

Depression - Mark Scheme

Q1.

[AO2 = 2]

2 marks for a clear and coherent explanation of how research into treating depression might have implications for the economy.

1 mark for a vague or muddled explanation.

Possible content:

- psychological research findings into psychopathology may lead to improvements in psychological health/treatment programmes which may mean that people manage their health better and take less time off work. This would reduce costs to the economy
- psychological research findings may lead to better ways of managing people who are prone to mental health issues whilst they are at work which could improve their individual productivity, again boosting the economy overall
- 'cutting-edge' scientific research findings into treatments for mental health issues carried out in UK may encourage investment from overseas companies into this country which could boost the economy
- providing effective treatments might be a significant financial burden to an NHS service already under huge financial strain
- discovering that new treatments may be more effective than older therapies and that these may be more expensive so could increase the financial burden to the economy.

Credit other relevant explanations.

Q2.

[AO1 = 3]

Credit any details of relevant study including the aim, method, result or conclusion. Note for full marks there must be some information about what was done and what was found. Vague descriptions without detail eg which disorder / which medication / length of treatment / measurement of depression / symptoms maximum 1 mark. Likely studies include: Elkin (1985) comparison of therapies for depression using four conditions; Robinson (1990) meta-analysis of different therapies for depression; Hollon (2006) comparison of cognitive and drug treatment for depression.

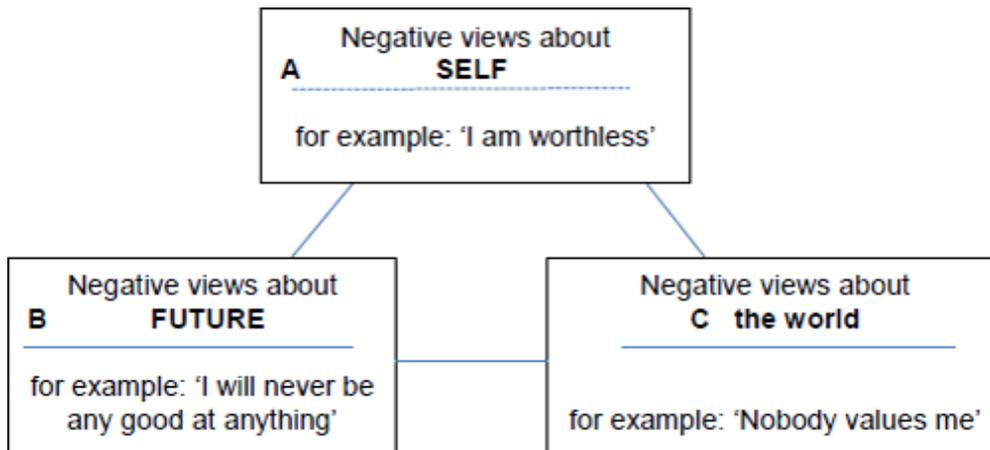
Q3.

[AO1 = 2]

A – self **1 mark**

B – future **1 mark**

Terms must be in the correct position for credit.



Q4.

[AO1 = 6 and AO3 = 10]

| Level | Mark | Description |
|-------|-------|---|
| 4 | 13-16 | Knowledge of the cognitive approach to treating depression is accurate and generally well detailed. Discussion is thorough and effective. Minor detail and / or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively. |
| 3 | 9-12 | Knowledge of the cognitive approach to treating depression is evident but there are occasional inaccuracies / omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately. |
| 2 | 5-8 | Limited knowledge of the cognitive approach to treating depression is present. Focus is mainly on description. Some discussion is present but it is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. |
| 1 | 1-4 | Knowledge of the cognitive approach to treating depression is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used. |
| | 0 | No relevant content. |

Possible content:

- general rationale of cognitive therapies – to change / modify negative schema / irrational thoughts and so alleviate the depression
- Beck's cognitive behaviour therapy (CBT) – steps involved: identification of irrational

- thoughts/negative triad ('thought-catching'); 'patient as scientist' – generate hypotheses to test validity of irrational thoughts; homework tasks; reinforcement of positive thoughts; cognitive restructuring
- Ellis' rational emotive behaviour therapy (REBT) – ABCDE model; rational confrontation / dispute; empirical and logical arguments; challenging automatic negative thoughts; behavioural activation; shame-attacking exercises

Accept other valid points.

Possible discussion points:

- use of evidence to support or contradict the effectiveness of cognitive therapies, e.g. March et al.
- therapy attempts to address cause – assuming root cause is irrational thought processes
- success may depend more on the quality of the patient-therapist relationship
- cognitive therapies require commitment and motivation which may be a problem for depressed patients
- over-focus on the patient's present circumstances – some patients may want to explore their past
- cognitive therapies may minimise the importance of person's social circumstances
- relies on patient self-reporting their thoughts – unreliable and difficult to verify
- credit critical comparison with alternative treatments, e.g. antidepressants

Accept other valid points.

[16]