

# Informative essay on health and social care

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Compare different psychological theories of life dependent Answer to the question no 1. 1 Developmental theories provide a set of guiding principles and concepts that describe and explain human development. Some developmental theories focus on the formation of a specific quality, such as Kohlberg's theory of moral development.

Other developmental theories focus on growth that happens throughout the life, such as Erikson's theory of psychosocial development. Grand theories are those comprehensive ideas often proposed by major thinkers such as Sigmund Freud, Erik Erikson and Jean Piaget. Grand theories of development include psychoanalytic theory, learning theory and cognitive theory. These theories seek to explain much of human behavior, but are often considered outdated and incomplete in the face of modern research. Psychologists and researchers often use grand theories as a basis for exploration, but consider smaller theories and recent research as well.

**Minitheories** Minitheories describe a small, very specific aspect of development essay writer world. A minitheory might explain fairly narrow behaviors, such as how self-esteem is formed or early childhood socialization. These theories are often rooted in the ideas established by grand theories, but they do not seek to describe and explain the whole of human behavior and growth. **Emergent Theories** Emergent theories are those that have been created fairly recently and are often formed by systematically combining various minitheories. These theories often draw on research and ideas from many different disciplines, but are not yet as broad or far-reaching as grand theories. The sociocultural theory proposed by theorist Lev Vygotsky is a good example of an emergent theory of development. 1. 2 Which

psychological theories and concepts are related to which life stages Answer to the question no 1. 2 Jean Piaget's Background Jean Piaget was born in Switzerland in 1896. After receiving his doctoral degree at age 22, Piaget formally began a career that would have a profound impact on both psychology and education. After working with Alfred Binet, Piaget developed an interest in the intellectual development of children.

Based upon his observations, he concluded that children were not less intelligent than adults, they simply think differently. Albert Einstein called Piaget's discovery "so simple only a genius could have thought of it." Piaget's stage theory describes the cognitive development of children. Cognitive development involves changes in cognitive process and abilities. In Piaget's view, early cognitive development involves processes based upon actions and later progresses into changes in mental operations. 2. 1 What are the social and biological factors that influence human behaviour?

Answer to the question no 2. 1 Human behavior includes all patterns of behavior attributable to the human species as a whole and of individual people. It is studied by a range of natural and social sciences such as biology, neuroscience, psychology, anthropology and sociology. Human behavior is influenced by culture and tradition, as well as by human physiology and genetic factors. Collective human behavior is a separate subject of study, mostly concerned with population-scale phenomena such as evolutionary and emergent effects.

In their book *The Material Life of Human Beings: Artifacts, Behavior and Communication*, Andrea R. Miller and Michael Brian Schiffer provide two definitions of human behavior. First, behavior can be defined on a relational

basis, as any activity of a person, involving the consequential manipulation of at least one "interactor", taken to mean a physical object in the person's environment or another person. This definition is appropriate for simple performance actions such as writing a letter or engaging in dialogue, but it leaves out complex or introspective human activities.

The second, broader definition is that human behavior consists of "all interactions in a given behavioral system." According to Miller and Schiffer such a broad definition of behavior is important because it unites various aspects of human actions, which have been studied in isolation in different fields. Thus, the primary focus of biologists on a range of reflexes and muscular motions as the basis of behavior and the main emphasis of sociologists on interpersonal relationships as its foundation can be united in one logical framework.

One of the most important scientific investigations with respect to human behavior focuses on identifying the primary factors that determine it. Recent findings in fields such as human genomics, cognitive and information sciences shed new light and improve our understanding of the ways, in which genes and learning influence behavior. What is more, investigations of complex social and ecological processes have revealed feedback mechanisms, in which collective human behavior itself may be responsible for changing the genetic makeup of the population over generations.

Such findings and the current state of the emerging field of behavioral genetics are summarized by the distinguished academics Cynthia Coll, Elaine Bearer and Richard Lerner, editors of the compendium *Nature and Nurture: The Complex Interplay of Genetic and Environmental Influences on Human*

Behavior and Development. The conclusion seems to be that there is no clear divide between the formative influences of genetic makeup and environmental influences on human behavior. Gene-environment interplay starts to affect the behavior and development of humans and animals from the embryonic phase and continues throughout their life experience.

Expression of the genotype, or the coded programming of the human genes, is often flexible and very much affected by the environmental context. Heredity alone cannot explain behavioral or developmental differences among different groups of people. There are instances where collective human behavior may have profound consequences, which are unintended on an individual level. Many major advances in human civilization are likely the result of what biophysicist Harold Morowitz calls "synergistic interactions" of individuals' actions. Thus, collective adaptive behavior such as settling may lead to a population-wide trend such as urbanization. . 2 What is the importance of social roles in the context of a health and social care setting? Answer to the question no 2. 2 One of the main challenges facing leaders and managers within the health and social care arena is in understanding the role of the broader environment in determining policy formulation and implementation. This award explores not only the substance of relevant health and social care policies, but also the key factors which impact upon the policy making and practice. In particular, this award explores the impact of economic social and cultural, political, and factors.

A deeper understanding of how reforms are made and implemented is vital if you make a contribution to policy formulation and to how it is translated into practice. You need to understand and participate in the major debates in

health and social care policy. The award develops your understanding and the skills needed to comprehensively and critically explore the economic, social, and political and cultural contexts within which health and social care policies are implemented. You also gain an in-depth critical understanding of the impact of the health and social care policies themselves. What you study

Award content includes: \* historical development of the NHS and the conception of social care \* economic, political and social context of health and social care \* key concepts in health and social care policy \* funding and resource allocation \* public health and inequality \* consumerism, citizenship and public and patient involvement \* the role of the professions \* health care systems \* matching demand for care with supply – needs assessment and commissioning. \*accountability, quality and standards 3. 1 Analyze the application of psychological theories to individuals experiencing elevated levels of stress.

Answer to the question no 3. 1 The recent literature on carers' burden in mental disorders is reviewed. Families bear the major responsibility for such care. Carers face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. The production of burden in carers is a complex process and is related to gender, age, health status, ethnic and cultural affiliation, lack of social support, coping style, in addition to the stressors of the disorder itself.

Carers appear to suffer from at least moderate levels of psychological symptomatology. The behavioural problems associated with mental disorders further increase the stress levels of carers. The findings from the review afford a comprehensive understanding of the care-giving situation

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with its outcomes, and its practical application in devising effective support strategies for family carers. KEYWORDS: Carers, caregivers, care recipients, psychological distress, burden, stress, mental disorders. | Introduction Carers play a vital role in supporting family members who are sick, infirm or disabled. There is no doubt that the families of those with mental disorders are affected by the condition of their near ones. Families not only provide practical help and personal care but also give emotional support to their relative with a mental disorder. Therefore the affected person is dependent on the carer, and their well-being is directly related to the nature and quality of the care provided by the carer. These demands can bring significant levels of stress for the carer and can affect their overall quality of life including work, socializing and relationships.

Research into the impact of care-giving shows that one-third to one-half of carers suffer significant psychological distress and experience higher rates of mental ill health than the general population. Being a carer can raise difficult personal issues about duty, responsibility, adequacy and guilt. 2 Caring for a relative with a mental health problem is not a static process since the needs of the care recipient alter as their condition changes. The role of the carer can be more demanding and difficult if the care recipient's mental disorder is associated with behavioural problems or physical disability.

Over the past few decades, research into the impact of care-giving has led to an improved understanding of this subject including the interventions that help. It has now been realized that developing constructive working relationships with carers, and considering their needs, is an essential part of service provision for people with mental disorders who require and receive

care from their relatives. The aim of this review was to examine the relationship between caring, psychological distress, and the factors that help caregivers successfully manage their role. Family burden' - The role of families as carers Caring for someone with a mental disorder can affect the dynamics of a family. It takes up most of the carers' time and energy. The family's responsibility in providing care for people with mental disorders has increased in the past three decades. This has been mainly due to a trend towards community care and the de-institutionalization of psychiatric patients. 3 This shift has resulted in the transferral of the day-to-day care of people with mental disorders to family members.

Up to 90% of people with mental disorders live with relatives who provide them with long-term practical and emotional support. 4, 5 Carer burden increases with more patient contact and when patients live with their families. 6 Strong associations have been noted between burden (especially isolation, disappointment and emotional involvement), caregivers' perceived health and sense of coherence, adjusted for age and relationship. 7 ' Family burden' has been adopted to identify the objective and subjective difficulties experienced by relatives of people with long-term mental disorders. Objective burden relates to the practical problems experienced by relatives such as the disruption of family relationships, constraints in social, leisure and work activities, financial difficulties, and negative impact on their own physical health. Subjective burden describes the psychological reactions which relatives experience, e. g. a feeling of loss, sadness, anxiety and embarrassment in social situations, the stress of coping with disturbing



behaviours, and the frustration caused by changing relationships. 9 Grief may also be involved.

This may be grief for the loss of the person's former personality, achievements and contributions, as well as the loss of family lifestyle. 10 This grief can lead to unconscious hostility and anger. 9, 10 The impact of caring on carers' mental health The vehicles of psychological stress have been conceptualized as adjustment to change, 11 daily hassles, 12 and role strains. 13 Lazarus and Folkman (1984) 14 define stress as ' a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being. The association between feelings of burden and the overall caregiver role is well documented. 15 Caregivers provide assistance with activities of daily living, emotional support to the patient, and dealing with incontinence, feeding, and mobility. Due to high burden and responsibilities, caregivers experience poorer self-reported health, engage in fewer health promotion actions than non-caregivers, and report lower life satisfaction. 16, 17

3. 2 How do psychological theories relate to behaviour disturbance?

Answer to the question no 3. 2 Behavioural psychology refers to the study of behaviour change.

It is based on the assumption that behaviour change signifies that learning has taken place. Behaviourists did not concern themselves with mental processes since these could not be directly observed. From its beginnings with the work of Pavlov in the early twentieth century, behaviourism grew to prominence during the 1940s to 1970s under the influence of B. F. Skinner, whose theories predicted a direct relationship between behaviour and its

consequences in given situations. Behavioural psychology declined in popularity during the latter part of the twentieth century.

Research with animals became unacceptable and some psychologists argued that human mental processes are qualitatively different from those of animals. Most disliked its 'deterministic' principles, which contradicted the notion of free will. But by then, behavioural research had become more sophisticated and enabled psychologists to draw inferences about the thought processes involved in behaviour change, most notably perceptions of control. These aspects were incorporated into cognitive science and remain influential. Behaviourism's greatest impact has been the development of therapies for fears and phobias (Chapter 5), anxiety disorders (Chapter 6), the management of unwanted or challenging behaviours (Chapter 5), and its contribution to CBT (Chapters 8, 9 and 10).

6 Psychology for nurses and the caring professions

Page 7 Page 7 Psychodynamic psychology

Psychoanalysis was founded by Sigmund Freud as a method of inquiry, a theory of mind, and a mode of treatment for complex psychological problems. Freud was a medical doctor who studied neurological problems, moving on to treat physical illnesses that were believed at the time to be manifestations of psychological problems.

The correct term for this is psychogenic illness (physical illness that has a psychological cause), as distinct from a psychosomatic disorder, which refers to a physical illness that has a psychological influence, or vice versa. Central to Freud's theory was the proposition that certain experiences during childhood are too uncomfortable to remember and are unconsciously 'repressed'. According to Freud, these repressed thoughts, which he

proposed were commonly of a sexual nature, eventually give rise to a state of anxiety or depression which may be expressed in terms of physical symptoms.

Repressed thoughts may be revealed through dreams, word associations and slips of the tongue. Their release (termed catharsis) is an aim of the psychoanalyst. The terms 'denial, repression and ego' entered everyday conversation, but are actually theoretical concepts and not verified facts. Freud's ideas have been influential in psychiatry, clinical psychology and counselling. But many aspects of psychoanalytic theory have been difficult to prove or disprove using scientific methods. Psychoanalytic explanations are usually offered 'post hoc' (after the event) and some would argue that psychoanalytic theory is therefore unable to fulfil the primary purpose of a theory, which is to predict outcomes. This has led to attack from members of the scientific community who regard psychoanalysis as a 'pseudoscience'. Following Freud's death, psychoanalysis largely gave way to what was termed 'ego' psychology. This gave rise to a number of important developmental and cognitive theories, including theories of life development and attachment (Chapter 3), loss (Chapter 6) and coping (Chapter 8). Psychodynamic psychotherapy evolved from psychoanalysis under the influence of Melanie Klein and others.

It retains the notion that many emotional problems are caused by unresolved difficulties in attachment relationships formed in childhood (Chapter 3), and clients are helped to retrieve and resolve difficult or traumatic memories. This approach to therapy has given rise to some concerns about the possibility of introducing false memories (see Chapter 4). Psychodynamic

counselling is currently one of the most popular approaches, in western societies, for the treatment of anxiety and depression. The number of psychologists working in health and social care and other fields has increased considerably over the last few decades.

Their tasks focus on preventing, assessing, treating and/or helping individuals to manage emotional, behavioural and cognitive problems using psychological theory and research. They also work alongside, or provide consultancy to, other health professionals. It is helpful to be able to distinguish between the skills available to different types of therapists who use psychology. Definitions of psychologists given below are based on those provided by British Psychological Society (BPS): [www.bps.org.uk](http://www.bps.org.uk) from where further details of their work and training requirements can be obtained. All chartered psychologists have a first degree in psychology and further training to masters or doctoral level that includes practice placements. All undergraduate and postgraduate education must be approved by the BPS.

- Clinical psychologists aim to reduce psychological distress and enhance and promote psychological well-being. They work with people with mental or physical health problems, including anxiety and depression, serious and enduring mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, personal and family relationships. They work with people throughout the lifespan, sometimes specializing in fields such as learning difficulties.
- Health psychologists apply psychological research and methods to the strategic prevention and management of disease, the promotion and maintenance of health, the identification of psychological factors that

contribute to physical illness, and the formulation of health policy. As examples, they study why and when people seek professional advice about their health, why they do or do not take preventative measures, how patients and health care professionals interact, how patients adapt to illness, and the links between perception, health behaviour and physical functioning. Counselling psychologists apply psychology to working collaboratively with people across a diverse range of human problems. This includes helping people manage difficult life events such as bereavement, past and present relationships and mental health problems such as depression. Counselling psychologists accept subjective experience as valid for each person, explore underlying issues and use an active collaborative relationship to empower people to consider change. Counselling psychologists adopt a holistic stance, which involves examining issues within the wider context of what has given rise to them.

The roles of psychologists overlap with the roles of other health care professionals who have similar aims, including:

- **Counsellor.** Similar to a counselling psychologist, except that anyone can describe themselves as a counsellor. Training courses vary from a few days to several years. There are short courses that provide a certificate Psychology in the context of health and social care 15Page 16 Page 16 of attendance, longer courses that provide a 'certificate' or 'diploma' (though the academic level may be unspecified), and MSc programmes that include a period of supervised training. Some training programmes offer an eclectic mix of psychological approaches, though most follow a particular psychological model such as Rogerian or psychodynamic counselling.
- **Psychoanalyst.** Someone who has

trained in psychoanalysis under the supervision of an approved psychoanalyst. All approved psychoanalysts can trace the provenance of their trainers back to those who were trained by Freud himself. All analysts undergo psychoanalysis themselves as part of a lengthy period of training.

**Psychodynamic psychotherapist.** A therapist who has undergone a period of intensive training, including personal analysis and supervised practice, and who bases their approach on a psychodynamic model.

- **Psychiatrist.** A medical doctor who, since qualifying, has specialized in the diagnosis and treatment of people with mental health disorders. They may use a range of psychological therapies, but these usually include drug treatments which they have the right to prescribe. They sometimes use physical interventions such as electroconvulsive therapy (ECT).

They are in charge of psychiatric beds and have the authority to admit people to hospital for treatment on a voluntary or compulsory basis. They usually assume the clinical lead of a multiprofessional mental health team that includes clinical psychologists, mental health nurses and social workers.

- **Cognitive behaviour therapist.** A qualified health or social care professional, such as a mental health nurse, who has completed undergraduate or postgraduate specialist training in CBT for the treatment for such disorders as depression, psychosis or obsessive-compulsive disorders.

All clinical psychologists are trained to offer CBT.

3. 3 How does psychological theory inform our understanding of mental health disorders?

Answer to the question no 3. 3 Obsessions are unwelcome thoughts, idea or urges that repeatedly appear in your mind; for example, thinking that you

have been contaminated by dirt and germs, or worrying that you haven't turned off the oven. These obsessions are often frightening or seem so horrible that you can't share them with others. The obsession interrupts thoughts that you would rather have, and makes you feel very anxious.

Often it will make you worry that you or other people are going to be harmed. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing your hands. The aim of the compulsion is to 'put right' the distress caused by the obsessive thoughts and relieve the anxiety you are feeling. You will be unlikely to feel any pleasure from carrying out the compulsion but you might find yourself doing it again and again.

Most people with OCD experience both obsessions and compulsions, but some people experience only obsessive thoughts, and some people have compulsions without knowing why. If you have OCD, you know that the obsessional thoughts are your own. This makes it different to a psychotic disorder, such as schizophrenia, where people feel that certain unwelcome thoughts and ideas come from outside themselves. OCD is described as an anxiety disorder. Other anxiety disorders include phobias and panic disorder which can share symptoms with OCD such as recurrent intrusive thoughts and fear.

OCD is also known to have a close association with depression, and some people find obsessions appear or get worse when they are depressed. How common is OCD? Minor obsessions and compulsions are common. We all worry, occasionally, about whether we've left the gas on, or the locked the door, and we describe people as being obsessed with work or football.

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However, these are not normally unwanted thoughts and they do not interfere with daily life. Many people also carry out small, everyday rituals like not stepping on cracks.

These rituals might help people feel safe, but are not normally considered problems. If you are diagnosed with OCD, the problems are so severe that they have stopped you from being able to live your life the way that you want to. You may understand that the way you are behaving is irrational, and feel ashamed and alone because of it. This shame often stops people from asking for help, and can lead to a delay in diagnosis and treatment. Many people try to cope alone until the symptoms are so severe they can't hide them any more. You may not realise how common such problems are.

It is thought that 1 to 2 per cent of the population have OCD that is severe enough to disrupt their normal life, and it can affect people of all ages and from all backgrounds; however, the onset of OCD symptoms is normally in early adulthood, with most cases emerging before the age of 25.

3. 4 Evaluate the application of psychological principles to affecting behaviour change in health and social care settings. Answer to the question no 3. 4

Although most Extension educational programs seek to increase knowledge, a more compelling goal is to create and sustain a desired set of health and personal behaviors, such as physical activity, healthy eating, effective parenting practices, or positive family communication patterns. Actual behavior change in these areas is likely to include cognitive, social, psychomotor, and affective/emotional dimensions (Boone & Boone, 2005). Nevertheless, Extension programs typically target and measure only cognitive behaviors--knowledge and information. Thus the first step toward



more powerful behavior change education is to acknowledge the importance of social, psychomotor, and affective/emotional dimensions of change.

An example of an Extension program that addresses psychomotor skills is Strong Women (Nelson, 2000) a free weight exercise program designed to improve bone health and reduce the risk of fractures. Used by the Extension Service in several states, this program introduces participants to the concept (knowledge) of building strength through the use of weights and then teaches specific (psychomotor) skills associated with lifting small weights correctly. A second step is designing educational programs based on solid principles of behavior change.

Psychological and educational research has shown that behavioral change occurs and is maintained when interventions incorporate particular principles of behavior change. Although some of these principles are frequent elements of Extension education programs, others will be newer ideas for Extension educators.

3. 5 Analyze how psychological theories enhance our understanding of relationships in health and social care. Answer to the question no 3. 5 Why is psychology important in health and social care?

Those of us who work in the caring professions spend most, if not all, of our working lives interacting with other people. A key part of our job is to promote health and well-being. Many people are familiar with the following broad definition of health: ‘ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO 1946). If this is seen as an important goal, those working in health and social care need the knowledge and skills to help people work towards achieving it.

There are many ways in which psychological theory and research can contribute to improvements in health and social care. They can help us to: I appreciate how people's understandings and needs vary, so that we can try to ensure that the individualized care we provide is both appropriate and optimal; I understand how our own thought processes can sometimes lead us to incorrect assumptions about others; I gain a better understanding of communication processes so that we can identify ways of improving the therapeutic relationship and work more effectively in inter-professional and inter-agency contexts; identify factors that affect how people cope with such situations as acute and chronic illness, pain, loss, and the demands of everyday life, so that we can help them, and ourselves, to cope better and reduce the risks of stress-related illness; I inform us about factors that influence people's lifestyles and what makes it so hard for people to change health-related behaviours, such as smoking, diet and exercise; I apply evidence-based interventions to enhance health, well-being and quality of life.