OCR
Oxford Cambridge and RSA

A LEVEL
Delivery Guide

PSYCHOLOGY

H567
For first teaching in 2015

The historical context of mental health

Version 3

www.ocr.org.uk/psychology

CONTENTS

Introduction

Delivery guides are designed to represent a body of knowledge about teaching a particular topic and contain:

- Content: A clear outline of the content covered by the delivery guide;
- Thinking Conceptually: Expert guidance on the key concepts involved, common difficulties students may have, approaches to teaching that can help students understand these concepts and how this topic links conceptually to other areas of the subject;
- Thinking Contextually: A range of suggested teaching activities using a variety of themes so that different activities can be selected which best suit particular classes, learning styles or teaching approaches.

If you have any feedback on this Delivery Guide or suggestions for other resources you would like OCR to develop, please email resourcesfeedback@ocr.org.uk.

KEY

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Curriculum Content

Background:

- Historical views of mental illness.
- Defining abnormality.
- Categorising mental disorders.

Key Research: Rosenhan D.L. (1973) On being sane in insane places. *Science,* 179 (4070): 250–258.

Applications: Characteristics of an affective disorder, a psychotic disorder and an anxiety disorder.

For an interesting introduction to the topic area watch this documentary from the BBC 'Mental A History of the Madhouse'. This hour long documentary tells a fascinating story of a post-war British mental health hospital, providing an insight into various treatments such as Electroconvulsive Therapy (ECT), Insulin treatment and Prefrontal Lobotomy, and how society's attitudes towards mental illness have changed.

Thinking Conceptually

Approaches to teaching the content

As this topic area is really an introduction to psychology and mental health, it is open to a wide range of teaching approaches. The specification is not prescriptive in terms of what material must be taught for the Background topics. This is quite a departure from the previous specification, the aim being to focus on skill development, with a lesser focus on retaining information. This gives teachers the freedom to decide whether to go in depth on a few concepts, or to go for a more breadth orientated approach, where more concepts are covered, but in less depth. As long as students can define and explain concepts, have an overview of any key research in the area, and show critical awareness of what they have studied they could gain full marks when answering questions.

The number of Guided Learning Hours for this topic is approximately 14 which should give plenty of time for exploration of the topic and allow the use of a range of activities to really engage students and allow them to consolidate their understanding, application and evaluative skills.

This topic gives many opportunities for discussion, especially of social, moral and cultural issues around the history, definition and diagnosis of mental illness.

Where relevant to the content, students should apply the issues and debates that run through this topic. As students will need to develop these skills in order to show application and evaluation, it is best to create regular opportunities for them to discuss how issues and debates relate to research, theories or practice. Just telling them how the issues relate to a study or theory will ultimately create passive learners who expect the teacher to do the work. Rather a scaffolding approach, where initially they have a lot of structure and support from the teacher, but this is gradually withdrawn as the course progresses, should give them the confidence and skills to apply issues and debates to a wide range of research.

This is also true for the evaluation of any research methodology but as they are in the second year of the course they should be coming into this topic with some skill in this area.

Thinking Conceptually

Common misconceptions or difficulties students may have

Mental illness is an emotive issue as it will have directly affected some students or their family or friends. It is important to prime students at the start of the topic to ensure they are aware of the topic contents and to give them opportunities to identify the areas they may have difficulties with, putting strategies in place. It is far better this way than causing unnecessary distress.

Another issue is that of challenging stereotypes and the use of discriminating language. Unfortunately society and the media perpetuate many negative representations of those who may at some time have had mental illness. Some students will have these views, but through discussion of these issues, teachers can help to dispel myths and reduce discrimination. Again, making it clear at the beginning of the topic deals with the issue in a controlled manner, rather than dealing with such emotive issues in response to an outburst in class.

Conceptual links to other areas of the specification – useful ways to approach this topic to set students up for topics later in the course

The next two topics (The Medical model and Alternatives to the medical model) relate to different models of mental illness. When choosing which anxiety, affective and psychotic disorder to examine for the application element of this topic, it makes sense to choose disorders which have explanations from both the medical model (biochemical, genetic and brain dysfunction) and alternative models (behavioural, cognitive and one from: humanistic, psychodynamic or cognitive neuroscience). That way, students can keep referring to the same 3 main disorders throughout the whole topic, which should ensure that confusion is kept to a minimum.

The stand up kid (Time to change http://www.time-to-change.org.uk/) , http://www.youtube.com/watch?v=SE5Ip60_HJk

Excellent 3 minute video about ending the stigma of mental health in the classroom. Thought provoking; would be good for the basis of an initial discussion about issues relating to the topic of mental illness.

ACTIVITIES

This topic lends itself to research based tasks as there is a wealth of information on this area and it is possibly the most interesting area within psychology. Independent or group research tasks are quite effective as long as they are adequately structured. The historical views topic is particularly fascinating as some of the beliefs and treatments used in the past seem barbaric and unbelievable today. Unfortunately this can lead to some quite sensationalist reporting.

The use of case studies can add a human dimension to many of the topics; some video clips of interviews with patients (both real and dramatised) are available on the web. Trying to apply definitions of abnormality, or diagnostic criteria to real/manufactured cases not only consolidates knowledge but will also highlight limitations. Applying psychological knowledge to the real world is also the basis of some AO2 questions.

Activities	Resources
Historical views of mental illness - Internet research task Students have to complete a table which identifies different periods in the history of mental illness. For each period/culture they should identify: the belief regarding causes of mental illness, examples of treatments, key terms or events. Different students can be assigned different periods and then they have to work collaboratively in order to complete the grid.	

Thinking Contextually

Activities	Resources
Historical views of mental illness – Poster task Creating a timeline for the history of mental illness. This requires some research so may link well with the previous task. Students have to find pictures which relate to the different historical periods (e.g. trephination or burning at the stake for the middle ages, pictures of lunatic asylums etc) and then place them with some brief explanation on a timeline provided by the teacher. This would make an excellent classroom display.	
Historical views of mental illness – 3 case studies of pre-care in the community patients Good primary source material for discussion of the asylums predominant in the middle of the 20th century. Students should be given one case study each, or in small groups, and be prepared to report back. Questions to consider could include: Why were they committed to a mental asylum? What illness/symptoms were being shown (if any)? Describe the treatment and treatments of the patient. Were they treated humanely? Could this occur today? 'It was twenty years of hell' (The Observer), http://www.theguardian.com/society/2002/apr/07/mentalhealth.observerreview contains 3 interviews with ex-patients.	▶ Click here to see the website
Defining abnormality – Case study cards These should be printed and cut out. There are a number of tasks which they can be used for. As an introduction to this topic, students could individually (or in small groups) decide which cases are normal/abnormal. This could be fed back and could be a good starter for discussion. A follow on activity using the cards would be to describe the main ways of defining abnormality for example statistical infrequency; deviation from social norms; failure to function adequately and deviation from ideal mental health. The students could apply these criteria to the different cases. This should improve understanding and will also highlight issues or limitations of the different methods, for example case 7 – hearing voices but dealing with it = functioning adequately. Case 6 talking to the dead is acceptable in some cultures = cultural relativism etc.	

Thinking Contextually

Activities	Resources
Categorising mental disorders – Research task Students have to find out key facts relating to the major classification systems e.g. International Classification of Diseases 10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). Examples of questions include: What body created the classification system? Who are they? How has it changed over time? How does it work? Give some examples from each. Then they have to identify similarities and differences between the two.	
Categorising mental disorders – Very biased video criticising DSM-IV This raises some interesting issues. Made by the Citizens Commission on Human Rights (http://www.cchr.org.uk/) co-founded by Thomas Szasz. https://www.youtube.com/watch?v=gu7NDUc5TD4.	▶ Click here to see the website
Key research – Introduction Students could listen to Mind changers: "The Pseudo-Patient Study" from BBC Radio 4. Could be used in conjunction with questions about Rosenhan's study as a "flipped learning" task. http://www.bbc.co.uk/programmes/b00lny48	
Key research – "Speed learning" task First split the study into separate parts, for example Rosenhan can be split into 5 parts: 1. The research methodology, 2. The diagnosis and key results for the original and follow up study, 3. The experience of psychiatric hospitalisation, 4. The stickiness of psychodiagnostic labels, 5. Powerlessness and depersonalisation. In groups of 5, each student is assigned a part of the study and has either a set time limit to learn it or completes it as homework prior to the lesson. Stage 2 involves each person from the group having to teach it to the other group members in a set time. They must explain terminology and give examples. An online timer projected onto the board helps to keep the lesson on track. Some parts are easier than others so this can be a source of differentiation. A team quiz works well as a plenary; there should be a range of questions across the different sections of the study.	

Thinking Contextually

Activities	Resources
Key research – Evaluation sheet This can be used for most key research. This can be done individually, as homework, or as a paired/group task. Students must support evaluation points with specific examples from the research. Enlarging the sheet to A3 will help.	
Key research – Issues and debates sheet Again this is worth doing for all key research throughout component 3. Some issues won't relate to some key research. It is envisaged that students will have encountered all of the issues and debates in relation to the unit 2. Again this could be used in a variety of different ways.	
Applications When learning characteristics of disorders, it makes sense to use actual diagnostic criteria from either the International Classification of Diseases (ICD) 10, or the new Diagnostic and Statistical Manual of Mental Disorders (DSM) 5. As the ICD 10 is freely available on line and is more widely used in the UK, it makes sense to use it. ICD-10 Classification of Mental and Behavioural Disorders, World Health Organisation, http://www.who.int/classifications/icd/en/bluebook.pdf, this gives the diagnostic criteria for all mental and behavioural disorders.	▶ Click here to see the website

Thinking Contextually

Activities	Resources
Applications Applying characteristics of mental disorders to case studies. When students have the diagnostic criteria for a disorder, a quick consolidation technique is to show a short video clip of a sufferer of the disorder and get students to identify which criteria have been met in that case. The following are a mixture of real cases and dramatisations. http://www.youtube.com/watch?v=ju6w1o4RijA mania https://www.youtube.com/watch?v=uj8hqXd7N_A Secret life of the manic depressive – Stephen Fry – Carrie Fisher is an excellent example of mania. Excellent documentary. https://www.youtube.com/watch?v=zA-fqvC02oM mania https://www.youtube.com/watch?v=9rpAB2KsTPQ mania https://www.youtube.com/watch?v=H9exNmBScFw OCD https://www.youtube.com/watch?v=Rn1OYlYzgm8 OCD https://www.youtube.com/watch?v=nrRqb5cvM5E OCD http://www.youtube.com/watch?v=RJf6UWkeoxo schizophrenia http://www.youtube.com/watch?v=LB84Cf6nmbo schizophrenia http://www.youtube.com/watch?v=gGnl8dqEoPQ schizophrenia http://www.youtube.com/watch?v=bWaFqw8XnpA 4 cases schizophrenia	
Applications Evaluation of characteristics of disorders. Suitable issues include validity, reliability, subjective opinions of the psychiatrist and differential diagnosis.	

Learner resource 1.1 History Research Grid

Period	Beliefs about causes	Who cared for the mentally ill?	How were they treated?	Examples of "treatments"
Ancient				
Middle Ages				
16th -17th Century				
18th Century				
19th Century				
20th Century				

Learner resource 1.2 Defining Abnormality - Case study cards

Case 1:
Mr X has an intelligence quotient (IQ) of 66. This is in the bottom 2% of the population.

Case 2:
Mr Z believes that his emails and facebook posts are being monitored by the state.

Case 3:
Mr W has kept every newspaper from the last 32 years in his house. He now has to crawl through tunnels in the mass of papers.

Case 4:
Mrs F believes that her neighbours are using black magic to drain her energy. She says she has heard them plotting. She has stopped leaving her house.

Learner resource 1.2 Defining Abnormality - Case study cards

Case 5:
Miss B washes her hands up to 50 times a day and opens the doors in her house with her feet to avoid "contamination".

Case 6:
Mr S has an IQ of 160 (top 0.003% of the population) and can complete a Rubik's cube in 23 seconds.

Case 7:
Miss G is late for college as there is a spider by her bedroom door and she has to phone her gran to move it.

Case 8:
Mrs R speaks to her recently deceased father.

Case 9:
Miss L often hears an angry male voice in her head. During a university lecture, she internally asks him to be quiet as she needs to focus and arranges to speak to the voice later.

Case 10:
Mr H sees a scorpion in his bedroom while on holiday in Costa Rica. Afterwards he keeps checking under the bedcovers before getting in to bed.

Learner resource 1.3 Research Evaluation Sheet

Research: **Identify strengths and weaknesses – support evaluation points with** **specific examples from the research**	
Research method/design – evaluate the research method and (where relevant) the design used.	Sample generalisability – can the results of the research be generalised to the wider population?
Validity – does the study, or measurements within the study, measure what they are supposed to?	Reliability – is the study, or measurements within the study, carried out in a consistent way?
Ecological Validity – can the behaviours displayed within the study be generalised to real world situations?	Ethics – have the ethical guidelines for psychological research been adhered to?
Data – What type of data is gathered in the study? (Qualitative/Quantitative)	Other methodological issues

Learner resource 1.4 Issues and debates sheet

Research: Where relevant – identify where the research relates to the issue/debate. Support points with evidence.	
Nature/nurture	Free will/determinism
Individual/situational explanations	Reductionism/holism
Conducting socially sensitive research	Psychology as a science
Usefulness of research –does it aid understanding? Does it improve human welfare?	

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