

1. Outline the biochemical explanation of mental illness. (5)

Mark Scheme

<p>Outline the biochemical explanation of mental illness.</p> <p>AO1 (5 marks) Answers could relate to biochemical explanation of a single mental illness (e.g. depression) or more than one mental illness (e.g. depression and schizophrenia).</p> <p>References to the roles played by serotonin, dopamine, noradrenaline and/or GABA are most likely, but other relevant responses should be credited.</p>	<p>5</p>	<p>1 mark for each of the following (depth approach):</p> <ul style="list-style-type: none"> • Reference to named neurotransmitter/hormone/chemical • Action of the neurotransmitter in maintaining stasis • Reference to imbalance/too little/too much • Consequences of imbalance i.e. synaptic gap/excitation of neuron/ specific symptom • Reference to specific named disorder <p>Alternatively, candidates may address the question using breadth approach:</p> <ul style="list-style-type: none"> • Reference to named neurotransmitter/hormone/chemical (max 2) • Reference to imbalance/too little/too much (for each) • Reference to specific named disorder (for each) <p>NB. No credit for treatment e.g. medication and its impact. However, the explanation may be hidden within an outline of the treatment.</p> <p>If candidate draws a picture to support their answer, it can be credited.</p>
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2. (a) Describe one way mental disorders can be categorised. (4)

Mark Scheme

<p>(a)</p>	<p>Describe one way mental disorders can be categorised.</p> <p>AO1 (4 marks) Candidates will demonstrate knowledge and understanding by referring to any way of categorising mental disorders.</p> <p>DSM or ICD are likely to be referred to, although other appropriate responses should be credited (including other countries' diagnostic manuals). Any edition of a way of categorising disorders can be referred to (i.e. it does not need to be the most recent edition); however, if a particular edition is specified then subsequent details should relate accurately to that particular edition.</p> <p>Answers that reference to ways of defining abnormality should not be credited (NAQ).</p>	<p>4</p>	<p>1 mark for the following features of categorisation:</p> <ul style="list-style-type: none"> • Identify one form of categorisation (e.g. diagnostic tool) • Who would use it (e.g. psychiatrist) OR where (e.g. USA) • Sections/chapters/categories i.e. psychotic • Contents – specific symptoms/duration <p>Alternatively, candidates may address the question with details of the categories - marks could be awarded for:</p> <ul style="list-style-type: none"> • Identify one form of categorisation (e.g. diagnostic tool) • Categories e.g. psychotic, affective and anxiety • Identification of at least one disorder from one category. • Symptoms – specific example from at least one category. <p>NB. If more than one way is outlined, then it is the first one that should be credited.</p>
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(b) Outline one problem a clinical psychologist might have when categorising mental disorders. Use an example of a mental disorder to support your answer. (4)

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(b)	<p>Outline one problem a clinical psychologist might have when categorising mental disorders. Use an example of a mental disorder to support your answer.</p> <p>AO2 (4 marks) Candidates could consider:</p> <ul style="list-style-type: none"> • The overlap of symptoms causing misdiagnosis – comorbidity and lack of pathognomic symptoms • Cultural bias of the tool or clinician • Gender bias • Misinterpretation of symptoms • Subjective interpretation of symptoms leading to lack of reliability and/or validity. • Clarity of definitions/symptoms listed in the DSM/ICD • Patient's self report (e.g. inaccurate description of symptoms, omission of symptoms, inability to describe them or lying about them like in Rosenhan's study). • Other appropriate responses should be credited. <p><u>Example answer:</u></p> <p>One problem a clinical psychologist might have is that they have only got the patient's description of their symptoms (1). They have to then compare these to the list of symptoms in a tool such as DSM/ICD (1) and the patient's description of their symptoms may not accurately match the symptom list in the tool / they may forget some symptoms / they may lie about their symptoms. (1) For example, Rosenhan's pseudopatients lied about hearing voices but were diagnosed with schizophrenia. (1)</p>	4	<p>1 mark for each of the following:</p> <ul style="list-style-type: none"> • Identification of one relevant problem a clinical psychologist might have. • Some elaboration or explanation as to why this is a problem. • An example of a disorder is used to support the point being made. • Elaboration of the example (e.g. through the use of research evidence, comparison of two disorders, etc.) <p>NB. If more than one problem is outlined, then it is the first one that should be credited.</p>
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3. Orla is a researcher working in the Psychology department of a university. She works with a range of different therapists. Orla thinks that non-biological treatments of mental illness are effective and she wants to conduct some research into their effectiveness to find out whether she is correct.

(a) **Identify** and **describe** one non-biological treatment of a disorder that Orla could consider for her research. (4)

Mark Scheme

<p>Orla is a researcher working in the Psychology department of a university. She works with a range of different therapists. Orla thinks that non-biological treatments of mental illness are effective and she wants to conduct some research into their effectiveness to find out whether she is correct.</p> <p>Identify and describe one non-biological treatment of a disorder that Orla could consider for her research. [4]</p> <p>AO2 (4 marks) Candidates should apply their knowledge and understanding of non-biological treatment by identifying and describing one such treatment that Orla could use in her investigation. Candidates are likely to refer to:</p> <ul style="list-style-type: none"> • Exposure-based therapies such as systematic desensitisation or flooding • Aversion therapy • Cognitive behavioural therapies (CBT) • Client-centred therapy/psychotherapy. <p>Treatment must be non-biological.</p>	<p>4</p>	<p>Award marks as follows for the <u>identification</u> of the treatment: 1 mark – accurate identification of one non-biological treatment of mental illness that Orla could consider for her research.</p> <p>Award marks as follows for the <u>description</u> of the treatment: 3 marks – Good application of non-biological treatment that Orla could investigate the effectiveness of.</p> <p>2 marks – Reasonable application of a non-biological treatment that Orla could investigate the effectiveness of</p> <p>1 mark – Limited application of a non-biological treatment that Orla could investigate the effectiveness of</p> <p>0 marks – no creditworthy response</p> <p>The non-biological treatment needs to be identified and described in the context of the question (i.e., as a treatment that Orla could investigate the effectiveness of). The treatment that is described needs to reflect the treatment that is identified for the description marks to be accessible. The first treatment identified must be credited.</p> <p>Marks can be awarded as follows:</p> <ul style="list-style-type: none"> • 1 mark = identify a non-biological treatment (e.g. systematic desensitisation) • 1-3 marks a description of what the non-biological treatment would involve in practice (e.g. drawing up a fear hierarchy; learning relaxation techniques; pairing a relaxation response with each stimulus in the hierarchy); one of these marks could potentially be for the psychology behind the treatment (in terms of how/why it can be expected to work, such as through developing positive associations) or for the outcome from it (e.g. in terms of overcoming a negative association). <p>If the treatment can't be confirmed to be non-biological (e.g. "give them therapy"), then this is not creditworthy.</p>
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(b) Explain how Orla could investigate the effectiveness of this non-biological treatment of mental illness. (6)

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<p>Explain how Orla could investigate the effectiveness of this non-biological treatment of mental illness. [6]</p> <p>AO2 (6 marks) Candidate should apply their knowledge and understanding of the research process to the context of the question. They can be expected to outline an appropriate way in which Orla could investigate the effectiveness of this treatment.</p> <p>Suggestions are likely to centre on an experiment (e.g., with an experimental condition receiving the non-biological treatment and one or more control conditions receiving no treatment and/or a biological treatment) but could equally centre on the use of self-report or observation either as research methods, or as ways of collecting data within an experiment. The longitudinal approach could feature as could case studies, interviews with different therapists, or carrying out a review study.</p> <p>Better answers will contain increasing levels of detail about how Orla could investigate the effectiveness of the non-biological treatment. For example, reference could be made to the sample of participants and/or the sampling technique, to any independent variable, and/or how data could be obtained that could enable Orla to draw conclusions about the effectiveness of the non-biological treatment. The best answers will be fully contextualised to this scenario (i.e. to investigating the effectiveness of a non-biological treatment of mental illness).</p> <p>Other appropriate responses should be credited.</p>	<p>6</p>	<p>Marks can be awarded as follows:</p> <ul style="list-style-type: none"> 1-2 marks = the methodology/procedure to be used (1 mark for identification of this; 2nd mark for description of it, which may include reference to the measure being taken twice [before and after the intervention]) 1-2 marks = the sample of participants to be studied (1 mark for some detail about this such as the sample size, or ages, gender or occupations of participants; 1 mark for placing this in the context of the proposed study such as by identifying the mental illness the participants have been diagnosed with) 1-2 marks = the way the effectiveness of the non-biological treatment will be measured (1 mark for identifying this; the 2nd mark for elaborating on this – e.g., by giving detail about the precise question to be asked, observable behaviour to be seen, diagnostic measure to be taken, qualitative feedback to be listened out for, or coming up with more than one way of measuring, etc.) <p>0 marks – No creditworthy response.</p> <p>It is acceptable for the candidate to come up with an investigation that involves a combination of two or more methods as the question didn't ask for "one" way; marks should be awarded by adding together different creditworthy aspects from each of these.</p> <p>A maximum of 2 marks for answers where:</p> <ul style="list-style-type: none"> A different treatment from the one described in question 3(a) is being referred to. The treatment carried over from 3(b) is biological (so got zero marks in that question). It is unclear what the treatment is that Orla is investigating the effectiveness of. <p>These 2 marks (maximum) would be in relation to the sample of participants studied (i.e. the candidate can't get any marks for either methodology or measurement).</p> <p>If the answer in question 3a was unclear (e.g. "therapy") but now in question 3b it is made clear as a treatment that is non-biological (e.g. "humanistic therapv"). then in principle this can potentially access maximum marks.</p>
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4. (a) Outline the genetic explanation of mental illness. (3)

Mark Scheme

<p>(a)</p>	<p>Outline the genetic explanation of mental illness.</p> <p>AO1 (3 marks) Candidates will demonstrate knowledge and understanding through accurate description of the genetic explanation of mental illness. Answers can be expected to identify the idea of mental illnesses being inherited genetically from parents. This may then be elaborated upon by reference to research (e.g. studies investigating concordance rates between twins; the key research by Gottesman et al) or by reference to evolutionary theory (e.g. as investigated by Ohman). However, an outline of the genetic explanation of mental illness does not explicitly require reference to named research in order to show good understanding.</p> <p>Other appropriate responses should be credited. Supporting evidence doesn't need statistics but for two marks needs comparisons between named groups as evidence for genetic explanation or statistical evidence accurate to nearest whole number. Genetic is tautological so needs idea of inheritance or even passed on by parents</p> <p>Reference to evolution will still need link to inheritability of genes</p>	<p>3</p>	<p>3 marks – response demonstrates good relevant knowledge and understanding of the genetic explanation of mental illness</p> <p>2 marks – response demonstrates reasonable relevant knowledge and understanding of the genetic explanation of mental illness</p> <p>1 mark – response demonstrates limited relevant knowledge and understanding of the genetic explanation of mental illness</p> <p>0 marks – no creditworthy response</p> <p>Reference to inheritance for 1 mark plus 2 marks of elaboration</p>
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(b) Evaluate the usefulness of the genetic explanation of mental illness. (6)

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(b)	<p>Evaluate the usefulness of the genetic explanation of mental illness.</p> <p>AO2 (3 marks) Candidates will demonstrate the skill of application through their discussion of the usefulness of the genetic explanation of mental illness.</p> <p>AO3 (3 marks) Candidates will demonstrate the skill of evaluation through the discussion that they generate of the usefulness of the genetic explanation of mental illness. Points made could centre on the limitations of this explanation (e.g. in terms of an individual not being able to change their genes, or of adopted children not necessarily knowing their genetic background). Other lines of argument could centre on counselling of couples thinking of having children and/or of it being possible to put support in place early on for children born to parents with a greater likelihood of having children with mental illness; however, such points would need handling sensitively, which raises the issue of how to make use of information arising from the genetic explanation. Points discussed need to be linked to usefulness. To be able to access the top Level, candidates can be expected to explore at least two arguments.</p> <p>Other appropriate responses should be credited.</p> <p>Do not credit the usefulness of embryonic manipulation. This is not widely available and has ethical considerations of producing designer babies.</p>	6	<p>5-6 marks – Response demonstrates good application of psychological knowledge and understanding. There is good evaluation that is mainly relevant to the demand of the question.</p> <p>3-4 marks – Response demonstrates reasonable application of psychological knowledge and understanding. There is reasonable evaluation that is partially relevant to the demand of the question.</p> <p>1-2 marks – Response demonstrates limited application of psychological knowledge and understanding. There is limited evaluation that may be related to the topic area.</p> <p>0 marks – No creditworthy response.</p> <p>Credit "it gives insight"</p>
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5. To what extent are explanations of mental illness determinist? (10)

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<p>To what extent are explanations of mental illness determinist?</p> <p>AO1 (2 marks) Candidates should demonstrate knowledge and understanding of what makes something 'determinist'.</p> <p>AO3 (8 marks) Candidates should analyse, interpret and evaluate explanations of mental illness in relation to determinism. Relevant points that could be made in the context of arguments about freewill or determinism might relate to concordance rates, causation versus correlation, individual differences, the effectiveness of treatments (and what this might tell us about an explanation), findings from empirical research, the difficulties of isolating individual causes, etc. Arguments could support determinism or freewill. Any explanations of mental illness can be referred to. The injunction 'to what extent' invites consideration of how far explanations of mental illness are determinist.</p> <p>Other appropriate responses should be credited.</p>	10	<p>9–10 marks – The response demonstrates good knowledge and understanding of determinism. There is a good analysis of determinism in relation to alternatives to explanations of mental illness. There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</p> <p>6–8 marks – The response demonstrates reasonable knowledge and understanding of determinism. There is a reasonable discussion of determinism in relation to explanations of mental illness. There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.</p> <p>3–5 marks – The response demonstrates limited knowledge and understanding of determinism. There is a limited discussion of determinism superficially related to explanations of mental illness. The information has some relevance and is presented with limited structure. The information is supported by limited evidence.</p> <p>1–2 marks – The response demonstrates basic knowledge and understanding of determinism. There is a basic discussion of determinism which may not be in relation to explanations of mental illness. The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.</p> <p>0 marks – No creditworthy response.</p>
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