brief interventions and simple statements of fact about health and healthy lifestyles. • Effectively signpost and check understanding.
4.2 Use appropriate screening and assessment tools (where appropriate) to gather information and assess individuals needs	• Follow agreed local pathways and protocols. • Use appropriate assessment and screening tools, e.g. readiness to change scales, decisional balance, The Mental Health Questionnaire (MHQ: owned by MH1 Global). • Conduct assessments in a timely, empathetic, and non-judgemental style. • Use understanding of health inequalities to elicit a conversation that identifies the priority issues relevant to the individual and co-devise an action plan that takes these into account.
4.3 Use a conversational and collaborative approach to determine the needs of individuals	• Work collaboratively to accurately determine the needs of a client. • Help individuals to identify and use their preferences, strengths, and resources to achieve their own wellbeing goals. • Adopt a person-centred empathetic approach that takes account of the wider determinants of health and their impact on an individual's ability to change their behaviour. • Help people to identify barriers to achievement of goals and assist them to find solutions. • Contribute to developing plans and interventions to meet people's goals in partnership with the person and their significant others.

4.4 Demonstrate the use of effective communication skills	• Person-centred working and core conditions:
	  o empathy
	  o positive regard
	  o congruence.
	
	• Verbal and nonverbal communication.
	
	• Active listening.
	
	• Motivational interviewing skills (OARS):
	  o Open questions.
	  o Affirmative statements.

	○ Reflective listening and accurate empathy – use of simple and complex reflective statements. ○ Summaries.
4.5 Elicit relevant information to enable the provision of tailored and targeted guidance to support lifestyle change	- Elicit information relating to health inequalities and identify priority issues relevant to the individual and co-devise an action plan that takes these into account. - Elicit and provide information and advice on physical activity including benefits and risks that are pertinent to an individual. - Elicit and determine the type(s) of physical activity most appropriate for the individual to ensure that client preference is accommodated and that chances of adherence are maximised. - Elicit and where appropriate provide current, relevant information pertinent to the individual, their stage of change, health status, and priorities. - Support people to locate and access credible sources of information on healthy lifestyle topics at appropriate time points and in formats e.g., apps, online, flyers, booklets, appropriate to the individual. - Where appropriate, seek to manage higher complexity and risk (may include signposting).
4.6 Apply relevant behaviour change theory and techniques to design an intervention or action plan to meet the personal needs of individuals	- Techniques outlined in LO1 and LO2. - Apply relevant behaviour change techniques in a person-centred consultation. - Use a variety of skills, techniques and types such as motivational interviewing. - Signposting outlined in 4.10.
4.7 Deliver behaviour change support using a person-centred, empathetic and motivational approach.	- Face-to-face, group, individual and remote. - Techniques outlined in LO1 and LO2. - Communication outlined in LO3.
4.8 Discuss, agree, and gain consent for an action plan with clients based on their wants and needs	- Use a person-centred approach. - Contribute to developing plans to meet people's goals in partnership with the person and their significant others. - Action plan based on the individual's wants and needs and may include: ○ Signposting ○ Planning and implementing

	o Facilitating access to appropriate health and physical activity services:
	– stopping smoking
	– increasing physical activity
	– healthy eating
	– weight management
	– improving mental health
	– alcohol and substance misuse.

4.9 Provide relevant guidance and support to meet specific needs and support achievement of client goals	• Provide support to individuals at different stages of change.
	
	• Use strategies to motivate individuals to become and stay more active and cope with relapse.
	
	• Provide education, advice or support:
	  o At an appropriate level.
	  o Using appropriate language.
	  o Using evidenced based health and lifestyle messaging.
	  o Delivering messages in a non-judgemental manner.
	  o Using an empathetic and motivational approach.
	
	• Link to health interventions and other wider community assets to support individuals when appropriate:
	  o GP
	  o charities
	  o exercise referral services
	  o leisure services
	  o health trainers
	  o improving access to psychological therapies (IAPT)
	  o stop smoking services
	  o physiotherapy
	  o pharmacy
	  o befriending
	  o group learning.
	
	• Local physical activity opportunities to signpost individuals onward:
	  o How, when, and where to signpost.
	
	• The importance of providing a full spectrum of opportunity for clients to engage in physical activity:

	o Including activities of daily living, active travel, active recreation through to structured exercise, dance, and sport.
	o The wide range of stakeholders and providers that can support this.
	• The role of evidence-based technologies that support the uptake and maintenance of physical activity.
	• The principles of self-management which enable participants to maintain physical activity and other lifestyle changes beyond the intervention.
	• Provide information, support and care, defined by a person's needs and not simply standardised to stereotypical personal characteristics, condition or diagnosis.

| 4.10 Signpost individuals to other healthcare professionals when appropriate | • Follow agreed local pathways and protocols.
• Adhere to relevant codes of conduct and ethical practice.
• Ensure all relevant legislation, policies and procedures are adhered to and that local escalation procedures are followed in a timely manner in the event of a safeguarding or health and safety concern.
• Ensure that risks and benefits are outlined as part of gaining consent.
• Know when and how to signpost on, or refer back to, health services where appropriate:
   o Needs beyond competence or professional boundary.
   o Clients with more complex lifestyle needs to the appropriate teams or services.
• Provide information, support, and care, defined by a person's needs and not simply standardised to stereotypical personal characteristics, condition, or diagnosis.
• Work within own knowledge and competence based on qualifications and experience.
• Regularly access advice and personal support as required.
• Support the client to determine and access the relevant resources,
• Signposting and facilitating access to appropriate health and physical activity services when individual needs exceed scope or practice:
   o stopping smoking
   o increasing physical activity
   o healthy eating
   o weight management
   o improving mental health
   o alcohol and substance misuse
   o sexual health advice.
• Agree with the methods of key contacts from local agencies to maintain up to date and accurate information on services. |

5. Be able to monitor client progress and maintain appropriate records	
5.1 Monitor and support individual's progress using relevant tools and tracking systems	• Use of agreed systems and tools to provide feedback and service managers including CRM systems and other systematic record keeping.
5.2 Maintain up to date and accurate client records using agreed systems and tools	• Use local tools and tracking arrangements, including a CRM system if available, to keep client records up to date and to manage types and frequency of behaviour change support.
5.3 Review client progress and provide ongoing support to assist with motivation and adherence	• Offer continued support and plan a review to help an individual to stay motivated, manage difficulties, or minimise relapse.
5.4 Provide feedback to clients and service managers	• Provide feedback to clients on their progress based on objective and subjective measures. • Provide verbal and written feedback to service managers on client progress, satisfaction ratings, and on ways to improve the service.

6. Be able to reflect on practice and use critical thinking to identify continuing professional development needs	

6.1 Evaluate own practice using feedback from others	• Use self-reflection and critical thinking on a regular basis:
	  o Both as an individual and as part of a team.
	  o In conjunction with a line manager and team, determine performance.
	  o To identify relevant individual CPD opportunities so that knowledge and skills are developed and updated regularly (in-line with industry and organisational requirements).
	  o To seek appropriate mentoring.

6.2 Use self-reflection and critical thinking to identify relevant continuing professional development opportunities and professional support	• As above

Appendix 1: Information sources

Please note: While the information sources listed are available at the point of development/publication; access to specific website pages will change over time, as will the currency of information.

Websites and organisations:

- Active 10: https://www.nhs.uk/better-health/get-active/.

- African and Caribbean men and mental health: www.raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief5.pdf.

- American College of Sports Medicine (ACSM): https://www.acsm.org/.

- Anorexia and Bulimia Care: www.anorexiabulimiacare.co.uk.

- Association for Nutrition: https://www.associationfornutrition.org/.

- British Association of Counselling and Psychotherapy: www.bacp.co.uk/.

- BEAT (charity providing information on eating disorders): www.beateatingdisorders.org.uk.

- Black, Asian and Minority Ethnic (BAME) communities: www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities.

- British Diabetic Association- Diabetes UK: www.diabetes.org.uk.

- British Heart Foundation: www.bhf.org.uk.

- British Association of Counselling and Psychotherapy: www.bacp.co.uk/.

- British Nutrition Foundation: https://www.nutrition.org.uk/.

- Centre for Behaviour Change: https://www.ucl.ac.uk/behaviour-change/centre-behaviour-change.

- CIMSPA: https://www.cimspa.co.uk/.

- Change for life: https://www.gov.uk/government/news/new-change4life-campaign-encourages-parents-to-be-food-smart.

- Cruse Bereavement Care: www.cruse.org.uk/.

- Samaritans: www.samaritans.org.

- Department of Health: www.dh.gov.uk.

- Drugs help: www.talktofrank.com/.

- Drink aware: www.drinkaware.co.uk.

- FRANK (alcohol and drug information and support services): www.talktofrank.com/.

- Health Development Advice: www.hda-online.org.uk/.

- Health Education England. Health Coaching Quality Framework: https://www.hee.nhs.uk/sites/default/files/documents/Health%20coaching%20quality%20framework.pdf.

- Health and Safety Executive (HSE): https://www.hse.gov.uk/.

- Mind: www.mind.org.uk/.

- Mind 'Food and Mood' downloadable resource: www.mind.org.uk/information-support/tips-for-everyday-living/food-and-mood/about-food-and-mood/.

- Mind '5 tips to get moving': www.mind.org.uk/information-support/tips-for-everyday-living/physical-activity-and-your-mental- health/about-physical-activity/.

- Mind 'The causes of mental health conditions': www.mind.org.uk/information-support/types-of-mental-health-problems/mental- health-problems-introduction/causes/.

- Mind 'Medication for mental health conditions': www.mind.org.uk/information-support/drugs-and-treatments/medication/about-medication/.

- Motivational Interviewing Network of Trainers (MINT): https://motivationalinterviewing.org/.

- Mental Health Foundation: www.mentalhealth.org.uk.

- National Social Marketing Centre: https://thensmc.com/about-us.

- National Institute of Health and Care Excellence (NICE): https://www.nice.org.uk/.

- National Library of medicine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3943438/.

- National Library of Sports Medicine: https://pubmed.ncbi.nlm.nih.gov/18049985/.

- NHS England ' Workforce Development Framework for Health and Wellbeing Coaches': https://www.england.nhs.uk/publication/workforce-development-framework-health-and-wellbeing-coaches/.

- NHS Choices: www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx.

- NHS Eatwell: https://www.nhs.uk/live-well/eat-well/.

- NHS talking therapies: www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/.

- NHS Mental health: https://www.nhs.uk/mental-health/.

- NHS Bipolar: https://www.nhs.uk/mental-health/conditions/bipolar-disorder/overview/.

- NHS Schizophrenia: https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/.

- NHS Eating disorders: https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/.

- NHS General anxiety disorder (GAD): https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/.

- NHS Depression: https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/.

- One you: https://ukhsa.blog.gov.uk/2016/03/07/one-you-a-step-towards-better-health-and-more-sustainable-services/.

- Office of National Statistics (ONS): https://www.ons.gov.uk/.

- Rethink: www.rethink.org.

- SANE: www.sane.org.uk/SANEline.

- Skills for Health. Person Centred Approaches Framework: https://www.skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/.

- The Eatwell Guide: https://www.gov.uk/government/publications/the-eatwell-guide.

- The Mental Health Questionnaire (MHQ: owned by MH1 Global) https://mh1global.com/innovating/

- The National Counselling Society: www.nationalcounsellingsociety.org/.

- The Nutrition Society - https://www.nutritionsociety.org/.

- The National Counselling Society: www.nationalcounsellingsociety.org/.

- Time to Change: www.time-to-change.org.uk.

- UK Council for Psychotherapy (UKCP): www.psychotherapy.org.uk/.

- WADA prohibited substances - https://www.wada-ama.org/en/prohibited-list.

- World Anti-Doping Agency (WADA) guidelines - https://www.wada-ama.org/en.

- World Health Organisation (WHO): https://www.who.int/.

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Guidance for training providers

Before you can begin delivery of these qualifications, you must be a YMCA Awards centre with appropriate qualification and staff approval (see below).

Find out more on our website:
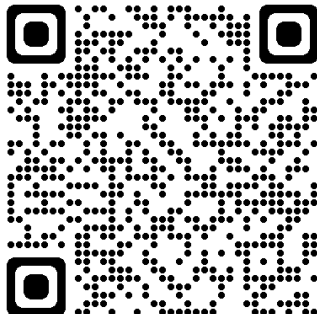
ymcaawards.co.uk/approvals

Staff approval requirements: YMCA Level 2 Award in Supporting Mental Health: Early Intervention (610/4380/1)

All tutors, assessors and internal qualify assurance (IQA) staff need to hold:

- A subject matter qualification.
- A qualification related to the role that they will be performing (tutor, assessor or IQA).

Where centre staff do not hold a subject matter qualification, we will consider approval where they:

- Have completed the eLearning for our Mental health awareness and support (H/651/1188) unit
- Commit to completing the assessments as part of the first cohort.

Staff approval requirements: YMCA Level 2 Award in Supporting Wellness (610/4039/3)

All tutors, assessors and internal qualify assurance (IQA) staff need to hold:

- A subject matter qualification.
- A qualification related to the role that they will be performing (tutor, assessor or IQA).

Where centre staff do not hold a subject matter qualification, we will consider approval where they:

- Hold a qualification endorsed against a CIMSPA occupational standard (e.g. Gym Instructor, Core Group Exercise Instructor or Personal Trainer).

- Hold a recognised mental health awareness or mental health first aid qualification or have completed the eLearning for our Mental health awareness and support (H/651/1188) unit and commit to completing the assessments as part of the first cohort.

- Have completed mandatory standardisation for Determinants of health and health inequalities (J/651/1189) and Professional practice for health navigators (M/651/1190).

Staff approval requirements: YMCA Level 3 Certificate in Supporting Wellness through Lifestyle Behaviour Change (610/4040/X)

In addition to the staff approval requirements outlined for YMCA Level 2 Award in Supporting Wellness (610/4039/3), tutors, assessors and IQAs must also have achieved or be working towards a qualification or unit certification that includes behaviour change at Level 3 or above. This includes the YMCA Level 3 Diploma in Exercise Referral or equivalent.

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