Chapter 5
The individual and beyond

LEARNING OBJECTIVES

After reading and studying this chapter and participating in lectures and discussions, students should have an understanding of:

1. Theories of family functioning and interventions that involve the whole family
2. The impact of factors such as socio-economic status, gender, and ethnicity on mental health
3. How health promotion and public health programmes may improve the mental well-being of individuals and population
4. How mental health problems may present and be treated across differing cultures

CHAPTER OUTLINE

This chapter moves the focus from the individual to the wider context in which they live. It starts by looking at the immediate context of the family, before considering how wider societal factors impact on mental well-being, and how these may be addressed when attempting to improve population levels of mental health. Finally, the chapter addresses one particular contextual factor, ethnicity and culture, and how these may impact on both the presentation and treatment of mental health problems.

5.1 A systems approach
- Structural family therapy
- Strategic family therapy

5.2 Psychosocial explanations of mental health problems
- Developmental processes
- Socio-economic status
  - Social causation versus social drift
  - Differential vulnerability

The roe of social capital
Gender differences
Minority status
Differential exposure

5.3 Mental health promotion
Individual interventions
Systemic interventions

5.4 Cross-cultural issues
Presentation of problems
Seeking help

QUESTIONS FOR DISCUSSION

These may be useful to use at the beginning of the teaching session to get a sense of where people lie on these issues, to spark some interest in them, and as a link to refer to as the lecture progresses.

1. According to Minuchin's approach to therapy, the 'identified' patient is…
   a. A symptom of family dysfunction
   b. The main contributor to the problems a family is facing
   c. A person with mental health problems that are resonating through the family

2. Is economic hardship a cause or an outcome of mental health problems?
   a. cause
   b. outcome
   c. a combination of both

3. The prevalence of women with mental health problems is higher than that of men. Is this because…

   a. Women are more likely to report mental health problems than men
   b. Women are more exposed to potential stressors that impact on mental health
   c. Women's mental health is, in part, a function of their hormonal status

LECTURE SUGGESTIONS

This is one of the most important chapters in the book, as it locates mental health problems not within the individual, but within the context in which they live and the developmental processes they have experienced. Psychology tends to focus on internal states and individual behaviour, and the external environment is seen as a broad influence on these processes. Systemic therapy, focusing on the close environment, suggests the family has a proximal influence on the individual within it, and the family as the 'unit of change'. Individuals reciprocally influence others within the system in a circularity of causation. Interestingly, strategic therapy, much like the S-REF and relational frames theory, consider mental distress to result from a lack of psychological flexibility. Problems arise in relationships when failed solutions to problems continue to be used, and other, new solutions are not attempted. It differs in its solutions to the problem, however, by using paradoxical intent (combined with positive reframing) in the hope that this will evoke solutions that arise from within the relationship rather than being prescribed.

The wider social causes may be considered more distal, and therefore may have less of a strong influence on therapy. However, when one expands the frame of the question to to include considerations of how mental health problems could be prevented in the first place, rather than simply how they can be treated, social causes provide a range of ideas, such as improving housing options for 'at risk' families. As such, they require engagement of psychologists, who may work at a societal or political level: something that, arguably, psychologists should engage with. Finally, the chapter considers the very different ways people with mental health problems explain, report, and seek treatment for them across cultures. Although the chapter does not emphasize this, these differences emphasize the social construction of mental health, mental health disorders, and how these 'constructs' may have little or no validity in cultures that use different 'constructs'; referring back to the development of DSM and other diagnostic systems.

A key issue when looking at the data, particularly on developmental processes, is for students to consider *why* negative childhood experiences result in risks for mental health problems. Marking many essays on this process, a frequent link is made - they were sexually abused as a child and therefore experienced problems as adults. While correct at an empirical level (if slightly naïve as a statement), this does not consider the process through which one experience is translated into another, presumably through cognitive schema, attachment relationships, behavioural repertories etc. established as a consequence of the childhood experience that will then influence adult experiences and emotions. For this reason, the first suggested group discussion addresses this issue.

CLASSROOM ACTIVITIES

Small group discussion: we know that childhood experiences increase risk for mental health problems in adulthood. But what are the processes through which this relationship is mediated, and what may protect the many who experience childhood difficulties but do not go on to experience adult problems?

Case discussion in pairs: how would you work with a young girl with anorexia and their family using the Minuchin approach? How comfortable do you think families and young people would be if they engaged in this form of therapy. What are the strengths and weaknesses of this approach? Cons may include the difficulties of working as a system when many people referred would view the problem to lie within the person with anorexia. It requires a shift in perspective, and the family is now seen as a contributor to the problem. People may find the theory and practice of family therapy confusing and intrusive; people are moved, directed, told to engage in new behaviours and so on. It is active and requires all the family to change. The pros are almost the same, the 'blame' for the anorexic behaviour is moved away from the identified patient, the family can work as a unit to improve the health of an individual within it, empowering them and giving control back over a situation seemingly out of control. It brings a very new perspective to the way people engage in therapy that some may find challenging, others may find exciting.

Small group work: develop a systemic intervention to reduce the distress experienced by young people who experience bullying within the school and beyond. This will necessarily be multi-factorial and may address the issue from a range of perspectives from environmental design of schools to reduce places children can be at risk of hidden bullying, to supporting children who experience bullying by teaching assertive coping, social or other relevant skills, and staff education to reduce obvious bias in the classroom. The stick and the carrot may both be of benefit. (see for example... https://www.psychologytoday.com/us/blog/how-raise-happy-cooperative-child/201212/7-ways-schools-can-prevent-bullying).