

Case study mental health

Business



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Tom is 37 years old, self-employed and is suffering with depression. He doesn't know why he has depression but can see the effects of it. It is impacting on his relationship with both his wife and children and he also finds it difficult developing and maintaining productive friendships.

Tom is spending a lot of his time in bed. Getting out of bed and doing the essential things, such as work, proves difficult as motivation is lacking and this is now impeding his family financially.

Tom no longer gets any joy out of life and is now wondering what the point of it is. Out of desperation Tom seeks help and finds he has different options that may help his depression: The first port of call for most is their GP who will tend to lean towards the orthodox treatment. Orthodox means 'conforming to traditional or generally accepted rules or beliefs'. Within the NHS the traditional, scientifically tried and tested, and thus orthodox, treatment is the biomedical one.

The biomedical treatment is a technique that involves medication or drugs primarily.

In depression, and especially in cases of long-term depression, chemical imbalances may be involved and this treatment method may be necessary, the correct solution. The biological explanation is that depression is caused by insufficient levels of serotonin, dopamine and noradrenaline.

Antidepressant drugs are used for the treatment of moderate to severe depression and are usually taken for the medium or long term. The two main types prescribed are Tricyclics and Selective Serotonin Re-uptake Inhibitors.

Tricyclic drugs prolong the mood-lifting effects of noradrenalin and serotonin by preventing re-absorption after they are released.

It also means that the operation of the neurotransmitters are more efficient, easier and faster the, next time. Similarly, Drugs such as Florentine block the re-absorption of serotonin but not noradrenalin, prolonging the feeling of excitement and lowering depression. It should be noted that starting a course of drug treatment can involve side effects, including the very symptoms that caused the seeking of help in the first, although these only occur in a small amount of users.

It should also be remembered that prolonged use of a drug can lead to psychological and biological dependency upon it. Medication will also not work for everyone: Elgin et al did a controlled outcome study of treatment for depression.

The study is one of the best controlled outcome studies in depression. It involved 280 patients diagnosed with major depression who were randomly assigned to either (1) an anti-depressant drug plus the normal clinical management, (2) a placebo plus the normal clinical management, (3) CB or (4) PIT.

The treatment ran for 16 weeks and the patients were assessed at the start, after SIX weeks, and after 18 months. The results showed a reduction of depressive symptoms of over 50% in the therapy groups and in the drug group. Only 29% recovered in the placebo group. There was no tolerance in ten restiveness AT CB, PI or anti-parents treatment.

Nils indicates that psychotherapy might be an alternative in some cases. The recovery rate for both the psychological and drug treatment was only 50% in this study so neither of the treatments can guarantee recovery for all patients. (Elgin. Et al. 989) The study highlighted a need for different approaches to depression due to there being various and unique underlying causes, biological, environmental and even internal thought processes.

In most cases the accepted belief, where there are no chemical imbalances, is that drugs only mask the underlying problem although can still enable the patient to become functional and productive again (ibid). An alternative therapy to the biological one, and one that addresses an alternative underlying cause of depression, other than biological, is that of Cognitive Behavioral Therapy, whose success is mentioned in the depression outcome study above.

CB has its roots in the sass's and has two main influences, behavior therapy as plopped by Wolfe and the cognitive therapy approach developed by Beck (savages. 2010). CB is a type of psychotherapy that looks to modify thought patterns in order to change mood and behavior.

Therapy is based on the idea that negative actions, thoughts and feelings, such as those associated with depression, are the product of existing and current distorted beliefs or thoughts rather than past unconscious thoughts. CB is a blend of cognitive therapy and behavioral therapy.

While cognitive therapy focuses on a person's moods and thoughts, behavioral therapy specifically targets actions and behaviors. In this Joint approach, a client works with a therapist in a structured setting to identify

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specific negative thought patterns and behavioral responses to challenging, stressful and depressive situations. Treatment involves developing more balanced, constructive ways to respond to the stresses and depressors, ideally minimizing or eliminating the troubling behavior or disorder in the process.