Unit 2 Psychological Problems Knowledge Organiser

Key terms

Key Term	Definition
Mental health problems	Some people experience difficulties in the way they think, feel and behave – these are psychological problems
Clinical depression	A mental disorder characterised by low mood and low energy levels. It involves behaviour, cognitive and emotional characteristics.
Nature	Aspects of behaviour which are inherited, it does not simply refer to traits or abilities present at birth but any ability determined by genes, including those that appear, for example, at puberty
Neurotransmitters	Brain chemicals released from synaptic vesicles, they send signals across the synapse from one neuron to another
Serotonin	Neurotransmitter with widespread inhibitory effects throughout the brain, it regulates mood, and low levels are associated with depression
Attribution	When observing behaviour (our own or someone else's) we automatically and unconsciously provide explanations for their behaviour
Nurture	Refers to aspects of behaviour that are acquired through experience
Schema	A mental structure containing al of the information we have about one aspect of the world
Antidepressant medications	A group of drugs which reduce symptoms of depression. SSRI's are one kind, they are to increase the amount of serotonin in the synaptic cleft
Holistic	Refers to the belief that our understanding of human behaviour is more complete if we consider the 'bigger picture' rather than focussing on the constituent parts
Reductionist	Refers to the belief that human behaviour is best explained by breaking it down into smaller constituent parts, more particularly the biological building parts of the body
Cognitive behaviour therapy (CBT)	A method for treating mental health problems based on both cognitive and behaviour techniques. From the cognitive viewpoint, the therapy aims to deal with thinking, such as challenging negative thoughts. From a behaviour point of view the therapy also includes techniques for developing more positive behaviour such as behaviour activation
Addiction	A mental health problem in which an individual takes a substance or engages in a behaviour that is pleasurable but eventually becomes compulsive with harmful consequences. Addiction is characterised by physical and/or psychological dependence, tolerance and withdrawal
Dependence	Indicated by a compulsion to keep taking a drug, or continue a behaviour (psychological dependence) or indicated by withdrawal symptoms (physical dependence)
Substance abuse	Occurs when someone uses a drug for a bad purpose, ie to get high rather than as a form of medication
Substance misuse	Occurs when a person uses a drug in the wrong way or for the wrong purpose
Genes	Consists of DNA strands, transmitted from parents to offspring, DNA produces instructions for general physical features (eye colour, height) and specific physical features (neurotransmitter levels and size of brain structures)
Genetic vulnerability	Genes do not determine a disorder, they increase someone's risk of a disorder
Heredity factors	Are the genetic information that is passed from one generation to the next
Twin studies	Refers to research conducted using twins. DZ (nno identical) MZ (identical)
Peer influence	Concerns the effects our peers have on us. Peers are people who share our interests and are of similar age, social status and background. Peer influence becomes stronger in adolescence when we spend less time with family and more time with friends
Social norms	Refers to a behaviour or belief that is standard, usual, or typical of a group of people
Aversion therapy	Psychological therapy, patient exposed to stimulus whilst simultaneously being subjected to some form of discomfort. The stimulus becomes associated with the discomfort, which means it is avoided in the future.
Classical conditioning	Learning by association. Occurs when two stimuli are repeatedly paired together, an unconditioned (unlearned) stimulus (UCS) and a new 'neutral' stimulus. The neutral stimulus eventually produces the same response that was first produced by the unlearned stimulus alone
12 step recovery programme	Kind of self-help group based on the idea first formulated by Alcoholics Anonymous which set out 12 principles to follow in overcoming addiction
Self-help group	Members of the group share a common problem and provide support for each other
Self-management programme	People who benefit from the programme also direct (manage) the activities. Members set the rules and ensure that all members adhere to them. They make key decisions, such as who can join or how often to meet

An introduction to mental health

Understanding mental health and illness

Incidence of mental health problems

MIND incidence rates per 100 people

Depression – 2.6

Anxiety – 4.7

Eating disorders – 1.6

1 in 2 people will experience mental health problems

How incidence changes over time

2007 – 24% of adults had mental health problems

2014 – 37%

More women than men, gap is widening

Increased challenges of modern day living

Lower income households, more mental health problems,

Greater social isolation increases loneliness and depression

Cultural variations in beliefs about mental health problems

Hearing voices: positive experience in India and Africa.

Culture bound syndromes occur in certain cultures.

Characteristics of mental health

Subjective and arbitrary, characteristics such as difficulty sleeping are hard to measure

Increased recognition of mental health problems

Symptoms focussed on illness rather than on health.

Jahoda defined 6 characteristics of mental health –

Accurate perception of reality

Autonomy

Mastery of the environment

Self-attitudes (self-esteem)

Personal growth and self-actualisation,

Integration – dealing with stress

Lessening of social stigma

Labelling people creates expectations (stigma). The term 'mental health problems' creates less stigma.

Individual effects of mental health problems

Damage to relationships – affect two-way communication relationships need

Difficulties coping with everyday life – not looking after self, eg having problems getting dressed, socialising, making meals etc

Negative impact on physical well-being – body produces cortisol, preventing immune system functioning fully, causing more illness

Characteristics of mental health – Subjective and arbitrary, characteristics such as difficulty sleeping are hard to measure

Social effects of mental health problems

Need for more social care – taxes fund social care, providing food, human company, learning new skills for self-care

Increased crime rates – people with mental health problems four times more likely to commit a crime than normal population

Implications for the economy – McCrone report: care of mentally ill costs £22 billion per year. Cheaper drug treatments needed.

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Depression

Clinical characteristics
Clinical depression is diagnosed using ICD

Types
Clinical depression – term for the medical condition
Sadness and depression
Sadness = 'normal' emotion, can still function
Depression = enduring sadness, stops ability to function

Unipolar depression – one emotional state of depression
Bipolar depression – depression alternates with mania, and also periods of normality

Diagnosing depression
ICD – mental and physical disorders are diagnosed using symptoms.
ICD-10 is current version listing symptoms of depression.

Number and severity of symptoms
Mild unipolar depression is diagnosed if -

- 2-3 key symptoms are present plus 2 others
- Present all of most of the time for 2 weeks or more

Key symptoms
1. low mood
2. loss of interest and pleasure
3. reduced energy levels

Other symptoms
4. changes in sleep (too much or too little)
5. change in appetite level
6. decrease in self-confidence
7-10 four other symptoms

Theories of depression
Nature (e.g. neurotransmitters) and nurture (e.g. the way you think)

Biological explanations

Neurotransmitters
Transmit messages chemically across the synapse

Serotonin – low levels at synapse – less stimulation of postsynaptic neuron - causing low mood

Other effects of serotonin
Lack of concentration, disturbed sleep and reduced appetite

Reasons for low serotonin levels
Genes could cause inheritance of low serotonin production
Low levels of tryptophan (ingredient of serotonin) from lack of protein or carbohydrates

Evaluation
Research support – McNeal and Cimbolic found low levels of serotonin in brains of depressed people, supporting link to serotonin

Cause or effect – low levels of serotonin could be an effect of thinking sad thoughts rather than the cause

Alternative explanations – some people with depression don't have low serotonin levels and vice versa, so other factors must be involved

Psychological explanations

Faulty thinking
Depression is caused by irrational thinking.
Negative, 'black and white' thinking creating feelings of hopelessness

Negative schemas
Negative self-schemas cause a person to interpret all information about the self negatively

Attributions
Internal, stable and global negative attributional styles create negative ways of explaining causes of behaviour

Influence of nurture
Negative attributional styles develop through processes such as learned helplessness

Evaluation
Research support – Seligman found dogs learned to react to challenge by 'giving up' supporting learned helplessness

Real-world application – the cognitive explanation leads to a successful therapy, getting people to challenge their irrational thinking

Negative beliefs may be realistic – Alloy and Abramson found that depressed people may be 'sadder but wiser'

Therapies for depression
Interventions for treatment, combined in Wiles' study

Antidepressant medication
Selective serotonin reuptake inhibitors (SSRI)
Increase serotonin levels in synaptic cleft

Presynaptic neuron
Serotonin stored in vesicles
Electrical signal in neuron causes the vesicles to release serotonin into the synaptic cleft

Synaptic cleft
Serotonin locks into postsynaptic receptor transmitting the signal from presynaptic neuron

Reuptake
SSRIs block reuptake so there is more serotonin in the synaptic cleft

Evaluation
Side effects – nausea, vomiting, dizziness, anxiety and suicidal thoughts mean people stop taking the drugs

Questionable evidence for effectiveness – people with depression sometimes have 'normal' levels of serotonin (Asbert), so something else causes depression

Reductionist – antidepressant medication targets just neurotransmitters, a more holistic approach would include psychological factors as well

Cognitive behaviour therapy
Cognitive
Aim to change faulty thinking and catastrophising to rational thinking

Behaviour – behavioural activation – planning and doing a pleasant activity creates positive emotions

Therapist deals with irrational thoughts – disputing negative irrational thoughts to develop self-belief and self-liking

Client deals with irrational thoughts – thought diary to record unpleasant emotions and 'automatic' thoughts
Rational response to automatic thoughts is rated

Evaluation
Lasting effectiveness – therapy provides lifelong skills to deal with future episodes of depression

Not for everyone – takes time and effort so client drops out, reducing overall effectiveness

Holistic approach – CBT focuses on the psychological symptoms (e.g. feeling sad) which is treating the whole person

Wiles' study KEY STUDY
70% of depressed people are treatment-resistant
A more holistic approach might be to use CBT plus antidepressants

Aim: to test the benefits of using CBT plus antidepressants for treatment-resistant depression, rather than antidepressants alone

Method: patients with treatment resistant depression either continued just with antidepressants (usual care) or had CBT as well
Improvement measured using Beck's Depression Inventory (BDI) (questionnaire which measures levels)

Results:
6 months –
50% reduction in symptoms in 21.6% of usual care group
46.1% reduction in symptoms of usual care + CBT

Conclusion: Using CBT with antidepressants is more effective than antidepressant medication alone

Evaluation
Well-designed study – p's were randomly assigned to groups so extraneous variables were carefully controlled

Assessment of depression – people using self-report methods may not score their depression accurately so results will lack validity

Real-world application – study has led to more holistic therapy being developed that helps depression sufferers

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Addiction

Clinical characteristics
Symptoms and diagnosis of addiction

Griffiths suggests that 'salience' is important - the addiction becomes the most important thing

Dependence versus addiction
Dependence: psychological reliance/stop withdrawal symptoms
Addiction: dependence plus the 'buzz' or sense of escape (mood modification)

Substance misuse versus abuse
Misuse is not following the 'rules' whereas abuse is using the substance to 'get high' (experience the buzz) or sense of escape.
The difference is in the person's intentions.

Diagnosing addiction
ICD-10 states that an addiction diagnosis is made only if three or more characteristics are present together during the previous year.

Clinical characteristics from ICD-10
1. strong desire to use the substance
2. persisting despite knowing harm
3. difficulty controlling use
4. higher priority given to substance
5. withdrawal symptoms if activity stopped
6. evidence of tolerance i.e. needing more to achieve same effect

Theories of addiction
Nature (e.g. genes) and nurture (e.g. peer influences))

Biological explanation

Hereditary factors
Genetic information has a moderate to strong effect on addiction

Genetic vulnerability
Multiple genes increase risk of addiction (nature)
Stressors in the environment act as a trigger (nurture)

Kaij's study KET STUDY
Aim: to see if alcohol addiction is due to nature (hereditary factors) or nurture (using twins)
Method: male twins registered with temperance board for alcohol problems were interviewed as well as their relatives
Results: 61% of identical (MZ twins) and 39% of non-identical (DZ) twins both alcoholic
Twins with social problems were overrepresented
Conclusion: alcohol abuse related to genetic vulnerability
Not 100% genetic or MZ twins would be all the same
Not 100% environmental or MZ and DZ twins would be the same

Evaluation
Flawed study: temperance board data only includes drinkers who made a public display of their alcohol abuse, so the results lack validity

Supported by later studies: Kendler found MZ twins are more likely to both be alcoholics than DZ twins showing genes affect alcoholism

Misunderstanding genetic vulnerability: inheriting certain genes does not make addiction inevitable as life events also play a role

Psychological explanation

Peer influence
Peers are people who are equal in terms of e.g. age or education

Social learning theory
We learn through observing others and imitating rewarded behaviours
We identify with peers and therefore are more likely to imitate them

Social norms
We look to others to know what is 'normal' or acceptable, which creates social norms, social norms may be overestimated

Social identity theory
We identify with and want to be accepted by our social groups, this creates pressure to conform to the social norms of the group

Creating opportunities for addictive behaviour
Peers provide opportunities for addictive behaviour e.g. smoking, peers provide direct instruction

Evaluation
Supporting research: Simons-Morton and Farhat reviews 40 studies and found a positive correlation between peers and smoking

It may be peer selection: the direction of influence may be different; peers may actively select others who are like them rather than conforming to the social norm of the group

Real-world application: Tobler et al created peer-pressure resistance training to help prevent young people from smoking

Therapies for addiction
Treating addiction with a reductionist approach (aversion therapy) or a more holistic approach (12-step recovery programme)

Aversion therapy
Based on classical conditioning – association between addiction and unpleasant experience is learned

Treating alcoholism –
Antabuse (drug) causes nausea / vomiting
Just before the vomiting the alcoholic has several alcoholic drinks
Neutral stimulus (alcohol) associated with unconditioned response (vomiting) which then becomes a conditioned response to seeing alcohol

Treating gambling
Phrases on cards about gambling or non-gambling behaviour
Electric shock (unconditioned stimulus) given for any gambling-related phrase (neutral stimulus)
Association of gambling behaviours with pain

Treating smoking
Rapid smoking in a closed room causes nausea which is then associated with smoking

Evaluation
Treatment adherence issues – many addicts drop out before treatment is completed so it is difficult to assess treatment's effectiveness

Poor long-term effectiveness – McConaghy et al found nine years later that aversion therapy was no more effective than a placebo

A holistic approach: aversion therapy gets rid of the immediate urge to use the addictive substance and CBT can provide longer-lasting support

Self-management programmes
12-Step recovery programmes – individuals organise therapy without professional guidance
AA is an example

Higher power
Key element is giving control to higher power and letting go

Admitting and sharing guilt
Members of group and higher power listen to confession to accept the sinner

Lifelong process
Recovery is never complete
The group offers support in case of relapse

Self-help groups
Peer sharing and support, may avoid religious element and include local traditions

Evaluation
Lack of clear evidence – unclear evidence on effectiveness because doesn't include people who leave without success

Individual differences – dropout rates are high as programme is demanding and requires motivation

Holistic – focuses on whole person with social support to cope with emotions