

Guidance for Completing BMHP6029_BIRM Component 2: Written Assignment (Report)

Section	Guidance	UK-Specific Laws, Policy & Data
Introduction	Clearly introduce the chosen disorder, its significance, and why it is important to study. Outline the report's structure.	- Provide UK-specific prevalence rates from sources like NHS, ONS, and Public Health England (PHE). - Mention relevant UK government reports (e.g., NICE guidelines, NHS policy papers).
Classification and Diagnosis	- Explain how the disorder is classified in ICD-11 and discuss key diagnostic criteria. - Evaluate how diagnostic processes differ internationally and how they are applied in UK clinical settings. - Consider debates over language use (e.g., "disorder" vs. "condition").	- Refer to NHS diagnostic guidelines and compare them with ICD-11. - Discuss relevant UK health policies, such as those issued by the National Institute for Health and Care Excellence (NICE). - Highlight any diagnostic challenges in the UK (e.g., long waiting times for mental health services).
Treatment Approaches	- Critically assess the main treatment options (pharmacological and psychological). - Discuss how the UK healthcare system manages treatment and accessibility issues.	- Reference NICE guidelines on recommended treatment approaches. - Discuss NHS mental health services (e.g., Improving Access to Psychological Therapies [IAPT] for

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	- Consider effectiveness, limitations, and alternative treatments.	common mental disorders). - Evaluate the impact of UK prescribing policies and access to mental health medication.
Rehabilitation & Long-Term Management	- Examine rehabilitation strategies in ICD-11 and how they are implemented in UK healthcare settings. - Discuss social reintegration challenges and community-based interventions.	- Refer to UK Mental Health Act (1983, amended 2007) regarding compulsory treatment and patient rights. - Consider government initiatives (e.g., NHS Long Term Plan for mental health). - Evaluate support services such as Mind, Rethink Mental Illness, and Samaritans.
Current Debates & Emerging Issues	- Discuss major academic and clinical debates on classification and treatment. - Explore the role of neurodivergence in redefining diagnostic frameworks. - Consider policy changes and their implications.	- Debate the impact of the UK Equality Act (2010) on mental health services and workplace accommodations. - Discuss reclassification issues in ICD-11 and UK adaptations of diagnostic practices. - Use recent UK-based academic studies to support your argument.
Policy & Legal Framework	- Discuss the legal protections and rights of individuals with the chosen disorder. - Examine how UK policies influence service	- Reference the Mental Health Act (1983, 2007) and its impact on involuntary treatment. - Discuss the Care Act (2014) and its role in providing social care support.

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	provision and access to care. - Consider ethical concerns.	- Evaluate the impact of UK mental health funding policies on service provision.
UK Data & Statistical Evidence	- Use statistical data to support arguments regarding prevalence, treatment success, and service access. - Compare UK data with global trends.	- Cite data from Office for National Statistics (ONS), NHS Digital, and Public Health England (PHE) . - Discuss waiting times for mental health services in the UK using NHS reports . - Consider socioeconomic disparities in access to mental healthcare.
Recommendations	- Suggest practical improvements in diagnosis, treatment, or policy. - Ensure recommendations are evidence-based and applicable to UK practice.	- Base recommendations on NICE guidelines, NHS reports, and UK mental health charities' recommendations . - Consider reforms in mental health legislation (e.g., proposed updates to the Mental Health Act).
Conclusion	- Summarise key findings and reinforce their significance. - Highlight areas for future research and improvements in policy and practice.	- Discuss how UK policy changes (e.g., NHS reforms) may impact the future of mental health treatment. - Address the need for better funding and accessibility within UK mental health services.
Referencing & Academic Integrity	- Use a minimum of 12 credible academic sources. - Follow the UWTSD Harvard referencing style consistently.	- Reference NICE guidelines, NHS reports, government publications , and UK-based peer-reviewed journal articles.

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	- Include UK-specific reports and policy documents where applicable.	- Ensure all data sources (e.g., ONS, Public Health England) are correctly cited.

This table provides clear, structured guidance, ensuring your report aligns with UK-specific laws, policies, and data while maintaining critical engagement with academic literature.

Here are some practical strategies for managing the **2,000-word limit** effectively:

Strategies for Managing Word Count

1. Plan Your Word Allocation

- Divide the **2,000 words** across key sections:

Section	Suggested Word Count
Introduction	200–250 words
Classification & Diagnosis	400–450 words
Treatment Approaches	400–450 words

Section	Suggested Word Count
Rehabilitation & Long-Term Management	300–350 words
Current Debates & Emerging Issues	300–350 words
Recommendations	200–250 words
Conclusion	150–200 words
Total	2,000 words (+/- 10%)

2. Write Concisely

- Avoid **over-explaining** basic concepts—assume the reader has background knowledge.
- Use **clear, direct sentences** instead of long, complex ones.
 - **Example:**
 -  *Mental health conditions such as depression are classified under ICD-11, and there are various debates regarding their classification due to changing medical perspectives and advancements in neuroscience.* (Too long)
 -  *Depression is classified under ICD-11, though its classification remains debated due to evolving neuroscience research.* (More concise)

3. Stay Focused on the Assessment Criteria

- Every paragraph should relate to **classification, diagnosis, treatment, rehabilitation, or debates**.
 - Avoid **irrelevant background information** unless necessary for context.
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4. Use Bullet Points & Tables Where Appropriate

- **Tables can summarise key points** without using too many words.
 - **Example:** Instead of listing UK laws in full paragraphs, use a table with concise summaries.
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5. Paraphrase & Summarise Academic Sources

- Instead of **long direct quotes**, summarise in your own words and cite the source.
 - **Example:**
 -  *"The NHS has reported that waiting times for mental health services have increased significantly in the past five years, with many patients waiting over six months for treatment" (NHS, 2023).* (Too long)
 -  *NHS reports indicate rising waiting times, often exceeding six months (NHS, 2023).* (More concise)
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6. Avoid Redundancy & Repetition

- Don't repeat the same ideas in different sections.
- Example of **redundant sentences**:
 - **Sentence 1:** *Anxiety disorders are classified under ICD-11 and affect millions worldwide.*

- **Sentence 2:** *ICD-11 includes anxiety as a recognised disorder that impacts many people globally.*
 -  **Fix:** Merge into one concise sentence: *ICD-11 recognises anxiety disorders, which affect millions worldwide.*
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7. Use Appendices for Supplementary Information

- If you have **extra data, charts, or detailed case studies**, place them in an appendix instead of the main text.
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8. Review & Edit Efficiently

- **Use word count tools** in Microsoft Word to track each section.
 - **Read aloud** to spot redundant phrases.
 - **Ask a peer to review** for unnecessary content.
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By following these strategies, students can stay **within the 2,000-word limit** while maintaining clarity, conciseness, and academic rigor.