LONDON SOUTH BANK UNIVERSITY

unit guide

The Psychology of Mental Health and Distress

Arts and Human Sciences

2008-9
semester one

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BSc Single Honours in Psychology
BA/BSc Combined Honours - Psychology field
Graduate Diploma in Psychology

2008/2009

Semester One

THE PSYCHOLOGY OF MENTAL HEALTH AND DISTRESS
TPS–3-325

http://www.lsbu.ac.uk/psycho/teaching/abpsy-main.shtml

Faculty of Arts and Human Sciences
Department of Psychology

1. Administrative information

Unit title:	The Psychology of Mental Health and Distress
Level:	3
Reference number	TPS-3-325
Credit value	1
Free elective	No
Contact hours	36
Student study hours	150
Student managed learning	114
Pre-requisites	None
Co-requisites	No
Excluded combinations	Yes
Unit-co-ordinator	- Dr Paula Reavey, E334, Borough Road. reaveyp@lsbu.ac.uk
Teaching staff	- Laura McGrath, E344, Borough Road E-mail: McGratL2@lsbu.ac.uk - Dr Martin Baggaley, NHS trust m.baggaley@btinternet.com] - Peter Campbell peter@campbell337199.freeserve.co.uk - Sam Warner sjwarner@aol.com
Parent faculty	Arts and Human Sciences
Parent course	Field of study in Psychology

Unit overview

2. Short description of unit

The psychology of mental health and distress is an incredibly broad area of study, covering a whole range of theoretical, practical and ethical issues related to personal distress and the breakdown of mental health. A number of terms are used in the field of psychology and psychiatry to refer to mental health problems, including 'abnormal' psychology', 'mental disorder', 'psychopathology' and 'mental illness'. In this unit, I have tried to address questions relating to the known causes and treatment of mental health problems and mental distress and to encourage careful ethical and social debates relating to the psychology of mental health and its treatment by mental health professionals. This is why I have invited a number of speakers, including a service user, psychiatrist and clinical psychologist to put forward their perspectives on mental health theory and practice. In this field, there are vast disagreements amongst psychiatrists, psychologists and service users over how best to treat mental health problems and distress, raising questions over whether they should be treated along the lines of other medical conditions, or a separate psychosocial issue. The oversubscribed use of drugs remains at the centre of this controversy, and continues to divide many. Moreover, though drugs are used most often in clinical practice, a growing research and treatment literature from psychologists and service users, or 'survivors' of the mental health system continues to emerge, creating problems for the 'received wisdom' of the medical model.

Some of the relevant questions to be raised in the unit are; a) what do we know about the cause(s) of psychological distress? b) are diagnostic and classification systems appropriate ways of researching and treating individuals with mental health problems? c) what are the social and ethical issues that need to be considered d) how can purely psychological theories (away from psychiatry) contribute to an understanding of mental health and disorder? And e) should psychology more aware of cultural diversity in the generation of theoretical and treatment models?

For 2008/2009, the set texts are:

Bentall, R.P. (2003) *Madness explained: psychosis and human nature.* London: Penguin.

Bennett, P. (2006) Abnormal and Clinical Psychology. Buckingham: Open University Press.

All students should ensure that they have access to **ONE** of these key texts. Both texts are included in the library's key texts and multiple copies have been ordered at Blackwells (London Road).

Which text you choose will depend on the sorts of issues you wish to tackle. For a very broad overview of the field of 'Abnormal Psychology', the Bennett text is accessible. However, if you are interested in the historical, cultural, philosophical and diagnostic issues relating to mental health, or in depression and schizophrenia in particular, the Bentall text is far superior to any information provided by Bennett.

In addition to the key text, this unit will also require students to make use of related journal articles and book chapters as specified. The majority of recommended texts listed in the unit guide are available from LSBU library. Unfortunately, hard copies of readings are no longer available to the new university policy regarding copyright.

3. Unit Aims

This unit aims to:

- explore psychological and philosophical debates in the field of mental health
- provide students with the opportunity to critically discuss particular theoretical and scientific models currently employed by research psychologists and practitioners
- introduce students to diagnostic and treatment procedures in clinical settings
- provide a socio-political/cultural evaluation of psychological theories and practices

4. Learning outcomes

At the end of this unit, students will be able to:

- describe the main characteristics of a number of psychological approaches to mental health and distress
- understand the theoretical rationale of psychological treatments and therapies
- develop a broad understanding of certain disorders listed in the DSM IV-TR
- be aware of conceptual and political issues underpinning various psychological perspectives in the field of mental health and the difficulties facing the service user or patient
- understanding the theoretical advances informing psychological practice
- psychological strategies to improve mental health

5. Key and Cognitive skills

This unit will assist the student's thinking in the following key areas:

- communicate orally through discussions
- communicate complex arguments in written language
- evaluate ethical arguments
- think critically and integrate across multiple perspectives
- function as an independent learner
- reason scientifically/academically

6. Introduction to studying unit

This unit will be delivered via 11-two hour lecture sessions per week. There will be two-hour seminar/discussion sessions, directed study, self managed learning and tutorials.

The **lecture** sessions will normally be in two 40-45 minute blocks. The lectures aim to provide you with an overview of the main lines of thought on a particular topic, including a discussion of major models, key empirical data, and important conceptual and critical issues.

The activities undertaken in **seminars** will vary in nature. Some activities will provide explicit back up to topics covered in the lectures via guided discussions of pre-set questions and with the aid of a video presentation. Some sessions will require you to read research papers and answer pre-set questions before the session and to think on any further ideas or issues you may wish to raise with the tutor or other group members.

In addition to these activities you also have a considerable amount of time in which to undertake **self-managed learning**. This is a vital component of study on a degree programme. Some of this time should be used to undertake preparatory reading for the lectures and to prepare for seminar sessions. However, you should also use this time to read around the subject and begin to develop the more in-depth knowledge needed to perform well in the coursework essay and the unseen examination. It is impossible, and you are not expected, to develop in-depth knowledge on all areas of the curriculum. To study a topic in depth you might start from the listed Supplementary Reading for each topic and follow up the references to key journal papers provided in the Essential Reading.

7. Teaching and learning patterns

The teaching will be lecture and seminar based. Seminar sessions will be either tutor-led, student-led or both. When the seminars are tutor-led, students will be required to undertake specific preparatory reading and contribute by answering certain structured and unstructured questions and provide arguments and opinions on each specific subject.

NB Please note that sensitive topics will be addressed over the course of the unit, such as child sexual abuse, trauma and emotional turmoil. These will be discussed at a clinical and academic level, so please be prepared. Any student who is anxious about a topic should approach the unit co-ordinator before the session.

8. Assessment

- 2500 word course work essay weighted at 40% (TBA)
- 2 hour examination weighted at 60% - answering two essay questions out of a possible six (date and time TBA)

Sample exam questions

1. What psychological factors have been suggested to account for the cause and maintenance of eating disorders?

2. Why are some psychologists critical of the medical and diagnostic models of mental disorder? Discuss your answer with reference to the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR 2000).

3. Hallucinations and delusions are psychologically driven. Discuss.

4. Critically discuss the cognitive theory of depression in terms of its account of causes and maintenance.

5. Critically discuss disease models of schizophrenia.

6. Should psychological theories take account of diversity and difference?

Unit assessment schedule

Notes about submitting coursework

1. Students should complete the course work submission form (3 part form), available from the Faculty Office (BR266) or the document holders outside the Office. Students should be reminded to complete all sections of the form using only their **student number not their names**. When signing the form simple initials will be sufficient to indicate acceptance of the agreed terms of submission. The receipt part of the form will be returned to students.

2. Students can submit their work either by posting it into the course work box (located on the 2nd floor lobby) or by handing the work to an administrator at the Faculty office counter. **Students should be advised and encouraged to keep a copy of all work and disks submitted.** Where keeping a copy is not possible students should submit their work at the counter in order to obtain a receipt at the time of submission.

* Please note that extensions to the essay deadline can only be granted by the third year tutor.

Coursework deadlines are published on Psychology notice boards at the beginning of the semester. It is your responsibility to ensure that you are aware of these dates.

* You must not hand coursework to your unit co-ordinator or other lecturer.

2. Unless you have obtained a formal extension from your year tutor, coursework submitted:

- up to two weeks after the deadline date will receive a maximum mark of the pass mark (40%);
- more than two weeks after the deadline will not be marked.

"Students may be required to provide electronic copy of written work submitted. In such instances, the individual student will be written to requesting electronic submission. Failure to provide electronic

copy within TWO WEEKS of a written request will result in the work being deemed an incomplete submission, and no mark will be given. The work will then have to be referred for a capped mark. When ECs have already been accepted for a unit, this will not negate the proper investigation of any component of that unit for any allegation of academic misconduct, nor the subsequent imposition of any appropriate penalty for proven misconduct".

3. Extensions are only granted for valid reasons (see Course/Field guide). The Year Tutor will normally require concrete evidence (e.g. medical certificate). If you want an extension of the deadline date, you must:

   - get a copy of the form for late submission from the School Office;
   - fill in Part A of the form, giving reasons why you cannot meet the existing deadline date;
   - supply the Year tutor with relevant documentary evidence;
   - ask the Year Tutor to fill in Part B – the decision whether to agree the request rests with the Year Tutor;
   - attach the form to the front of your coursework when you submit it (keep a copy for your records);
   - each extension form is only valid for <u>one</u> piece of coursework;
   - You must hand in <u>two</u> copies of course work.

   <u>*The maximum extension is two weeks</u>

<u>Equal opportunities procedures: staff – student exchanges</u>

The faculty office is at times very busy, especially when course work is due to be submitted or handed back. Staff in the Office endeavour to do their best to give support and answer individual student requests. In return, it is expected that students exercise patience and behave courteously whilst waiting at the counter.

In all social exchanges in the classroom and in the university as a whole, students and staff are expected to follow the guidelines of acceptable behaviours as outlined in the Equal Opportunities Document. A copy of this document is available for reference in the Faculty office and the Student Handbook contains a summary of its core principles.

9. Equality and Diversity Issues more generally

The naming of the unit 'Psychology of Mental Health and Distress' is by no means incidental and has been chosen over the term psychopathology or abnormal psychology to reflect a commitment to viewing psychological distress and mental health as part of the normal range of human experiences. Students are explicitly encouraged to reflect upon their own experiences during this unit. It is made clear that there is no 'normal' standard of mental health and that all forms of distress are open for discussion. Issues specifically relevant to lesbian, gay, bisexual, black and minority ethnic communities are addressed, as are issues relating to class and poverty, especially in lecture 2, where social exclusion and cultural diversity are addressed more specifically. The use of film and case studies has also

deliberately been adopted as a way of inviting you to engage with material that you are familiar and perhaps comfortable with, and that you already have access to

outside of class. With a topic as potentially sensitive as mental health and psychological distress, it is necessary to devise exercises and use a range of media that will not unduly threaten or intimidate anyone. The variety of exercises and media used is intended to reflect this aim. There are some subjects that appear on the course that you may have personal experience of. Please feel free to book an appointment with me before or after any of the sessions if you are concerned about any of the topics covered.

10. Unit overview

Week	Lecture	**Seminar**
1	Introduction to the unit: madness and civilisation (PR)	Seminar *ONE* Ethics and culture: One size fits all?
2	Culture and mental health I One size fits all? Categories and socio-cultural dimensions of mental health and distress (PR)	**No seminar – FYP lecture**
3	Culture and mental health II	Seminar *ONE* Ethics and culture: One size fits all?
4	Abusing food: (un)controllable bodies (PR)	*Seminar TWO* Video: Living on air. Discussion of set questions and video.
5	Misery, sadness and depression: no hope and no way out? (PR)	*Seminar TWO* Video: Living on air. Discussion of set questions and video.
	When insight is lost: 'Madness' under the microscope	
6	Psychotic states I: Schizophrenia as disease: the evidence from psychiatry (PR)	*Seminar THREE* Hearing voices: video and group discussion
7	Psychotic states II: From disease to the search for meaning. The contribution from clinical psychology (PR)	**No seminar**
8	Psychotic states III: Hearing voices. Should we listen to them? (PR)	*Seminar FOUR* Hearing voices: practical therapeutic exercise
9	**NO LECTURE**	Seminar *FOUR* Hearing voices: practical therapeutic exercise
	Exploring clinical practice	
10	Service users perspectives (PC)	*Seminar FIVE*

		Lecture continued Users perspectives (PC)
11	The British psychiatric system (MB)	*Seminar SIX* Lecture continued/interactive session (MB & PR)
12	Clinical Psychology observed (SW)	*Seminar SEVEN* Working therapeutically with clients (SW)

Paula Reavey will take Group A and Laura McGrath will take Groups B & C

Teaching staff

PR = Paula Reavey
LM=Laura McGrath
MB = Martin Baggaley
PC=Peter Campbell
SW=Sam Warner

11. Weekly Teaching and Learning Programme

Week One: Introduction to the unit: madness and civilisation

Aim: To introduce and explore cultural perceptions of insanity and mental health, using video, research and group discussion.

Synopsis

The aim of this session is to introduce the main aims and objectives of the unit, and to provide a theoretical and conceptual overview. Using visual images and video, we will explore cultural perceptions of people with mental health problems, as they have appeared in films as well as in the media more generally.

Before the late nineteenth century, the treatment of the mentally ill had been led by a variety of ideological and religious beliefs about morality and spirituality. This resulted in both very cruel and very humane treatments, depending on the dogma of the time (and place). Along with other revolutionary shifts in thinking in the 19th Century, the study of madness began to draw inspiration from the natural

sciences and the classification of naturally occurring disease processes. The belief was in the potential to discover the organic bases of mental illnesses and make equivalent predictions about the causes and course of illness to that of illnesses found in general medicine. This medical pursuit of the organic genesis of mental illness is often considered to represent the birth of modern psychiatry (a branch of general medicine specialising in mental disorders).

Alongside (and often in opposition to) this branch of medicine, scientists and practitioners were working towards uncovering the mechanisms of the human psyche, and largely, the unconscious. Led by Freud and other psychoanalysts, as well as writers such as Pierre Janet, investigations into the psychic origins of hysteria and psychosis became one of the major paradigms for understanding insanity and the neuroses in the late 19th century and early to mid 20th century.

Between the 1950's and 1960's, however, a revolution took place in psychiatry and psychology. This revolution consisted of a shift from knowledge of mental health, based upon clinical observations only, to a model that promoted the fusion of science (objective empirical data) and clinical practice.
In mainstream contemporary clinical psychology and psychiatry, biology, genetics and cognitive-behavioural theories now dominate the academic and clinical scene: *discoveries* about the nature of certain disorders have been proposed in a much more empirical and scientific fashion (using the tools of the physical sciences), rather than relying on the personal observations of the therapist only.
The development of certain technologies (CT scans, (f) MRI has enabled scientists to study brain and psychological activity in a more systematic and objective way, using 'objective' measures, such as validated tests, experimental and neurological data.
The growing acceleration of neuroleptics has also changed the face of 'Abnormal psychology', where there has been an increase in drug administration and chemical therapies, diminishing the availability of the more expensive psychological and psychodynamic therapies.
This lecture will cover both the histories of mental health and disorder and contemporary theories and issues in research and treatment in related areas, such as clinical psychology, psychiatry and psychotherapy. The intention is to offer an overview of psychological perspectives in mental health, in terms of research, practice and social and ethical issues and to examine whether the advent of 'science' has necessarily led to a humane treatment of people who experience mental health problems.

(See the August 1999 issue of the Journal of Abnormal Psychology for a further discussion of these issues) in regard to conceptualising mental disorders and the controversies this raises for the field of abnormal psychology.

Learning objectives:

To enable students:

- To understand the historical and contemporary context for exploring issues in mental health and the clinical practices associated with each period.
- To understand the variety of perspectives that constitutes the mental health research and practice fields.
- Identify and question the cultural and social context of mental health practices, from psychiatry, psychology to the service user movements.

Essential Reading

Chapters one and two from Bentall, R.P. (2003) Madness explained: psychosis and human nature. London: Penguin.

Wakefield, J.C. (1999) 'The measurement of mental disorder', in Horwitz, A.V. & Scheid, T.L. (eds) *Handbook for the study of mental health: social contexts, theories and systems.* Cambridge: Cambridge University Press.
(whole text can be found in LSBU library collection)

Supplementary Reading

Davison, J. & Neale, D. (2004) *Abnormal Psychology (9th edition).* Chichester: Wiley & Sons Press. (A general overview of the history of psychiatry)

Bolton D. & Hill J. (1998) *Mind, Meaning and Mental Disorder.* Oxford: Oxford University Press. (A more challenging read for those interested in the philosophy underpinning perspectives on mental disorders)

Foucault, M. (1972) *Madness & Civilisation.* London: Tavistock. (A more sociological perspective on the history of psychiatry and clinical psychology)

Heller, T., Reynolds, J., Gomm, R., Muston, R. & Pattison, S. (1996) *Mental Health Matters: A Reader.* Buckingham: Open University Press. (A good overview written by practitioners)

*All available from LSBU library collection

Week two and three: Dimension of culture, dimension of health

Aim: To explore the evidence relating to possible differences in prevalence rates and rates of recovery across a range of societies.

Synopsis

The discipline of psychology has left little room for discussions of culture. This is because psychologists have worked towards a universal model of cognition and behaviour. However, several questions regarding mental health and distress and cultural influences are alive and well with the mental health field.

'To what extent do variations or similarities exist between cultures, in terms of the prevalence, incidence and course of traditionally defined mental 'disorders'? We will address this by looking at a broad range of data, including the World Health Organisation studies on 'schizophrenia'. It has been argued that if we were to find strong similarities in the prevalence, incidence and course of a disorder like 'schizophrenia', this would lend more weight to biological (or pathoplastic) models, which propose that while culture may shape the content of the symptoms, the form of the symptoms remains the same. According to this model, people still have 'schizophrenia', they may just attribute different meanings to it and show it in different ways, according to cultural customs. Conversely, significant variations in the prevalence, incidence and course of 'disorders' in some societies invite us to ask whether we are measuring the same 'disorder' at all. The importance of culture becomes clear when recovery rates are examined. Despite access to a wide range of medications and psychological therapies, rich industrialised nations compare poorly with less wealthy countries in terms of their recovery rates. This is partially due to the lack of support systems, within the family and community and the way in which the 'illness' is perceived. In India, for example, where the recovery rates for 'psychosis' (a severe mental illness) are good, families are reluctant to release their family members into the hands of medical experts. Instead, they embrace the problem as a whole family and provide care and employment for the family member who has lost their way. In India, isolated psychotic episodes are more common, and the development of a long term problem less so. These 'facts' are important for a psychological understanding of mental distress, as the emphasis is not only the individual, and the reasons for his/her 'problem' but the variety of ways in which that person experiences it and the support systems that may or may not be in place.

The second question is, 'Do different societies draw a line between well-being and distress, sanity and madness in the same way?' Perhaps some societies genuinely express distress and madness in ways that would not necessarily be recognised by Western medical definitions and diagnoses and perhaps there are emotions, bodily states, behaviours and states of mind that hold completely different meanings (Littlewood, 2002). If the variations between cultures are too great, does this make a universal model of mental health and distress redundant? We will in turn use these questions to guide us through the literature on culture and mental health, throughout the lecture.

The vast literature on culture and mental health has developed largely within the disciplines of medical, cultural and social anthropology, and transcultural or cross-cultural psychiatry and psychology, yet we will use this literature here to address issues specifically relevant to psychology.

Learning outcomes

- Knowledge of different expressions of mental distress across a wide range of cultures
- An awareness of the different ways of coping with mental distress in the community and in psychological terms
- Knowledge of the recovery rates across cultures
- Ability to evaluate the different treatment and social strategies available.
- To explore cultural variation in terms of the causes, maintenance and recovery rates for mental health problems
- To provide examples of different cultural expressions of mental distress

Learning objectives:

To enable students:

- To review the evidence relating to cross-cultural differences in the prevalence, course and outcome of certain mental health problems
- To explore the different ways in which a range of societies draw a line between sanity and madness
- To assess whether there are differences in the manifestations of 'symptoms' or behaviours (somatisation versus psychologisation)

Essential Reading

Bentall, R. (2003) Chapter six of *Madness Explained: psychosis and human nature.* London: Penguin.

Bhugra, D. & Becker, M.A. (2005) Migration, cultural bereavement and cultural identity, *World Psychiatry,* 4: 16-24.

Bhugra, D. (2004) Migration, distress and cultural identity, *British Medical Bulletin,* 129-141.

Boydell, J. van Os, McKensie, K. Allardyce, J. Goel, R., McCreadie, R.G. & Murray, R.M. (2001) Incidence of schizophrenia in ethnic minorities in London: ecological study into interactions with environment, *British Medical Journal,* 323: 1368-8.

Helman, C.G. (2001) *Culture, health and illness.* (fourth edition). London: Arnold Press.

Johnstone, L. (2000) Users and abusers of psychiatry. London: Routledge. (This book in general will be extremely useful for the coursework question, so I recommend buying it if you can afford an extra text!!)

Further reading

James, S. & Prilleltensky, I. (2002) Cultural diversity and mental health. *Clinical Psychology Review,* 22: 1133 -1154.

Jenkins, J. H. & Barrett, R.J. (2003) *Schizophrenia, culture and subjectivity: the edge of experience.* Massachusetts: Cambridge University Press.

Johnson, J.G. et al (1999) A Longitudinal Investigation of Social Causation and Social Selection processes Involved in the Association Between Socio-economic Status and Psychiatric Disorders. *Journal of Abnormal Psychology.* 108: 490 - 499.

Kowalski, R.M. & Leary, M.R. (eds) (2004) The interface of social and clinical psychology. Hove: Psychology Press.

Lowenthal, K. (2007) *Religion, culture and mental health.* Cambridge: Cambridge University Press.

Nasser, M. & Gordon, R.A. (eds) (2001) *Eating disorders and cultures in transition.* London: Brummer-Routledge.

Pilgrim, D. (2002) The biopsychosocial model in Anglo-American psychiatry: past, present and future? *Journal of Mental Health,* 11: 585-594.

Rogers, A. & Pilgrim, D. (2003) *Mental health and inequality*. Hampshire: Palgrave.

Sadler, J.Z. (2005) *Values and psychiatric diagnosis*. Oxford: Oxford University Press.

Triandis, HC, Leung, K., Villareal, M.J. & Black, F.L. (1985) Allocentric versus ideocentric tendencies: convergent and discriminant validation, *Psychological Review,* 96: 269-289.

*Most of the books and journals are available from LSBU library collection.

Week Four: Abusing food: (un)controllable bodies

Aim: To explore biological, psychological and socio-cultural perspectives on problem eating and body image

Synopsis

Statistics show that 80% of women in countries like the USA, the UK, New Zealand and Australia are dieting at any given moment. An increasing number of young girls are being diagnosed with anorexia, and at the same time, more and more people are being diagnosed as morbidly obese. Problems with eating are widespread in Western Society. However, it is still considered to be an individual pathology in the psychological literature because of the extremes of behaviour (starvation and bingeing) that some individuals exhibit. Problems with eating are now a well-known psychological and clinical entity, and have provoked a whole body of research, which will be outlined and discussed in the lecture. The aim of this session is to understand the psychological underpinnings of problem eating and the distressing fear of fat that some individuals experience. Moreover, the question of why it is that 95% of individuals diagnosed requires careful scrutiny; thus, socio-cultural and feminist psychological approaches that emphasise the gendered nature of body image and eating will be explored in-depth.
This session will mainly concentrate on two clinical conditions; anorexia and bulimia. As well as an examination of culture and gender, several of the psychological issues relating to problem eating and body image will be addressed; including the relationship eating has to experiences in childhood (such as child sexual abuse and issues over control and the feelings of disempowerment that many young girls and women report). Eating problems usually develop in adolescence, sometimes in response to difficult

family circumstances. Therefore, the lecture will examine the importance of the family, and how some relationships and forms of communication can lead some girls (and boys) to feel as if they have little control over their lives. One way in which some girls begin the process of regaining control is through extreme discipline of the body. People who have these difficulties are often isolated, distressed and fearful. It is unsurprising to learn, therefore, that three-quarters of people diagnosed with an eating disorder are also diagnosed with clinical depression.

Learning objectives

To enable students to:

- critically examine the mainstream psychological explanations of the aetiologies of eating disordered behaviour, including anorexia nervosa and bulimia nervosa.
- be able to situate psychological explanations in relation to the socio-cultural phenomenon of increasing numbers of individuals with eating disorders in the Developed world.

Essential Reading

Clark, D.M. & Fairburn, C.G. (1997) *Science and Practice of Cognitive Behaviour Therapy.* Oxford: Oxford University Press. (Chapter 9 – Eating Disorders) (This chapter provides a very straightforward account of the cognitive factors underpinning eating disorders and how best to treat them in therapy).

Malson, H. (1998) *The thin woman: the social psychology of anorexia.* London: Routledge. This book provides excellent information on all clinical and psychological perspectives on
anorexia and is a detailed social constructionist account of anorexia, using interviews with women.

Supplementary Reading

Benninghoven, D. et al (2003) Family representations in relationship episodes of patients with a diagnosis of bulimia nervosa. *Psychology and Psychotherapy: Theory, research and Practice.* 76: 323-336.

Cooper, M.J., Wells, A. & Todd, G. (2004) A cognitive model of bulimia nervosa. *British Journal of Clinical Psychology*. 43: 1-16.

Jarman, M. & Walsh, S. (1999) Evaluating Recovery from Anorexia Nervosa and Bulimia Nervosa: Integrating lessons learned from research and clinical practice. *Clinical Psychology Review,* 19: 773-788. (A qualitative research article looking at the interaction between eating disordered patients and staff in a resident care setting)

Jones, C.J., Newman, L. & Harris, G. (2006) Father–daughter relationship and eating psychopathology: The mediating role of core
beliefs, *British Journal of Clinical Psychology*, 45, 319–330

Kulbartz-Klatt, Y.J., Florin, I. & Pook, M. (1999) Bulimia nervosa: mood changes do have an impact on body width estimation. *British Journal of Clinical Psychology*. 38: 279-287.

Nasser, M. & Gordon, R.A. (eds) (2001) *Eating disorders and cultures in transition*. London: Brummer-Routledge.

O'Brien, K.M. and Vincent, N.K. (2003) Psychiatric co morbidity in anorexia and bulimia nervosa: nature, prevalence, and causal relationships, *Clinical Psychology Review*, 23: 57-74.

Schmidt, U. & Treasure, J. (2006) Anorexia nervosa: Valued and visible. A cognitive-interpersonal maintenance model and its implications for research and practice, *British Journal of Clinical Psychology*, 45, 343–366

Shafran, R. Bethany, A., Teachman, S. K. & Rachman, S. (1999) A cognitive distortion associated with eating disorders: Thought-shape fusion. *British Journal of Clinical Psychology, 38, 107-128*.

(Articles are available from psychology home page on line journals)

Week Five – Misery, sadness and depression

Aim: To examine misery and clinical depression in relation to life events, cognition and gender.

Synopsis

Sadness and misery are common experiences across the world. Many of us have experienced periods of sadness at some point in our lives, which we may or may not describe as 'depression'. However, clinical depression is usually diagnosed when the levels of sadness that some people reach are unmanageable and impact on the individual's ability to live life as normal. The term depression, in the clinical literature, refers to an emotional state marked by sadness and apprehension, feelings of worthlessness and guilt, avoidance, sleep deprivation, loss of appetite and loss of sexual feelings. There are a number of likely contributors; life events, anxiety, medical treatments, bereavement, childbirth and neuro-chemical imbalances.

Clinical depression usually occurs in relatively short bursts (ranging from weeks to several months) and there are two major types of depression, uni-polar and bi-polar depression. Depression often occurs

alongside (co-morbidity) other disorders, such as anxiety, eating disorders, personality disorders and sexual problems and is twice as common in women (or so reported to be). Perhaps the high prevalence among women indicates something about the cause – i.e. lack of social support, social values and life events, or perhaps it indicates the different ways in which mental 'unrest' manifests itself in men and women. In this lecture, we will cover the major biological, psychological and social theories that have been proposed, such as the role of neurotransmitters like serotonin, the part that cognition plays in mood changes and the importance of life events and stressors in the onset and maintenance of depressive episodes.

Learning objectives

To enable students to:

- understand the main theories of mood disorder, including biological, psychodynamic, cognitive and social perspectives.
- critically evaluate psychological models using research into life events and the social context of misery depression.

Essential Reading

Bentall, R.P. (2003) 'Depression and the pathology of self: core psychological processes that are important in severe mental illness', in Bentall, R.P. (2003) Madness explained: psychosis and human nature. London: Penguin.

Hammen, C. (1998) *Depression.* The Psychology Press: East Sussex, UK. (available from LSBU library). (This book comprises an excellent overview of all theories of depression).

Supplementary Reading

Beck, A.T. (1987) Cognitive models of depression. *Journal of Cognitive Psychotherapy.* 1: 5-37. (supplied by tutor). (This article provides a very detailed and comprehensive review of the key ideas underpinning the link between thinking and depression).

Champion, L. (1990) Depression, in Champion, L. & Power, K. (1990) *Adult Psychological Problems.* London: Sage (available from tutor)

Clark, D.M. & Fairburn, C.G. (1997) *Science and Practice of Cognitive Behaviour Therapy.* Oxford: Oxford University Press. (Chapter 11 - Depression)

Pilgrim, D., & Bentall, R.P. (1999) The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health,* 8: 261-274.

Reinherz, H.Z., Giaconia, R.M. et al (1999) Major Depression in the Transition to Adulthood: Risks and Impairments. *Journal of Abnormal Psychology.* 108: 500-510.

Smail, D. (1999) *The Origins of Unhappiness: A New Understanding of Personal Distress.* HarperCollins, 1993; Constable, 1999.

Williams, J.M.G. (2000) The psychological treatment of depression: a guide to the theory and practice of cognitive behaviour therapy. London: Routledge.

- All available from LSBU library.

When insight is lost: 'MADNESS' under the microscope

Week Six: Psychotic states I: Schizophrenia as a disease

Aim: To establish what schizophrenia is and discuss its status as a 'disease'.

Synopsis

It has been said that if we were to regard depression as the common cold of mental health, schizophrenia is its cancer (Klein, 1980).

So far, we have looked at psychological disorders that were classically known as the 'neurotic disorders' (depression and eating disorders). However, schizophrenia moves beyond what most of us consider to be 'reason-able' behaviour. When we think of the 'schizophrenic', we think of someone who has lost touch with reality – someone who is what we all commonly hold to be truly 'mad'.

Psychosis is a word used to describe a person who has technically lost touch with reality and lacks insight (they are not aware that they are ill). They may become deluded, experience hallucinations and

have disordered discourse and/or disordered thought patterns. No other mental health problem has received more attention than schizophrenia, due to its severity and chronicity. We will be examining the aetiology of schizophrenia by looking at the pharmacological and biological literature, medical/disease models and psychological approaches. Some of you may also be surprised to find that we will be exploring the most controversial question of all: does schizophrenia exist?

Learning objectives

- Identify the key mainstream psychiatric and psychological perspectives used to study and treat schizophrenia

Essential reading:

Bentall, R.P. (2003) Madness explained: psychosis and human nature. London: Penguin.

Birchwood, M. & Jackson, C. (2001) *Schizophrenia*. Hove: Psychology Press.

Read, J., Mosher, L.R. & Bentall, R.P. (2004) Models of madness: psychological, social and biological approaches to schizophrenia. London: Routledge.

You should access all three of these sources to be able to adequately answer a question in the exam. This does not mean you have to read them all cover to cover but it does mean there are many useful references to be accessed from these valuable sources!

Supplementary reading

Bennett, P. (2003) Abnormal and Clinical Psychology. Buckingham: Open University Press.

David, A.S. (1994) *The neuropsychology of schizophrenia.* Hove : Lawrence Erlbaum Associates.

Week Seven: Psychosis II: Madness contains meaning?
Challenging the psychiatric hiatus: the view from psychology

Aim: To explore recent challenge by psychologists who question the validity of the psychiatric perspective that views schizophrenia as a disease/illness. The 'symptom approaches' or 'post-Kraepelinian' perspectives will feature as the central protagonists in this debate.

Synopsis

Due to the dominance of the medical model in schizophrenia research, psychological research on the 'symptoms' of psychosis has rested on the margins. Recent research and conceptual argument in psychology, however, has questioned the received wisdom of medicine and has led to the development of serious arguments against diagnostic approaches and the development of more dimensional approaches to the study of 'schizophrenic' symptoms.

Although many text books act as if biological and psychological models can sit happily alongside one another, there are some (from clinical psychology) who have begun to seriously question whether schizophrenia actually exists. This does not mean (as often misconstrued) that they do not believe that people may have serious mental health problems (such as experiencing delusions and hallucinations), but question whether or not these 'symptoms' in themselves can predict the onset of a uniform disease – i.e. schizophrenia. For example, Bentall et al (1990; 2003) argue that treating schizophrenia as a 'scientific' concept is meaningless, as empirical research in psychology has revealed that it does not fit the criteria of a medical disease. Mary Boyle in her exemplary text 'Schizophrenia: a scientific delusion?' (2002) has argued that the original symptoms set out by Kraepelin and Bleuler in the late 19th century referred to a completely different 'illness' which was very similar to an infectious disease, encephalitis lethargica. This indicates a serious flaw in the way that these original classifications are being used today.

Despite these objections, more money than ever is being invested in pharmaceutical research to find a 'cure' for schizophrenia. Questions relating to conceptualising schizophrenia as a disease will be raised in relation to critical approaches and the 'politics' of schizophrenia research and treatment in this session.

Learning objectives

To enable students to:

- Critically evaluate the idea that schizophrenia is a 'disease' with identifiable and uniform 'symptoms'
- Consider the potential uses of more contemporary psychological (symptoms) approaches to the study of psychotic behaviours

Essential Reading

Bentall, R.P. (2003) *Madness explained: psychosis and human nature.* London: Penguin.

Read, J., Mosher, L.R. & Bentall, R.P. (2004) Models of madness: psychological, social and biological approaches to schizophrenia. London: Routledge.

Supplementary Reading

Bentall, R.P. (1992) (ed.) *Reconstructing Schizophrenia.* London: Routledge. (available from LSBU library). (This is a collection of essays, written by clinical psychologists and psychiatrists, from biology, neuropsychology, genetic research and psychotherapy, all questioning the legitimacy of the status of schizophrenia as a disease).

Boyle, M. (1990; 2001) *Schizophrenia: A Scientific Delusion?* London: Routledge.

Chadwick, P. (1998) *Schizophrenia: The Positive Perspective: In Search of Dignity for Schizophrenic People.* London: Routledge.

Hunter-Jenkins, J. & Barrett, R.J. (2004) *Schizophrenia, culture and subjectivity: the edge of experience.* Cambridge: Cambridge University Press.

Joseph, J. (2003) *The Gene Illusion: Genetic Research in Psychiatry and Psychology Under the Microscope*. Ross-on-Wye: PCCS books.

Warner, R. (1994) *Recovery from schizophrenia: psychiatry and political economy*. London : Routledge.

* All available from LSBU library collection.

Week Eight: Psychotic states III: hallucinations and psychological treatments

Aim: To explore in depth the empirical research and critical issues relating to the 'positive symptoms' of schizophrenia, namely, delusions and hallucinations.

Synopsis

In this session, we will explore more closely the actual empirical research and therapeutic treatments on offer in psychology, to assess the validity of claims being made by opponents of the traditional psychiatric model. Over the last ten years, some psychologists (see above) have begun to question the canonical treatment of positive symptoms, arguing that the presence or absence of delusions or hallucinations does not *differentiate* individuals according to a clear cut underlying *illness*. In others words, the borders between 'madness' and 'sanity' are being called into questions through the adoption of clinical psychological approaches. Richard Bentall was one of the first psychologists to argue that delusions and hallucinations are extensions of normal social/cognitive functioning (the dimensional approach). This contrasts very markedly with the conventional psychiatric wisdom, which views both delusions and hallucinations as meaningless and irrelevant in their own right, as simply by-products of a disease (Garety & Freeman, 1999).

Cognitive and social research and therapy

Deficits in belief formation, in theory of mind, and misguided attributions have been identified as contributory factors in delusions and hallucinations, but are argued to be 'symptom specific'. In other words, psychologists believe that the reasons for delusions are separate from the reasons for hallucinations and argue that they should be studied independently and treated as different *psychological states*.

Furthermore, they have argued that it is necessary to study normal *and* 'abnormal' belief formation as part of a continuum. For example, cognitive neuropsychiatric studies with brain-injured patients have contributed to the psychological knowledge of 'normal' as well as 'abnormal' belief formation (Stone & Young, 1998). In this way, psychologists can better understand the ways in which beliefs are maintained and formed in *all* individuals.

Some people hallucinate and/or are deluded without being disturbed or meeting the criteria for an official diagnosis of schizophrenia. Therefore, psychologists have turned their attention towards studying the cognitive and social basis of hallucinations (and delusions) and examine contexts wherein individuals become distressed by these experiences. These psychological approaches are commonly termed the 'symptom approaches' or 'post-Krapelinian' models and will be the focus of this lecture, as will the treatments based upon these approaches, such as cognitive-behavioural approaches that focus on the content and meaning of the voices that people hear, to enable people to better manage these potentially frightening and distressing experiences.

Learning objectives

To enable students to:

- Understand the symptom approaches in relation to the study of hallucinations and delusions
- Consider the benefits of adopting a psychological rather than a psychiatric approach to the study of psychotic states

Essential Reading

Bentall, R.P. (2003) *Madness explained: psychosis and human nature.* London: Penguin.

Haddock, G. & Slade, P.D. (1997) *Cognitive-behavioural interventions with psychotic disorders.* London: Routledge.

Read, J., Mosher, L.R. & Bentall, R.P. (2004) Models of madness: psychological, social and biological approaches to schizophrenia. London: Routledge.

Supplementary Reading

Bentall, R.P. (1999) 'Commentary on Garety & Freeman II: Three psychological investigations and an elephant'. *British Journal of Clinical Psychology,* 38: 323-327.

Birchwood, M. (1999) 'Commentary on Garety & Freeman II: 'Cognitive approaches to delusions – A critical review of theories and evidence'. *British Journal of Clinical Psychology,* 38: 315-318.

Blackman, L. (2001) *Hearing voices: embodiment and experience.* Cambridge: Free Association Press.

Frith, C. (1999) 'Commentary on Garety & Freeman II: 'Cognitive approaches to delusions – A critical review of theories and evidence'. *British Journal of Clinical Psychology,* 38: 319-321.

Garety, P. & Freeman, D. (1999) 'Cognitive approaches to delusions – A critical review of theories and evidence.' *British Journal of Clinical Psychology,* 38: 113 -154.

Harris, N., Williams, S. & Bradshaw, T. (2002) *Psychosocial interventions for people with schizophrenia.* Hampshire: Palgrave.

Morrison, A., Wells, A. & Nothard, S. (2000) 'Cognitive factors in predispositions to auditory and visual hallucinations.' *British Journal of Clinical Psychology,* 39: 67-78.

Romme, Marius. (1993) *Accepting voices.* London : Mind.

*All available online from LSBU psychology home page – ONLINE journal section.

Week nine: NO LECTURE

Exploring user experience and clinical practice

Week ten: Surviving the system: experiences from a mental health survivor/ activist (Peter Campbell)

Aim: To explore the experience of people with a mental illness diagnosis, both as service users and as people with unusual feelings, perceptions and insights. To look at their contribution to positive developments in the mental health field

Synopsis:

In the last twenty years people with a mental illness have increasingly been speaking out about their lives. They have challenged the way mental health services treat them and the response of wider society. Part of this activity has been directed at what they see as misunderstandings of their core experiences and this has lead to new understandings of psychosis, hearing voices and self-harm being promoted. It is not clear how far these developments have been acknowledged by professional disciplines.

Since the mid-1980s successive governments have been keen to consult with service users about improving mental health services. This has lead to a widespread "user involvement" industry and the creation of new or new style services. One area where service users have particularly called for change has been crisis provision. In a number of places they are providing their own services e.g. self-help groups, drop-ins and day services.

One of the important factors behind these developments has been the growth of the service user/survivor movement made up of individuals and organisations of service users. This has grown steadily and comprises more than three hundred groups in England and Wales. It is strongest locally but is gradually building a presence at a regional and national level.

The above activities add up to an increasingly systematic questioning of professional understandings and expertise. They also begin to address the discrimination people with a mental illness diagnosis so

widely encounter. Critical analysis and action based on personal experience is central to these challenges.

Learning objectives

To enable students to

- Understand some of the personal experiences of people with a mental illness diagnosis, including discrimination.
- Identify the contribution of the service user/survivor movement.
- Understand from a service user perspective the shortcomings of, and possible changes to, crisis provision.

Essential reading

Read, J. and Reynolds, J. (eds). (1996) *Speaking Our Minds: An Anthology of Personal Experiences of Mental Distress and its Consequences*. London: Open University/Macmillan.

Supplementary reading

Read, J. 2001, *Something inside so strong: strategies for surviving mental distress*. London: Mental Health Foundation (very positive accounts of self help etc)

Wallcraft, J. Read, J. and Sweeney, A. (2003) *On Our Own Terms: users and survivors of mental health services working together for support and change*. London:
Sainsbury Centre for Mental Health (research into current state of service user/survivor movement)

Newnes, C. Holmes, G. and Dunn, C. (1999) *This is Madness: a critical look at psychiatry and the future of mental health services*. Ross-On-Wye: PCCS Books (in particular, pages 149-226)

Rose, D. (2001) *Users' Voices: perspectives of mental health service users on community and hospital care*. London: Sainsbury Centre for Mental Health

Week eleven: Modern British Psychiatry and working in the NHS (Dr Martin Baggaley – Clinical Director, South London and Maudsley NHS trust)

Aim: to understand the management of psychiatric illness in the NHS

Synopsis

In this lecture, Dr Martin Baggaley will discuss the role of the consultant psychiatrist, clinical psychologist, community psychiatric nurse and social worker in today's NHS. He will discuss the current key themes, ideological differences/conflicts between professionals, and explain the realities of working on the mental health 'front-line'. Mention will be made of controversial treatments such as ECT, (electro convulsive therapy) and seclusion for psychiatric in-patients. There will be a discussion of the Mental Health Act and the dilemmas raised by its use.

Learning outcomes:
1. identify current treatments available for mental health problems
2. identify different professionals and models of practice in mental health
3. acknowledge different psychological/psychiatric perspectives in mental health

Week twelve: Clinical psychology observed (Dr Sam Warner, Forensic Clinical psychologist)

Aims: To explore the different roles of a clinical psychologist in a multi-disciplinary team and provide an overview of the different models of clinical practice that can be used. The lecture and seminar will also provide an opportunity to focus on how a social constructionist framework can be used in clinical practice, moving away from the notion of 'psychologist as expert' and towards collaborative work with individuals, families and staff teams.

Synopsis

The lecture will provide an overview of different models that guide clinical practice, followed by a focus on social constructionism and systemic approaches and how this framework can be used in clinical practice with individuals, families and staff members. Dr Warner will discuss her role as a clinical psychologist and how her particular model of clinical practice can be usefully applied in a multi-cultural context.

Seminar:

This session will further explore how social constructionist philosophy can be put into everyday clinical practice using a case study, video and small group discussions.

Learning Objectives:

- To gain an appreciation of the different roles of clinical psychologists within the NHS
- To gain an understanding of the different models that guide clinical practice
- To gain an understanding of how a social constructionist framework can be used in clinical practice with individuals, families and staff teams

Recommended Reading:

Burr, V. (2003). Social Constructionism. (second edition). London: Routledge.

Marzillier, J. and Hall, J. (1992). What is Clinical Psychology? (second edition). Oxford: Oxford University Press.

Week thirteen: Revisions and reflections

Aim: to reflect on the course as a whole and to revise issues for the forthcoming exam

Synopsis

In this session, we will reflect on the course and discuss what you have learnt, found helpful and enjoyable. We will also explore any revisions that have been made to your attitudes towards mental health issues and the theoretical and therapeutic perspectives that may have informed you. This session, therefore, is an opportunity to share ideas and explore any remaining issues of concern or interest further; it will also serve as a forum for exam revision and class discussion. There may be a number of issues that you wish to discuss further that you may wish to tackle in the exam.

11. Seminar series

Week and group	**Seminar number and description**
1 **GROUPS A & B**	
NO SEMINAR FYP LECTURE	
3 **GROUP C**	*Seminar ONE* One size fits all? Culture and ethics in mental health Video and group discussion
4 **GROUP A & B**	*Seminar TWO* Video: Living on air. Discussion of set questions and video.
5 **GROUP C**	*Seminar TWO*

ALL GROUPS	Video: Living on air. Discussion of set questions and video.
6 ALL GROUPS	*Seminar* THREE Hearing voices video: challenging the psychiatric view of hallucinations
7 NO SEMINARS	
8 GROUPS A & B	*Seminar* FOUR Some critical questions for psychological studies of psychosis
9 GROUP C	*Seminar* FOUR Some critical questions for psychological for studies of psychosis
10 ALL GROUPS	*Seminar* FIVE Service user perspectives
11 ALL GROUPS	*Seminar* SIX Psychiatric services in the UK
12 ALL GROUPS	*Seminar* SEVEN Working therapeutically with clients in clinical psychology

WEEK 13 REVISION SESSION

Breakdown of seminars by week

Week ONE AND THREE: One size fits all? Video and group discussion

Aim: to debate the ethics of mental health, using video footage of a compulsory detention and a difference of opinion regarding cultural variation.

In this first session, a video of a case of a man with delusions will be shown in order to highlight the ethical and cultural issues involved in the care of people who do not wish to be treated. Although the man was eventually detained against his will (he was put on a section) and treated with drugs that he did not wish to take, the mental health team who were treating him stood by their decision and believed they were acting in his best interests. In small groups, you will be asked to consider the ethical, cultural and moral
issues involved in treating people with mental health problems in general, and in particular, treating individuals with different cultural backgrounds and be required to think through the different ways in which beliefs and distress are experienced.

Learning outcomes:

1. examine the role of the health professional
2. address issues relating to patient liberty
3. discuss the different views of the psychiatrists on the question of cultural diversity
4. explore the dividing line between different realities (the patient's and the professional's) and its relationship to truth

Weeks four and five: Eating disorders – video and class discussion

"Living on air" – a video about new psychiatric and psychological developments in the field of eating disorders, followed by a discussion of anorexia and bulimia nervosa.

Aim: To critically discuss the biological and psychological theories of eating disorder and the relationship between diet, culture and eating behaviours

Guiding questions

1. What are the known causes of eating disorders?

2. How convincing are the biological/genetic theories?
3. Why do eating disorders occur mostly in women and a growing number of gay men, but not in the lesbian population?
4. What does the video say about the maintenance and treatment of anorexia?
5. Is biology cause or consequence?
6. Which theory(ies) *is/are* the most convincing?

Think about why eating disorders are considered to be a psychosocial phenomenon.

Learning outcomes:
1. List theories relating to eating disordered behaviours
2. Identify links between psychological and social factors of eating
3. Establish a way of working with people who abuse food

Week six: Hearing voices: new perspectives in psychology

The video on the 'Hearing Voices network' tackles a key issue in relation to one of the primary symptoms of schizophrenia – hallucinations. In the video, there are a number of clinicians (including psychiatrists and clinical psychologists, as well as political activists and service users) who argue that people hear voices for all sorts of reasons, and not just because they are 'ill' or 'diseased'. This controversial view is fleshed out through interviews with voice hearers and a number of clinicians who believe that voices are not just meaningless symptoms but can be understood as a meaningful behaviour if taken in the context of the person's life history.

Learning outcomes:

1. Identify arguments proposed by voice hearers and mental health professionals who reject the traditional medical view of hallucinations.

Weeks eight and nine: Hearing voices: practical exercise and critical discussion

Aim: To discuss the concept of hearing voices and its relationship to mental 'illness'.

We will be conducting a practical exercise this week that was introduced, via the hearing voices network, in the video in last week's seminar session. The aim is to gain some experience of what it might be like to hear voices, and to grasp the idea that the 'strange' behaviour that may follow voice hearing, can often be the result of the distress caused by the voices, and not by some underlying 'disease'. In other words, the voices per se are not the 'problem', but what they are *saying*, and the person's *interpretation* of them. This is a significant challenge to psychiatry, which has long believed that voice contents are completely meaningless.

2. examine, how, in practice, voice hearers make sense of their 'symptoms' without recourse to a pathologisation of their experience

Seminar reading: *Please ensure you have read the set paper before the seminar.

Bentall, R. P. (1993) 'The syndromes and symptoms of psychosis', chapter two in Bentall, R. P (ed.) *Reconstructing Schizophrenia.* London: Routledge.

Weeks 10, 11 & 12 – all extensions of the lectures - ALL GROUPS ATTEND

12. Learning support material

BIBLIOGRAPHY OF FIRST PERSONAL NARRATIVES OF MADNESS

http://www.mtholyoke.edu/acad/misc/profile/names/pdf/Hornstein_Bibliography.pdf

I thoroughly recommend reading novels and biographies written by people with experiences of the mental health system. They often bring to life the very issues you end up studying on the course. This web site has every single first person accounts of 'madness' that has ever been written. It is brilliant!! Visit it!!

Online Links

These are links to the major societies in Britain and the U.S. These will provide you with academic and careers information in psychotherapy and clinical psychology. It is worth visiting these sites to check out the sort of work practitioners are engaged in. In addition, the World Health Organization pages often contain policy and research reports on mental health services.

Clinical Psychology/Psychiatry Societies and Organizations
BPS Division of Clinical Psychology
The British Confederation of Psychotherapists
American Psychiatric Association
World Health Organization - Mental Health section

Research Centres
If you visit these sites, you can often obtain information about the research activities of prestigious departments, their publication lists and their seminar series. For example, the psychology department at St. George's has recently run several seminars in clinical/abnormal psychology, including George Brown's latest work on depression and evolutionary perspectives on mental disorders. For current work and lively discussions, it is worth keeping an eye out for these types of seminars.

A list of Psychiatry departments on the internet

Centre for Evidence Based Mental Health
Centre for Psychotherapeutic Studies
Institute of Psychiatry
St. George's Medical School
Online Journals cont'd
It is definitely worth scanning these relevant journals regularly for up to date publications. Often these sites link to a range of relevant journals where you can potentially download articles and reports.

Journal Abstracts in Clinical Psychology
Psychwatch list of Psychiatry Journals
University of Bonn's list of online journals
PubMed Database - huge database of mental health citations
American Journal of Psychiatry
Appetite
Archives of General Psychiatry
British Medical Journal - Collected Clinical Resources
International Journal of Social Psychiatry
Journal of Cognitive Psychotherapy
World Health Organization Mental Health Bulletin

Topic Specific Sites

These sites offer access to general information about disorders. Unfortunately this can mean that they are limited with regard to specific academic information. However, it is worthwhile visiting them for an introduction to many of the disorders.

Psychiatric/medical web sites – http://www.adaa.org/

i. Forensics
ii. Psychopharmacology
iii. Child and adolescent
iv. Schizophrenia

The Psychiatry area of Medscape is at the following web page:

Medscape

This is a really good link site for journals, policy documents, treatment issues and more besides. Included on this site are journals links, such as the schizophrenia bulletin, where you can down load full articles on genetics, neuropsychology and social issues; other relevant journals include neuropsychology and many more.

http://www.medscape.com/Home/Topics/psychiatry/psychiatry.html
The main entry point for the Medscape web site is at:
http://www.medscape.com
MEDSCAPE PSYCHIATRY AREA - RECENT ARTICLE SUMMARY
www.medscape.com/govmt/NIMH/SchizophreniaBulletin/public/journal.SB.html

Critical Mental Health Sites

The social Perspectives Web Site: http://www.spn.org.uk/
Critical Mental health forum: www.critpsynet.freeuk.com/criticalmentalhealth.htm
Critical Psychiatry Network: www.critpsynet.freeuk.com/index.htm
Asylum magazine: www.asylumonline.net/index.htm
Psychminded: www.psychminded.co.uk/critical.htm
Shropshire psychology service: www.shropsych.org

Topics specific links
These sites can provide you with up to date news on specific disorders, where you can access discussion group, find out about study guides, open days at centres and conferences. You can also link up to relevant journals from here and potentially access full text articles on abnormal psychology.

Schizophrenia
http://truehope@telusplanet.net
news@guess-what.com
http://www.priory.com/psych.htm

The Schizophrenia Bulletin is available at the following web address
http://www.medscape.com/govmt/NIMH/SchizophreniaBulletin/public/journal.SB.html

Psychosis
http://www.york.ac.uk/inst/ctipsych/dir/abnormal.html

A Review of Neuropsychological perspectives on *Eating Disorders* (at the Institute of Psychiatry)

http://www3.uchc.edu/~sam/activities/position/eating.html#introduction
http://www.human-nature.com/free-associations/index.html
http://www.human-nature.com/odmh/index.html

User movements web addresses (re-checked August, 2008)

http://www.hearing-voices.org/ Hearing Voices Network UK

http://www.scmh.org.uk Sainsbury centre for mental health

http://www.nshn.co.uk/ National Self-Harm Network

http://www.mind.org.uk/ **MIND**

Other Useful Sites

The sites listed below are general sites, which can give you information about careers (in clinical psychology and other mental health professions) and general information about disorders. For example, the Karolinska Institute contains information on every aspect of almost any mental disorder. Research in biology, brain scanning, behavioural research, cognitive therapies, through to social approaches and the anti-psychiatry movements. This is an excellent site to begin researching current theories and perspectives on every disorder. Often the diagnostic criteria are listed and current research findings and theoretical advancements are discussed in detail. Furthermore, all of the sites listed provide links to relevant journals, reading lists and addresses for further information.

Karolinska Institute list of abnormal psychology links covering everything from bipolar disorder to sexual dysfunction

Internet Mental Health - a very thorough site providing information on all aspects of mental health

Psychnet-UK - a mental health resource site for professionals and students
ICD-10 - available to download from web site

University of Bonn's Clinical Psychology Resources

If you have any suggestions for useful links, or you find any "dead links", please email the Unit Co-ordinator.

12.1 Printed journals available at LSBU Library

1) Journal of Abnormal Psychology

2) Journal of Child Psychology and Psychiatry

3) British Journal of Clinical Psychology

4) Journal of Child and Adolescent Psychiatric Nursing

5) International Journal of Social Psychiatry

6) Journal of Mental Health

12.2 Online journals available from LSBU psychology home page

1) British Journal of Clinical Psychology

2) Clinical Psychology Review

3) American Journal of Alcohol and Drug Abuse

4) Journal of Anxiety Disorders

5) Journal of Psychiatric and Mental Health Nursing

6) The Lancet

7) Neuropathology

8) Psychiatry and Clinical Neurosciences

9) International Journal of Law and Psychiatry

10) Alcoholism and Drug Abuse Weekly

11) Addictive Behaviours

12) Aggression and Violent Behaviour

13) British Journal of Criminology

12.3 Library stock

N.B. The library is extremely well stocked for books on mental health. Over the past two years, virtually every book requested by the unit-co-ordinator has been successfully added to remaining stock (except for some of the very recent requests).

Video material - available at London South Bank University library
Race and mental health, 1: Mistaken for mad
Publisher videocassette: channel 4
Pubdate 1986: 1 cassette
Pagination VHS col., 45 mins.
Subject 1) mental health services: ethnic groups
Contents Are Afro-Caribbean and Asian people getting a fair deal and the right understanding in mental care? Recorded off air

Mental health.
Publisher ITV
Pubdate 1993.
Pagination 1 cassette, VHS, col., 30 mins.
Subject 1) Schizophrenia: mental disorders.
Contents An undercover report on the terrifying world the mentally ill can experience on leaving hospital for the first time.

Mental health and community care.
Publisher BBC.
Pubdate 1997.
Pagination 1 cassette, VHS, col., 120 mins.
Contents The experiences of people with common mental health problems

and the social and policy issues of support and care. Recorded off air, 10.10.97.

Being on a section: a visual interpretation of the Mental Health Act for those who have been sectioned, outlining their rights.
Publisher Mental health media and Lewisham & Guy's Mental Health Trust
Pubdate 1995
Pagination 1 cassette, VHS, col., 30 mins
Subject 1) mental illness: law
Note(s) Accompanies booklet with title: "Being on a section: notes

Schizophrenia
1) British broadcasting corporation.
Title into madness: schizophrenia.
Publisher BBC.
Pubdate 1994
Pagination 1 Cassette, VHS, col., 55 mins.
Subject 1) Schizophrenia: mental disorders.
Contents Documentary on schizophrenia which strikes without warning and can last a lifetime. Recorded off air, 13.9.94.

Anorexia
Anorexia nervosa: the movie
Publisher videocassette: turnip video services
Pubdate 1987: 1 cassette
Pagination VHS, col., 39 mins.
Subject 1) Neuroses: psychiatric disorders.
Contents Notes available separately.

Teaching about anorexia nervosa: The days of fast and Abstinence, and Anorexia nervosa
Publisher book: turnip video services
Pubdate 1987

Family therapy
1) Seligman, P. & Jones, E.
Title Systemic family therapy: a sequence of three sessions
Publisher videocassette: macmed
Pubdate 1987: 1 cassette
Pagination VHS, col., 135 mins.
Subject 1) Family therapy: mental disorders.
Contents An in-depth introduction to systematic family therapy

12.4 Recommended novels (see also web site on first person narratives of madness above)

Frame, Janet. (1982) *Faces in the water*. London: Virago. (Deals with author's time in a psychiatric hospital)

Head, Bessie. (1993) A question of power. London: Virago. (A brilliant autobiographical novel about psychotic experiences in Africa)

Hormbacher, Marya. (1998) *Wasted: Coming back from addiction to starvation*. London: Flamingo. (Deals with eating disorders and other addictions)

Kaysen, Susannah. (1994) *Girl interrupted*. Quincy, M.A. Yonkers, New York University Press. (About Borderline Personality Disorder and a stay in a psychiatric hospital)

Kesey, K. (1976) One flew over the cuckoo's nest. London: Penguin. (About experiences in a psychiatric hospital and surrounding treatment controversies)

Plath, Sylvia. (2000) *The bell jar*. Cambridge, Polity Press. (About diagnosis, sexual abuse, schizophrenia and psychiatric hospitals)

Redfield Jamison, Jay (1997) *An unquiet mind*. London: Picador. (Richly describes the author's struggle with manic depression, while working as a clinical psychiatrist)

Wurtzel, Elizabeth. (1997) *Prozac nation*. ISBN: 1573225126. (Dealing with depression and taking medication)