# Pearson Edexcel Level 1/Level 2 (9–1) GCSE Psychology

## Topic Guide 3
## Psychological problems – How would psychological problems affect you?

## CONTENTS

# Psychological problems – How would psychological problems affect you?

## Specification requirements

This topic is a compulsory topic and will be examined in Paper 1.

Candidates are expected to demonstrate and apply the knowledge, understanding and skills described in the content.

To demonstrate their **knowledge**, candidates should undertake a range of activities, including the ability to recall, describe and define, as appropriate.

To demonstrate their **understanding**, candidates should explain ideas and use their knowledge to apply, analyse, interpret and evaluate, as appropriate.

Candidates will be expected to demonstrate their understanding of the interrelationships between the core areas of psychology and **issues and debates** within them.

Candidates may be asked to consider the following issues when **evaluating** studies:
• validity
• reliability
• generalisability
• ethics
• objectivity
• subjectivity.

Candidates may be required to **apply** their understanding – for example by responding to scenarios that are drawn from the topic area and/or associated research – and in doing this they should use psychological concepts, theories and/or research from within their studies of the brain and neuropsychology.

## Opportunities for practical activities

Candidates should gain hands-on experience of carrying out ethical, investigative activities to aid their understanding of this subject. To help centres identify opportunities for carrying out these activities, studies that can be replicated have been marked with an asterisk.

**Research methods** are delivered in Topic 11. However, as a way to aid candidates in evaluating the studies, centres can encourage them to consider the methodology of the key studies as they progress through each individual topic. For example, candidates could consider the issues with using a questionnaire in **Young (2007)** (3.2.2) when evaluating the use of cognitive behavioural therapy (CBT) for internet addiction.

Although candidates will not be directly assessed on practical activities, the experience they gain will give them a better understanding of this subject and may enhance their examination performance.

**Guidance**

**3.1    Content**

**3.1.1 Understand the two mental health problems unipolar depression and addiction, including the symptoms and features according to the International Classification of Diseases (ICD) of:**
    a. **depression**
    b. **addiction**

Candidates need to know the symptoms and features of both **depression** (3.1.1a) and **addiction** (3.1.1b) according to the ICD. It may be beneficial to candidates for centres to provide or ask candidates to find a copy of the ICD, and to select the prominent symptoms of depression and addiction. Candidates could then look at the current prevalence of these mental health problems, their **prevalence over time** (which can link to 3.1.2) or culture, who is more commonly affected in terms of age and gender, and any other factors which may influence risk. Centres may wish to focus on the symptoms from the ICD-11 (due to be published in 2018), which adopts the term addiction for a variety of substances or behaviours (e.g. alcohol) in the current draft version or depression in various forms (e.g. recurrent depressive disorder). The current ICD-10 adopts slightly different titles for the mental health issues so these could be a focus instead.

Application of the symptoms and features of each mental health issue to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can identify the symptoms that are evident.

> *Scott has depression. What symptoms will Scott suffer from?*

**3.1.2 How the incidence of mental health problems changes over time**

Candidates need to learn **how the incidence of mental health problems changes over time** (3.1.2). Centres may want to focus on the two compulsory mental health issues (depression and addiction) but could also investigate other mental health issues (e.g. obsessive compulsive disorder (OCD), schizophrenia, phobias). Candidates could look at official statistics and consider the frequency and prevalence of the chosen mental health issues over time. Centres could look at how different factors change over time, such as gender, ethnicity and socioeconomic group. This could all link to topic 3.3 Issues and debates, where candidates have to understand how psychology has changed over time. In topic 4 the focus is on the brain, which could be relevant for mental health problems in terms of **how they affect individuals** (3.1.3), **drug therapy** that acts on neurotransmitters (3.1.8), and the **function of neurotransmitters** (4.1.3a) in the brain. Additionally, centres could consider the cultural variation in the incidence of mental health problems over time. Centres may choose to link their delivery to 3.1.3 and consider how the incidence of mental health problems changing over time could **affect individuals and society**.

Application of these concepts to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can consider how the incidence of mental health problems could have changed over time, as evident in the scenario.

> *Scott lives in Imbondu and has recently been diagnosed with a mental health problem. The incidence of his mental health problem has been rising in Imbondu.*
>
> *How does the incidence of mental health problems, like Scott's, change over time?*

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### 3.1.3 How mental health problems affect individuals and society

Candidates need to consider **how mental health problems can affect both individuals and society** (3.1.3). Centres may want to focus on the two compulsory mental health issues (depression and addiction) but could also investigate other mental health issues (e.g. OCD, schizophrenia, phobias).

Candidates need to look at the impact of the chosen mental health problems on the individual, which could link to the **symptoms** (3.1.1) and the **incidence over time** (3.1.2). The impact on the individual in terms of the social, emotional and occupational factors could be considered.

Candidates need to look at the impact of the chosen mental health problems on society, which could link to the **symptoms** (3.1.1) and the **incidence over time** (3.1.2). The impact on society in terms of healthcare, crime, economic costs and wider social factors (e.g. attitudes in terms of stigma and discrimination) could be considered.

Application of these concepts to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can identify and explain how the mental health problems that are evident could impact on the individual and society.

> *Scott lives in Imbondu and has recently been diagnosed with a mental health problem.*
>
> *How could Scott's mental health problem impact on him as an individual?*

### 3.1.4 The influence of genes as an explanation, including strengths and weaknesses of each explanation, for:
   a. depression
   b. addiction

Candidates need to know about the influence of genes as an explanation of both **depression** (3.1.4a) and **addiction** (3.1.4b). Centres could begin their delivery with an explanation of basic concepts such as genes (and genotypes), chromosomes and concordance rates within twin studies. Candidates can then look at family, twin and adoption studies that have investigated the inheritance of both depression and addiction. These research studies can give ideas about how much of an individual's depression or addiction might be caused by genes (or nature), and how much might be caused by the environment (or nurture). This can then be linked to the issues and debates section, which requires an understanding of the **nature–nurture debate** (3.3). **Caspi et al. (2003)** investigated the role of a specific genotype (nature) on stressful life events (nurture) in depression (3.2.1), and also provides an insight into the diathesis-stress model (from which centres could deliver the concept of a phenotype). The idea of a gene x environment interaction would help candidates to understand the importance of both **nature and nurture** (3.3) in mental health issues, such as that of depression reported in **Caspi et al. (2003)** (3.2.1).

Genes as an explanation of depression and addiction can be evaluated through comparisons to other theories and explanations. For example, in contrast, **cognitive theory** (3.1.5) for depression suggests that faulty and irrational thinking causes depression. Alternatively, **learning theory** (3.1.6) for addiction suggests that association, reinforcement and observational learning cause addiction. Candidates can consider whether one explanation may be more realistic, detailed or comprehensive than another. Supporting evidence can be used where available. Equally, supporting evidence can be used where it shows that the theory or explanation may be inaccurate. Candidates can also judge how useful the theory or explanation is, such as whether there is an application to society. Some candidates may benefit from being extended by

drawing on the concepts delivered in the 'issues and debates' content, where themes such as nature versus nurture could be used to evaluate explanations.

Application of these concepts to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can explain the influence of genes that are evident for an individual suffering from depression and/or addiction.

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*Scott has been recently diagnosed with depression. His parents have both been diagnosed with depression. How could genes explain Scott's recent diagnosis?*

*What strengths and weaknesses are there of this explanation for Scott's diagnosis?*

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### 3.1.5 The use of cognitive theory as an explanation of depression, including strengths and weaknesses of the explanation

Candidates need to know about **cognitive theory as an explanation of depression** (3.1.5). Centres could begin by introducing Beck's cognitive model of depression with the cognitive triad. This could give candidates some examples of how a person with depression may develop negative views of the self, the world and the future. This could then be further developed with schemata that have developed irrational thoughts and beliefs, and finally with cognitive errors, which involve faulty thinking and negative and unrealistic ideas. The concept of schemata can link to **reconstructive memory** (2.1.4) and candidates can discuss comparisons between adaptive and maladaptive thoughts and beliefs of the world. The cognitive theory for depression could be linked with the **issues and debates** (3.3) as it is predominantly a nurture explanation for depression, which could be contrasted with the **genetic explanation** (3.1.4).

Cognitive theory as an explanation of depression can be evaluated through comparisons to other theories and explanations. For example, in contrast, **genes as an explanation** (3.1.4) for depression suggests that inheritance is partly or wholly the cause of depression through a genotype or interaction between genes and the environment. Candidates can consider whether one explanation may be more realistic, detailed or comprehensive than another. Supporting evidence can be used where available. Equally, supporting evidence can be used where it shows that the theory or explanation may be inaccurate. Candidates can also judge how useful the theory or explanation is, such as whether there is an application to society. Some candidates may benefit from being extended by drawing on the concepts delivered in the 'issues and debates' content, where themes such as nature and nurture could be used to evaluate explanations.

Application of these concepts to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can explain the influence of faulty thinking that is evident for an individual suffering from depression.

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*Scott has recently been diagnosed with depression. He failed a recent psychology test and is now considering dropping out of school. He recently suggested that life was pointless and he has no future.*

*How could cognitive theory explain Scott's recent depression?*

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### 3.1.6 The use of learning theory as an explanation of addiction, including strengths and weaknesses of the explanation

Candidates need to know about **learning theory as an explanation of addiction** (3.1.6). Centres could deliver any of the learning theories as an explanation of addiction or more than one. The main learning theories include classical conditioning (learning by association), operant conditioning (learning by reinforcement), and social learning theory (learning by observation and imitation). If centres are delivering criminal psychology (topic

6) then they could use both **operant conditioning** (6.1.1a–f) and **social learning theory** (6.1.1g–k). For addiction, classical conditioning basics could be delivered (e.g. unconditioned stimulus (UCS), unconditioned response (UCR), neutral stimulus (NS), conditioned stimulus (CS), conditioned response (CR)) and then addiction applied to different stimulus>response learning scenarios. The operant conditioning principles of reinforcement (positive and negative) and punishment (positive and negative) could be delivered and then applied to different contingency-based scenarios. Social learning concepts of role models, observational learning and vicarious reinforcement could be delivered and then addiction applied to different imitative learning scenarios.

Learning theory as an explanation of addiction can be evaluated through comparisons to other theories and explanations. For example, in contrast, **genes as an explanation** (3.1.4) for addiction suggests that inheritance is partly or wholly the cause of addiction through a genotype or interaction between genes and the environment. Candidates can consider whether one explanation may be more realistic, detailed or comprehensive than another. Supporting evidence can be used where available. Equally, supporting evidence can be used where it shows that the theory or explanation may be inaccurate. Candidates can also judge how useful the theory or explanation is, such as whether there is an application to society. Some candidates may benefit from being extended by drawing on the concepts delivered in the 'issues and debates' content, where themes such as nature and nurture could be used to evaluate explanations.

Application of these concepts to stimulus materials would benefit candidates. Centres could develop scenarios and examples from which candidates can explain examples of association, reinforcement or observational learning that are evident for an individual suffering from addiction.

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*Scott watched his Dad smoking. The next day Scott tried a cigarette.*

*How could learning theory explain Scott's recent behaviour?*

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**3.1.7 The use of cognitive behavioural therapy (CBT) as a treatment, including strengths and weaknesses of each therapy for:**
  **a. depression**
  **b. addiction**

Candidates need to know how **cognitive behavioural therapy (CBT) could be used as a treatment for both depression** (3.1.7a) and **addiction** (3.1.7b). The use of a **cognitive behavioural therapy (CBT)** (3.1.7) may be delivered following **cognitive theory** (3.1.5). CBT is a treatment based on the premise that thoughts determine feelings. Patients are taught to monitor their thoughts and identify those that trigger faulty, irrational feelings and actions whilst they learn new coping skills and ways to prevent a relapse. For addiction, there is a direct link to **Young (2007)** (3.2.2) which gives a useful overview of the CBT process and its application to mental health problems.

Throughout this topic, the application of these concepts to stimulus materials, explanations and examples drawing from both depression and addiction would benefit candidates. Centres could develop scenarios and examples from which candidates can explore the most appropriate treatment.

Types of treatment can be evaluated through comparisons to each other and the nature of the thinking or behaviours that they aim to change. Candidates can also use theories and explanations for evaluation, such as whether CBT can work effectively with mental health patients if their behaviour is the result of a gene (e.g. the 5-HTT gene). Supporting evidence can be used to evaluate treatment programmes and there are several psychological studies suitable for CBT, most notably **Young (2007)** (3.2.2). Equally, candidates may wish to consider the practicalities of the programmes, for example the long-term effectiveness of CBT outside a hospital setting once the patient is

discharged. Candidates may want to determine how likely the mental health patient is to engage in adaptive thinking and behaviours as a result of the treatment.

> *Scott has been diagnosed with addiction and has been sent for CBT. What might Scott experience during his CBT sessions?*
>
> *What are the strengths and weaknesses of CBT for Scott?*

### 3.1.8 The use of drugs as a treatment, including strengths and weaknesses of each treatment for:
       a. depression
       b. addiction

Candidates need to know how **drugs could be used as a treatment for both depression** (3.1.8a) and **addiction** (3.1.8b). The use of **drugs** (3.1.8) may be delivered following **genes as an explanation** (3.1.4) or through the concepts of **neurons and synapses** (4.1.3) in topic 4 (the brain and neuropsychology). The use of drugs as a treatment for depression would focus on anti-depressant drugs and may encompass the different types of anti-depressants available (e.g. tricyclics, SSRIs). The concept of the serotonin system is explored in **Caspi et al. (2003)** (3.2.1) so there could be links here. The use of drugs as a treatment for addiction may focus on the treatment of drug addiction (e.g. methadone for heroin). This could be linked to the **function of neurotransmitters** (4.1.3a) and **synaptic functioning** (4.1.3b). Centres may also want to link to the **issues and debates** (3.3) as the use of drugs is based on the nature argument that depression or addiction can be treated internally.

Throughout this topic, the application of these concepts to stimulus materials, explanations and examples drawing from both depression and addiction would benefit candidates. Centres could develop scenarios and examples from which candidates can explore the most appropriate treatment.

Types of treatment can be evaluated through comparisons to each other and the nature of the neurochemical imbalances or behaviours that they aim to change. Candidates can also use theories and explanations for evaluation, such as whether drug treatment can work effectively with mental health patients if their behaviour is the result of a faulty cognitions (consistent with cognitive theory). Supporting evidence can be used to evaluate treatment programmes and there are several psychological studies suitable for drug treatment. Equally, candidates may wish to consider the practicalities of the programmes, for example the long-term effectiveness of drug treatments if they are not taken once the patient is discharged. Candidates may want to determine how likely the mental health patient is to take their drugs if they cause serious side effects.

> *Scott has been diagnosed with addiction and has been prescribed drugs.*
>
> *What process would Scott go through when experiencing drug treatment?*
>
> *What are the strengths and weaknesses of drug treatment for Scott?*

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### 3.2 Studies

Candidates should understand the aims, procedures and findings (results and conclusions), and strengths and weaknesses of:

3.2.1 Caspi et al. (2003) Influence of Life Stress on Depression: Moderation by a Polymorphism in the 5-HTT Gene

3.2.2 Young (2007) Cognitive Behavior Therapy with Internet Addicts: Treatment Outcomes and Implications

### Study One

**Caspi et al. (2003) Influence of Life Stress on Depression: Moderation by a Polymorphism in the 5-HTT Gene.**

### Background

Previous research had suggested that depression was linked to stressful life experiences, but not all those who underwent stressful life experiences developed depression. The diathesis–stress theories of depression suggested this was because those who developed depression did so due to a genetic vulnerability.

Anti-depressant drugs differ in their mode of action but there is one type that target serotonin (SSRIs). Therefore, the researchers investigated the role of a gene involved in serotonin (the 5-HTT gene). People with either one or two short (s) alleles of a genotype involved in serotonin efficiency (the 5-HTTLPR genotype) have been found to have lower serotonin efficiency than those with one or two copies of the long (l) allele.

### Aim

The main aim was to see why stressful experiences lead to depression in some people but not others.

The researchers wanted to investigate the role of a gene involved with serotonin to see if it contributed to depression.

### Procedure

The study was longitudinal and therefore investigated participants at ages 3, 5, 7, 9, 11, 13, 15, 18, 21 and virtually all again at age 26 (96% of the original cohort). The participants were not recruited by the researchers but were taken from a previous study of 1037 people – this was the Dunedin Multidisciplinary Health and Development Study.

For the current study, 847 Caucasian non-Maori study members were selected from the previous study group of 1037 participants and then divided into three groups:

- Group 1 (n=147, 17%): two copies of the short (s) allele of the 5-HTTLPR genotype
- Group 2 (n=435, 51%): one copy of the short (s) allele, and one copy of the long (l) allele of the 5-HTTLPR genotype
- Group 3 (n=265, 31%): two copies of the long (l) allele of the 5-HTTLPR genotype.

### *Measure 1 – stressful life events*

For each of the groups, the stressful life events occurring after their 21st but before their 26th birthdays were recorded using a life-history calendar. The 14 life events included employment, financial, housing, health and relationship stressors.

*Measure 2 – depression*

For each of the groups at age 26, the depressive symptoms for the past year were assessed using the Diagnostic Interview Schedule.

For each of the groups at age 26, an informant (someone who knew them well) was asked via questionnaire about depressive symptoms for the past year for 96% of the participants.

## Results

*Measure 1 – stressful life events*

For the participants across the groups:

- no stressful life events: 30%
- one stressful life event: 25%
- two stressful life events: 20%
- three stressful life events: 11%
- four or more stressful life events: 15%.

There were no differences across the three groups in terms of the number of stressful life events experienced. This suggested that the 5-HTTLPR genotype did not influence exposure to stressful life events.

*Measure 2 – depression*

For the participants across the groups:

- DSM-IV depressive episode experienced in past year: 17%
- past-year suicide attempt: 3%.

### Analysis of the data – outcomes

1. Individuals carrying an (s) allele had a significantly stronger interaction between life events and self-reported depression at age 26.
2. Individuals carrying an (s) allele whose life events occurred after their 21st birthday experienced increases in depressive symptoms from 21 to 26 years old.
3. Life events that occurred after their 21st birthday predicted more cases of new depression at 26 years old for those individuals carrying an (s) allele.
4. Stressful life events predicted major depression among carriers of an (s) allele.
5. Stressful life events predicted informant reports of depression among carriers of an (s) allele (ruling out self-report bias).
6. Stressful life events predicted suicide ideation among carriers of an (s) allele.

Later analyses confirmed that the 5-HTT gene appeared to moderate the effects of stressful life events (the presence of one or more (l) alleles reduced their impact).

The researchers then assessed the impact of childhood maltreatment to see if the 5-HTT gene moderates all life events, and not just those experienced in adulthood. There was a significant interaction – childhood maltreatment predicted adult depression only among those carrying the (s) allele.

**Conclusions**

The 5-HTT gene interacts with life events to predict depressive symptoms, an increase in symptoms, diagnosis of depression, new-onset diagnoses, suicidality and an informant's report of depressed behaviour. Those carrying an (l) allele were less likely to develop depression or suicidality.

Furthermore, the (l) allele moderated the effects of probable or significant childhood maltreatment.

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Candidates may be asked to consider the following issues when **evaluating** studies:
- validity
- reliability
- generalisability
- ethics
- objectivity
- subjectivity.

**Information for centres**

*It is recommended that, wherever possible, centres combine the use of the summary of studies resource with the original study. However, where studies are not freely available or easily accessible, the summary resource is designed to help provide key starting points to enable teachers to deliver the content.*

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**Study Two**

**Young (2007) Cognitive Behavior Therapy with Internet Addicts: Treatment Outcomes and Implications.**

**Aim**

To see how effective cognitive behavioural therapy (CBT) would be for those suffering from internet addiction.

**Procedure**

Participants were 114 clients recruited from the Center for Online Addiction in Pennsylvania, USA. Of these, 42% were women, 84% were Caucasian, they had mean ages of 38 and 46 for males and females respectively, and 61% had a 4-year bachelor's degree.

All participants had been screened using the Internet Addiction Test with some participants excluded beforehand for showing high-risk behaviours.

After initial screening, participants had sessions with a principle investigator over a number of weeks involving CBT.

A client outcome questionnaire was given to the participants at the 3rd, 8th and 12th online sessions and then at a 6-month follow-up. There were 12 questions which used a 5-point Likert scale and assessed:

- how effective counselling was at helping the clients achieve the targeted treatment goals, and the quality of the counselling relationship
- motivation to quit abusing the internet
- ability to control offline activities
- improved relationship functioning
- improved offline sexual functioning (if applicable).

**Results**

The most common problematic online applications reported by the clients were:

- pornography, chat (sexual), gambling for men (with a minority reporting gaming)
- chat (sexual) for women (with a minority reporting general chat, online auction houses, shopping and gaming).

The problems associated with compulsive use of the internet were:

- time (96%)
- relationship (85%)
- sexual (75%)
- work (71%)
- financial (42%)
- physical (29%)
- academic (15%).

The table below shows the mean ratings given by the clients using the 5-point Likert scale (0=not at all; 5=extremely helpful) for the therapist–client interaction across the sessions and during follow-up.

| Therapy variable | Session 3 | Session 8 | Session 12 | 6-month follow-up |
|---|---|---|---|---|
| Ability to develop a supportive relationship | 3.85 | 4.28 | 4.58 | 3.96 |
| Overall quality of the counselling environment | 3.56 | 4.12 | 4.36 | 3.90 |
| Overall quality of the counselling relationship | 3.35 | 4.25 | 4.55 | 4.10 |

Clients found the counselling environment comfortable to conduct therapy, and their relationship with the therapist improved over time.

The table below shows mean ratings given by the clients for the outcome goals using the 5-point Likert scale (0=not at all; 5=extremely helpful).

| Outcome goal | Session 3 | Session 8 | Session 12 | 6-month follow-up |
|---|---|---|---|---|
| Motivation | 4.22 | 3.96 | 4.54 | 4.36 |
| Time management | 3.95 | 4.06 | 4.33 | 4.22 |
| Relationship function | 2.95 | 3.66 | 4.42 | 3.99 |
| Sexual function | 2.15 | 2.99 | 3.26 | 3.16 |
| Engagement in offline activities | 2.67 | 4.46 | 4.66 | 4.87 |
| Abstinence from problematic applications | 3.45 | 4.28 | 4.55 | 4.35 |

Most clients showed continuous improvement by session 3 and effective symptom management by sessions 8 and 12, with overall improved symptom maintenance by the 6-month follow-up.

**Conclusions**

CBT and related techniques enabled clients to decrease thoughts and behaviours associated with compulsive internet use. Relapse prevention was achieved by clients over a 6-month follow-up too.

Furthermore, rationalisations that led to compulsive use were reduced and proactive lifestyle changes to adapt to life without the internet were achieved.

Candidates may be asked to consider the following issues when **evaluating** studies:
● validity
● reliability
● generalisability
● ethics
● objectivity
● subjectivity.

**Information for centres**

*It is recommended that, wherever possible, centres combine the use of the summary of studies resource with the original study. However, where studies are not freely available or easily accessible, the summary resource is designed to help provide key starting points to enable teachers to deliver the content.*

## 3.3 Issues and debates

**3.3.1 Understand the nature and nurture debate, including:**
    **a. the term 'nature'**
    **b. the term 'nurture'**
    **c. the use of content, theories and research drawn from psychological problems to explain the nature and nurture debate**

The issues and debates content in each compulsory topic, including research methods, is designed to enable candidates to understand the wider issues in psychology that underpin psychological knowledge and research. These are delivered within specific topic content. Candidates can, however, draw upon issues and debates in their evaluations and extended open essays across each topic area (compulsory and/or optional), and while this is not an expected feature of responses, it may – if appropriate, accurate and relevant – be creditworthy in examinations. For example, if they chose to evaluate the use of drug treatment using nature and nurture concepts this can be an acceptable response.

Issues and debates will be specifically assessed in Paper 1 through an extended open-response question.

The **nature and nurture debate** (3.3.1) has been included in this topic because a lot of the concepts and ideas link to either nature (e.g. genes) or nurture (e.g. observational learning) with an interaction between the two (e.g. **Caspi et al., 2003**).

Candidates need to know how to define the terms **nature** (3.3.1a) and **nurture** (3.3.1b), and to develop an understanding of the interaction between the two as an explanation of human behaviour. The **use of content, theories and research drawn from psychological problems** (3.3.1c) can be used to exemplify candidate understanding of the **nature and nurture debate** (3.3.1).

The **influence of genes as an explanation for depression** (3.1.4a) and **addiction** (3.1.4b), and the **use of drug treatment for depression** (3.1.8a) and **addiction** (3.1.8b) can be used as part of the **nature** (3.3.1a, 3.3.1c) debate. **Cognitive theory** (3.1.5), **learning theory** (3.1.6) and the **use of CBT** (3.1.7) can be used as part of the **nurture** (3.3.1b, 3.3.1c) debate. The interaction between nature and nurture can be explored using **Caspi et al. (2003)** (3.1.2) and through consideration of the diathesis–stress approach to mental health problems.

Other areas of the specification could also be considered as part of the nature and nurture debate, such as **how mental health problems affect individuals and society** (3.1.3). The **relative impact of genes** (3.1.4) or **role models** (3.1.6) could be considered in terms of how the individual or society could be affected by depression.

# Resources and references

## Studies

### 3.2.1 Caspi et al. (2003) Influence of Life Stress on Depression: Moderation by a Polymorphism in the 5-HTT Gene

http://www.epigenomicslab.com/wp-content/uploads/publications/Caspi%20A%20et%20al,%20Influence%20of%20life%20stress%20on%20depression,%20moder.pdf

https://www.ncbi.nlm.nih.gov/pubmed/12869766

### 3.2.2 Young (2007) Cognitive Behavior Therapy with Internet Addicts: Treatment Outcomes and Implications

https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwjTlffJq6PSAhXHIcAKHQ0ACf0QFggiMAE&url=https%3A%2F%2Fwww.researchgate.net%2Ffile.PostFileLoader.html%3Fid%3D5675794c6225ffa70c8b458f%26assetKey%3DAS%253A308398501892096%25401450539340786&usg=AFQjCNHIoefKYgGaSVSRUDjoXOaVJHLIpg&bvm=bv.147448319,d.ZGg&cad=rja

http://online.liebertpub.com/doi/abs/10.1089/cpb.2007.9971

## Research into psychological problems

*Sources suggested here are additional guidance for centres to aid with teaching resources and ideas. These are not compulsory components and centres should select delivery content as appropriate to their candidates. Centres can draw upon any research evidence to support evaluations and explanations of topic areas. This list is not exhaustive.*

## The symptoms and features according to the International Classification of Diseases (ICD)

http://www.who.int/classifications/icd/en/

http://www.who.int/classifications/icd/revision/en/

## How the incidence of mental health problems changes over time

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth

http://content.digital.nhs.uk/mentalhealth

http://content.digital.nhs.uk/catalogue/PUB21748

http://content.digital.nhs.uk/pubs/psychiatricmorbidity07

http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/

http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics

## How mental health problems affect individuals and society

http://www.time-to-change.org.uk/mental-health-statistics-facts

https://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3292769/

http://www.who.int/mediacentre/news/releases/2016/depression-anxiety-treatment/en/

http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf

**The influence of genes as an explanation, including strengths and weaknesses of each explanation**

http://www.bbc.co.uk/schools/gcsebitesize/science/ocr_gateway_pre_2011/ourselves/6_gene_control1.shtml

https://www.drugabuse.gov/publications/drugfacts/genetics-epigenetics-addiction

http://www.apa.org/monitor/2008/06/genes-addict.aspx

http://www.apa.org/monitor/sep02/genes.aspx

https://thepsychologist.bps.org.uk/volume-20/edition-4/slings-and-arrows-depression-and-life-events

**The use of cognitive theory as an explanation of depression, including strengths and weaknesses of the explanation**

http://www.simplypsychology.org/depression.html#

http://www.personalityresearch.org/papers/allen.html

**The use of learning theory as an explanation of addiction, including strengths and weaknesses of the explanation**

http://www.simplypsychology.org/classical-conditioning.html

http://www.simplypsychology.org/operant-conditioning.html

http://www.simplypsychology.org/bandura.html

http://www.jku.at/org/content/e54521/e54528/e54529/e178059/Bandura_SocialLearningTheory_ger.pdf

**The use of cognitive behavioural therapy (CBT) as a treatment, including strengths and weaknesses of each therapy**

http://www.apa.org/helpcenter/depression.aspx

http://www.nhs.uk/conditions/cognitive-behavioural-therapy/Pages/Introduction.aspx

http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/cognitivebehaviouraltherapy.aspx

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral

https://www.apa.org/monitor/2013/06/addiction.aspx

**The use of drugs as a treatment, including strengths and weaknesses of each treatment**

http://www.nhs.uk/conditions/Antidepressant-drugs/Pages/Introduction.aspx

http://www.mind.org.uk/information-support/drugs-and-treatments/antidepressants/#.WK2R6H8aKUk

http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/antidepressants.aspx

http://www.talktofrank.com/drug/methadone

https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

http://www.nta.nhs.uk/

**Teacher resource sharing**

Further suggested resources can be found in the 'Getting Started' publication, where a scheme of work has been provided.

http://www.psychlotron.org.uk
http://www.psychteacher.co.uk
http://www.resourcd.com

**Teacher and student resource sites**

http://www.simplypsychology.org/ – this website gives an overview of many of the key areas.

https://www.psychologytoday.com/ – this is an online magazine (with an option to subscribe) that brings psychological theories into modern, contemporary issues.

https://play.google.com/store/search?q=psychology%20free%20books&c=books&hl=en – this site has a number of free short books about key areas of psychology.

http://www.open.edu/openlearn/body-mind/psychology – the 'OpenLearn' programme offers freely accessible resources provided by the Open University.

http://allpsych.com/ –a useful site with books, articles and summaries of some of the key concepts.

https://www.youtube.com/playlist?list=PL8dPuuaLjXtOPRKzVLY0jJY-uHOH9KVU6 – Psychology 'Crash Course' is a YouTube channel that provides 40 short overviews of psychological issues.

http://www.bbc.co.uk/programmes/b008cy1j – 'BBC Mind Changers' is a series of radio episodes (that can also be downloaded) about key psychologists, their work, and the development of psychology over time.

http://www.bbc.co.uk/programmes/b006qxx9 – 'BBC In the Mind' is a series of radio episodes that focus on the human mind using the application of psychological concepts and theories.

*All weblinks included here have been checked as active at publication, however the nature of online resources is that they can be removed or replaced by webhosting services and so it cannot be guaranteed that these sites will remain available throughout the life of the qualification.*