

Psychology - mental illness or mental health

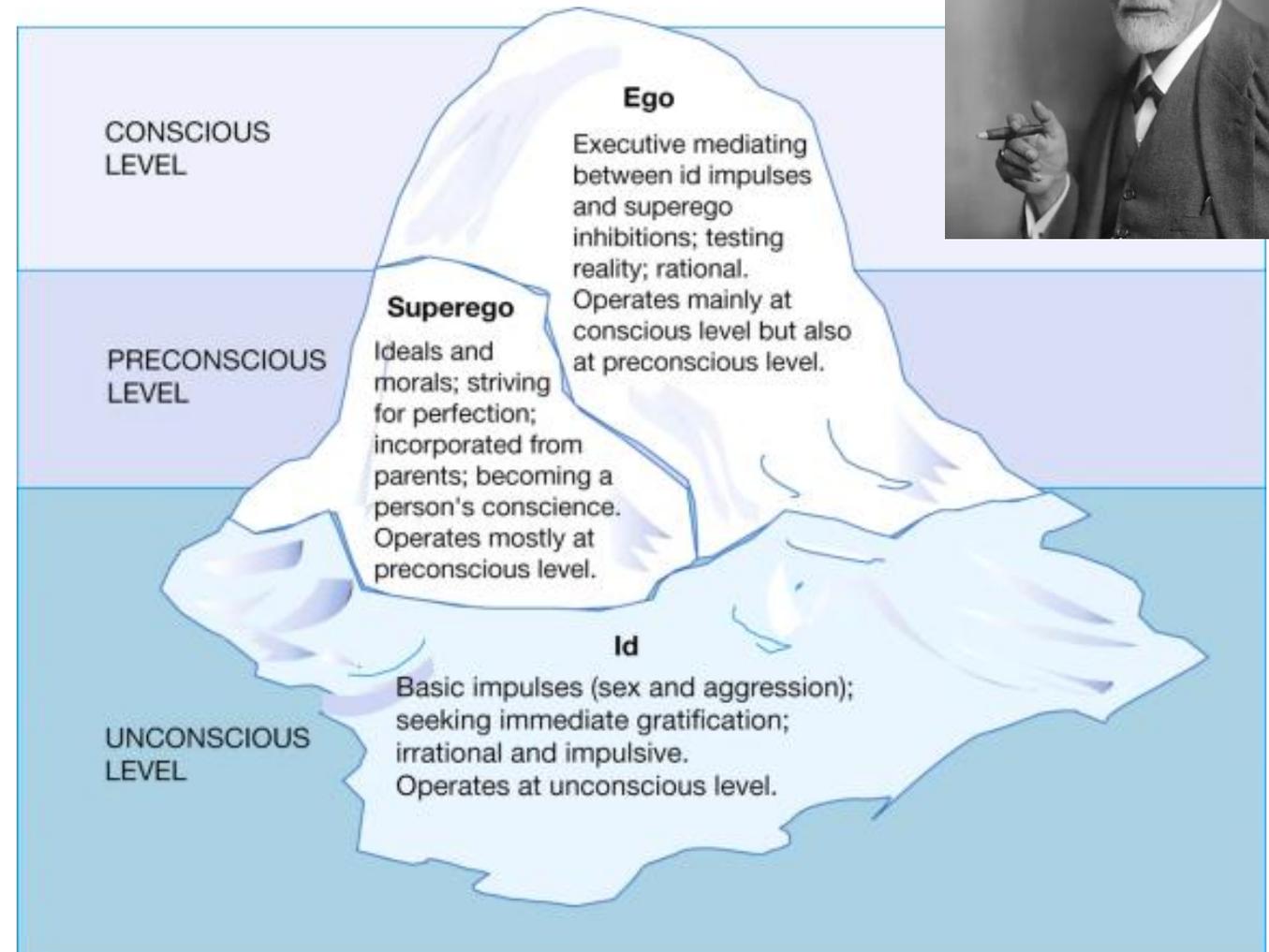
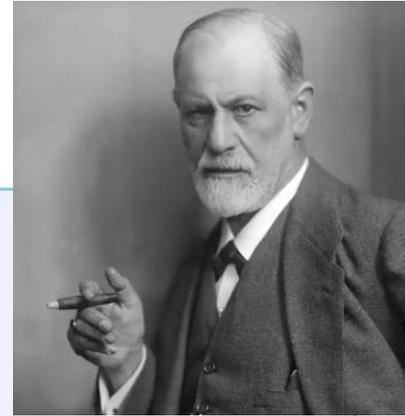
Steve Gilbert

Development of psychology and psychiatry

- Traditional beliefs in demonic possession
- Psychology and psychiatry developed in 19th century
- Concerned with moral insanity
- Belief in the instinctive tendency to the obscene
- Avoiding overexcitement – fairy tales and newspapers
- Element of social control

Sigmund Freud

Psychoanalysis



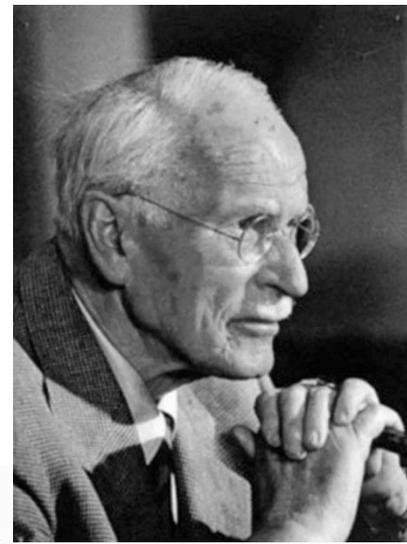
Freud's Main Beliefs



1. Childhood experiences determine adult personality.
2. Unconscious mental processes influence everyday behavior.
3. Conflict causes most human behavior.

Carl Jung

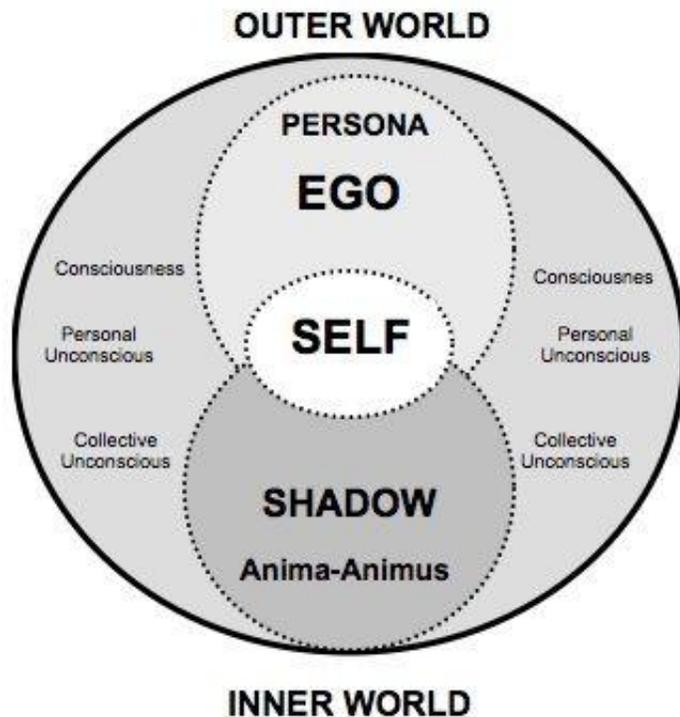
The Collective Unconscious



Jung's Personality Type

- According to Jung's theory of psychological types, people can be characterized by
- Their preference of general attitude: **Extraverted (E)** or **Introverted (I)**
- Their preference of functions of perception: **Sensing (S)** or **Intuition (N)**
- Their preference of functions of judging: **Thinking (T)** or **Feeling (F)**

- These area of preferences are dichotomies with one function (of each) dominant.



Skinner – Behavioural Therapy

B.F. Skinner and colleagues

- Goal: unlearning maladaptive behavior and learning adaptive ones
- **Systematic Desensitization – Joseph Wolpe**
 - Classical conditioning (slide)
 - Anxiety/Fear
- **Aversion therapy – (slide)**
 - Alcoholism, sexual deviance, smoking, etc.
- **Social ski**
 - Modeling
 - Behavioral rehearsal
- **Biofeedback**



Operant Conditioning

Operant conditioning, sometimes referred to as instrumental conditioning, is a method of learning that occurs through rewards and punishments for behavior. Through operant conditioning, an individual makes an association between a particular behavior and a consequence.



The Antidepressant Era

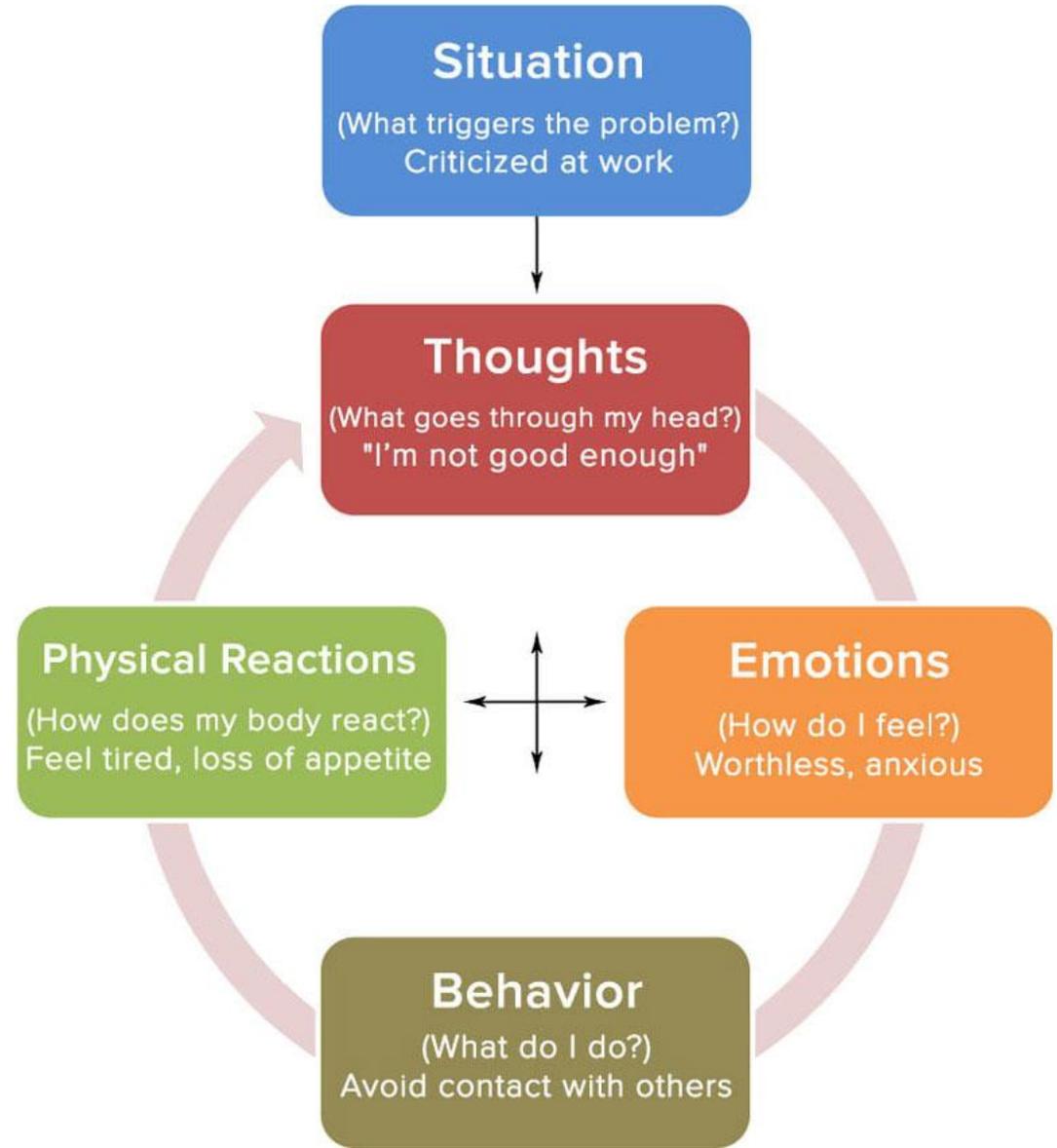
- Development of Organic Chemistry after WWII
- Chemical Imbalance
- Development of anti-psychotic meds and anti-epileptics
- Psycho-surgery and ECT

THE
ANTI-
DEPRESSANT
ERA

DAVID HEALY

Cognitive behavioural therapy

- Combination of behavioural therapy and cognitive therapy developed by Aaron Beck
- Maladaptive thinking leads to change in behavior and affect
- Evidence for effectiveness in a wide range of physical and psychological conditions



Developments of Cognitive Behavioural Therapy

- Positive psychology
- Acceptance and Commitment Therapy
- Mindfulness
- Compassion Focussed Therapy
- Dialectic behavioural therapy
- Trauma focussed therapy
- Internal Family Systems
- Decider skills

Online psychology

- Group programmes
- Self accessed programmes and apps
- Wellness

Trauma

- ACE's
- Different kinds of trauma – childhood & adult

ACE's

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother Treated Violently



Divorce



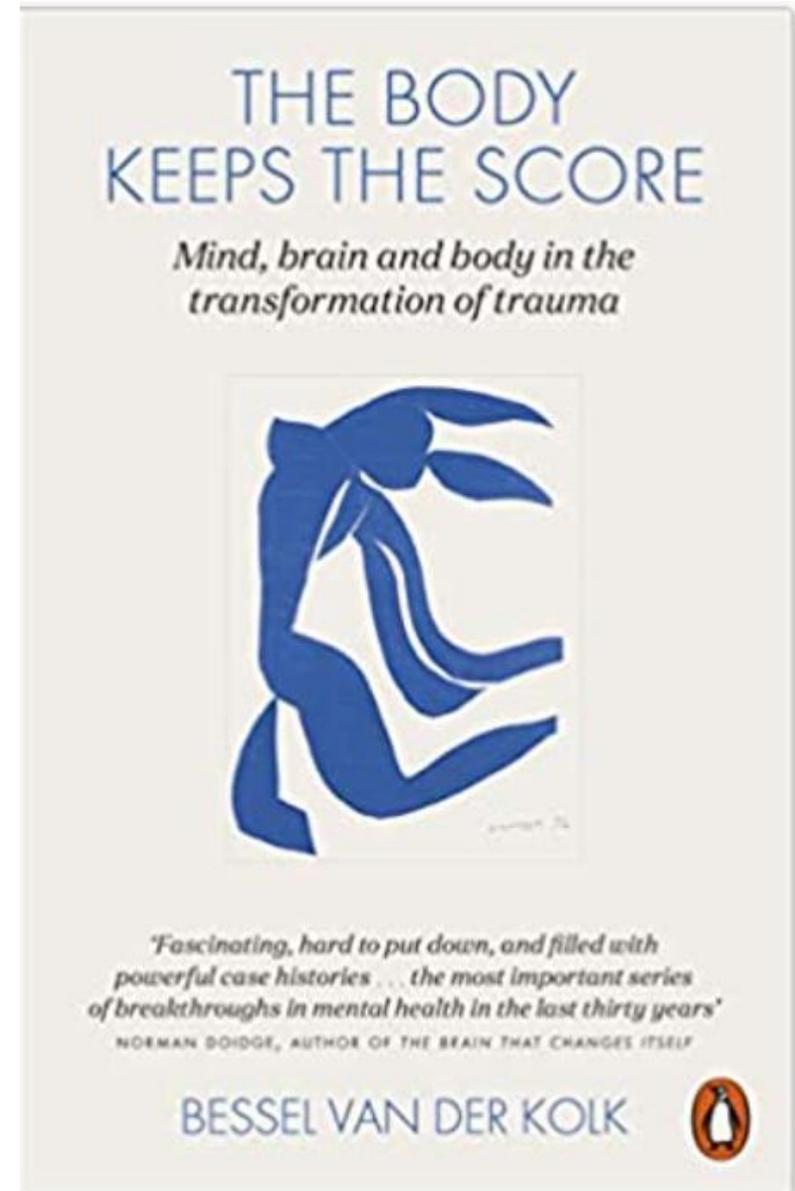
Incarcerated Relative



Substance Abuse

The Body Keeps the Score

- For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present.
- Being traumatized is not just an issue of being stuck in the past; it is just as much a problem of not being fully alive in the present.
- Nobody can “treat” a war, or abuse, rape, molestation, or any other horrendous event, for that matter; what has happened cannot be undone. But what can be dealt with are the imprints of the trauma on the body, mind, and soul.



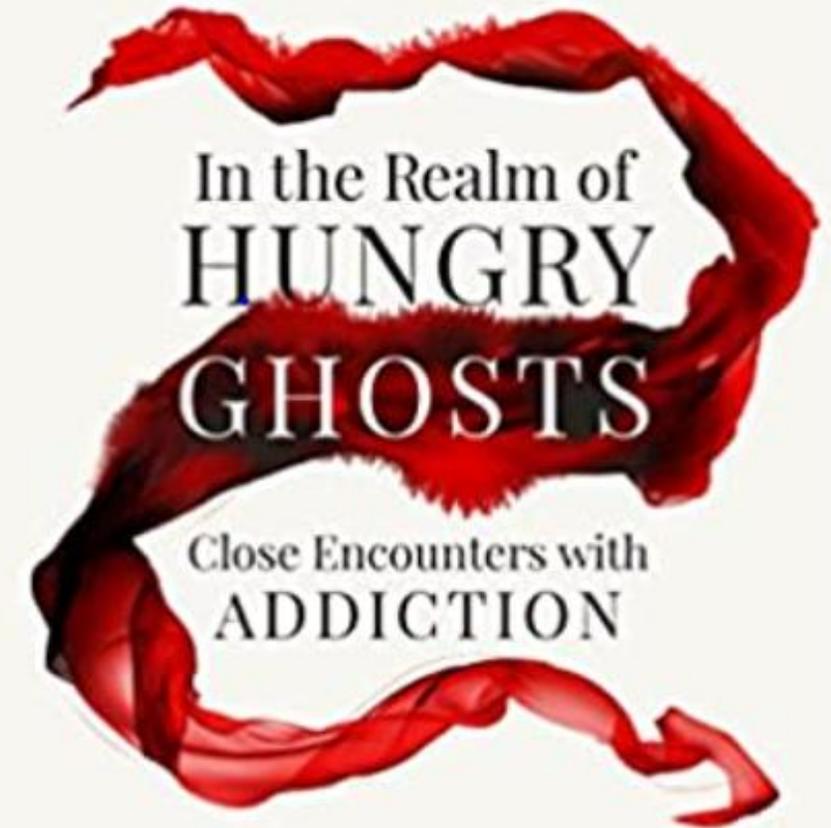
Typical Responses to Trauma:

- One of the hardest things for traumatized people is to confront their shame about the way they behaved during a traumatic episode, whether it is objectively warranted (as in the commission of atrocities) or not (as in the case of a child who tries to placate her abuser)
- It can feel as if you are floating in space, lacking any sense of purpose or direction.
- Traumatized people look at the world in a fundamentally different way from other people. For most of us, a man coming down the street is just someone taking a walk. A rape victim, however, may see a person who is about to molest her and go into a panic.
- The very event that caused so much pain can also become their sole source of meaning. They feel fully alive only when they revisiting the traumatic past

In the Realm of Hungry Ghosts

- *The first question is not 'Why the addiction', but 'Why the pain?'*
- Addiction involves:
 - 1. compulsive engagement with the behaviour, a preoccupation with it;
 - 2. impaired control over the behaviour;
 - 3. persistence or relapse, despite evidence of harm; and
 - 4. dissatisfaction, irritability, or intense craving when the object-be it a drug, activity or other goal-is not immediately available'

NO.1 INTERNATIONAL BESTSELLER
GABOR MATÉ



'A healer to be
cherished'
NAOMI KLEIN

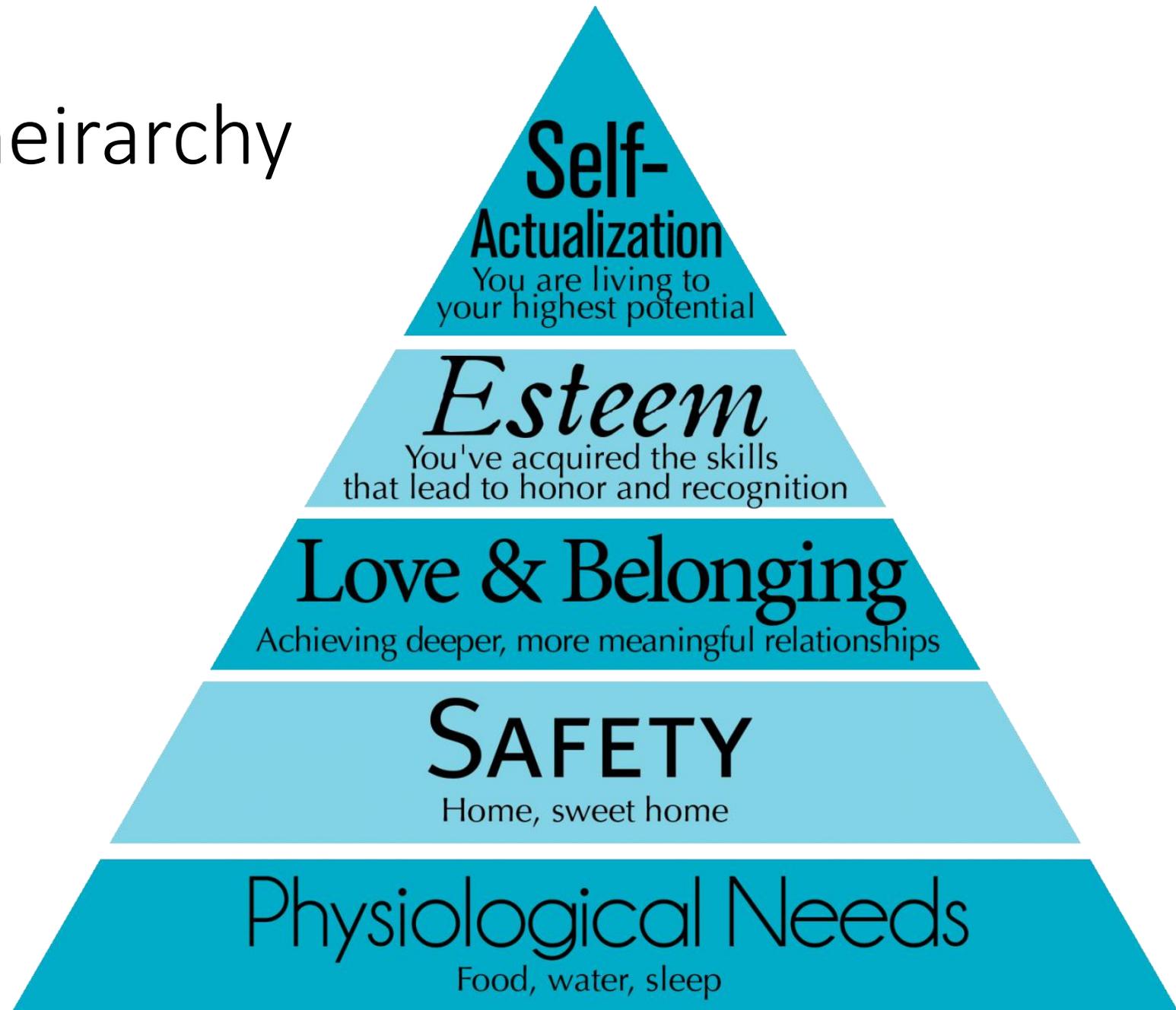
'Everyone should read
this profound book'
JOHANN HARI

Three essential environmental conditions necessary for human brain development

- (i) nutrition
- (ii) physical security
- (iii) attachment.

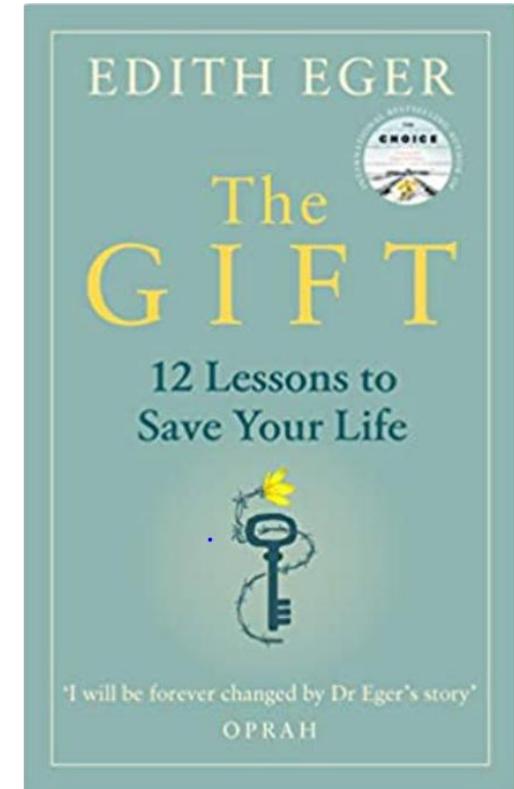
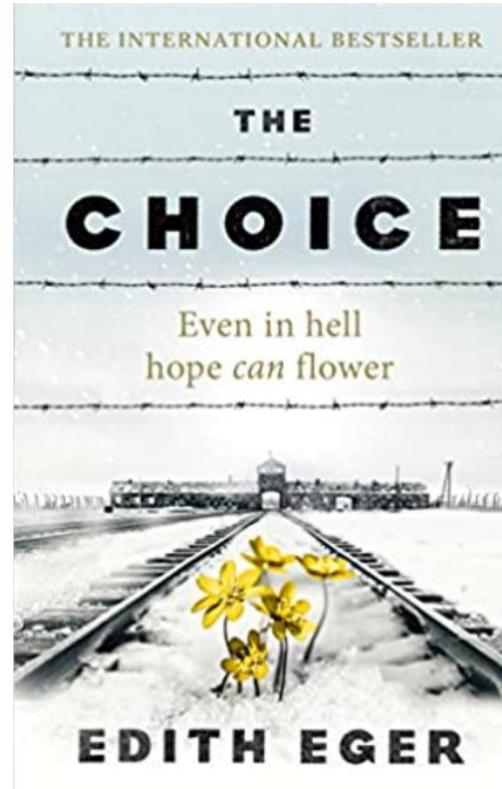
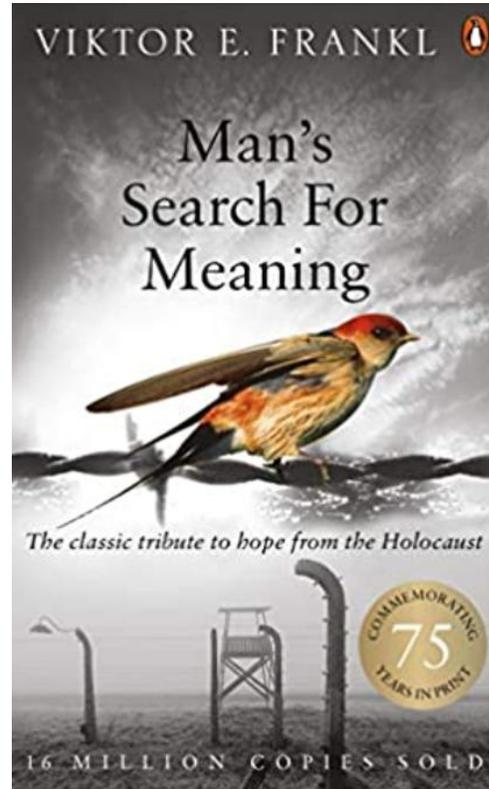
For the most part, in modern westernised societies, the former two are met, and therefore it is the latter that tends to be disrupted.

Maslow's hierarchy



Man's Search for Meaning

- three ways to find meaning in life:
- through work
- through love
- through suffering
- Logotherapy



Assessing risk of Suicide

Assessing risk of Suicide

- Socio-economic deprivation and unemployment
- Substance use
- The availability of, and access to, lethal methods
- Plans
- Adverse life events
- Mental health problems – recently discharged from mental health care
- Previous suicide attempts
- Involvement with criminal justice system
- Media reporting
- Male
- Physical illness – recent diagnosis - pain

Protective factors

Protective factors

- Concern at hurting others
- Social connectedness
- Optimism
- Reasons for living
- Reduced access to lethal methods

Protective

- Reduced access to lethal means of suicide
- Social protection and active labour market programmes to mitigate impact of economic crisis/recession
- Control of availability and price of alcohol
- Responsible media

- Social connectedness and community resilience

- Good parental relationships
- Close and supportive marriage/partnership

- Problem-solving and coping skills
- Reasons for living
- Optimism



Societal

Community

Life experiences and relationships

Individual

Risk

- High unemployment rates and economic recession
- Socio-economic deprivation
- Availability of and access to lethal means
- Population alcohol consumption
- Unsafe media reporting and portrayal of suicide

- Social fragmentation and poor social connections

- Childhood adversity (sexual and physical abuse, bullying)
- Parental psychopathology
- Family history of suicide
- (Gender-based) violence and abuse
- Life events

- Socio-demographic factors
- Mental health problems
- Previous self-harm, intent and means
- Substance misuse
- Physical ill-health and impairment
- Contact with criminal justice system
- Psychological and personality factors

Source: adapted from US Strategy for Suicide Prevention (2012)¹²

THE *SUNDAY TIMES* BESTSELLER

REASONS

TO STAY

ALIVE 

Matt Haig

'A small masterpiece that
might even save lives'

JOANNA LUMLEY

'Matt Haig is astounding'

STEPHEN FRY

What to do?

What to do?

- Interview – quiet, calm
- When to ask – all patients with depression
- Are they feeling hopeless, or that life is not worth living?
- – Have they made plans to end their life?
- – Have they told anyone about it?
- – Have they carried out any acts in anticipation of death (e.g. putting their affairs in order).
- – Do they have the means for a suicidal act (do they have access to pills, insecticide, firearms...)?
- – Is there any available support (family, friends, carers...)?

What to do?

- Involve others if consent
- Assess competence – can over ride confidentiality
- Be open and honest
- Direct to resources
- Give contact details if they need to talk in a crisis
- Treatment of depression

Resources

Sources of help for patients, family, friends and carers

General

Samaritans Tel: 08457 90 90 90
<http://www.samaritans.org>

NHS 111 Tel: 111
<http://www.nhs.uk/111>

NHS Choices: depression
<http://www.nhs.uk/conditions/depression>

NHS Choices: suicide
<http://www.nhs.uk/conditions/suicide>

Royal College of Psychiatrists: Depression
<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression.aspx>

Therapeutic

Mind: how to cope with suicidal feelings
http://www.mind.org.uk/help/diagnoses_and_conditions/suicidal_feelings

Beyond Blue: depression
http://www.beyondblue.org.au/index.aspx?link_id=89

Healthtalkonline: depression
A website which explored themes around depression, with illustrative interviews
http://www.healthtalkonline.org/mental_health/Depression

CALM (Campaign Against Living Miserably)
A website which offers support for distressed people, especially young men
<http://www.thecalmzone.net/what-is-calm/>

Papyrus
Support for young people with suicidal thoughts
<http://www.papyrus-uk.org/support/for-you>

For relatives, friends and carers

Mind: how to support someone who is suicidal
http://www.mind.org.uk/help/medical_and_alternative_care/how_to_help_someone_who_is_suicidal

Papyrus
Support for parents
<http://www.papyrus-uk.org/support/for-parents>

Bereavement by suicide

Help is at hand
A resource for people bereaved by suicide and other sudden, traumatic death. Can be downloaded from:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116064.pdf

Healthtalkonline: bereavement due to suicide
A website which explores themes around bereavement, with illustrative interviews with bereaved people
http://www.healthtalkonline.org/Dying_and_bereavement/Bereavement_due_to_suicide

Self-help books

Gilbert, P. (2009). *Overcoming depression: A guide to recovery with a complete self-help programme*. London: Robinson.

Veale, D., & Willson, R. (2007). *Manage your mood: How to use behavioural activation techniques to overcome depression*. London: Robinson.

Westbrook, D. (2005). *Managing depression*. Oxford: OCTC Warneford Hospital.

Williams, J. M. G. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. New York: Guilford Press.

Butler, G., & Hope, R. A. (1995). *Managing your mind: The mental fitness guide*. Oxford: Oxford University Press.

The other pandemic

- Long Term Conditions
- Mental health
- Metabolic syndrome
- Obesity
- Diabetes
- Chronic Pain
- Chronic Fatigue Syndrome

DSM5

- Diagnostic & Statistical Manual
- Categorises mental health problems
- Overlap between diagnoses
- Patients accumulate diagnoses
- Based on consensus
- Criteria have changed across versions

Making a formulation – 5 P's

	Biological	Psychological	Social	Cultural / Spiritual
Problem				
Predisposing				
Precipitating				
Perpetuating				
Protective				

The underlying problem

- Mental disorders are *metabolic disorders of the brain*.
- Different areas are –
- Underactive
- Overactive
- Active at the wrong time or no function

Brain Energy

A Revolutionary Breakthrough in Understanding
Mental Health—and Improving Treatment
for Anxiety, Depression, OCD, PTSD, and More

—
Christopher M.
Palmer, MD

ASSISTANT PROFESSOR OF PSYCHIATRY, HARVARD MEDICAL SCHOOL

Hypothesis

- Changes in function due to -
- environmental toxins
- lack of natural light
- sleep deprivation
- nutritional deficiencies
- Infections
- Inflammation
- circulatory problems
- hormone imbalances
- insulin resistance
- Stress
- sedentary habits
- intestinal microbiome.

Mental health problems

- The brain is not working properly
- This results in mental symptoms
- The malfunction occurs over a period of time
- The symptoms cause impairment of function or suffering

Mitochondria in the nervous system

- https://www.youtube.com/watch?v=5AX2JzLw8_M

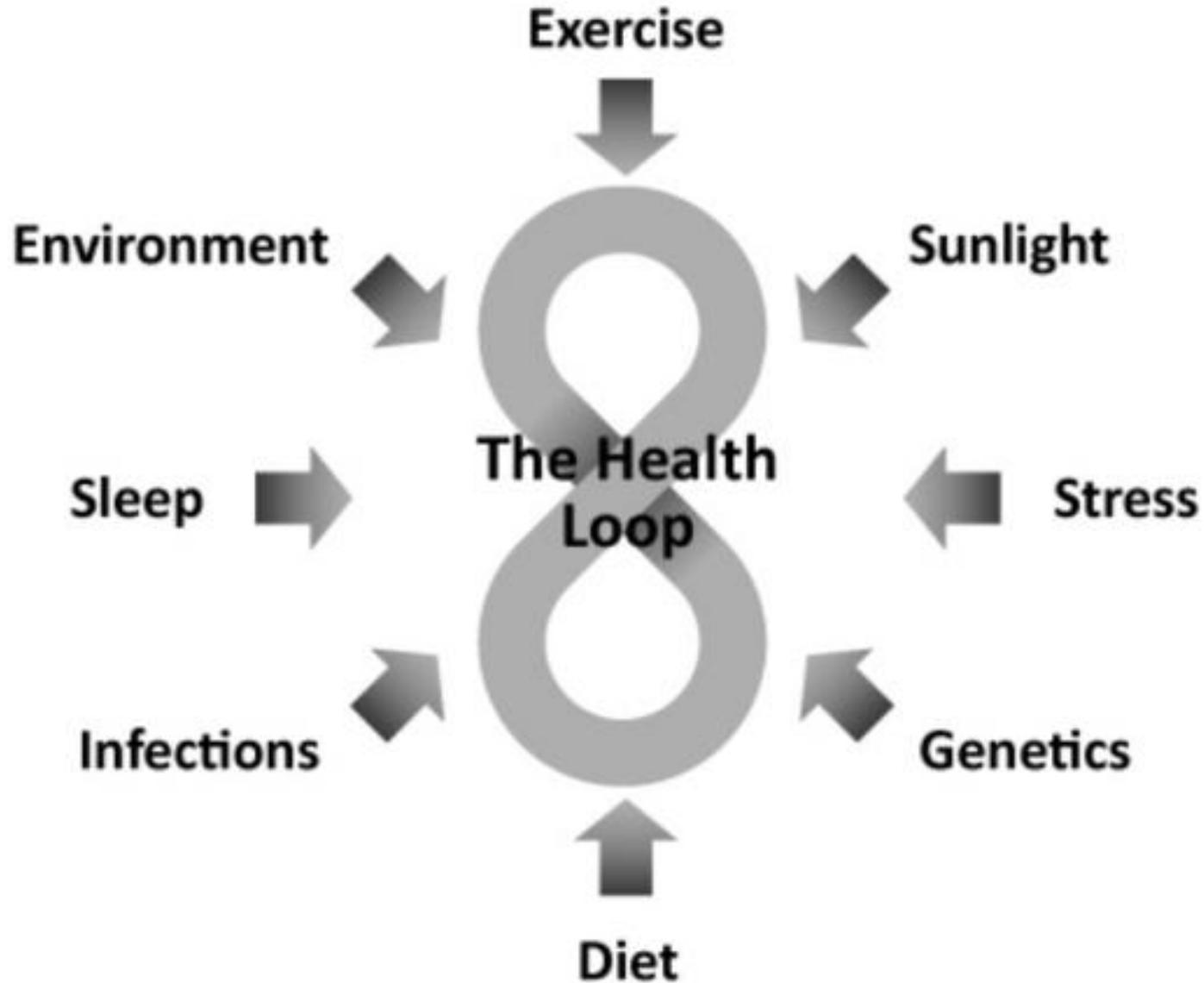
Cellular mechanisms

- Change in mitochondrial morphology
- Decreased mitogenesis & mitophagy
- Abnormal mitochondrial function associated with
- Seizures, mental health problems and Alzheimer's
- Obesity
- Insulin resistance
- Cardiovascular disease

Contributory Causes

- Genes – you can't change them but epigenetics can change function – regulated by mitochondria
- Neurotransmitters – mitochondria have receptors and control production of ACh, glutamate, noradrenaline, dopamine, GABA & serotonin
- Medication – some improve mitochondrial function – and some impair it – leading to weight gain, lethargy & dyskinesia
- Hormones and metabolic regulators – cortisol, insulin, oestrogen & thyroid hormone
- Inflammation – maintained by diet, lack of exercise, poor sleep, stress & toxins
- Sleep, Light, and Circadian Rhythms
- Food, Fasting, and Your Gut
- Drugs and Alcohol
- Physical Activity
- Love, Adversity, and Purpose in Life

Lifestyle Medicine



'The only health manual you will ever need'

DR RANGAN CHATTERJEE

A Unique
Toolkit Built
Around
YOU

THE HEALTH FIX

Transform Your Health
in 8 Weeks

DR AYAN PANJA

Conclusions

- No division between physical and mental health
- Unconscious plays a big part
- Sociopsychobiomedical
- Despite increased spending and provision on health – ill health is increasing