OCR
Oxford Cambridge and RSA

A LEVEL
Curriculum Plan

PSYCHOLOGY

H567
For first teaching in 2015

Component 3:
Issues in Mental Health

Version 1

Component 3 – Issues in mental health

In Component 3 of the A Level specification students must study 'Issues in mental health' as a compulsory section. This section gives students the opportunity to explore the historical views of mental illness and the emerging theories that relate to the medical model and alternatives that attempt to explain such behaviour and consequently treat it.

The following document aims to provide a suggested scheme of work outline that you can adapt to suit your learners. Issues and debates should be linked to appropriate material throughout component 3 and suggested materials are detailed below.

The guided learning hours for this section are roughly 14 hours.

Lesson No	Elements	Key terms	Lesson Aim/s	Lesson Objectives	Lesson Content	Lesson Plenary	Homework/ Assessment (teacher, peer, self)
1	Background: Historical views of mental illness and definitions	Abnormality Dysfunctional behaviour Maladaptive Social norms Statistical norms Cultural relativism	To understand how mental illness has been explained and defined historically.	- To outline the key beliefs about the causes of mental illness throughout history. - To describe the four key methods of defining abnormality. - To evaluate the key methods of defining abnormality.	Flipped learning: Create a Blendspace with links to wider reading so students can research beliefs about mental illness over time. Key beliefs are outlined in the appendix 1.1. Starter: Students are given a poster each with an image and key statement about what causes mental illness and challenged to order themselves chronologically. Teacher then facilitates a discussion of the flipped learning task. Students are then given case study cards from the delivery guide for this element and challenged to decide if their case study is normal or abnormal. Teacher then facilitates a discussion of how we decided what is normal or abnormal before explaining the four key methods of defining abnormality (statistical infrequency, deviation from social norms, failure to function adequately, deviation from ideal mental health). Students then work in groups to evaluate each method of defining abnormality and link to issues/debates including cultural relativism. Students should be provided with a summary of each definition to refer to.	Exit card – Students are given an exit card with the following questions on to complete before they leave. Mr X has an intelligence quotient (IQ) of 66. This is in the bottom 2% of the population. 1. Outline one definition of abnormality that would explain this behaviour. 2. Explain what may have been believed to be the cause of this behaviour now compared to earlier in history.	Homework: To create a leaflet that summarises the beliefs about mental illness and how it can be defined. Teacher assessment of exit cards. Wider reading: http://nobaproject.com/modules/history-of-mental-illness

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2	Background: Categorising mental disorders	DSM ICD APA BPS Multi axial Criterion Characteristics Diagnostic tool	To understand how mental disorders are categorised and diagnosed.	- To explain how the DSM and ICD categorise mental disorders. - To outline how specific disorders are diagnosed currently. - To apply understanding of categorisation to case studies of mental disorders.	Starter: Students are asked to mind map behaviours they would expect to see from someone with schizophrenia. Teacher then facilitates feedback of these and unpicks any stereotypes or misconceptions that may come up. Students are then provided with the DSM criteria of characteristics for schizophrenia. Teacher uses this example of characteristics to explain how the DSM categorises behaviour as a multi axial tool that assesses the patients functioning on a scale of 1-100. Students can be encouraged to link the classification systems to the definitions of abnormality. Students use sources provided by the teacher to research the DSM and ICD to find out more about how they work, the organisations behind them and criticisms of each. Students work in groups to decide whether case studies presented have a mental disorder and if so which one. Videos that can be utilised for this activity can be found in the delivery guide for this section.	Plenary: Describe how the DSM categorises an individual as schizophrenic . Teacher then presents key elements on a PPT slide and students self-assess their work to see if they included the key features of the DSM and characteristics of schizophrenia.	Self-assessment.
3	Key Research: Rosenhan (1973)	Situational/ Dispositional Schizophrenia Type 1 error Type 2 error	To describe Rosenhan's research into situational explanations of mental illness.	- To describe the aim, procedure and findings of Rosenhan's research. - To explain how classification of mental illness can result in stickiness of labels. - To evaluate the research carried out by Rosenhan.	Starter: Students are given a card sort of behaviours and asked to sort them into 'normal' and 'abnormal' behaviours. Teacher can facilitate a discussion of these linking back to previous learning in the unit. Students asked to discuss how individuals who are classed as abnormal are treated and teacher records these on the board. Teacher then pose the question 'If sanity and insanity exist how shall we recognise them?' and introduce the purpose of Rosenhan's research and the idea of stickiness of labels. Students then given time to read about the core study and record key details on a worksheet. Teacher discuss conclusions with class and relate to danger of stickiness of labels.	Plenary: Students think, pair, share to consider how current explanations of mental illness may have developed from Rosenhan's research and how the DSM and ICD may aid this.	Teacher assessment.

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4	Application: Characteristics of an affective disorder, a psychotic disorder and an anxiety disorder	Depression Affective disorder Schizophrenia Psychotic disorder Hallucinations Delusions Obsessive compulsive disorder Anxiety disorder	To outline the key characteristics of the affective disorder depression, the psychotic disorder schizophrenia and the anxiety disorder obsessive compulsive disorder.	- To identify the key characteristics that may be present in an individual with depression, schizophrenia or obsessive compulsive disorder. - To describe the criteria for being diagnosed with these disorders. - To apply understanding of the criteria to case studies.	Students can cover disorders such as depression, schizophrenia and obsessive compulsive disorder and these can be focused on throughout this section rather than students having to learn about a number of disorders in detail. Starter: Students in groups mind map what they know about the three disorders already. Teacher facilitates feedback and address misconceptions immediately or throughout the lesson. Students complete a carousel of activities to learn about each disorder. Ideas for each disorder beyond the key characteristics found in the DSM include: Depression: Students use the links to the right to learn about Stephen Fry's experience of depression. Schizophrenia: Students work in threes and are given one of three roles. One individual is the individual with schizophrenia, one is a friend they are conversing with and the third person acts as the 'voice'. The voice is instructed to talk into the ear of the schizophrenic so that the friend cannot hear and comment on the conversation or distract with comments. Students then reflect on how it must feel to experience hallucinations. Obsessive compulsive disorder: Students watch a clip from the programme linked to the right and identify which characteristics they can see.	Students use mini whiteboards to respond to a PPT quiz about the different characteristics and corresponding disorders. Questioning can be used in this activity to elicit responses about labelling, ethical considerations and stigma.	Wider reading/resources: https://www.youtube.com/watch?v=TcPRF9slENI – Stephen Fry talks about depression http://www.stephenfry.com/2013/06/24/only-the-lonely/ http://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/#.Vi0-hW4vu2M OCD - http://www.channel4.com/programmes/obsessive-compulsive-cleaners/on-demand http://www.sane.org.uk/resources Film - A beautiful mind depicts schizophrenia. Homework: Revise content covered so far in the topic for a lesson on exam skills in component 3.

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5	Assessment for Learning on the historical context of mental health	Psychology as a science Conducting socially sensitive research Ethnocentrism Cultural relativism Individual/ Situational Reliability Validity Ethical consideration	To understand how to apply knowledge of the historical context of mental health to the exam.	- To describe the key methods of defining abnormality. - To outline how the DSM and ICD categorise mental disorders. - To apply understanding to exam style questions. - To relate the individual/ situational explanation to mental disorders.	Starter: Students have 5 minutes to mind map everything they have learnt about mental health so far with stems to help them (historical, definitions, classifications, Rosenhan, depression). Teacher address any misconceptions identified and introduce the component 3 exam paper. Students can be given a whole paper to see or just Section A. Students need to understand the importance of applying methodological issues and debates to each topic. Students complete a carousel activity where pertinent issues and debates are posted around the room with brief explanations to recap what they are. Students use post it notes to share ideas about the topic so far. E.G. They may post on psychology a science that beliefs about mental disorders are more scientific now compared to the middle ages with some elaboration. Some students may require scaffolded sticky notes. Students are then allocated one poster to feedback to the rest of the class what has been recorded.	Students take notes from activity home and complete exam style questions.	Teacher assessment. Homework: Complete exam style questions. E.G. - Explain why labelling people 'abnormal' could be considered unethical. - Explain why definitions of abnormality may be ethnocentric. - Rosenhan (1973) hypothesised that psychiatrists cannot reliably tell the difference between people who are sane and those who are insane. With reference to the key research, discuss how classification of mental illness can result in 'stickiness of labels'. Discuss the situational/ individual explanations in relation to the historical context of mental illness. Homework: This could be set up as a Blendspace activity and set a week or so in advance. Students watch the video below and write a summary of what inheritance is. https://www.youtube.com/watch?v=K3F5BV82Lg8 Also visit the following website to find out more about brain function. http://learn.genetics.utah.edu/content/addiction/crossingdivide/

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6	Background: The medical model	Biochemical Genetics Brain abnormality Inheritance Neurotransmission Neural explanation Twin studies Monozygotic Dizygotic	To explain the medical model of mental illness.	- To outline the three key medical explanations of mental illness (biochemical, genetics, brain abnormality).	Students understanding of biological principles may vary somewhat due to their previous learning or other subjects studied at A Level. Starter: Students work in groups to record what they already know about the biological causes of behaviour using notes they made from their flipped learning task. Teacher explain key concepts and students record information on worksheets with diagrams of the brain, DNA and synapses. Students then use this information to respond to.		Homework: As outlined in the delivery guide for this section students find a picture of brain differences associated with a mental disorder of their choice and bring this in to share with the class. The image should show a 'normal' and 'abnormal' brain and be annotated to explain the differences and brain abnormality. Students could use the 3D brain as a stimulus. http://www.g2conline.org/
7	Key Research: Gottesman et al. (2010)	Genetic Inheritance Schizophrenia Bipolar disorder Depression Genetic transmission Concordance rates Twin studies Monozygotic Dizygotic	To describe research into genetic explanations of mental illness.	- To describe the aim, procedure and findings of the research by Gottesman et al. - To explain how Gottesman et al. support the idea of a genetic explanation of mental illness. - To evaluate the research carried out by Gottesman et al.	Starter: Students are given a key terms card sort to complete in pairs that covers the basic biological terms pertinent to the study. Main task: Students are given a summary of the study that is differentiated, so those with less biological literacy can be supported, that they can use to create one of the following resources of their choice. a) A newspaper article that includes a catchy headline, picture, key terms elaborated and summary of the key elements of the procedure and findings. b) A dummies guide to genetic transmission of behaviour that uses schizophrenia as an example based on Gottesman's findings. c) A more developed summary that includes further methodological details such as the control groups and variables.	MCQ on a PPT that students use coloured cards/ABCD cards to vote for their chosen answer.	Teacher assessment of MCQ.

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8	Applications: Biological treatment of one specific disorder	Drug therapy Selective serotonin reuptake inhibitor (SSRI) Serotonin Synapse Neurotransmitter Neurochemical Nervous system Psychology as a science	To describe and evaluate biological treatments of depression. *please note depression is used here as an example. The specification requires 'one specific disorder'.	- To describe the biological effect drug treatment has on mental illness. - To explain strengths of drug treatment in treating depression. - To explain the limitations of drug treatment in treating depression.	Starter: Students are given a diagram like the one found on the webpage provided but without any labels and challenged to label the key features they know about. Teacher then explain how drug treatment is used and the function of serotonin specifically. Students are challenged to create a poster explaining how drug treatment is used and the biological explanation of depression. This activity can be assessed using a grade ladder on a PPT slide. Students then discuss the use of this treatment as a class before completing the treatments evaluation sheet found in the delivery guide for this section.	Students given a short time to revise what they have learnt about biological treatments. Students are challenged to explain and evaluate the biological treatment of depression. This can be assessed by the teacher or peer marked using a marking guide on a PPT. Key features that should be expected in an answer include accurate terminology, detailed explanation and application to treating a mental disorder, in this case depression.	Teacher or peer assessment. Link: http://www.alanpriest.f2s.com/Depression%20Medication%20p5.htm Synaptic diagram SSRI.

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9	Assessment for Learning on the medical model	See above lessons for the medical model	To understand how to apply understanding of the medical model to the exam.	- To define the key beliefs of the medical model in explaining mental illness. - To assess the use of the medical model in treating mental illness.	Starter: Students are given a scenario of an individual with OCD who has been given drug treatment. Students need to think, pair, share their ideas about why the treatment appears not to be working by applying their current understanding based on depression so far. Students are provided with the biological mechanisms that are treated so they can demonstrate application of knowledge precisely. Teacher facilitates a discussion of why the treatment may not be working. Students then complete a group activity using thinking hats to consider the use of the medical model and alternatives that are possible.	Students plan a response to the exam style question below and then write up their own individual response. Discuss the usefulness of research in relation to the biological explanation of mental illness. Students can then self-assess using the following guidance on PPT slide and explained by the teacher. - Good explanation of the usefulness of research - Explicit application to the biological explanation of mental illness - Good discussion - Well-developed line of reasoning - Logical structure - Substantiated by being backed up by Gottesman's research Students then RAG their work.	Self-assessment Assessment homework: Exam questions found in component 3 – Section A focused on the medical model and historical context. Homework: Flipped learning – Read the paper by Szasz or information in OCR's key research guide ready for next lesson and write a paragraph to summarise what he covered.

Lesson No	Elements	Key terms	Lesson Aim/s	Lesson Objectives	Lesson Content	Lesson Plenary	Homework/ Assessment (teacher, peer, self)
10	Background: Alternative to the medical model - the behaviourist explanation of mental illness	Nurture Determinism Maladaptive learning Positive reinforcement Negative reinforcement Punishment Token economy Extinction Systematic desensitisation Behavioural activation therapy	To describe and evaluate the behaviourist approach to treating mental illness.	- To outline the behaviourist explanation of mental illness. - To describe the steps in behaviourist therapies that treat mental illness. - To explain how behaviourist therapy can treat depression.	Starter: Students are given key word cards to sort into operant and classical conditioning. Once they have done this they are challenged to write a paragraph explaining depression using these key words. Scaffolded worksheets may be required for some students. Teacher then introduces the alternative explanation and how therapy identifies the behaviours that are problematic along with the stimuli that trigger the behaviour. Students are then given a worksheet with PALs on to apply the behaviourist therapy principles to and suggest a treatment programme for each case study. Students can be challenged to evaluate the use of this treatment in each scenario.	Students are given a final PALs and asked to 'Suggest how behavioural treatment can be used to treat the disorder.' Differentiated exit cards can be given to students to support the completion of this.	Teacher assessment of the plenary.
11	Background: Alternative to the medical model - the cognitive explanation of mental illness	Beck Cognitive therapy Maladaptive cognitions The cognitive triad (Negative view of the self, future and word) Negative self-schemas Errors in logic Ellis, ABC Model	To describe and evaluate the cognitive approach to treating mental illness.	- To outline the cognitive explanation of mental illness. - To describe specific cognitive mechanisms that cause mental illness. - To explain how cognitive therapy treats mental illnesses such as depression.	Starter: Students complete Beck's depression inventory which can be downloaded from the link to the right. Teacher warn that high scores aren't indicative of anything and that you will evaluate the inventory. Students then discuss what Beck believes causes mental illness, in this case depression, based on the questions. Students create their own examples of the cognitive triad and then explain how these thoughts could lead to depression. Students also given definitions for errors in logic such as magnification, minimisation, overgeneralisation, personalisation and arbitrary inference and use PALs to apply these to individuals with mental disorders. Teacher then links the theory to cognitive therapy to explain how depression can be treated.	Students complete an exam style question 'Suggest how cognitive treatment can be used to treat one specific disorder.' This can be peer-assessed using a student friendly mark scheme.	Peer assessment. Link: http://www.ibogaine.desk. nl/graphics/3639b1c_23.pdf

Lesson No	Elements	Key terms	Lesson Aim/s	Lesson Objectives	Lesson Content	Lesson Plenary	Homework/ Assessment (teacher, peer, self)
12	Background: Alternative to the medical model – humanistic explanation of mental illness *Please note the specification states one from: humanistic, psychodynamic, and cognitive neuroscience explanations. Humanistic is used here as an example.	Humanistic Freewill Self-actualisation Conditions of worth Ideal self Congruence/ Genuineness Person centred therapy Ethical Individualistic	To describe and evaluate the humanistic approach to treating mental illness.	- To outline the key beliefs humanists have about the causes of mental illness. - To describe the three key elements of humanistic treatment of mental illness. - To evaluate the use of humanistic treatment of mental illness.	By choosing to cover the humanistic explanation of mental illness students may understand the context of the core study further as you can build on the concepts outlined by Szasz in this lesson prior to covering the study. Starter: Students are given the key components from Maslow's hierarchy of needs to rate from basic to complex. Students studying H&SC may have covered this already so may need further challenge. Teacher then facilitate a discussion of what creates happiness within an individual and introduces the humanistic principles. Students then challenged to apply this theory to mental illness and think, pair, share ideas about how humanists would explain mental illnesses such as schizophrenia. Students then given a worksheet with three key elements of humanist therapy on: empathy, acceptance and genuine understanding. They then plan a therapy session for a case study that they will present back to the rest of the class.	Students then critique the use of humanistic therapy by using the treatment evaluation sheet found in the delivery guide.	Teacher evaluation of student notes and verbal responses. Homework: Students are given the original article by Scasz to read and summarise in preparation for next lesson using the student worksheet 1.2 in the appendix.
13	Key Research: Szasz (2011)	Organic psychosis Functional psychosis Determinism v freewill Reductionism v holism Psychology as a science Labelling	To describe and evaluate the research paper by Szasz.	- To explain the difference between functional and organic psychosis. - To outline Szasz's beliefs about mental illness. - To evaluate the use of adopting each belief about mental illness.	Starter: Students discuss Szasz beliefs about mental illness and compare these to the medical model in a venn diagram in their groups. Each circle could be labelled with the two key beliefs; organic psychosis and functional psychosis. Teacher then facilitates a discussion of these points of comparison and links this to the debate of psychology as a science and the effectiveness of different treatments along with links to ethical considerations and socially sensitive research. Students then work in groups to debate for and against the quote 'Therein the patient must minister to himself.' Using the key research and evaluative comments learnt throughout this section.	Essay style question.	Teacher assessment.

Lesson No	Elements	Key terms	Lesson Aim/s	Lesson Objectives	Lesson Content	Lesson Plenary	Homework/ Assessment (teacher, peer, self)
14	Application: Non-biological treatment of one specific disorder	See above lessons on non-biological explanations.	To describe a non-biological treatment of depression. * other disorder can be used.	- To identify key terms associated with each treatment method of mental illness. - To outline how behaviourist, cognitive and humanist treatments would attempt to change behaviour. - To apply understanding to an exam style question.	Students should have an understanding of a number of non-biological treatments by this point in the scheme of work and this lesson provides the opportunity for one to be developed in further detail. Starter: Students are given a card sort with key terms that relate to medical, behaviourist, cognitive and humanist treatments of mental illness and challenged to sort them into the appropriate categories. Teacher recap key methods and address misconceptions. Students then use the key terms to suggest how depression would be treated using each non-biological disorder. Students can be challenged to apply their understanding to different conditions such as anxiety disorders or psychotic disorders.	Students are given a worksheet with a scenario on and structured steps for a non-biological treatment. They then have to write down a contextualised explanation for each stage to demonstrate how depression would be treated.	Teacher assessment. Homework: Students complete a set of Component - Section A exam questions. These should offer differentiated support and guidance.

Appendix

1.1   Suggested beliefs/concepts for students to research in flipped learning task

These beliefs can be mapped onto the learner resource 1.1 from 'The historical context of mental health' delivery guide.

http://www.ocr.org.uk/Images/170181-the-historical-context-of-mental-health-delivery-guide.pdf

- Humorism
- Blood letting/ purging
- Animism
- Trepanning
- Burning at the stake
- Witchcraft/Possessed/Sin/Immoral behaviour
- Lunatic asylums
- Homosexuality as a mental illness
- Physiological disease

1.2   Alternatives to the medical model – Key research – Szasz (2011) The myth of mental illness: 50 years later.

Student homework sheet

Scasz fiercely argued against the definition of behaviour as a mental illness and suggested that labelling an individual's behaviour as a mental illness led to a number of issues.

He argued that psychiatrists, as medical practitioners, tend to believe that mental illness is a sign of underlying diseases of the brain which lead to the dysfunctional behaviour observed. Szasz therefore suggested that, if this were true, we would call mental illnesses of this kind diseases of the brain as they had a physiological basis and could be treated like any other disease. This explanation of mental illness is referred to as 'organic psychosis' as the individual naturally has a physical cause for their abnormal behaviour.

On the other hand, Szasz argued that many cases of 'mental illness' are not really diseases but a product of their current life and the relationships within it. This explanation is referred to as 'functional psychosis' as upon investigation no physical cause can be found and therefore the behaviour exhibited must perform a function in the individuals life and is perhaps more helpful as a way of understanding this behaviour than the medical model. Understanding what has caused the behaviour in a person's life enables the therapist to support the individual in changing their behaviour however Szasz emphasizes the importance of choice and allowing the individual to opt into therapy rather than being coerced to do so.

After reading the research paper by Szasz make notes on the following questions.
- Outline what functional psychosis and organic psychosis are.
- Referring to the debate 'psychology as a science' evaluate the use of adopting each definition of psychosis.
- Can mental illness be perpetuated and exacerbated using the medical model?
- Are there any behaviours that are defined as a mental illness that may be beneficial or even normal sometimes?
- Referring to the excerpt where Szasz discusses Macbeth, why is it important that the individual leads their own therapy?

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