



Key terms		An introduction to mental health	
Key Term	Definition	Understanding mental health and illness	Individual effects of mental health problems
Mental health problems	Some people experience difficulties in the way they think, feel and behave – these are psychological problems	Incidence of mental health problems	Damage to relationships – affect two-way communication relationships need
Clinical depression	A mental disorder characterised by low mood and low energy levels. It involves behaviour, cognitive and emotional characteristics.	MIND incidence rates per 100 people Depression – 2.6 Anxiety – 4.7 Eating disorders – 1.6	Difficulties coping with everyday life – not looking after self, eg having problems getting dressed, socialising, making meals etc
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	1 in 2 people will experience mental health problems	Negative impact on physical well-being – body produces cortisol, preventing immune system functioning fully, causing more illness
Neurotransmitters	Brain chemicals released from synaptic vesicles, they send signals across the synapse from one neuron to another	How incidence changes over time	Characteristics of mental health – Subjective and arbitrary, characteristics such as difficulty sleeping are hard to measure
Serotonin	Neurotransmitter with widespread inhibitory effects throughout the brain, it regulates mood, and low levels are associated with depression	2007 – 24% of adults had mental health problems 2014 – 37% More women than men, gap is widening	Social effects of mental health problems
Attribution	When observing behaviour (our own or someone else's) we automatically and unconsciously provide explanations for their behaviour	Increased challenges of modern day living	Need for more social care – taxes fund social care, providing food, human company, learning new skills for self-care
Nurture	Refers to aspects of behaviour that are acquired through experience	Lower income households, more mental health problems, Greater social isolation increases loneliness and depression	Increased crime rates – people with mental health problems four times more likely to commit a crime than normal population
Schema	A mental structure containing all of the information we have about one aspect of the world	Cultural variations in beliefs about mental health problems	Implications for the economy – McCrone report: care of mentally ill costs £22 billion per year. Cheaper drug treatments needed.
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	Hearing voices: positive experience in India and Africa. Culture bound syndromes occur in certain cultures.	
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	Characteristics of mental health	
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	Subjective and arbitrary, characteristics such as difficulty sleeping are hard to measure	
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	Increased recognition of mental health problems	
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	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	
Dependence	Indicated by a compulsion to keep taking a drug, or continue a behaviour (psychological dependence) or indicated by withdrawal symptoms (physical dependence)	Lessening of social stigma	
Substance abuse	Occurs when someone uses a drug for a bad purpose, ie to get high rather than as a form of medication	Labelling people creates expectations (stigma). The term 'mental health problems' creates less stigma.	
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 (non 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		



Depression

Clinical characteristics		Theories of depression		Therapies for depression	
Clinical depression is diagnosed using ICD		Nature (e.g. neurotransmitters) and nurture (e.g. the way you think)		Interventions for treatment, combined in Wiles' study	
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 - <ul style="list-style-type: none">• 2-3 key symptoms are present plus 2 others• Present all of most of the time for 2 weeks or more	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	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	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 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'	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
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	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				



Addiction				
Clinical characteristics Symptoms and diagnosis of addiction	Theories of addiction Nature (e.g. genes) and nurture (e.g. peer influences))		Therapies for addiction Treating addiction with a reductionist approach (aversion therapy) or a more holistic approach (12-step recovery programme)	
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	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 (Key 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 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	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	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