

Knowledge Map: Psychological problems

This topic looks at psychological problems, their biological and psychological explanation and their treatment. The topic looks closer at depression and addiction and treatments such as CBT, Aversion therapy and Self-management

Memory	Perception	Development	Research methods	Social influence	Language thought and communication	Brain and neuropsychology	Psychological problems
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Wiles' study	Kajj's twin study	International classification of disease	CBT	Aversion Therapy	Self-help	12-step
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Mental health
Understanding mental health problems and how they affect individuals and society

Trends in mental health
<p>Incidence of mental health Per 100 people: Depression = 2.6, Anxiety = 4.7, eating disorders = 1.6 1 in 2 people will experience mental health problems.</p>
<p>Increasing statistics 2007: 24% of adults, 2014: 37% of adults.</p>
<p>Modern living Lower income households, more mental health problems. Greater social isolation increase loneliness and depression.</p>
<p>Cultural variation Culture bound syndrome occur in certain cultures.</p>
<p>Characteristics of mental health Subjective, arbitrary and difficult to measure.</p>
<p>Increased recognition Symptoms focused on illness rather than health. Less use of labels. Using the term mental health problems creates less stigma.</p>

Mental health
These six categories were identified as characteristics of being mentally healthy

Jahoda's list
<p>Self-attitude Having high self-esteem and a strong sense of identity</p>
<p>Personal growth and Self actualisation The extent to which an individual develops their full capabilities</p>
<p>Integration Being able to cope with stressful situations</p>
<p>Autonomy Being independent and self-regulating</p>
<p>Accurate perception Having an accurate perception of reality</p>
<p>Mastery of the environment Having the ability to love, have interpersonal relationships, adjust to new situations, solve problems and function at work.</p>

Mental health
Individual effects of mental health problems

Effects on the individual
<p>Damage to relationships Mental health problems affect two-way communication</p>
<p>Difficulties coping Not looking after self, e.g. getting washed and dressed, socialising and making meals.</p>
<p>Physical well being Cortisol prevents immune system from functioning fully.</p>

Mental health
Social effects of mental health problems

Trends in mental health
<p>Social care Taxes fund social care, providing food, company, learning skills and self-care.</p>
<p>Crime rates 4 x more likely to commit a crime.</p>
<p>Economy Treatment of mental health problems costs 22billion a year.</p>

Clinical depression
A mental disorder characterised by low mood and low energy levels.

Biological explanation
<p>Neurotransmitters Transmit messages chemically across synapse</p>
<p>Serotonin Low levels → less stimulation of postsynaptic neuron → low mood Lack of concentration, disturbed sleep, reduced appetite.</p>
<p>Causes of low serotonin Genes and low levels of tryptophan from protein or carbohydrates.</p>

Addiction
Use of a substance or engagement in a behaviour that becomes compulsive and harmful

Biological explanation
<p>Hereditary factors Genetic factors cause moderate to strong effect of addiction</p>
<p>Genetic vulnerability Multiple genes increase risk of addiction. Environmental stressors can act as a trigger.</p>

Psychological explanation

<p>Faulty thinking Irrational, negative or 'black and white' thinking creates feelings of hopelessness.</p>
<p>Negative schemas Negative schema of the self-causes a person to think of themselves negatively.</p>
<p>Attributions Negative ways of explaining causes of behaviour</p>
<p>Nurture Negative attributional style develops through processes such as learned helplessness.</p>

Psychological explanation

<p>Peer influence People who are equal in terms of age or experience.</p>
<p>Social learning We learn through observing others and imitate behaviours that are rewarded. We are more likely to imitate our peers.</p>
<p>Social norms We look to others to know what is 'normal' or acceptable.</p>
<p>Social identity theory We identify with social groups and want to be accepted by them. These creates pressure to conform.</p>
<p>Opportunity for addictive behaviours Peers provide opportunities or direct instruction.</p>

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Clinical depression

Types of depression and its diagnosis.

Types of depression
Clinical depression The term for the medical condition
Sadness and depression Sadness = 'regular' emotion, can still function Depression = enduring sadness, stops ability to function.
Unipolar One emotional state of depression
Bipolar Depression alternates with mania, and periods of normality

Diagnosing depression
ICD -10 International classification of disease is used to diagnose mental and physical disorders.
Unipolar depression Diagnosed if 2-3 key symptoms are present plus 2 others. Symptoms must be present all or most of the time for 2 weeks.
Key symptoms Low mood, loss of interest and pleasure, and reduced energy levels.
Other symptoms Changes in sleep, changes in appetite, decrease in self-confidence, guilt, pessimism, self-harm.

Addiction

Symptoms and diagnosis of addiction

What is addiction
Griffiths Addiction becomes the most important thing.
Dependence vs. addiction Dependence = Psychological/Physiological reliance. Stopping will cause withdrawal symptoms. Addiction = Dependence + buzz or sense of escape (mood modification).
Misuse vs. abuse Misuse = not following the rules. Abuse: Using substances 'to get high' (buzz) or sense of escape.

Diagnosing addiction
ICD -10 International classification of disease is used to diagnose mental and physical disorders.
Addiction Diagnosed if 3 or more characteristics are present together during the previous year.
Characteristics Strong desire to use the substance, persisting despite knowing harm, difficulty controlling use, higher priority given to substance, withdrawal symptoms if stopped, evidence of tolerance (needing more to get the same effect).

Therapies for depression

Interventions for treatment

Antidepressant medication
SSRI Selective serotonin reuptake inhibitors increase serotonin levels in the synaptic cleft.
Presynaptic neuron Electrical signal causes vesicles to release serotonin into the synaptic cleft.
Synaptic cleft Serotonin locks into postsynaptic neuron receptor transmitting the signal from the presynaptic neuron.
Reuptake SSRIs block reuptake so there is more serotonin in the synaptic cleft.

Cognitive behaviour therapy (CBT)
Cognitive Aim to change negative thinking and catastrophizing into rational thought
Behaviour Doing pleasant activities creates positive emotions
Therapy Disputing negative irrational thoughts to develop self-belief and self-liking.
Diary Record unpleasant thoughts and emotions. Rational response to automatic thoughts is rated.

Therapies for addiction

Treating addiction with a reductionist approach or a more holistic approach

Aversion therapy (reductionist)
Aversion therapy Condition – association between addiction and unpleasant experience is learned.
Alcoholism Antabuse causes nausea/vomiting. Alcohol (neutral stimulus) is associated with vomiting (unconditioned response). Eventually vomiting becomes conditioned response.
Gambling Phrases on cards. Electric shock (unconditioned response) given for any gambling related phrase. Associated gambling with the pain (conditioned response).
Smoking Rapid smoking in a closed room causes nausea. Nausea associated with smoking (conditioned response).

Self-help (holistic)
12-step recovery No professional guidance e.g. AA
Higher power Give control to a higher power and 'let go'
Admitting and sharing guilt Group listens to admissions and accept sinner
Lifelong Recovery is never complete.