MENTAL HEALTH & ABNORMAL PSYCHOLOGY

A Comprehensive 3-Week Unit

AP Psychology & Sociology Electives | Grades 10–12

DSM-5 Overview • Anxiety • Depression • OCD • PTSD
Personality Disorders • Schizophrenia • Eating Disorders
Neurodevelopmental Disorders

Taught with Empathy • Destigmatisation • Evidence-Based Treatment

UM Printables

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Unit Overview

Unit Title: Mental Health & Abnormal Psychology

Course: AP Psychology & Sociology Electives

Grade Level: 10–12

Duration: 3 Weeks (15 Lessons, 50 minutes each)

Unit Essential Questions

- What defines "abnormal" behaviour, and how has our understanding of mental illness evolved?
- How do biological, psychological, and sociocultural factors interact in the development of psychological disorders?
- Why is destigmatisation critical to mental health treatment and recovery?
- What are the major categories of psychological disorders, and how do they differ in presentation and treatment?
- How can evidence-based approaches promote resilience, recovery, and well-being?

Unit Rationale

This unit provides students with a scientifically grounded, empathetic understanding of psychological disorders. Grounded in the DSM-5 framework, students explore anxiety, mood, personality, psychotic, eating, and neurodevelopmental disorders. A central emphasis is placed on destigmatisation — students learn to discuss mental health with sensitivity and recognise that psychological disorders are medical conditions, not personal failings. The unit integrates case studies, documentary analysis, and creative projects to foster deep, personally meaningful learning.

Three-Week Scope

Week	Theme	Lessons
1	Foundations & Anxiety-Related Disorders	Lessons 1–5: DSM-5 overview, stigma, biopsychosocial model, anxiety disorders, OCD, PTSD
2	Mood, Personality & Psychotic Disorders	Lessons 6–10: Depressive disorders, bipolar, personality disorders, schizophrenia, case studies
3	Neurodevelopmental, Eating Disorders & Wrap-Up	Lessons 11–15: Eating disorders, ADHD & ASD, treatments, creative project, assessment

Key Unit Assessments

- Disorder Comparison Matrix (ongoing throughout unit)
- Stigma Discussion Protocol Participation (Formative)
- Documentary Discussion Guides (5 formative checks)
- Creative Response Project (Summative — 3 options)

- Unit Assessment: Multiple-Choice & Free-Response (Summative)

Week 1: Foundations & Anxiety-Related Disorders

Week 1 establishes the foundational vocabulary, frameworks, and empathetic lens students will use throughout the unit. Students learn how the DSM-5 categorises disorders, why person-first language matters, and how the biopsychosocial model explains the origins of mental illness. The week concludes with deep dives into anxiety disorders, OCD, and PTSD.

Lesson 1: Introduction to Abnormal Psychology & the DSM-5

Duration:	50 minutes
Objectives:	Define abnormal psychology and explain the four Ds (Deviance, Distress, Dysfunction, Danger). Describe the purpose and structure of the DSM-5. Explain why using person-first and clinically accurate language is essential.
Materials:	Whiteboard/projector, DSM-5 overview handout, "Four Ds" case vignettes (4 short scenarios), student notebooks.
Key Vocabulary:	Abnormal psychology, DSM-5, the four Ds (deviance, distress, dysfunction, danger), maladaptive, person-first language.

Opening Hook

Display two headlines: "Schizophrenic Goes on Rampage" and "Person with Schizophrenia Awarded Nobel Prize." Ask students to discuss: How does the language in each headline shape your perception? What assumptions does each headline reinforce? Introduce the concept that language matters in mental health discourse.

Direct Instruction

Define abnormal psychology as the scientific study of psychological disorders. Present the four Ds as a clinical framework: **Deviance** (behaviour violates cultural norms), **Distress** (behaviour causes emotional pain), **Dysfunction** (behaviour impairs daily living), and **Danger** (behaviour poses risk of harm). Emphasise that all four need not be present simultaneously. Introduce the DSM-5: its history, purpose (standardised diagnostic criteria), and limitations (categorical vs. dimensional, cultural bias concerns). Explain person-first language ("a person with depression" not "a depressed person").

Guided / Group Activity

Four Ds Case Vignette Analysis: In small groups, students read four brief clinical vignettes. For each, they identify which of the four Ds are present and justify their reasoning. Groups share findings; the class discusses borderline cases where the four Ds blur (e.g., culturally deviant but not distressful behaviour).

Closure & Exit Ticket

Exit Ticket: Students write a one-paragraph response: "Explain one reason why the DSM-5 is important for mental health professionals, and one limitation of using a diagnostic manual."

Differentiation

Provide a graphic organiser for the four Ds with definitions and examples pre-filled for students who need scaffolding. Offer an extension reading on the transition from DSM-IV to DSM-5 for advanced students.

Homework / Extension

Read the provided one-page summary on the history of the DSM. Write three questions you have about how disorders are diagnosed.

Lesson 2: Understanding Stigma & the Biopsychosocial Model

Duration:	50 minutes
Objectives:	Define stigma and distinguish between public stigma, self-stigma, and institutional stigma. Explain the biopsychosocial model and apply it to understand how psychological disorders develop. Analyse how stigma creates barriers to treatment.
Materials:	Stigma statistics handout, biopsychosocial model diagram, large chart paper and markers, student notebooks.
Key Vocabulary:	Stigma, public stigma, self-stigma, institutional stigma, biopsychosocial model, biological factors, psychological factors, sociocultural factors.

Opening Hook

Present statistics: "Only 43% of adults with a mental illness receive treatment in a given year." Ask: "Why do you think so many people go untreated?" Chart responses on the board. Highlight stigma as a primary barrier.

Direct Instruction

Define stigma and its three forms: **public stigma** (societal negative attitudes), **self-stigma** (internalised shame), and **institutional stigma** (policies that limit opportunities). Present the biopsychosocial model: disorders arise from the interaction of **biological** (genetics, neurochemistry), **psychological** (cognitive patterns, trauma), and **sociocultural** (poverty, discrimination, family dynamics) factors. Use depression as an example to illustrate how all three layers interact.

Guided / Group Activity

Biopsychosocial Posters: Groups of 3–4 select one disorder (anxiety, depression, or PTSD) and create a visual model on chart paper showing biological, psychological, and sociocultural contributors. Groups present briefly; class discusses overlapping factors across disorders.

Closure & Exit Ticket

Exit Ticket: "Name one way stigma prevents someone from seeking mental health treatment, and explain how the biopsychosocial model helps reduce stigma."

Differentiation

Provide pre-printed biopsychosocial templates with guiding prompts. Challenge advanced students to include epigenetics in their biological layer.

Homework / Extension

Reflective journal: Describe a time you witnessed stigma around mental health (in media, personal life, or school). How did it affect the person involved? (No need to share personal details; focus on the impact of stigma.)

Lesson 3: Anxiety Disorders

Duration:	50 minutes
Objectives:	Differentiate between normal anxiety and clinical anxiety disorders. Identify the key features of Generalised Anxiety Disorder (GAD), Social Anxiety Disorder, Panic Disorder, and Specific Phobias. Describe evidence-based treatments for anxiety disorders.
Materials:	Anxiety disorders comparison chart handout, brief video clip of a clinical anxiety simulation (2–3 min), case study slips, student notebooks.
Key Vocabulary:	Generalised Anxiety Disorder (GAD), Social Anxiety Disorder, Panic Disorder, Specific Phobia, agoraphobia, fight-or-flight response, CBT (Cognitive Behavioural Therapy).

Opening Hook

Lead a brief guided visualisation: "Imagine you are about to give a speech to 500 people. What physical sensations do you feel?" Chart responses (racing heart, sweating, etc.). Then explain: For someone with an anxiety disorder, these sensations happen even when there is no real threat — or the response is far disproportionate to the threat.

Direct Instruction

Explain the fight-or-flight response and how anxiety disorders represent a hyperactive or misfiring alarm system. Cover each disorder: **GAD** (excessive worry for 6+ months, physical symptoms like muscle tension and fatigue); **Social Anxiety Disorder** (intense fear of social evaluation); **Panic Disorder** (recurrent panic attacks, fear of future attacks); **Specific Phobia** (irrational fear of a specific object or situation). Briefly introduce CBT and exposure therapy as evidence-based treatments.

Guided / Group Activity

Case Study Match-Up: Students receive 4 brief case vignettes and must match each to the correct anxiety disorder, citing specific DSM-5 criteria from their handout. Review as a class, discussing why certain symptoms point to one disorder over another.

Closure & Exit Ticket

Exit Ticket: "Explain the difference between normal anxiety and GAD in 2–3 sentences."

Differentiation

Provide a word bank of key symptoms for the case study match-up. Advanced students: research and write a paragraph on how neurotransmitters like GABA and serotonin are implicated in anxiety.

Homework / Extension

Begin filling in the "Anxiety Disorders" row of your Disorder Comparison Matrix (ongoing unit assignment). Read the provided article: "Why Anxiety Disorders Are the Most Common Mental Illness."

Lesson 4: OCD & Related Disorders

Duration:	50 minutes

Lesson 11: Eating Disorders

Duration:	50 minutes
Objectives:	Differentiate between Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder using DSM-5 criteria. Explain the severe medical consequences of eating disorders, particularly Anorexia Nervosa having the highest mortality rate of any psychiatric disorder. Describe evidence-based treatments such as Family-Based Treatment (FBT) and CBT-E.
Materials:	Eating disorders comparison handout, clinical vignettes, student notebooks. *Note: Teacher must review guidelines for discussing eating disorders safely before class to avoid triggering content.*
Key Vocabulary:	Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder, restricting type, binge-eating/purging type, body dysmorphia, Family-Based Treatment (FBT), CBT-E (Enhanced Cognitive Behavioural Therapy).

Opening Hook

Display two anonymous quotes: "I felt invisible until someone noticed my weight loss," and "Everyone thought I was healthy because I looked 'normal', but I was destroying my body in secret." Ask: "What assumptions do we make about who has an eating disorder based on appearance?" Challenge the stereotype that eating disorders only affect certain genders or body types.

Direct Instruction

Present DSM-5 criteria: **Anorexia Nervosa** (restriction of energy intake leading to significantly low body weight, intense fear of gaining weight, disturbance in self-perceived shape/size. Note: DSM-5 removed the amenorrhea criterion). **Bulimia Nervosa** (recurrent episodes of binge eating followed by inappropriate compensatory behaviours like purging, laxative use, or excessive exercise, occurring at least once a week for 3 months; self-evaluation unduly influenced by body shape/weight). **Binge-Eating Disorder** (recurrent binge eating without compensatory behaviours). Highlight that Anorexia has the highest mortality rate of any mental illness due to medical complications and suicide. Discuss treatments: **FBT** (empowers parents to take charge of refeeding in adolescents) and **CBT-E** (focuses on altering dysfunctional thoughts about body image and breaking the binge/purge cycle). Emphasise that eating disorders are not lifestyle choices; they are serious biopsychosocial illnesses.

Guided / Group Activity

Myth Debunking: Students work in pairs to read 6 common myths about eating disorders (e.g., "You can tell if someone has an eating disorder just by looking at them," "Eating disorders are just a phase"). They rewrite each myth as a clinical fact using their handout. Share out to reinforce destigmatisation.

Closure & Exit Ticket

Exit Ticket: "Why is it dangerous to assume someone is healthy just because they do not appear underweight? Name one fact that challenges this assumption."

Differentiation

Provide a pre-written list of facts that students match to the myths. Advanced students: research the role of the brain's reward circuitry in maintaining the cycle of eating disorders.

Homework / Extension

Update Disorder Comparison Matrix for Eating Disorders. Bring questions for tomorrow's lesson on neurodevelopmental disorders.

Lesson 12: Neurodevelopmental Disorders (ADHD & ASD)

Duration:	50 minutes
Objectives:	Define neurodevelopmental disorders and explain their early onset. Identify the diagnostic criteria for Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD). Discuss the concept of neurodiversity and why destigmatisation is essential for these conditions.
Materials:	ADHD vs. ASD comparison chart, brief video clip of an adult describing their ASD experience (teacher-selected, 3 min), student notebooks.
Key Vocabulary:	Neurodevelopmental disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), neurodiversity, executive function, masking, restricted/repetitive behaviors, stimulants.

Opening Hook

Show a brief, first-person video of an adult with ASD describing sensory overload in a noisy environment. Ask students to reflect: "How would navigating a typical school day feel if your sensory processing worked this way?" Introduce the neurodiversity paradigm — neurological differences are natural variations in the human genome, not deficits to be "cured."

Direct Instruction

Explain that neurodevelopmental disorders manifest early in development, often before school age. **ADHD**: A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning. Present in two main types: Predominantly Inattentive (difficulty organising, easily distracted, forgetful) and Predominantly Hyperactive-Impulsive (fidgeting, unable to stay seated, interrupting). Explain it is a disorder of **executive function** and dopamine regulation, treated effectively with **stimulants** (which paradoxically calm the brain by increasing dopamine availability in the prefrontal cortex). **ASD**: Characterised by persistent deficits in social communication and social interaction across contexts, AND restricted, repetitive patterns of behavior, interests, or activities. Explain the "spectrum" concept — presentation varies vastly. Discuss **masking** (camouflaging autistic traits to fit in, which leads to burnout) and the importance of supports rather than "cures."

Guided / Group Activity

Comparison T-Chart: Students create a T-Chart comparing ADHD and ASD. For each, they list: core diagnostic criteria, common misconceptions, evidence-based supports/treatments, and one way society can be more accommodating (e.g., sensory-friendly spaces for ASD, extended time/fidget tools for ADHD).

Closure & Exit Ticket

Exit Ticket: "Explain the concept of neurodiversity in your own words. How does it change the way we view disorders like ADHD and ASD?"

Differentiation

Unit Assessment: Mental Health & Abnormal Psychology

Part I: Multiple-Choice

Select the best answer for each question. (2 points each)

1. Which of the following is NOT one of the "four Ds" used to define abnormal behaviour?

A) Deviance
B) Distress
C) Dysfunction
D) Denial

2. The biopsychosocial model suggests that psychological disorders are best explained by:

A) Purely genetic inheritance
B) Unresolved childhood conflicts
C) The interaction of biological, psychological, and sociocultural factors
D) Chemical imbalances in the brain

3. A person experiences recurrent, unexpected panic attacks and constantly worries about having another one. This is the primary feature of:

A) Generalised Anxiety Disorder
B) Panic Disorder
C) Social Anxiety Disorder
D) Specific Phobia

4. The gold-standard psychological treatment for Obsessive-Compulsive Disorder (OCD) is:

A) Dialectical Behaviour Therapy (DBT)
B) Cognitive Processing Therapy (CPT)
C) Exposure and Response Prevention (ERP)
D) Family-Based Treatment (FBT)

5. Which disorder requires exposure to a qualifying traumatic event as a diagnostic criterion?

A) Generalised Anxiety Disorder
B) Major Depressive Disorder
C) Post-Traumatic Stress Disorder (PTSD)
D) Bipolar II Disorder

6. Using the SIGECAPS mnemonic, the "A" stands for Appetite changes. What does the "I" stand for?

A) Insomnia
B) Interest loss (Anhedonia)
C) Irritability
D) Impulsivity

Thank you for downloading this resource!

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Your feedback not only helps me improve but also helps other educators find quality resources for teaching mental health with the empathy and accuracy it deserves.

Warmly,

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