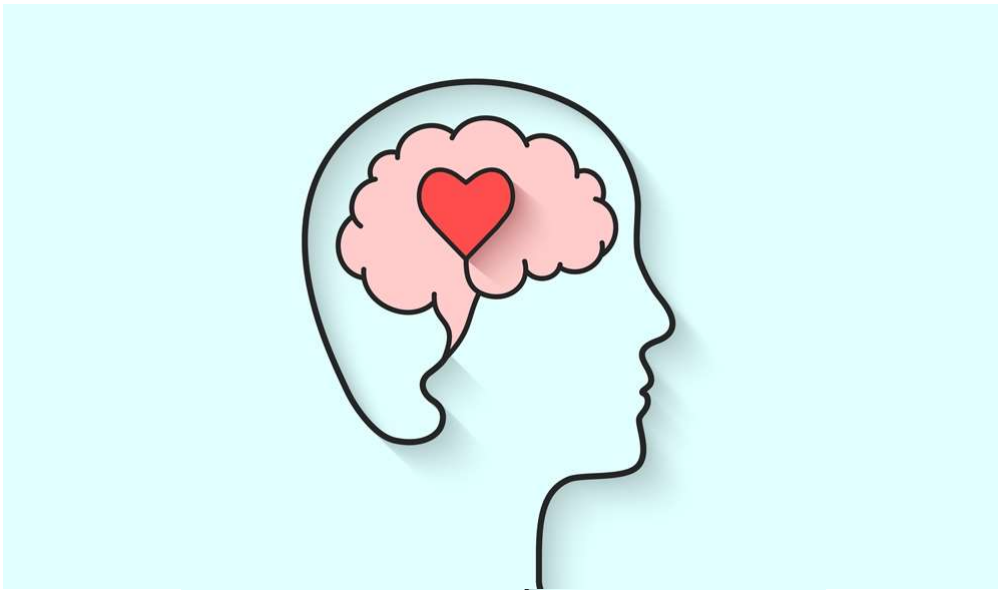




1

From the photos and figures, how was mental illness defined and treated?



1814



1936



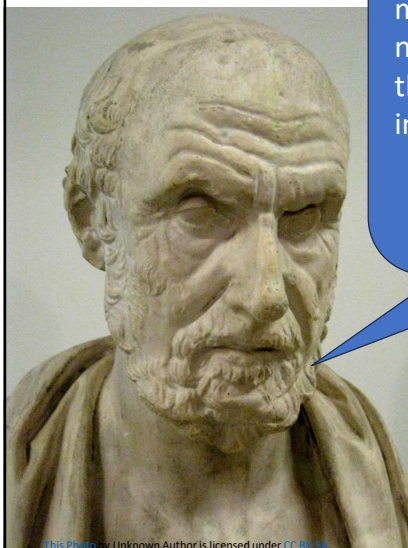
2

Historical Views

- Mental health issues were viewed as a product of evil spirits.
- Treatments included trepanning (since stone age) and exorcism



3



According to **Hippocrates**, mental health issues were naturally caused and that they were influenced by internal mechanisms.

An unbalance was caused by the four humors; blood, yellow bile, black bile and phlegm
Treatment: Rebalance the humors

Greek and Roman's Views and Treatment (500 B.C. to 500 A.D.)

- Different professionals, philosophers and physicians introduced varying explanations for mental disorders. Based on such explanations various treatments were proposed.

4

Europe's view: Demonology (500 – 1350 A.D.)

- Abnormality was identified as an internal conflict between good and evil.
- This resulted in rejection of science, and submersion of demonology related practice.



5



The Renaissance (1400 – 1700 A.D.) and the Rise of Asylums

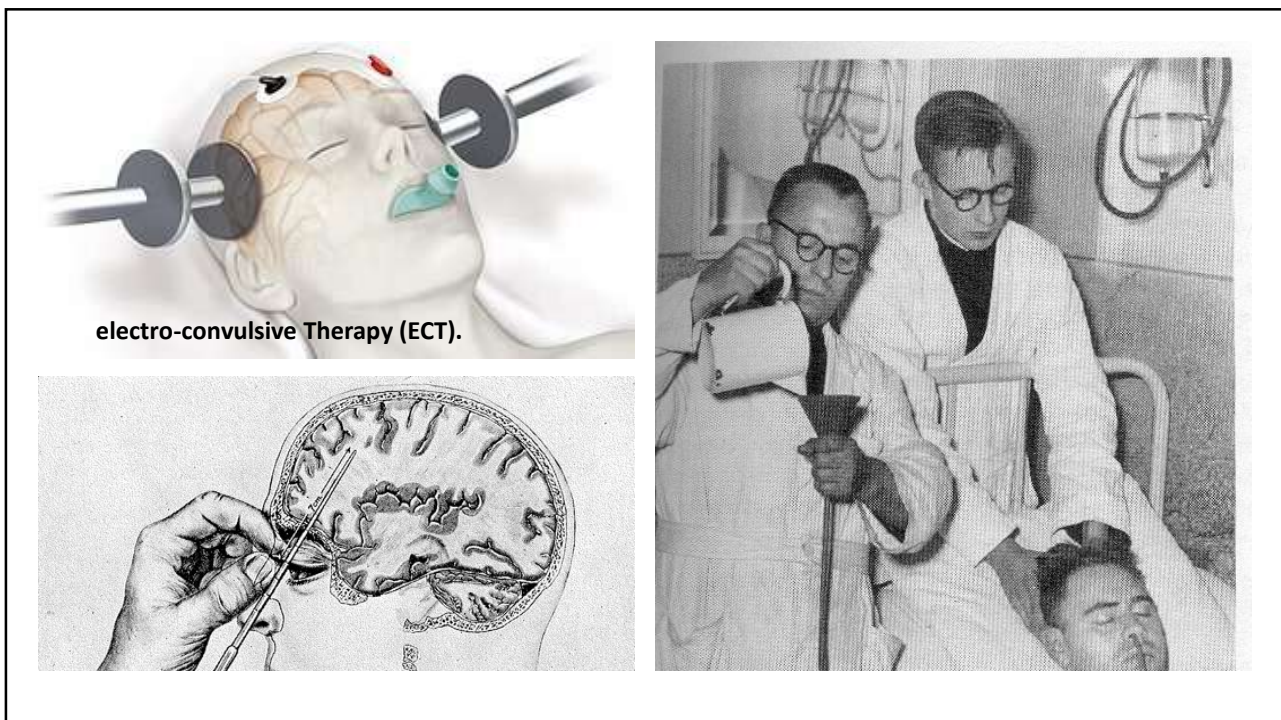
- Johann Weyer (a physician): rejected the notion of evil spirits on abnormal behaviors. He proposed mental illness as the reasoning for abnormal behaviors.
- Hallucination was identified as a mental impairment
- A reduction in demonology was observed.
- Long-term hospitalisation took place at an excessive level.
- Asylums became overburdened.

6

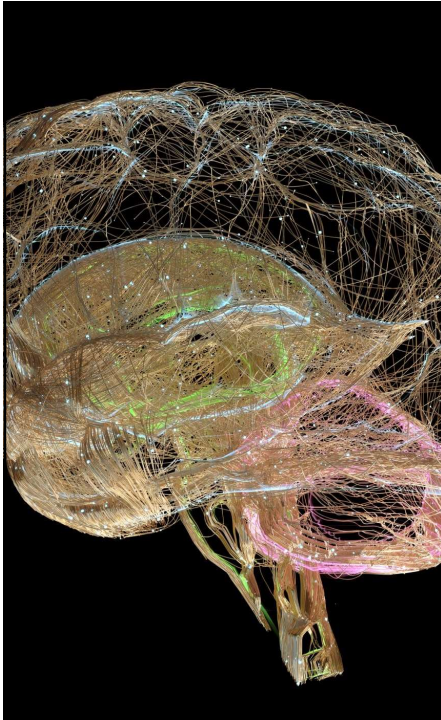
The Nineteenth Century: Reform and Moral Treatment (1800 onwards)

- Increased number of asylums were observed.
- Pinel (France), Tuke (England), Dorothea Dix (U.S.) advocated for moral treatment in that individuals with mental health issues should be treated by more humane and respectful techniques.
- However, moral treatments were used in conjunction with other extreme treatments e.g. insulin coma therapy, lobotomy and electro-convulsive Therapy (ECT).

7



8



Early Twentieth Century: Dual Perspectives

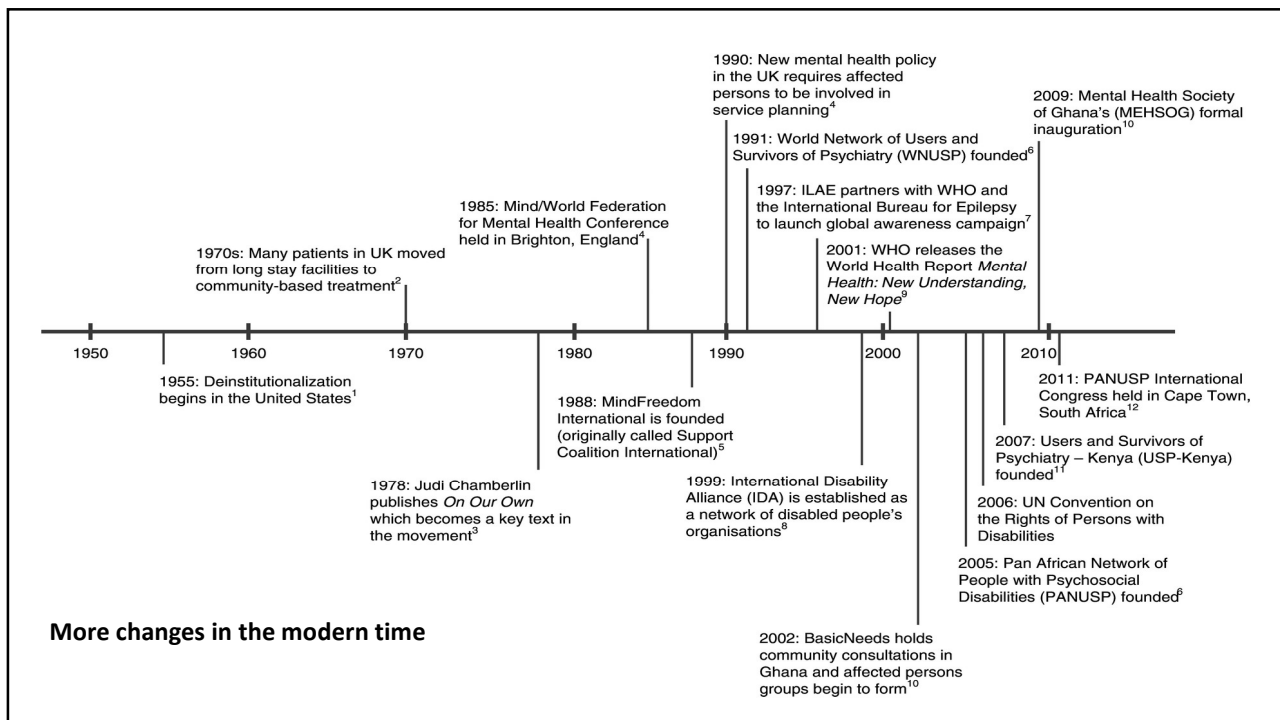
The Psychogenic Perspective

- Stressful life events, trauma, maladaptive thought process, learned behavior

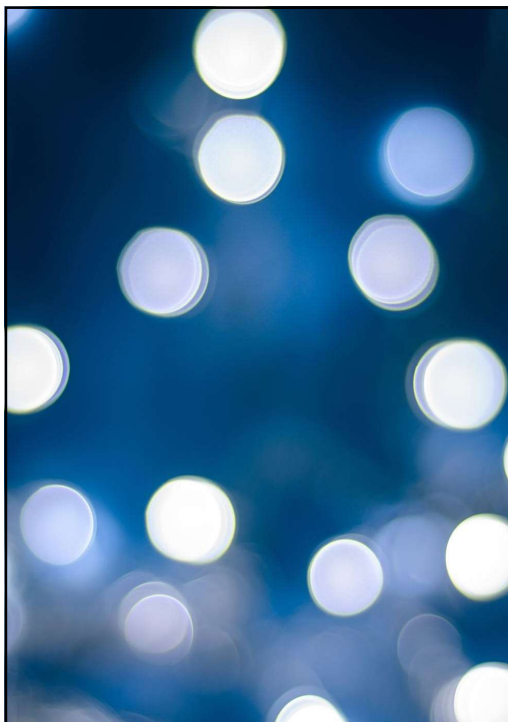
The Somatogenic Perspective

- Internal mechanisms being the contributor of mental illness i.e. genetics, biochemical imbalance, hormones and brain damage.

9



10



Current models

Psychodynamic perspective

Cognitive perspective

Behavioural perspective

Humanistic-existential perspective

Social perspective

11

State of Mind

Home Episodes

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Total Institution
Episode 1 of 5

Claudia Hammond tells the story of mental health care in the UK from the 1950s to the present day and explores, with the help of listeners' testimonies, how treatment and understanding of mental health has changed over the past 50 years.

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Altered States

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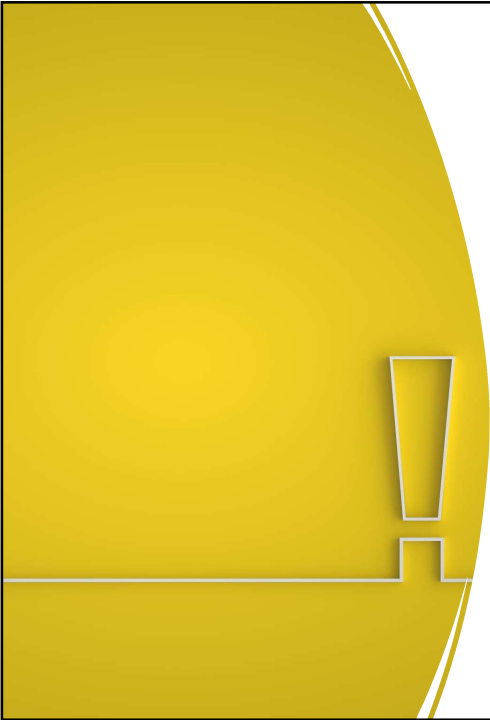
Current trend in using medications such as
Antipsychotics and
Antidepressants
Anxiolytics
Mood Stabilizers

12

Mental Illness Today

- Adults with mental accessing NHS mental health treatment up from 23.1% in 2000 to 39.4% in 2014 (NHS, 2023).
- Mental illness is comparatively higher among females (20%) than males (14%) among the population in England.
- 1 in 5 children and young people in 2023 had a probable mental disorder (NHS, 2023)
- Prevalence of alcohol dependence is 3.1 among males and females respectively
- Drug dependence is twice as common in males as opposed to females.
- Neurotic disorders are comparatively higher among females (18%) as opposed to males (11%)

13



Task: The portrayal of mental illness in the media.

Discuss: How do you think mental disorders are portrayed in the media? Accurately? Fairly?

How might the media be used to help educate people?

Research: Find an example of a celebrity who has spoken about their mental health problems in the media.

14



15

What is the root of the disorder?

- Compare between the 'symptoms' in these two videos
- What could have caused these symptoms?



From: 1:15

16

OCD is an anxiety disorder.

Anxiety disorders include a group of disorders in which anxiety can be the main symptom (ICD 10: F40-49).

Common anxiety disorders include:
generalised anxiety disorders, phobias and
post traumatic stress disorder.

F42 Obsessive-compulsive disorder

The essential feature is recurrent obsessional thoughts or compulsive acts. Obsessional thoughts are ideas, images, or impulses that enter the patient's mind again and again in a stereotyped form. They are almost invariably distressing and the patient often tries, unsuccessfully, to resist them. They are, however, recognized as his or her own thoughts, even though they are involuntary and often repugnant. Compulsive acts or rituals are stereotyped behaviours that are repeated again and again. They are not inherently enjoyable, nor do they result in the completion of inherently useful tasks. Their function is to prevent some objectively unlikely event, often involving harm to or caused by the patient, which he or she fears might otherwise occur. Usually, this behaviour is recognized by the patient as pointless or ineffectual and repeated attempts are made to resist. Anxiety is almost invariably present. If compulsive acts are resisted the anxiety gets worse.

Incl.: anankastic neurosis
obsessive-compulsive neurosis

Excl.: obsessive-compulsive personality (disorder) (F60.5)

17

Three elements to OCD

+

1. aware of the irrational nature of obsession and compulsions
2. obsession and compulsion take up substantial time and significantly interferes with functioning
3. absence of other mental disorders

Cognitive characteristics: obsessive thoughts

thoughts are repetitive, persistent, unpleasant, irrational and unwanted.

Behavioural components: compulsions

repetitive behaviours that individual feels driven to perform to reduce distress or to avoid an imagined catastrophe*.

These acts are excessive and not realistically linked with what the individual trying to avoid.

*often in response to an obsession

Emotional characteristics

Anxiety and distress

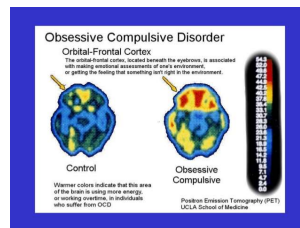
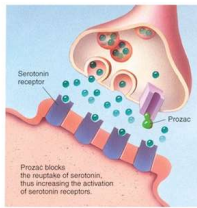
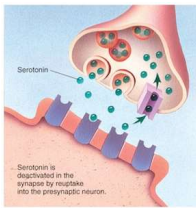
Accompanying depression

Guilt and disgust

18

Explanation of OCD is linked to the type of treatment provided

Biological	Psychological	Psychodynamic	Social
• Levels of neurotransmitters in the brain. • Brain structure • Genes	• Behavioural explanations • Cognitive explanations • Psychodynamic explanations	• Ego developed coping behaviour to address unacceptable but partially repressed wishes and impulses by Id	• Social learning • Cultural



19

TYPES OF OCD



CONTAMINATION
AND CLEANING



CHECKING



SYMMETRY
AND ARRANGING



INTRUSIVE THOUGHTS
AND RUMINATION



HOARDING

Are these types universal or cultural specific?

20

F42.0 Predominantly obsessional thoughts or ruminations

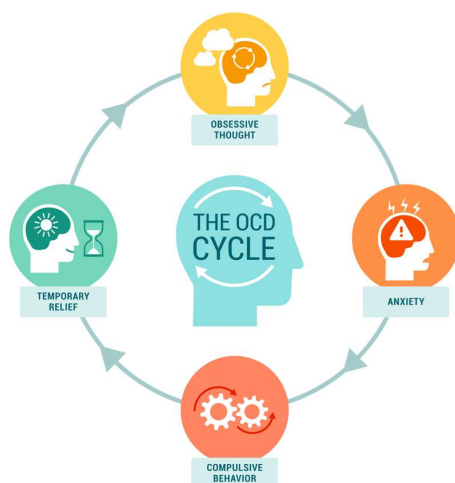
These may take the form of ideas, mental images, or impulses to act, which are nearly always distressing to the subject. Sometimes the ideas are an indecisive, endless consideration of alternatives, associated with an inability to make trivial but necessary decisions in day-to-day living. The relationship between obsessional ruminations and depression is particularly close and a diagnosis of obsessive-compulsive disorder should be preferred only if ruminations arise or persist in the absence of a depressive episode.

F42.1 Predominantly compulsive acts [obsessional rituals]

The majority of compulsive acts are concerned with cleaning (particularly handwashing), repeated checking to ensure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness. Underlying the overt behaviour is a fear, usually of danger either to or caused by the patient, and the ritual is an ineffectual or symbolic attempt to avert that danger.

F42.2 Mixed obsessional thoughts and acts**F42.8 Other obsessive-compulsive disorders****F42.9 Obsessive-compulsive disorder, unspecified**

21



Explanation of the cause of OCD will need to be able to account for the dynamics among the processes observed in this cycle

Evidence suggests that different treatments would differentially tackle specific process in the cycle
 → a combination of different methods would be more productive

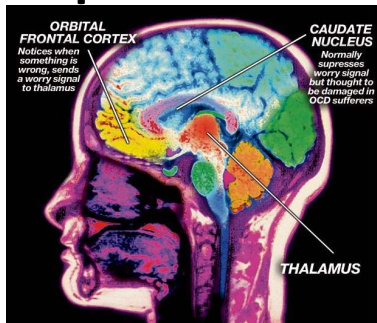
22

Getting to know OCD syndromes

- Download the OCD Worksheet on Moodle
- Complete Activities 1-3 and 5 in pairs

23

Biological explanations



Low levels of neurotransmitters in the brain.



The Orbital Frontal Cortex (OFC) just behind the eyes is the first part of the brain to register activity that may be a cause for concern in the environment.

It creates an anxious response and promotes checking behaviour in order to ensure that all is well.



Genetic risks due to high family links

24

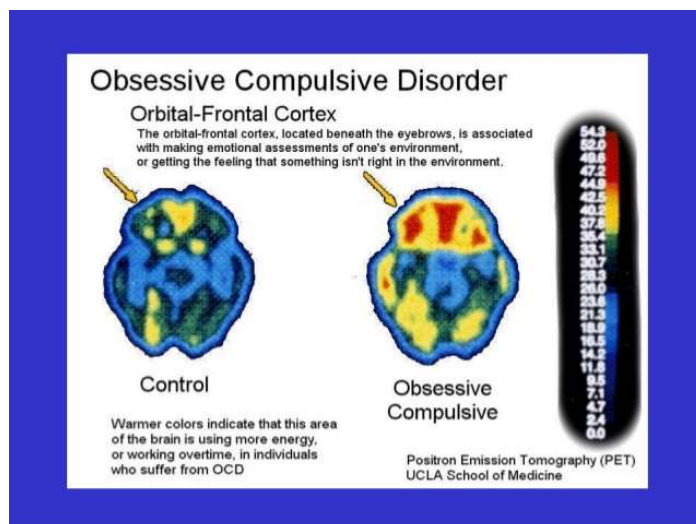
evidence shows that drug treatment which increases the level of serotonin in the brain (e.g. selective serotonin reuptake inhibitors or SSRIs) help to reduce the symptoms of OCD

Having OCD could lead to reduced serotonin level (effect not the cause)

- Drug treatments do not work for everyone with OCD

Reducing symptoms not addressing the root/cause?

25



26

Mini Debate

Download the Evidence for different explanations for OCD worksheet.

Is the biological explanation the most convincing for individuals with OCD?

1. Read through and complete the following short summary of different studies on OCD.
2. Work in pairs to determine the main explanations of OCD in the summary. Decide who will take a supporting position and the other the against position.
3. Using the information from the studies below, debate whether biological explanation is the most convincing position for OCD.
4. After the discussion, make your decision on this statement as a group.

27

Psychological explanations

Behavioural explanations

Cognitive explanations

Psychodynamic explanations

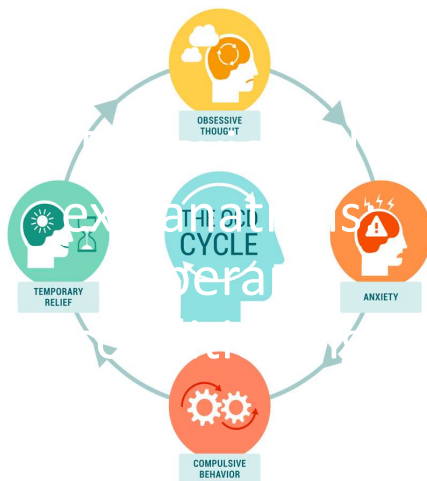
28

Mowrer (1960) 'Two-process model'

The acquisition of fears begins when a particular **neutral stimulus** becomes associated with anxiety through classical conditioning.

e.g. a person thinks about harming another person and this creates anxiety or a child is told that eating food that has been dropped on the floor is disgusting and this creates anxiety for the child. Thereafter, when the child thinks of any dirty object, feelings of anxiety are now associated with that thing (classical conditioning). These become obsessions.

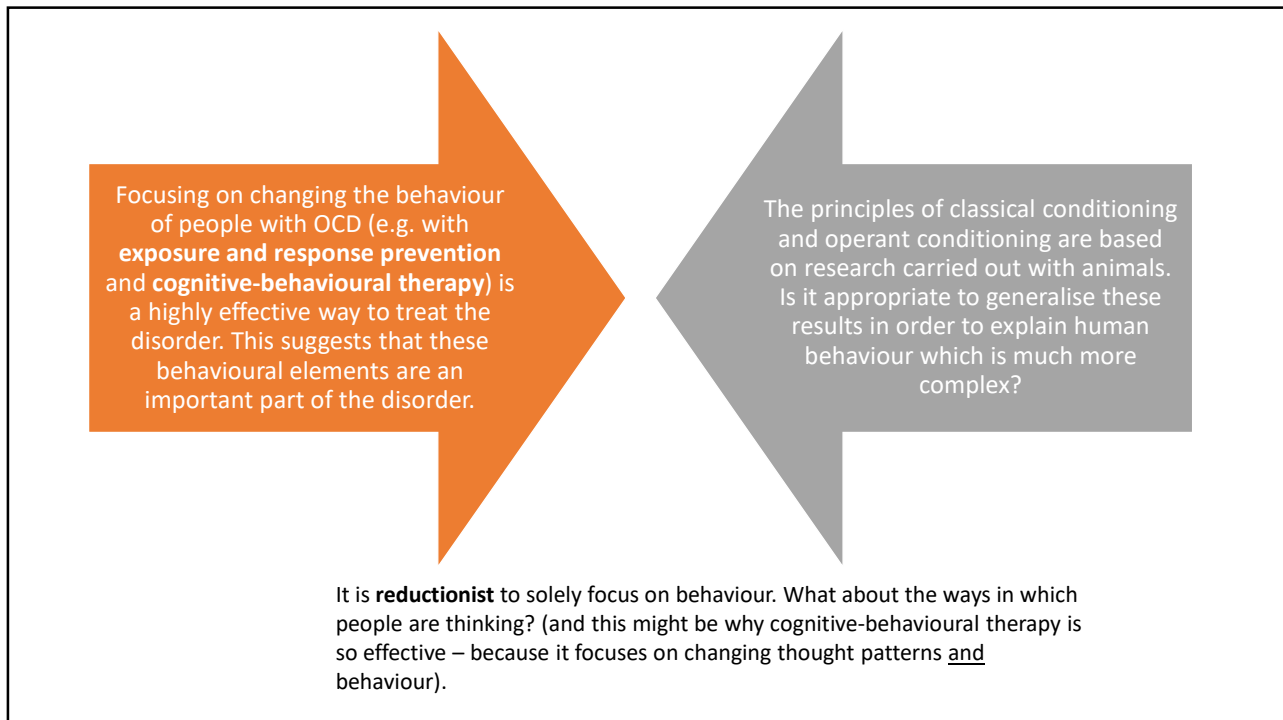
29



The ritualistic behaviour and compulsions are a way to try to avoid these fear-associated obsessions.

People with OCD perform the compulsions in order to reduce their anxiety (**negative reinforcement**) but in doing so are actually strengthening their obsessions and compulsions.

30



31

Cognitive explanations

- The focus is on how a person thinks.
- People with OCD are using **faulty, irrational** and **maladaptive** thinking patterns.
- These unwanted and intrusive thoughts are not easily ignored by some people, especially if they are feeling low / depressed.

32

Break Free From OCD



33

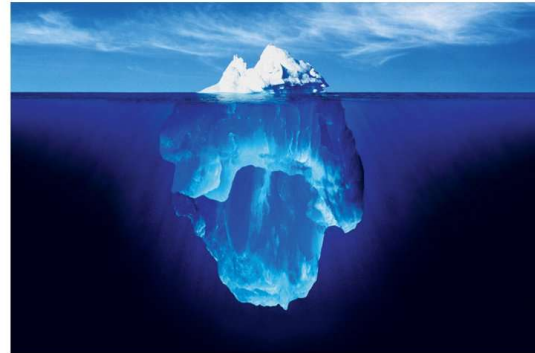
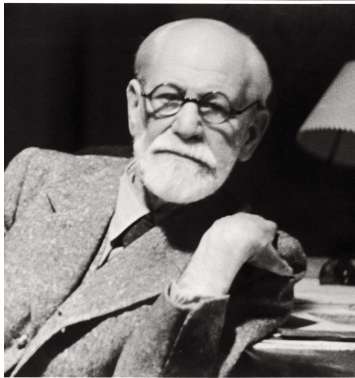
Focusing on changing thought patterns is at the heart of **cognitive-behavioural therapy (CBT)** and this has been used to successfully treat OCD in a great number of people. This suggests that the thinking element of OCD is a key contributing factor to the disorder.

- This explanation can be linked to other explanations of OCD in order to create a more **holistic** understanding of the disorder e.g. it may be that a person develops these faulty thinking patterns as a result of their genes or because of their life experiences.

Does taking this cognitive approach essentially blame the person for their disorder because it is their thoughts that are causing it? This has ethical implications for how the person feels about themselves.

34

Psychodynamic explanations



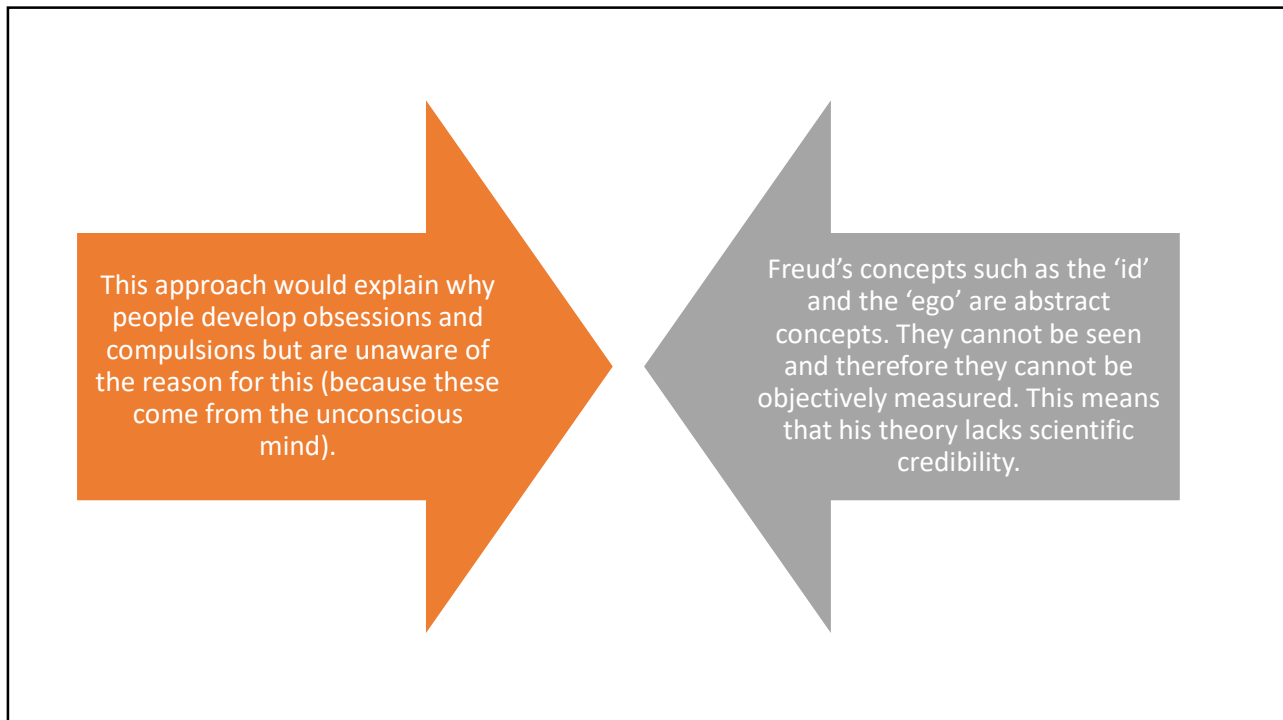
35

Unacceptable wishes and impulses from the ID are only partially **repressed** and so cause anxiety.

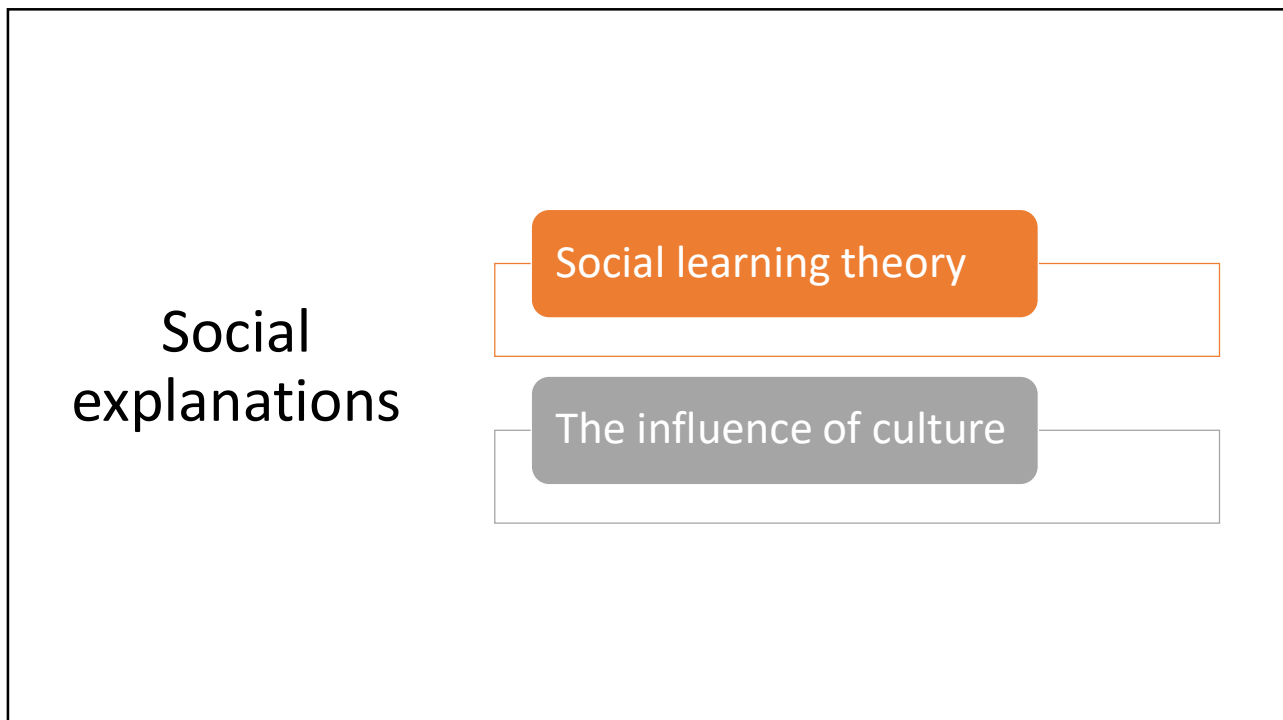
People use **ego defence mechanisms** in order to try to protect themselves and keep unacceptable thoughts and desires in their ID e.g.

- **Regression** – people revert to an earlier stage in their development where they believe in magic (this would explain the superstitious behaviour often displayed in people with OCD).

36



37



38

- A child may see compulsive behaviour being **modelled** to them e.g. compulsive handwashing by a parent.
- The child may then **imitate** this behaviour.
- They are more likely to show this behaviour again if they see the model being rewarded for the behaviour (**vicarious reinforcement**) and if they themselves are rewarded when they themselves perform the behaviour (**positive reinforcement**).

39

- The evidence indicates that when children of parents with OCD develop the disorder themselves they do not show the same obsessions and compulsions as their parent (which they would if they were simply imitating the behaviour).
- It might not be appropriate to generalise the results from children behaving aggressively in an artificial laboratory setting in order to explain OCD which is a highly complex disorder.

40

- The symptoms of OCD are often shaped by the person's culture of origin.
- For example, a person from a Western country may have a contamination obsession that is focused on germs, whereas a person from India may fear contamination by touching a person from a lower social caste.

OCD occurs across cultures at a similar rate and shows a similar age of onset and comorbidity with other disorders.

Hisato Matsunaga et al. (2008) studied Japanese individuals with OCD and found symptoms remarkably similar to those in the West, concluding that this disorder transcends culture.

41

It is an **interaction**

Biological and environmental factors are interwoven.

Biology does have a role to play but the impact this has on whether a person actually develops OCD will be influenced by their life experiences.



42

Diathesis-stress model

- Biology (e.g. genes) create a **vulnerability** to developing the disorder rather than causing it.
- Whether this is 'triggered' in an individual will depend on their life experiences.

43



What are the statistics on OCD?

Find statistics about OCD in the UK online and summarise your findings in your own words. Use the list of organisations and charities on Moodle as your starting point. Be mindful to use only reliable and credible websites.

1. You could search for the prevalence of OCD, treatment types or outcomes.
2. You could also search for cases of individuals' experience of OCD including the referral and diagnostic process and treatments and support (or lack of) provided. Terms such as Patients'/service users' experience of mental health services might be helpful.
3. Post your findings on the Week 2 Moodle forum.
4. Make sure you provide citations in your summary. This especially important when the statistics may come from different times.
5. Read and respond to other's posts.

44

Suggested Reading

- More information on OCD treatment
- [Overview | Obsessive-compulsive disorder and body dysmorphic disorder: treatment | Guidance | NICE](#)
- [Prevalence | Background information | Obsessive-compulsive disorder | CKS | NICE](#)
- <https://www.nice.org.uk/guidance/cg31/documents/scope-obsessivecompulsive-disorder4>
- [Overview - Obsessive compulsive disorder \(OCD\) - NHS \(www.nhs.uk\)](#)
- [Obsessive compulsive disorder \(OCD\) | NHS inform](#)
- Charities and Organisations
- [OCD-UK | A national OCD charity, run by, and for people with lived experience of OCD \(ocduk.org\)](#)
- [Obsessive Compulsive Disorder \(OCD\) | NELFT NHS Foundation Trust](#)
- [OCD Action](#)
- [Mental health | Nuffield Trust](#)