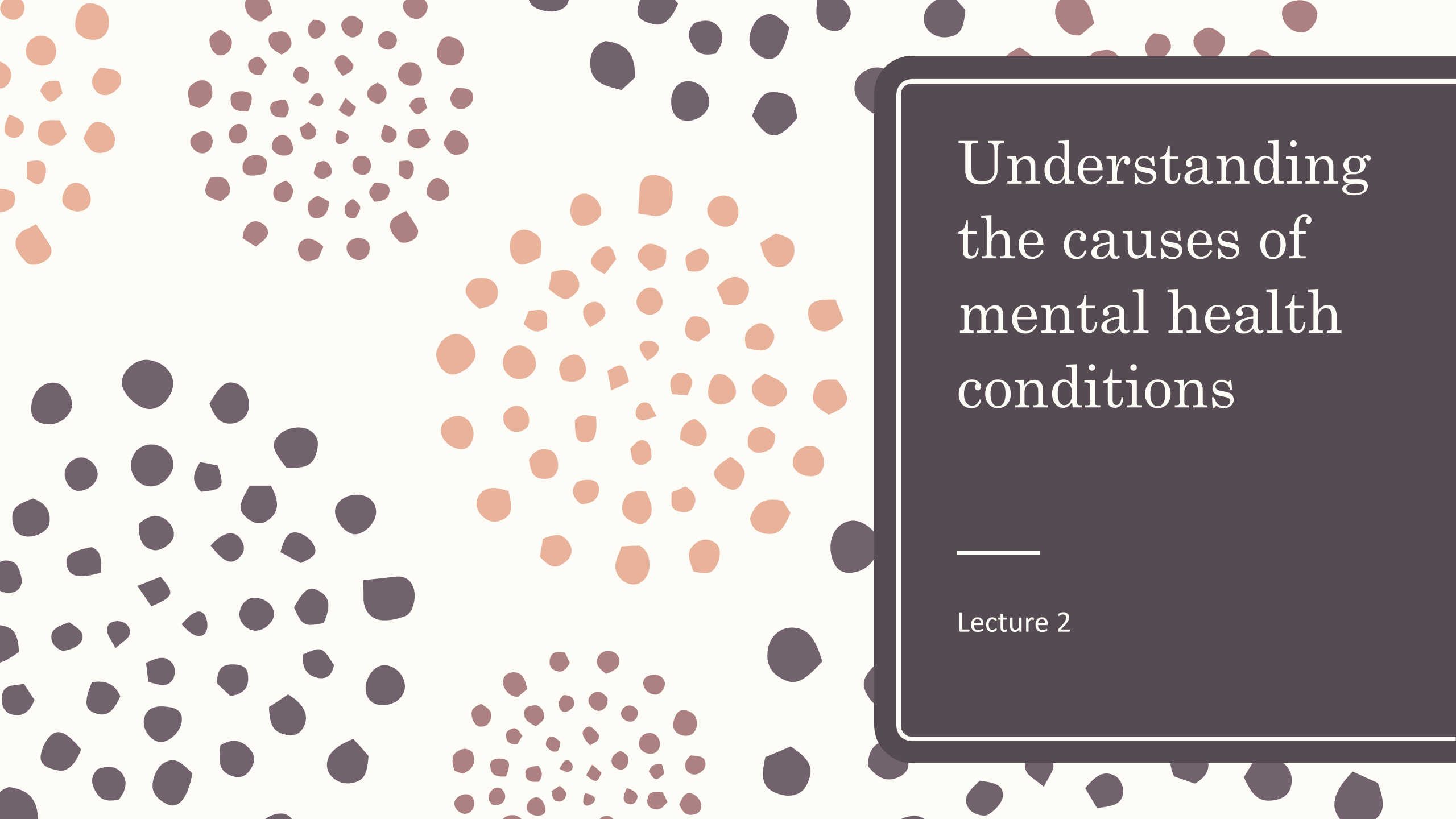


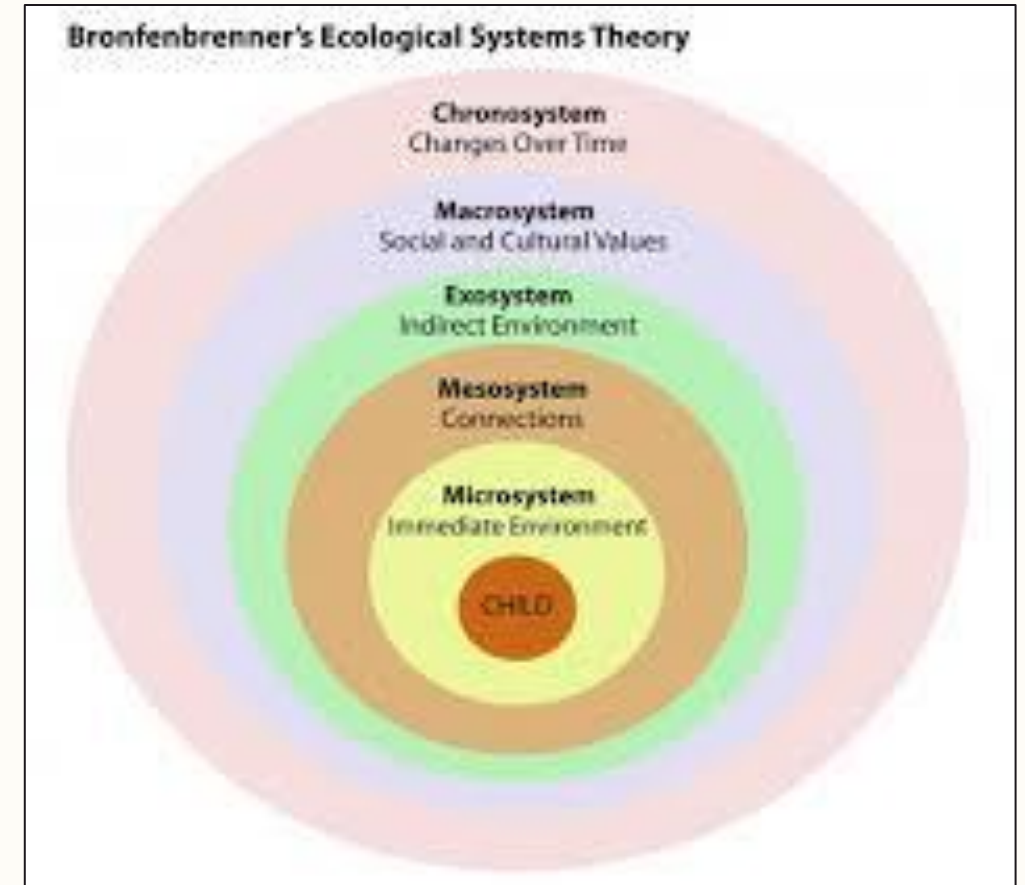


Understanding the causes of mental health conditions

Lecture 2

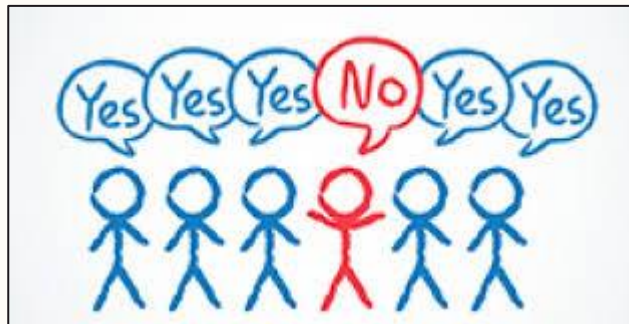
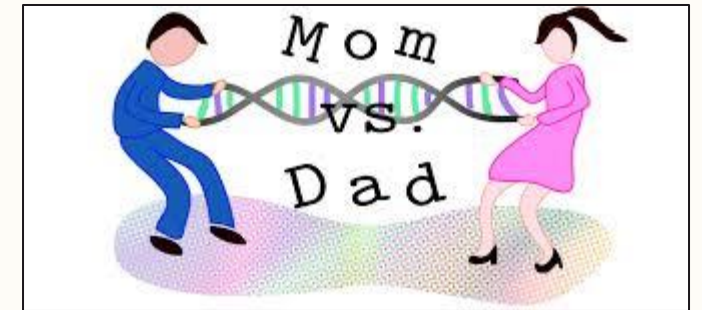
What causes distress?

- Developmental perspective:
- Ecological Systems Theory
 - Microsystems
 - Mesosystems
 - Exosystems
 - Macrosystems



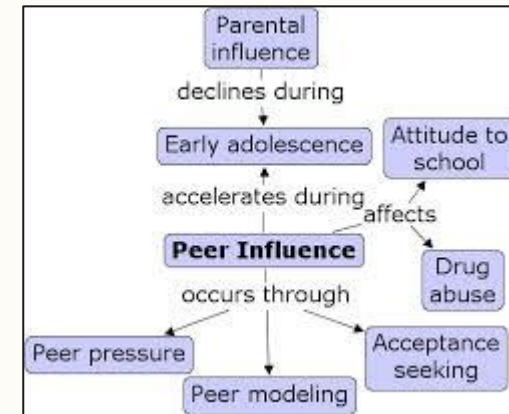
Influences on childhood

- Genetic inheritance
- Emotional regulation skills
- Parental and family context
- Socio-economic factors
- Risk behaviours
- Peer influences



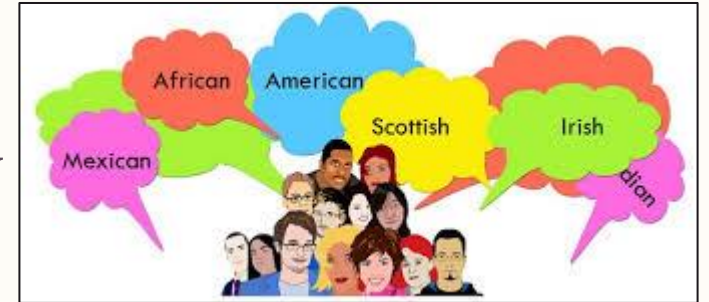
Influences on Adolescence

- Psychological effects of puberty
- Self and identity development
- Family environment
- Health related behaviours
- Sexual development
- Peer group
- Risk and coping



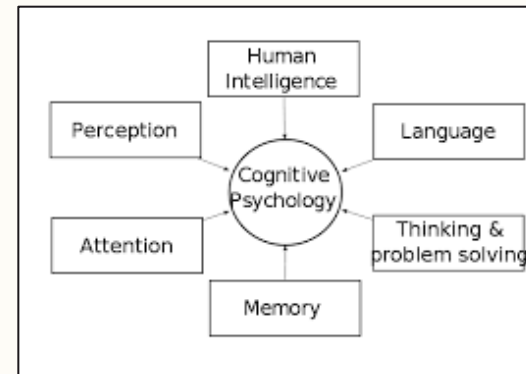
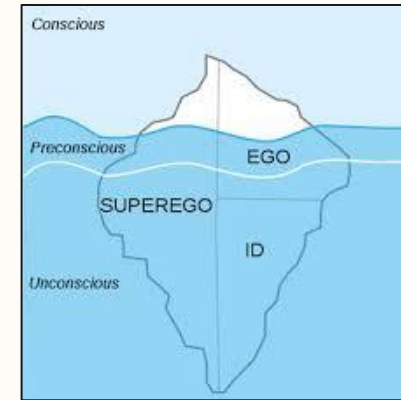
Influences on Adulthood

- Socio-economic status
- Minority status – including ethnicity
- Gender
- Family dynamics
- Aging and adjustments to life changes



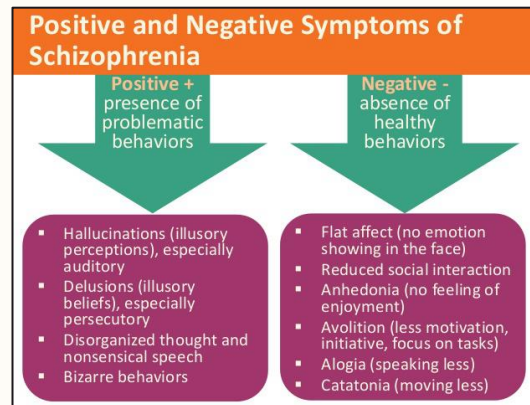
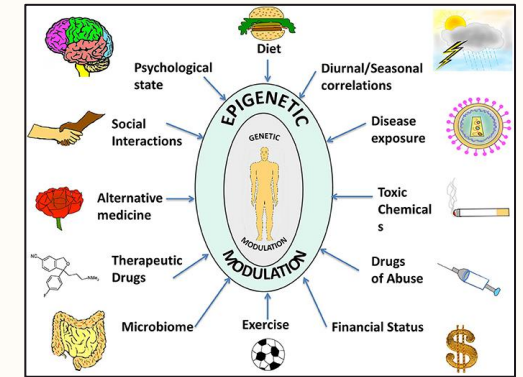
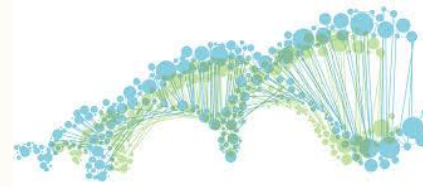
Explanatory Approaches

- Biological
- Psychodynamic
- Behavioural
- Cognitive
- Humanistic - existential



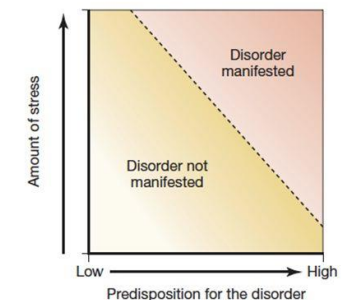
Biological

- Genetic inheritance/Brain structure
- Epigenetics
- Diathesis stress
- Positive and negative symptoms

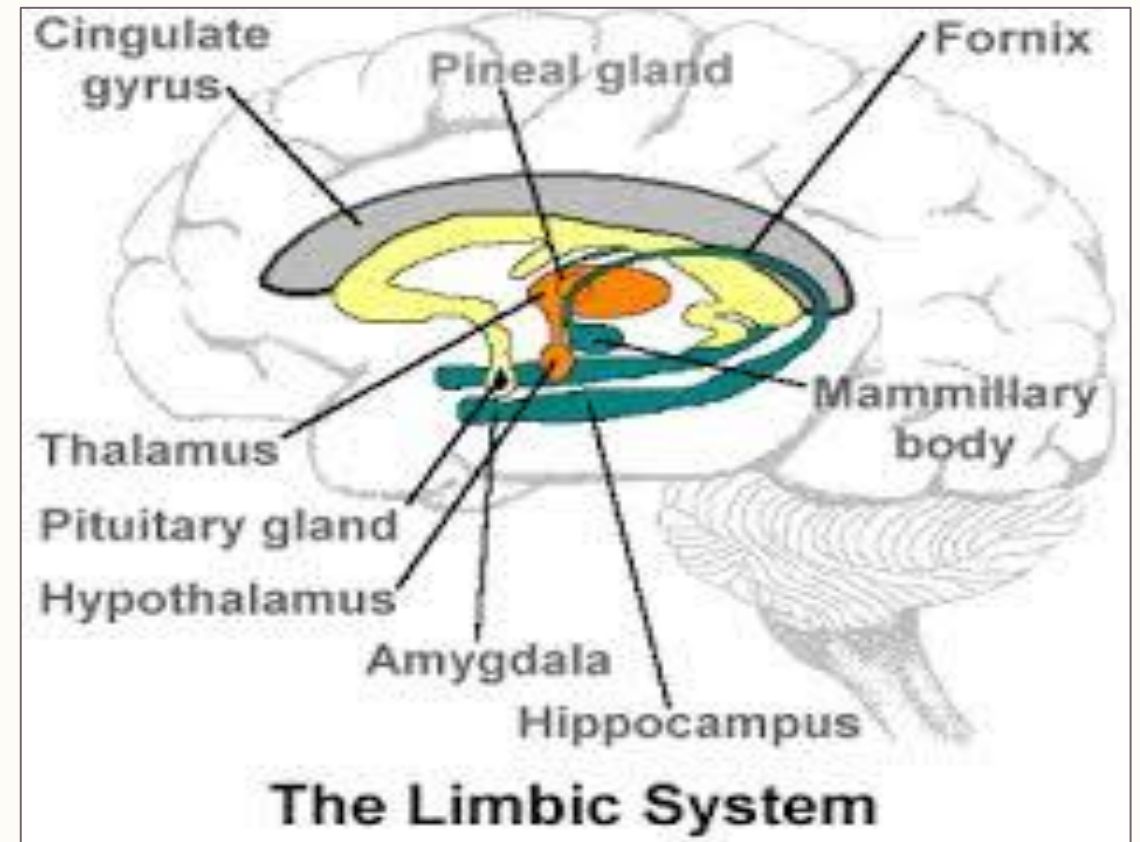
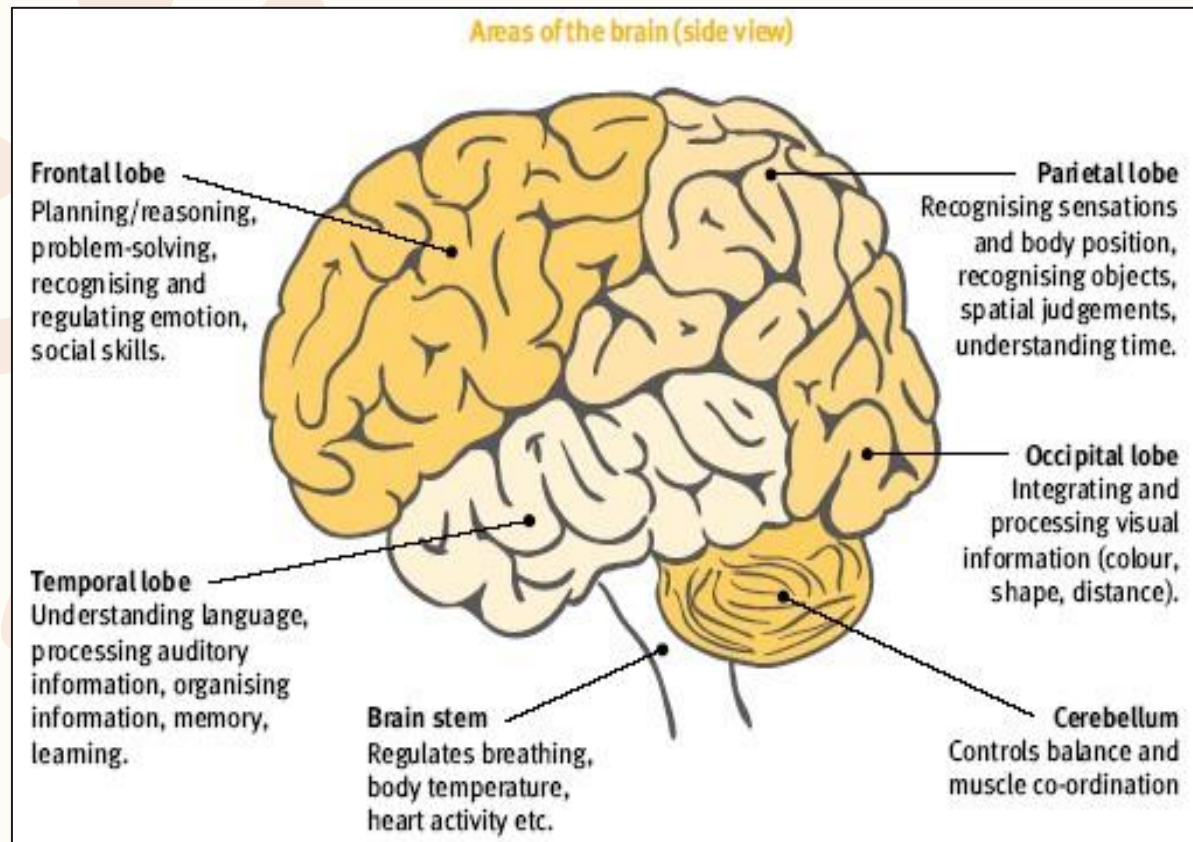


Modern Views: Diathesis-Stress Model

- Diathesis
 - Predisposition (e.g., genetic) for disorder
- Stress
 - Triggers disorder
- *Both diathesis (risk) and stress must be present for disorder*



Biological – Anatomy of the Brain



Biological – chemicals (hormones and neurotransmitters).

Hormones – secreted by cells

- Oestrogen affects the anatomy and physiology of the hippocampus. This structure produces oestrogens & androgens from cholesterol in the blood and is associated with memory, navigation and orientation.
- Melatonin is secreted by the pineal gland in the brain. It helps regulate other hormones and maintains the body's 24 hour circadian rhythm.
- Oxytocin is a powerful hormone that acts as a neurotransmitter in the brain. It regulates social interaction, sexual reproduction and empathy.

Neurotransmitters (NT) – produced within the brain

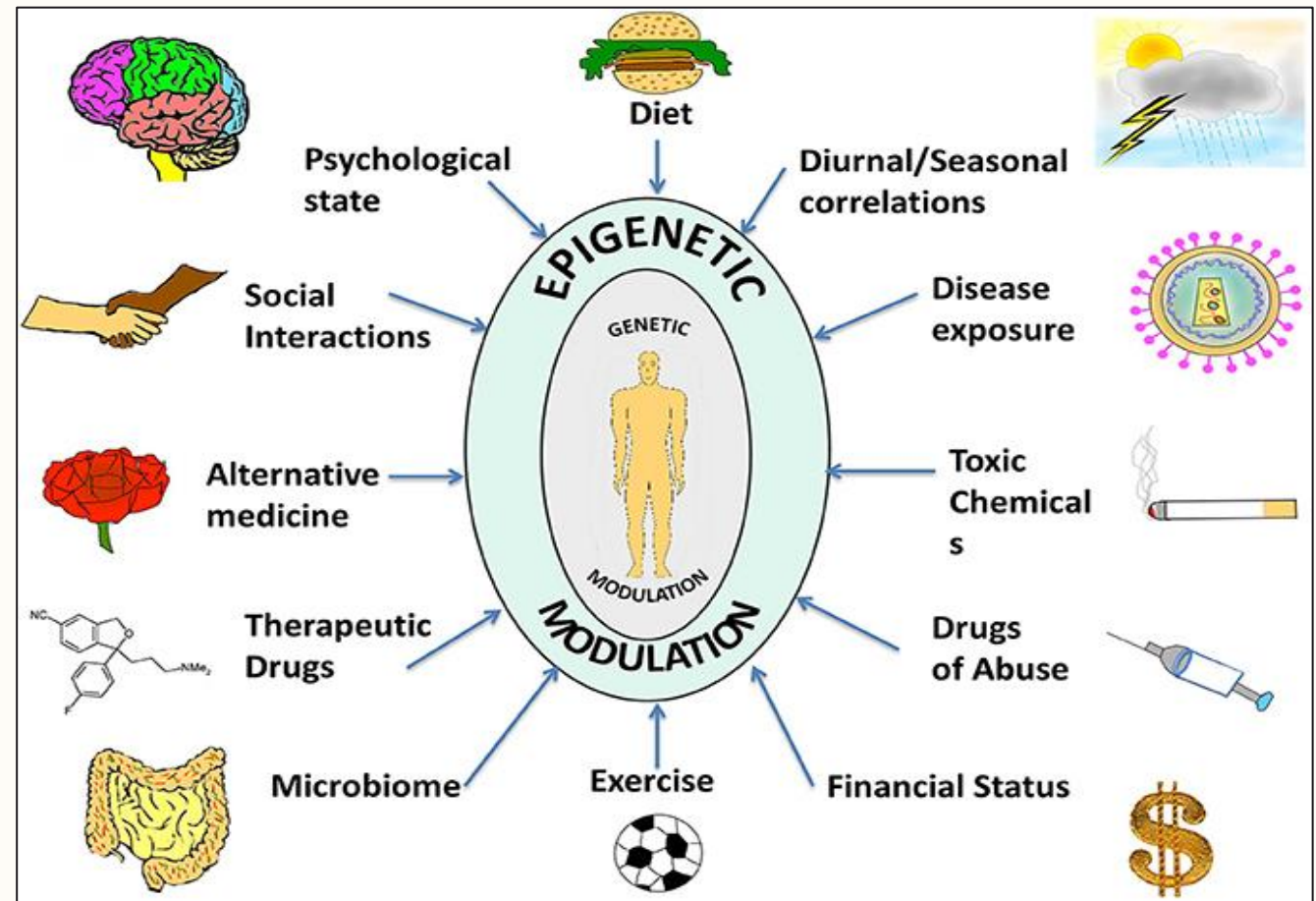
- The majority of the body's serotonin (80-90%), is found in the gastrointestinal tract. Serotonin that is used in the brain must be produced within it. Serotonin affects mood, social behaviour, appetite, digestion, sleep & memory. It is BOTH a NT and a hormone.
- Dopamine is also Both a NT and hormone, and has a key role in the control of locomotion, learning, working memory, cognition and emotion.
- Likewise for: epinephrine / adrenaline and norepinephrine / noradrenaline.

Biological - Epigenetics

How does epigenetic modulation work? Epigenetics affects how genes are read by cells, and subsequently how they produce proteins.

Epigenetics is the study of heritable changes in gene expression (active vs inactive genes) that do not involve changes to the underlying DNA sequence.

Rather, epigenetic modifications, or “tags,” such as DNA methylation, alter DNA accessibility and thereby regulate patterns of gene expression.



Biological – Diathesis stress

An example:

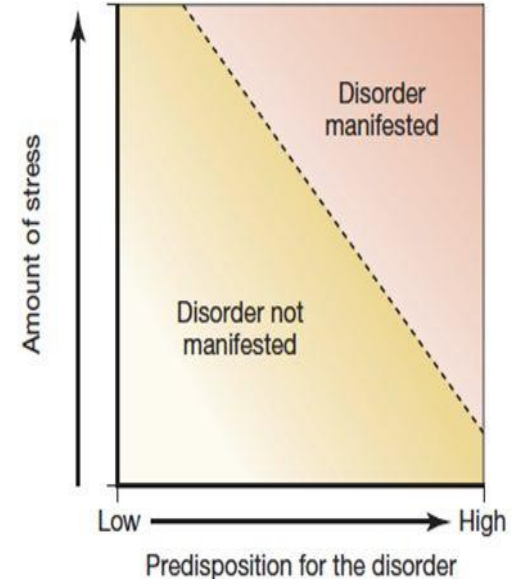
Family, twin, and adoption studies support the role of genetic influences in schizophrenia (Schz). Immediate biological relatives of people with schizophrenia have about 10 times greater risk than that of the general population. This translates into a 10% lifetime risk for first-degree relatives and suggests a substantial genetic component to schz.

Research proposes that schz is caused by a genetic vulnerability coupled with environmental /psychosocial stressors; diathesis-stress.

Family studies suggest that people have varying levels of inherited genetic vulnerability and at the same time, the development of schizophrenia also depends on the amount/types of stresses experienced over time.

Modern Views: Diathesis-Stress Model

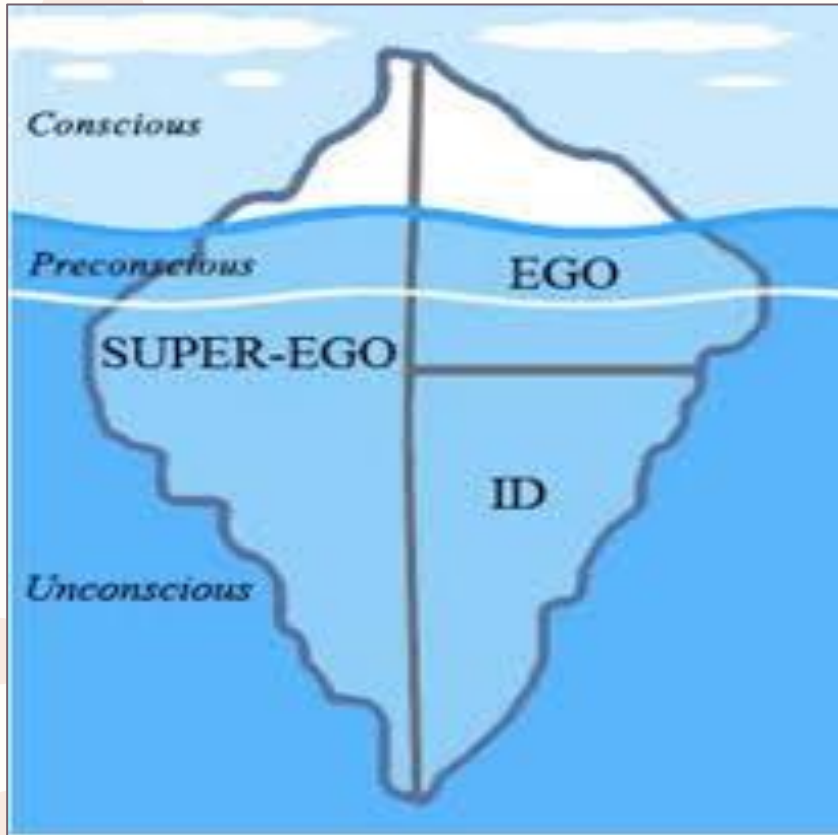
- Diathesis
 - Predisposition (e.g., genetic) for disorder
- Stress
 - Triggers disorder
- *Both diathesis (risk) and stress must be present for disorder*



Psychodynamic

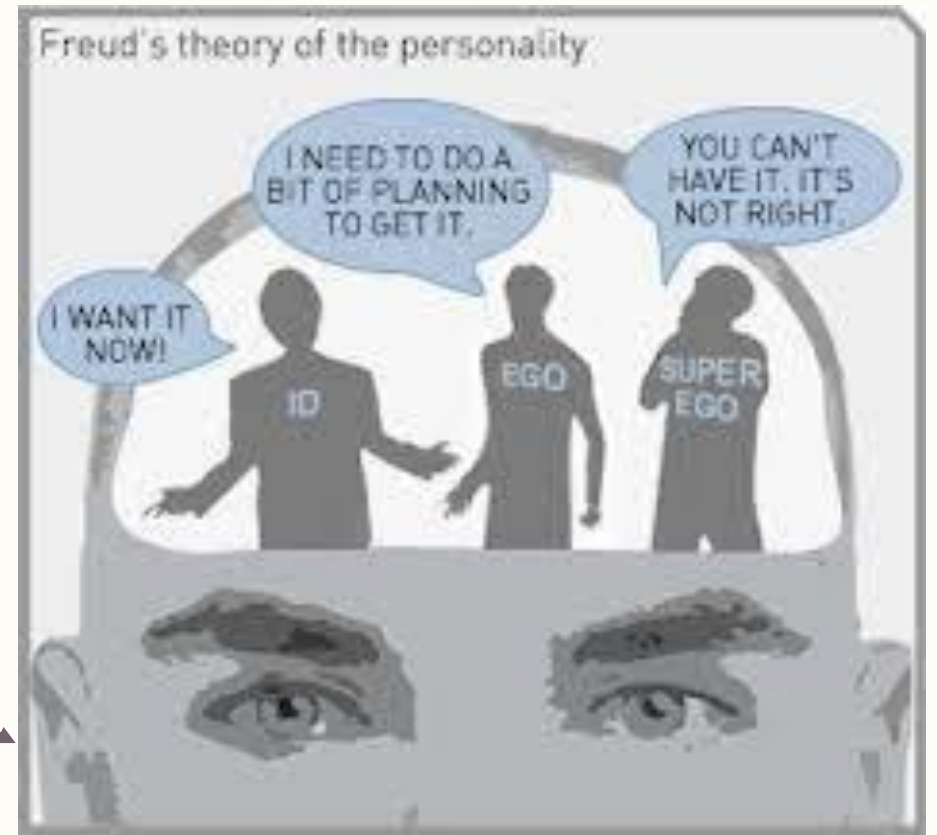
- First psychological theory of psychopathology.
- Focuses on how childhood experiences contribute to the development of mental illness in adulthood.
- Personality has three components.
- The mind consist of three forms of consciousness.
- Freud proposed a five stage model of development.

Psychodynamic



Three levels of consciousness

Tripartite personality



The five stages of development

► Freud's Psychosexual Stages of Development



ORAL 0-2
Infant achieves gratification through oral activities such as feeding, thumb sucking and babbling.



ANAL 2-3
The child learns to respond to some of the demands of society (such as bowel and bladder control).



PHALLIC 3-7
The child learns to realize the differences between males and females and becomes aware of sexuality.

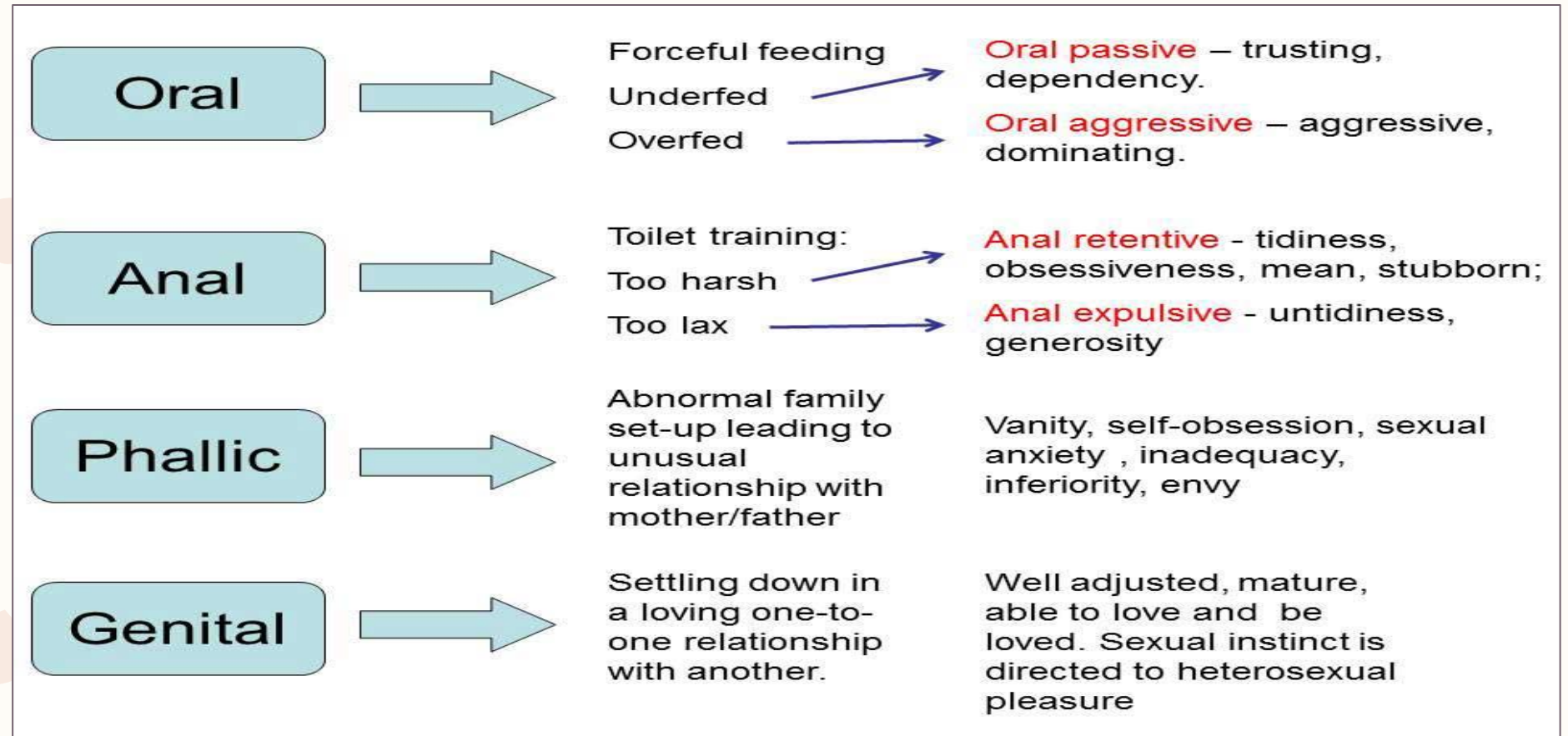


LATENCY 7-11
The child continues his or her development but sexual urges are relatively quiet.



GENITAL 11-Adult
The growing adolescent shakes off old dependencies and learns to deal maturely with the opposite sex.

Five stages of development



Freudian defence mechanisms

Mechanism	Definition	Example
Denial	Not acknowledging that there is a problem.	A man has gotten a diagnosis from his doctor that he is HIV positive but is adamant that a mistake has been made and that his doctor is lousy.
Repression	Suppressing a memory until it disappears into the subconscious.	A woman doesn't recall being raped.
Projection	Putting your own beliefs or behavior onto someone else.	Talking about how stupid a video game system is with someone else, believing that they must feel the same even though they have never said so.
Regression	Acting in a way that is not typical for your age.	A child who knows how to walk starts to crawl around because their baby brother is getting so much attention for crawling.
Displacement	Showing emotion toward someone or something completely unrelated to that which caused the emotion.	An alcoholic gets in a car accident when driving drunk and then blames it on his wife who is at home.
Rationalization	Making up explanations for something that has happened.	A rapist thinks that since the girl he is raping looked at him seductively one time it must be okay to rape her.

Psychodynamic: main propositions

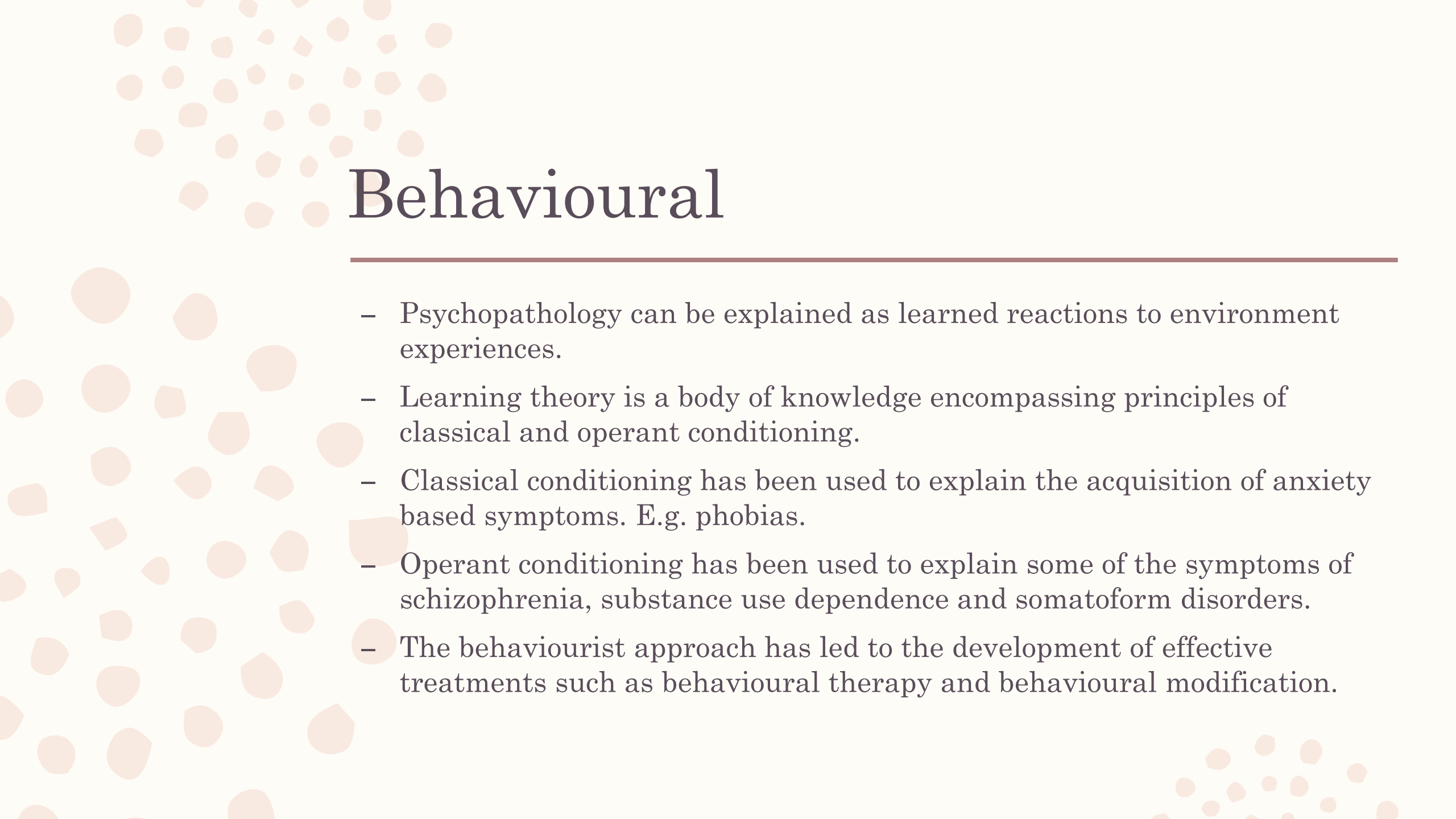
- **Psychodynamic therapy** originated from psychoanalytic theory. There are four major schools: Freudian, Ego Psychology, Object Relations, and Self Psychology.
- **Freudian** - The essence of Freud's theory is that sexual and aggressive energies originating in the id (or unconscious) are modulated by the ego, which is a set of functions that moderates between the id and external reality. Defence mechanisms are constructions of the ego that operate to minimize pain and to maintain psychic equilibrium. The superego, formed during latency (between age 5 and puberty), operates to control id drives through guilt.
- **Ego Psychology** – Derived from Freudian psychology, Ego Psychology stresses the individual's capacity for defence, adaptation, and reality testing.

Psychodynamic: main propositions

- **Object relations** - first articulated by several British analysts, among them Melanie Klein, W.R.D. Fairbairn, D.W. Winnicott, and Harry Guntrip. According to them, humans are shaped in relation to significant others surrounding them. Struggles and goals in life focus on maintaining relations with others, while at the same time differentiating ourselves from others. The internal representations of self and others acquired in childhood are later played out in adult relations.
- **Self Psychology** - founded by Heinz Kohut, M.D., in Chicago during the 1950s. Kohut observed that the self refers to a person's perception of his experience of his self, including the presence or lack of a sense of self-esteem. The self is perceived in relation to the establishment of boundaries and the differentiations of self from others (or the lack of boundaries and differentiations).

Evaluation of the Psychodynamic approach

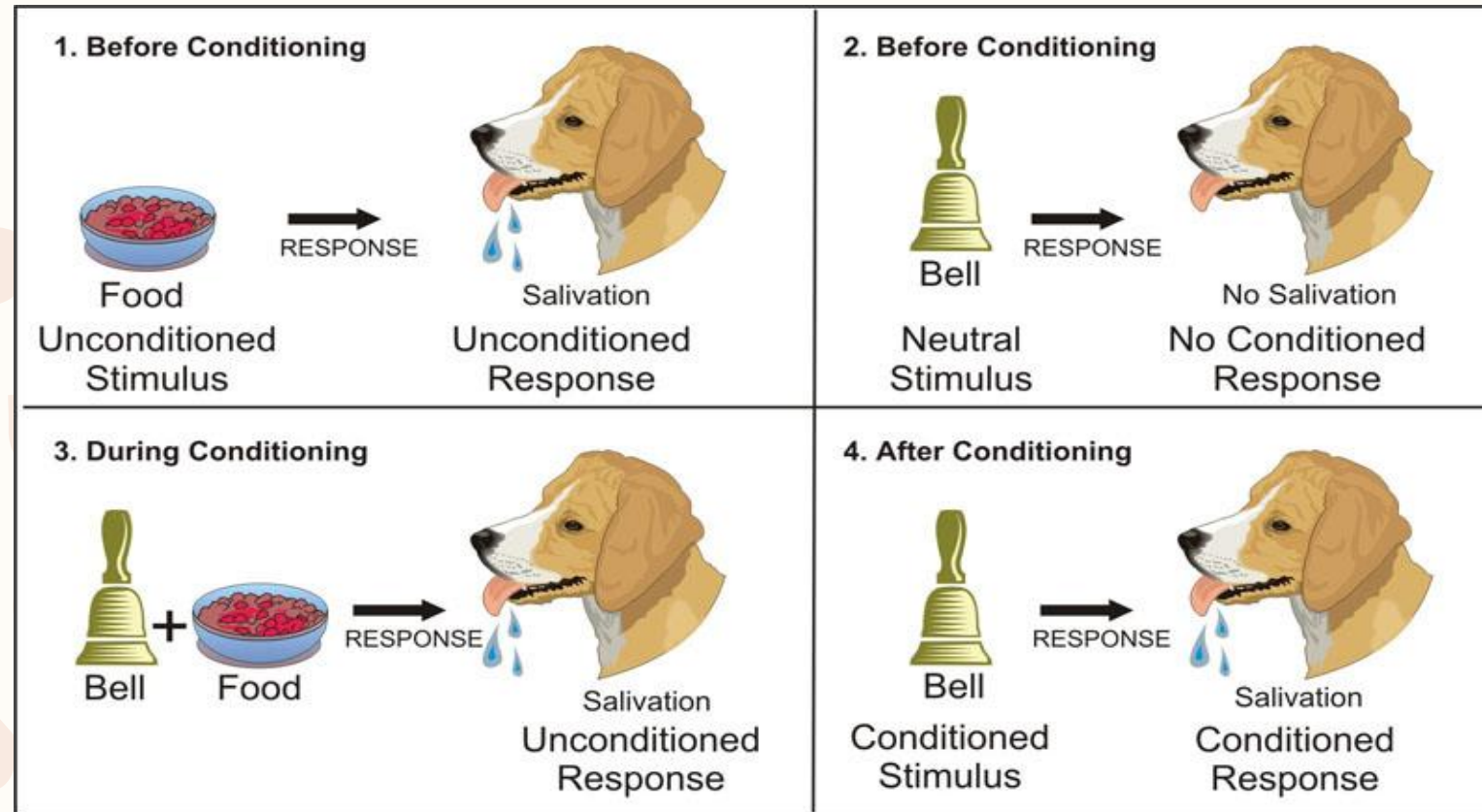
- First `talking therapy.
- Introduced the view that psychopathology can have its roots in early experience and not purely from biological dysfunction.
- Several concepts within the theory are to observe, define and measure, making studying them difficult.
- The number of professionals who practice an exclusive form of psychodynamic therapy today is a small percentage of psychotherapists. Many psychotherapists use components of psychodynamic theories, however, in their formulation of a client's issues, while employing other techniques to affect change in the individual.



Behavioural

- Psychopathology can be explained as learned reactions to environment experiences.
- Learning theory is a body of knowledge encompassing principles of classical and operant conditioning.
- Classical conditioning has been used to explain the acquisition of anxiety based symptoms. E.g. phobias.
- Operant conditioning has been used to explain some of the symptoms of schizophrenia, substance use dependence and somatoform disorders.
- The behaviourist approach has led to the development of effective treatments such as behavioural therapy and behavioural modification.

Classical conditioning (Pavlov)



Classical Conditioning

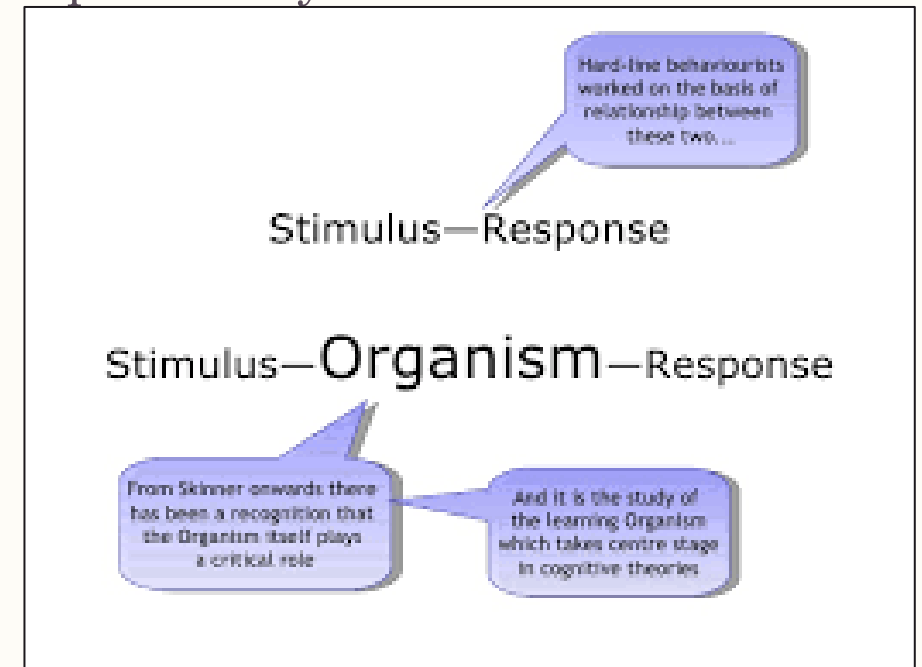
Operant conditioning (Skinner)

Operant Conditioning	Add Something (Positive)	Remove Something (Negative)
Increase behaviour (Reinforcement)	+R Positive Reinforcement	-R Negative Reinforcement
Decrease behaviour (Punishment)	+P Positive Punishment	-P Negative Punishment

Operant Conditioning		
	Reinforcement Increase Behavior	Punishment Decrease Behavior
Positive Stimulus (something added)	Positive Reinforcement Add something to increase behavior	Positive Punishment Add something to decrease behavior
Negative Stimulus (something removed)	Negative Reinforcement Remove something to increase behavior	Negative Punishment Remove something to decrease behavior

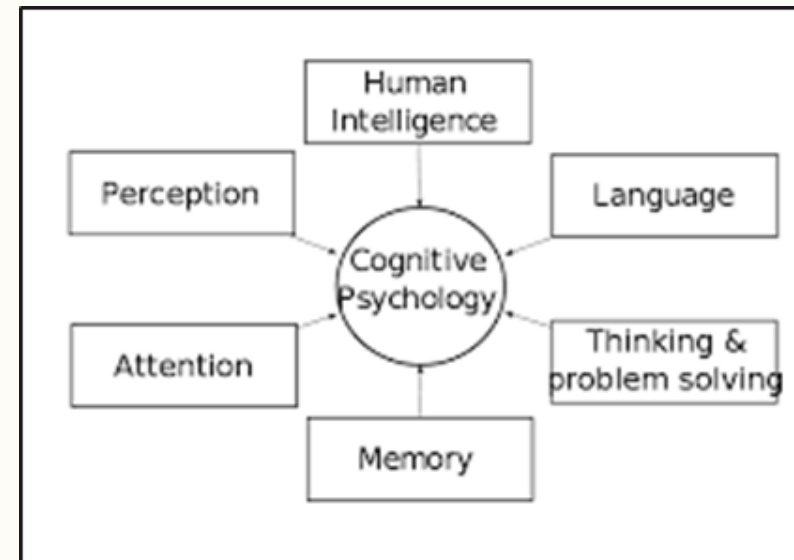
Behavioural approach

- Mental health disorder symptoms are developed gradually over time (e.g. addiction, OCD). How can we trace the reinforcement history?
- Learning theory is not enough to conceptualise complex aspects of dysfunctional behaviour.
- Noam Chomsky's critique of behaviourism and the cognitive revolution.



Cognitive Approach

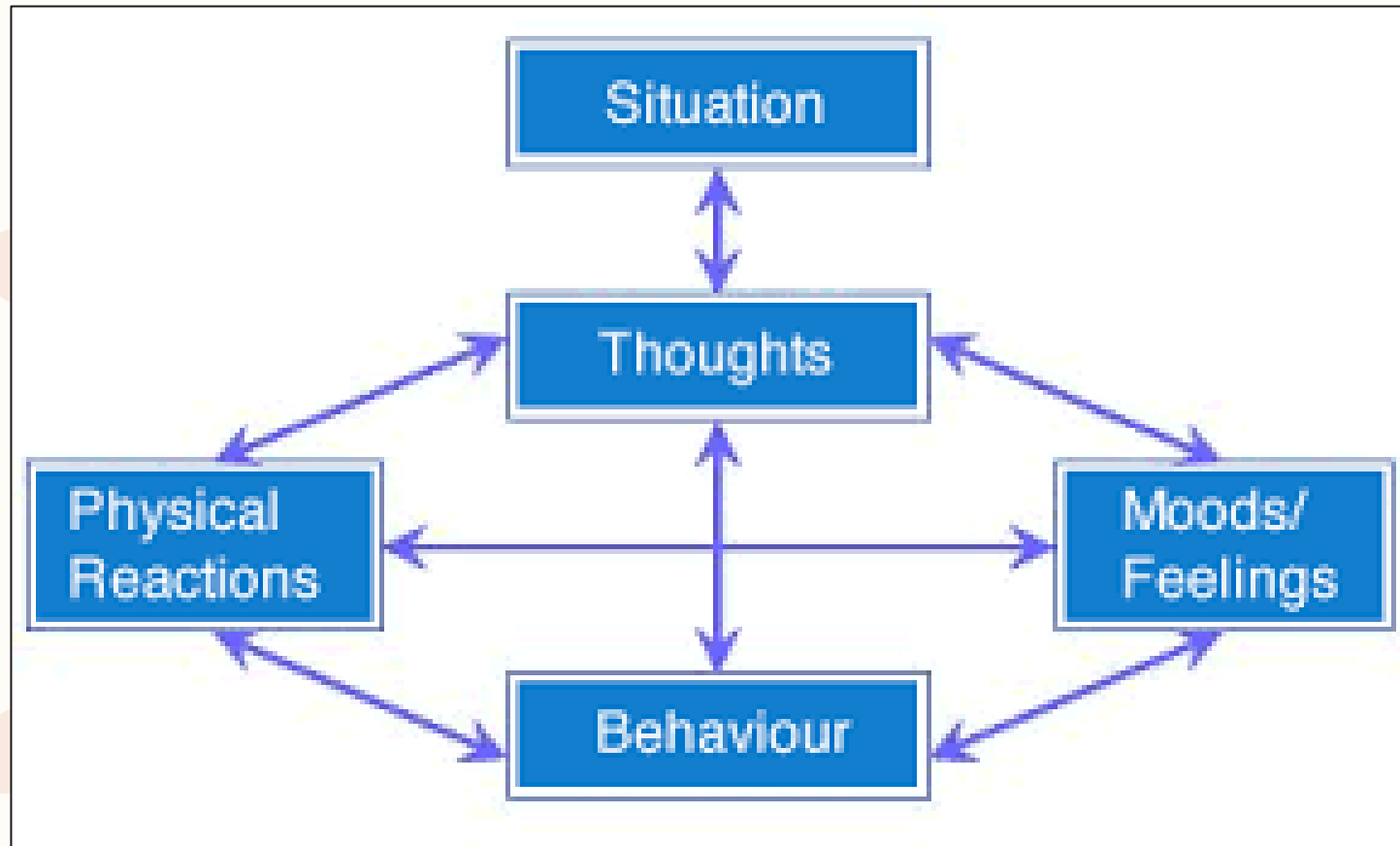
- In response to the behaviourists, the Cognitive Revolution occurred in the 1950`s and 60`s.
- The introduction of the study of mental (cognitive) processes as opposed to external and observable behaviours because the dominant paradigm for understanding normal behaviour.



Cognitive (Cognitive Behavioural)

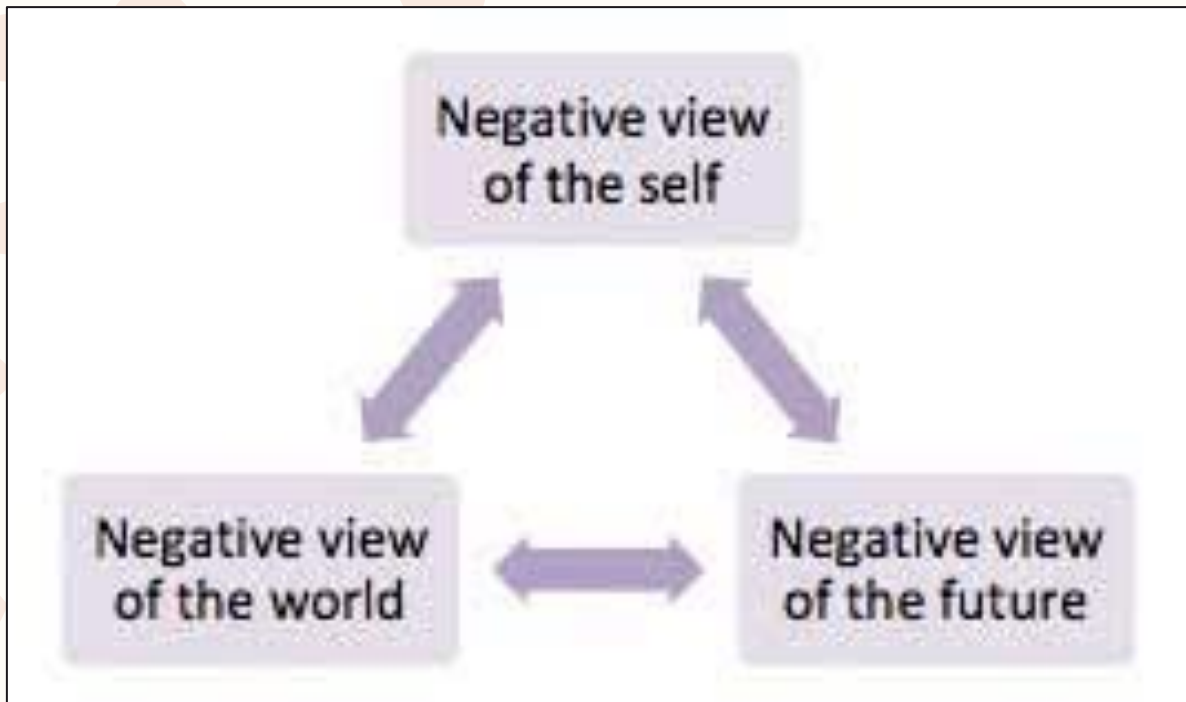
- Dysfunctional **behaviours** are mediated by thought (cognitions). As a result, improvements to our behaviours can be produced by **modifying thought** processes and beliefs.
- Mental activity is viewed as a process of information flow:
 - Attention, memory, perception and thought (AKA The computer analogy).
- However, dysfunctional thoughts may also be another symptom of psychopathology; how these thought and beliefs develop over time.

Cognitive Behavioural model.

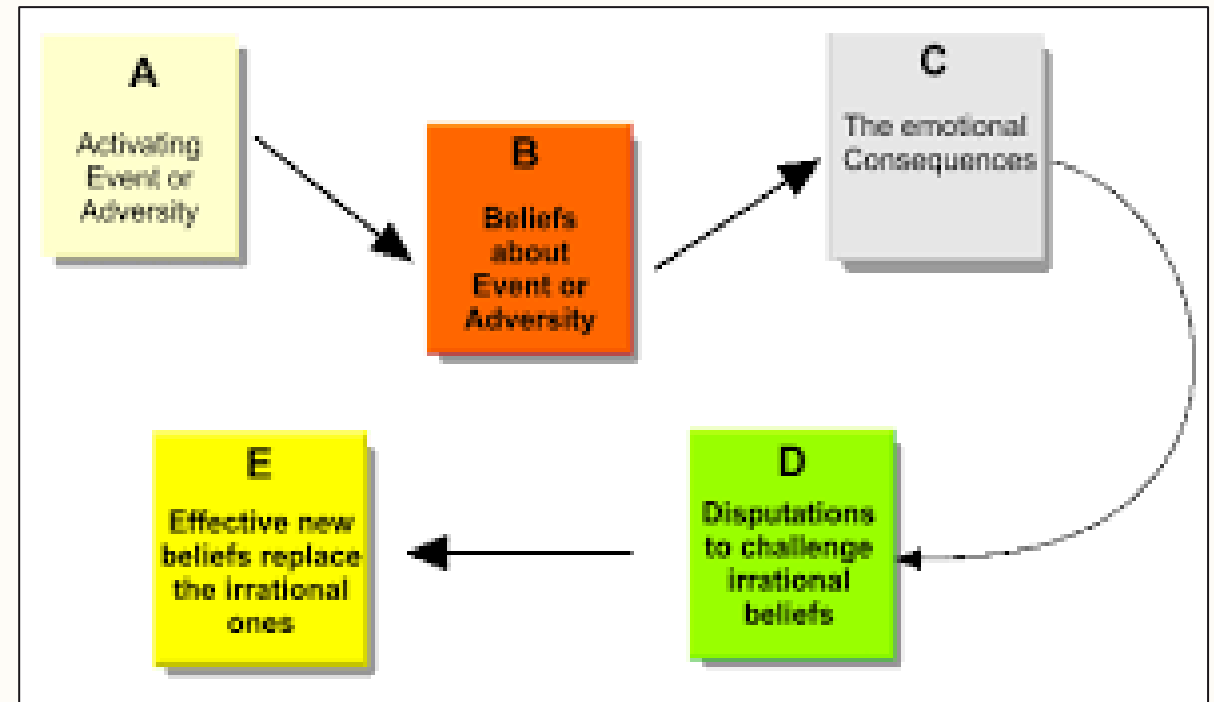


Influential models of CBT:

The Cognitive Triad (Beck)



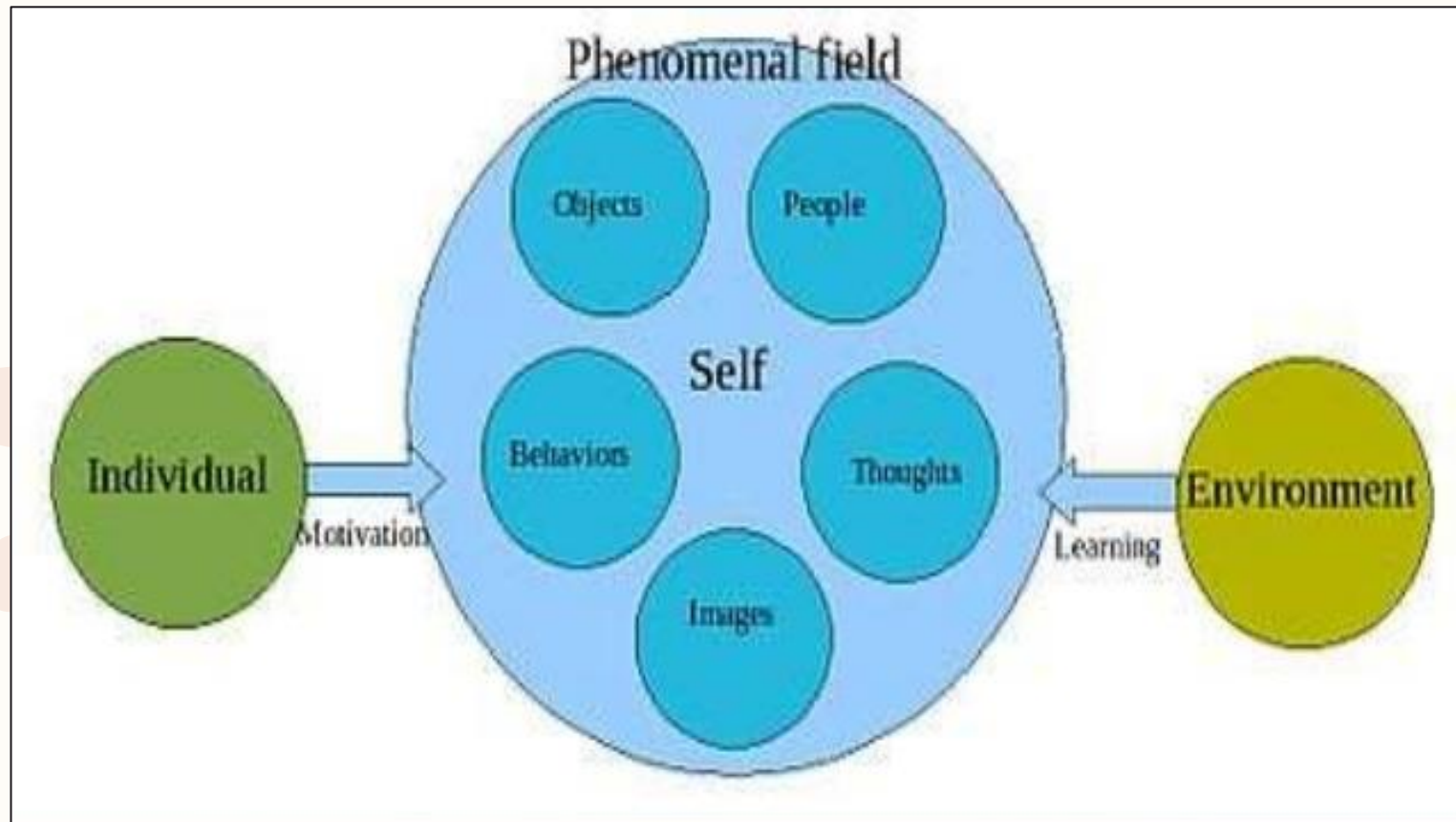
REBT (Ellis)



Humanist- existential

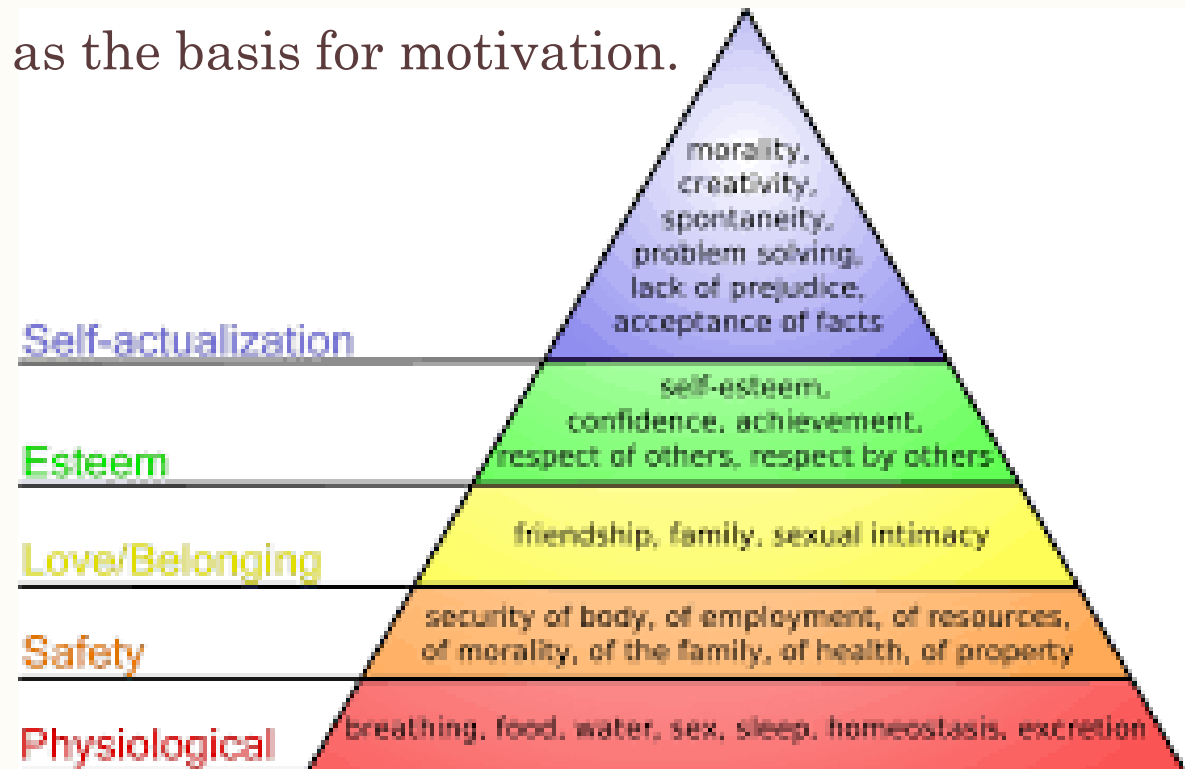
- Emphasises the study of the whole person.
- Stresses the importance of lived experiences (i.e. the first person perspective).
- Focuses on the potential of each individual.
- Personal agency and meaning are of central importance to the approach.
- The approach refers to how deficiencies in meeting basic psychological needs can result in psychopathology.

Humanist- existential



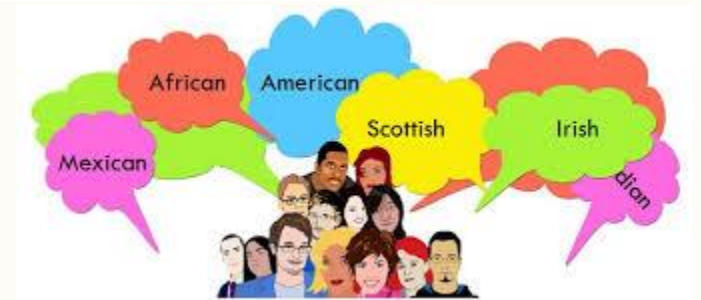
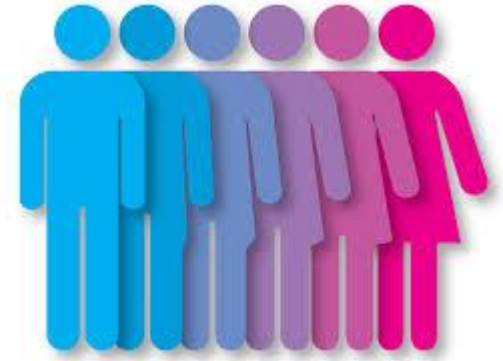
Humanist- existential

- Carl Rogers – founder of client centred therapy (CCT).
- Abraham Maslow – Hierarchy of human needs as the basis for motivation.
- Rollo May – existential anxiety.
- Erich Fromm – love as a human capacity.



Socio-cultural factors

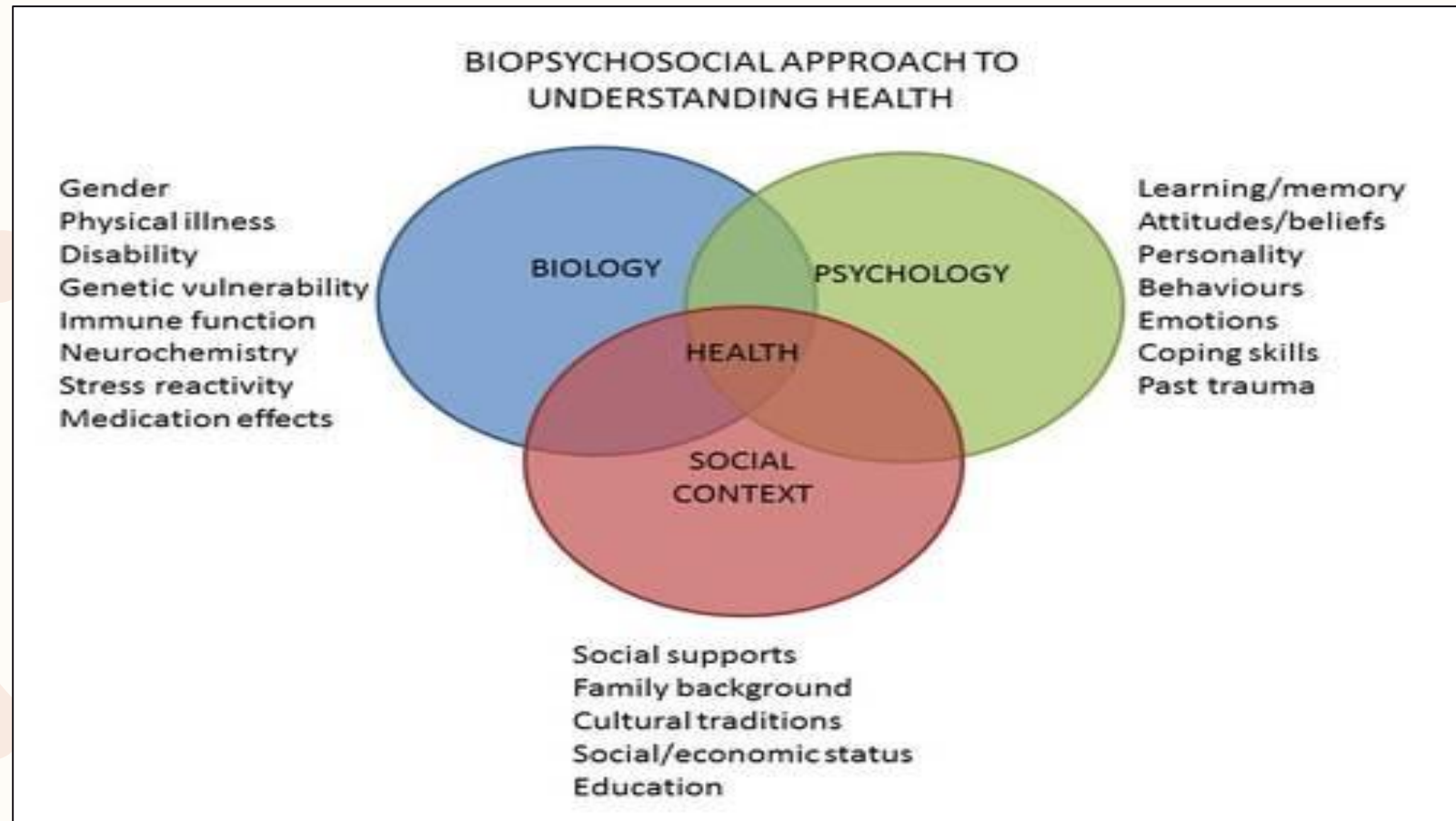
- Gender.
- Socio-economic status (SES).
- Culture.
- Ethnicity.

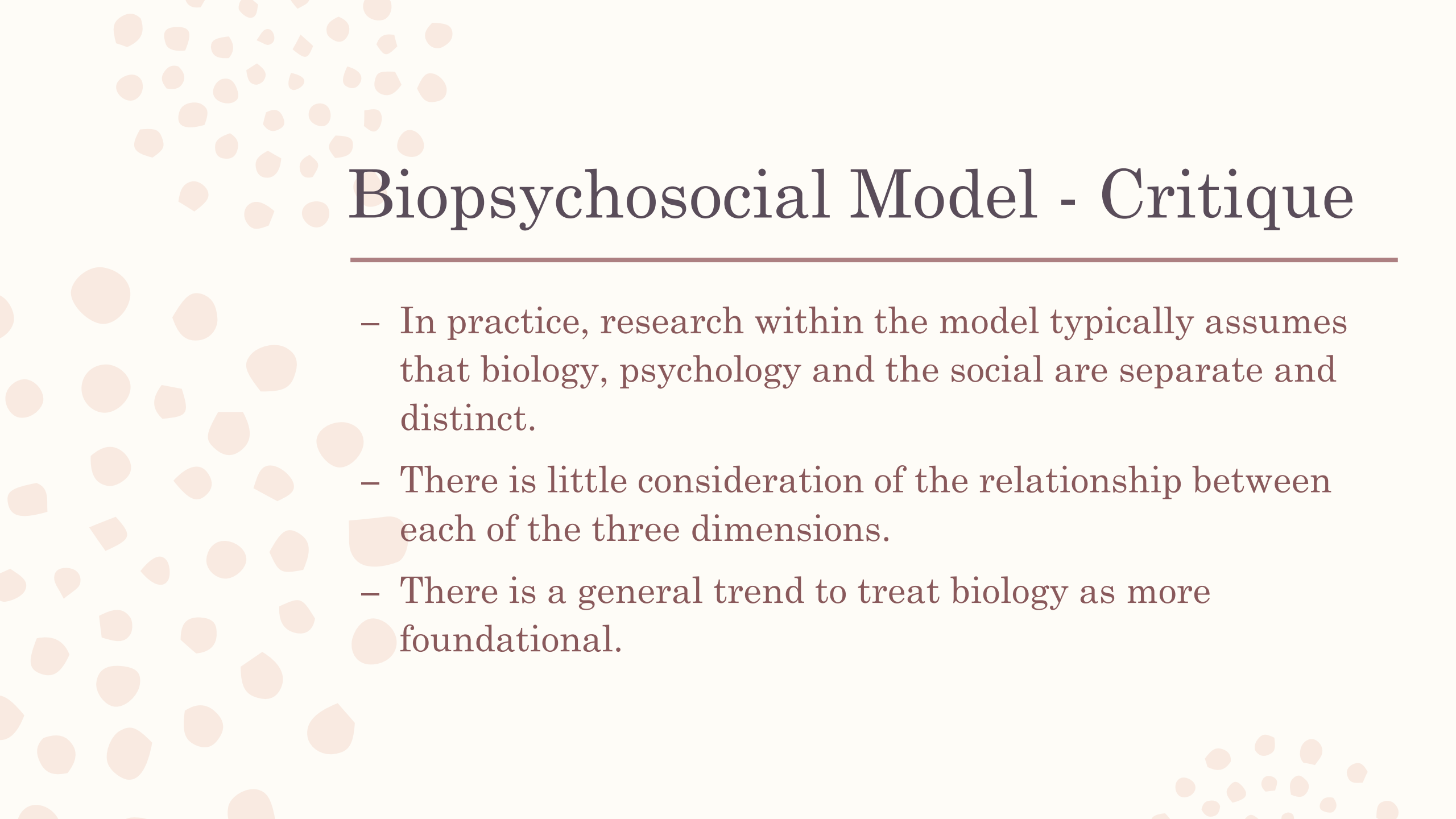


Biopsychosocial Model

- George L. Engel. *The Need for a New Medical Model: A Challenge for Biomedicine* (1977).
- Critique of the biomedical model of disease.
- “The dominant model of disease today is biomedical, and it leaves no room within its framework for the social, psychological, and behavioural dimensions of illness. A biopsychosocial model proposed that provides for a blueprint for research, a framework for teaching, and a design for action in the real world of health care” (p135).

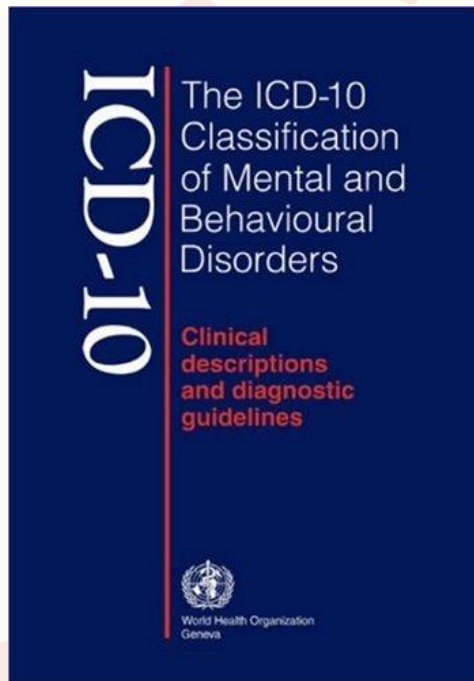
Biopsychosocial Model





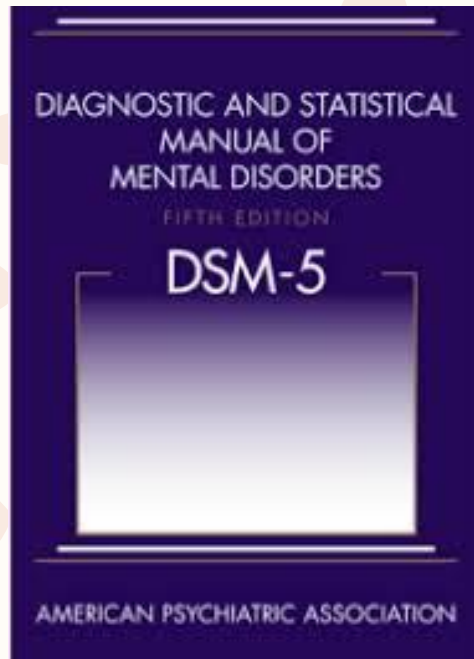
Biopsychosocial Model - Critique

- In practice, research within the model typically assumes that biology, psychology and the social are separate and distinct.
- There is little consideration of the relationship between each of the three dimensions.
- There is a general trend to treat biology as more foundational.



Diagnosis and Classification

- Defining and diagnosing psychopathology- why?
- What are the differences between diagnosis in psychiatry and general medicine?
- Problems with diagnosis and the consequences for service users.
- Alternative approaches (e.g. Hearing Voices Network).



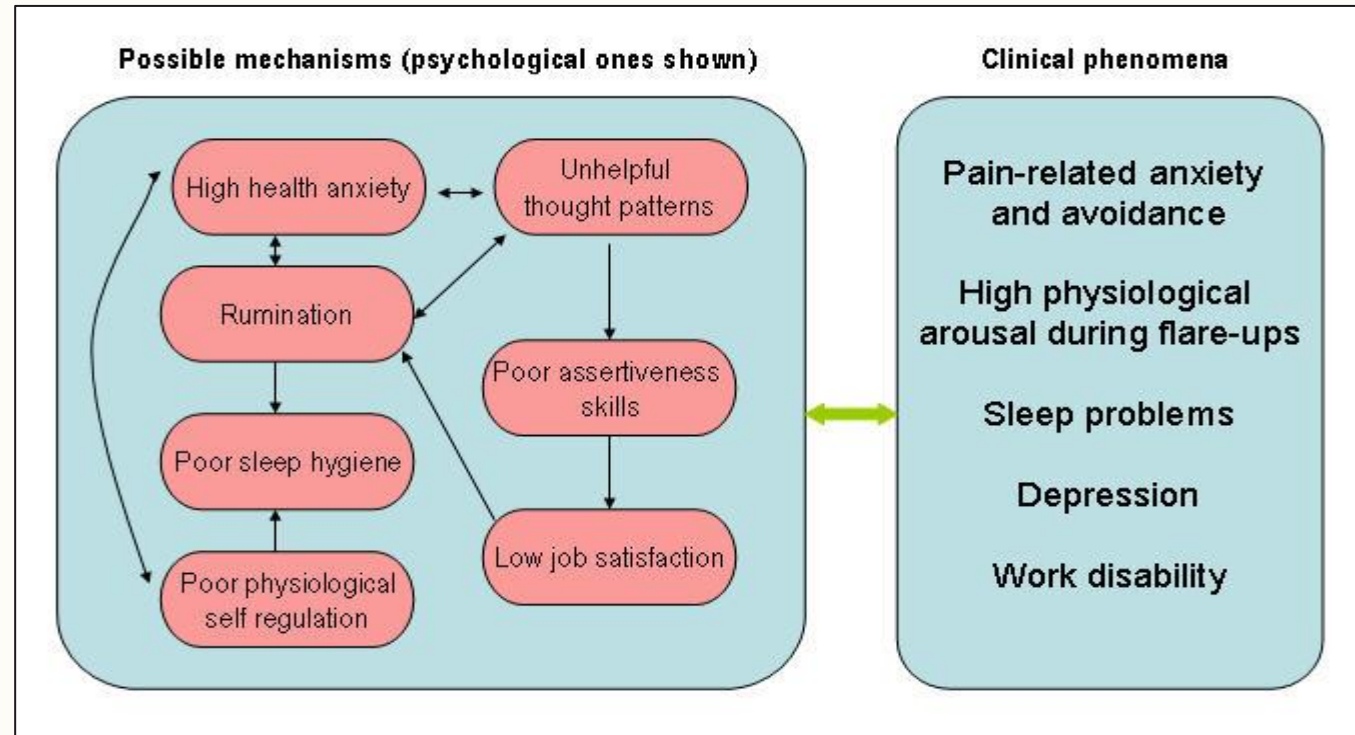
Methods of Assessment



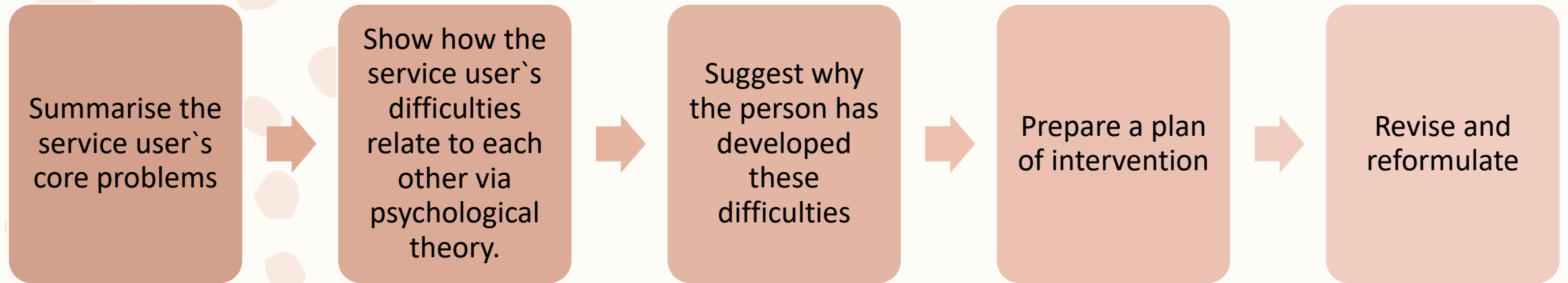
- Reliability and Validity.
- Clinical Interviews.
- Psychological tests (e.g. personality inventories, intelligence tests).
- Biologically based assessments (e.g. neuroimaging).
- Clinical observations.
- Cultural bias in assessment and diagnosis.

Case formulation

- “The use of clinical information to draw up a psychological explanation of the client`s problems and to develop a plan for therapy.”
(Davey, 2014, p.64).



Diagnosis and Classification: Formulation



Mental Health Research

The Research Process:

- Conceptualisation of a process or a problem.
- Collect the data.
- Analyse the data.
- Draw your conclusions.

Research Design and Methods:

- Research design-
 - Descriptive
 - Correlational
 - Experimental
- Research methods-
 - Quantitative
 - Qualitative



Mental health Research

- Cross sectional and longitudinal research
- Clinical trials
- **METHODS for collecting data:**
 - Observation
 - Surveys and interviews
 - Standardised tests/questionnaires
 - Physiological measures
 - Case studies
 - Focus groups

Mental Health Research: Ethics

Proposed studies (At University level and at Health Board level) must pass the scrutiny of an ethics committee before the research can be initiated.

APA Principles

- Beneficence and Non-maleficence
- Fidelity and Responsibility
- Integrity
- Justice
- Respect for People's Rights and Dignity

BPS Principles

- Respect for the autonomy, privacy and dignity of individuals and communities
- Scientific integrity
- Social responsibility
- Maximising benefit and minimising harm

Translated into Ethical Guidelines:

- Informed/Valid/Presumptive Consent
- Confidentiality/Privacy/Anonymity
- Deception
- Withholding benefits
- Protection from harm (psychological or physical)
- Right to withdraw
- Debriefing

Preparation for next week:

- Read around the use of DSM5 for the diagnosis of mental health and the issues that may arise within the diagnostic process. You are going to include these issues within your group presentation.
- Read the article below in preparation for the next lecture which is online.
- <https://thepsychologist.bps.org.uk/volume-20/edition-5/diagnosis-special-issue-part-1-2>
- Next week's session is focused on the diagnosis of mental illness and in particular the use of diagnostic tools such as DSM and ICD.
- This topic is at the heart of your group presentation.