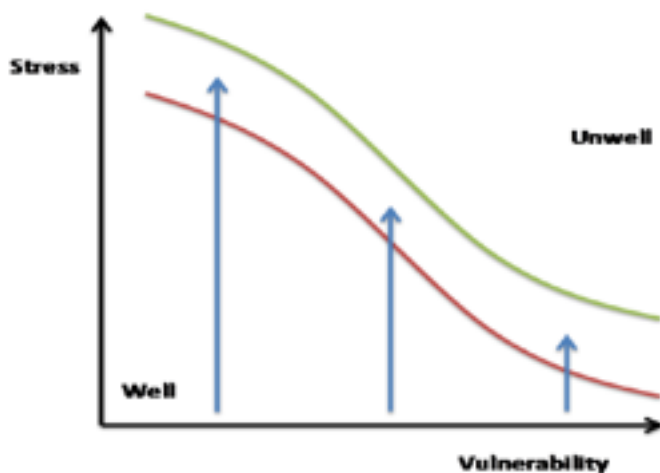**MH2 notes**
Week 1
- **Stress vulnerability model schizophrenia & bipolar**
- **Mental illness models**
- **Biomedical**: behaviour is influenced by physiology with normal occurring when body is in a state of equilibrium
- **Sociological**: social forces influence people
- **Psychological:**
    - Psychoanalytic: behaviour is drive by unconscious processes, influenced by unresolved childhood conflict
    - Behavioural: learned rom external sources
    - Cognitive: perception, influenced by experience and environment
    - Humanistic: individual achieving personal goals

- **Stress vulnerability model**
- Vulnerability: disposition of person manifesting mental illness
    - Innate (genetic)
    - Acquired (life events, disease)
- Ambient & life stressors
- Protective factors

- **Risk of developing schizophrenia**
- **% of genes shared in family**

Relationship	Amount shared
Monozygotic (identical) twin	100%
Dizygotic (non-identical) twin	50%
First-degree relative (parent, son/daughter, sibling)	50%
Second-degree relative (grandparent, uncle/aunt)	25%
Third-degree relative (great grandparent, great uncle/aunt, cousin)	12.5%

- **Relative risk of developing schizophrenia based on relationship to person with it**

Relationship to proband	Risk of developing schizophrenia
First-degree relative	6-17%
Second-degree relative	2-16%
Third-degree relative	2%
General population	0.85-1%

- **Risk of developing schizophrenia for someone with a twin with it**

Relationship to proband	Risk of developing schizophrenia
Monozygotic twin	30-40%
Dizygotic twin	10-15%

- **Biological/adopted relative**

Relationship to proband	Risk of developing schizophrenia
Biological relative	5-32%
Adoptive relative	0-18%