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# Assessment 2

**Module name: Mental Disorders and Psychopathology**

**Module code: BMHP6006**

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## Introduction

Millions of people all over the world are affected by mental health illnesses, which harm their quality of life. Generalised Anxiety Disorder (GAD), Schizophrenia, and Autism Spectrum Disorder (ASD) are three examples that pose unique difficulties and call for individualised treatment plans. The prevalence, aetiology, symptoms, diagnosis, and treatment options for each of these disorders are discussed in detail in this article.

## **Generalised Anxiety Disorder (GAD)**

Overwhelming anxiety over many different things is a hallmark of Generalised Anxiety Disorder (GAD), a mental health disease (Gautam et al., 2017). Concerns about one's health, finances, job, family, or relationships are common among those who suffer from generalised anxiety disorder (GAD). Extreme anxiety can make normal activities difficult or impossible to complete.

### **GAD (Causes)**

It is unclear what triggers GAD, but researchers believe both genetics and the environment play a role. Those who have a close relative with GAD are at a higher risk for developing the disorder themselves. Additional danger causes can be:

1. Abuse of substances
2. Difficult situations
3. Diseases of the thyroid and the heart, for example,
4. Intense experiences
5. Upheavals in one's life

### **People suffering from GAD in the UK**

Chronic concern and anxiety are hallmarks of Generalised Anxiety Disorder (GAD), a mental health disease. One in twenty-five Brits suffer from generalised anxiety disorder (GAD), according to the National Institute of Mental Health (NIMH). This equates to roughly 4.7% of the UK's population suffering from GAD (Crocq, 2022). The incidence of generalised anxiety disorder in the United Kingdom is 6.3 (Maron and Nutt, 2022). This equates to roughly 6.3% of the population of the UK suffering from GAD at any given time (Shevlin et al., 2022). GAD is more common among women (7.9%) than men (4.8%) (Costello et al., 2019). According to the research, the rates of GAD are highest among the young, the uneducated, and the unemployed.

### **Symptoms and diagnosis**

A mental health practitioner, such as a psychiatrist or psychologist, can diagnose generalised anxiety disorder (GAD). The patient's symptoms and medical background will be used to make the diagnosis. The first thing a mental health expert will do is ask the patient about their symptoms, such as how long they've been happening, how

often, and how severe they are. They will inquire about the patient's current and past medical conditions and medications.

A person must have had the following symptoms for at least six months to be diagnosed with GAD:

- Worrying too much about many different aspects of life, including health, money, employment, and relationships
- Problems with regulating their anxiety
- Anxiety that is disruptive to their daily lives or causes them severe distress

If the patient satisfies the diagnostic criteria for GAD, he or she will work with a mental health expert to create a personalised treatment plan. A combination of therapy and medication is often used in treatment.

## Possible Treatment

Here is a more in-depth analysis of the available treatments for GAD, with pros and cons for each option:

### Medication:

Generalised anxiety disorder (GAD) is treatable in a variety of ways. Medication is one possibility. Many people who suffer from generalised anxiety disorder take antidepressants, specifically selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs).

Pros: Antidepressants and anti-anxiety drugs are often quite helpful in lowering the symptoms of generalised anxiety disorder (GAD). Medication may be more successful than therapy in the short term in lowering anxiety symptoms, according to some research (Remes et al., 2018).

Cons: Drowsiness, dizziness, sexual dysfunction, and weight gain are just some of the unwanted side effects that some medications can cause. If you suddenly stop taking your medicine, you may also experience withdrawal symptoms. Before beginning any new medicine, you and your doctor should discuss the potential advantages and side effects.

### Therapy:

Anxiety symptoms can be reduced with the help of Cognitive-Behavioral Therapy (CBT) since it teaches people to recognise and question irrational or false beliefs.

Pros: Most patients who undergo CBT notice improvement in as little as 12 weeks. Confronting one's concerns and modifying one's cognition and behaviour can be difficult for some people, which is one of CBT's drawbacks.

Cons: The patient must actively participate in CBT. Some find this difficult, especially if they are not ready for therapy.

### **Mode of living shifts:**

Lifestyle adjustments can lower anxiety symptoms and complement therapy.

Pros: Adopting a healthier lifestyle, including more physical activity, a balanced diet, and sufficient rest, can aid in the management of anxiety symptoms. The feel-good chemicals and endorphins are released during physical activity. Eating healthily and getting plenty of sleep both contribute to better health and a more positive outlook on life.

Cons: People battling with anxiety may find it particularly challenging to maintain new lifestyle habits. It's best to take things slowly at first, making minor adjustments that can be built upon later.

### **Measures of rehabilitation intensity for treatment evaluation**

The severity of GAD can be assessed with several instruments, including the Generalised Anxiety Disorder Questionnaire-7 (GAD-7) and the Hamilton Anxiety Rating Scale (HAM-A).

**Mild:** Lifestyle adjustments and therapy may be all that's needed to help persons with moderate GAD cope with their symptoms. There may be no need for medication.

**Moderate:** Therapy and medication together may be the most effective treatment for those with moderate GAD.

**Severe:** People who suffer from GAD to a severe degree may require medication to alleviate their symptoms.

## **Recommendations for improvement of anxiety (Complementary therapies)**

Individuals with GAD may also benefit from pursuing other complementary therapies in addition to standard medical care. Among these treatments are:

- Meditation in the present moment without criticism is called "mindfulness." Evidence suggests that practising mindfulness through meditation might help alleviate anxiety.
- Asana (postures), pranayama (breathing exercises), and meditative reflection are all components of the yoga practice (Ghahari et al., 2020). Reduced levels of stress and anxiety have been linked to regular yoga practice.

## **Principles of care for people with generalised anxiety disorder (GAD) (NICE)**

Guidelines for the treatment of generalised anxiety disorder (GAD) have been drafted by the National Institute for Health and Care Excellence (NICE). According to these standards, patients with GAD should undergo both a physical and mental health evaluation. The results of the evaluation should inform a personalised treatment strategy. Treatment for GAD, according to NICE, should involve both talk therapy and medication (Gong et al., 2021). The goal of therapy should be to help patients recognise and question destructive patterns of thought. To have more bearable symptoms, medication may be required.

# Schizophrenia

Schizophrenia is a severe mental illness that has long-lasting effects on a person's ability to think clearly, feel empathy, and act responsibly (Charlson et al., 2018). Schizophrenia can cause disorganised thought patterns, hallucinations, delusions, and a general inability to tell reality from fiction.

## Prevalence

The World Health Organisation (WHO) estimates that over 24 million individuals worldwide suffer from schizophrenia. An estimated one in one hundred Britons suffer from schizophrenia. Men are more likely to develop schizophrenia than women. There are roughly 1.4 more men than women. This indicates that for every woman diagnosed with schizophrenia, there are around 1.4 men (Skene et al., 2018). The average onset age for schizophrenia is between 15 and 35 years old. On the other hand, it can also emerge later in life or throughout childhood. Compared to Whites, African Americans and Black Caribbeans have a disproportionately high rate of schizophrenia. Also, Asians have a higher prevalence rate than Whites.

## Types of Schizophrenia

"Schizophrenia or other primary psychotic disorders" (6A20-6A2Y) is the section of the ICD-11 that specifically addresses schizophrenia. Acute and temporary psychotic disorder, schizotypal personality disorder, and delusional disorder all fall under this umbrella. ICD-11 uses the following criteria to categorise schizophrenia:

Impairment in reality testing: Disruption of reality testing, or the capacity to tell fiction from fact (Guloksuz and van Os, 2018). Schizophrenia patients may have trouble distinguishing between reality and fantasy.

**Disorganized thinking:** Incoherent thought processes might manifest as issues with focus, decision-making, and articulating ideas clearly.

**Disorganized behaviour:** Anxiety, anger, and social awkwardness are all symptoms of disorganised behaviour.

**Maladaptive symptoms:** these include things like a lack of drive, a desire to isolate oneself, and emotionlessness.

## Causes

It is believed that a mix of hereditary and environmental factors leads to schizophrenia. Those who have a close relative with schizophrenia are at a higher risk for developing the disorder themselves (Ruderfer et al., 2018). Additional danger causes can be Viral or chemical infection during pregnancy, Distress in early life, Abuse of substances, Diseases and illnesses like epilepsy and brain tumours.

## Signs and Symptoms

Schizophrenia is a serious mental condition that can present itself in a variety of ways. Many people classify these signs and symptoms into good signs, negative signs, and cognitive signs.

### **Positive Symptoms:**

Delusions are fixed, irrational ideas that a person holds despite evidence to the contrary. They frequently manifest in outlandish or paranoid ways. Delusions of extraordinary powers, persecution, or communication with supernatural beings are typical among people with schizophrenia.

Hallucinations are characterised by the presence of sensory experiences in the absence of an external trigger (Ruderfer et al., 2018). The majority of people with schizophrenia experience auditory hallucinations, or hearing voices. Seeing things that aren't there (visual hallucinations) is possible but uncommon.

### **Adverse Effects:**

The term "affective flattening" describes a general trend towards less nuanced and more uniform displays of emotion (Hemmings et al., 2021). People with schizophrenia may have trouble conveying their feelings through their words, tone of voice, and body language. Reduced verbal output characterises the condition known as alogia. Short, one-word answers are one form of speech poverty, whereas speech with minimal substantive content is another. The inability to feel pleasure or interest in things that would otherwise be pleasurable is known as anhedonia. Schizophrenia can cause a person to lose interest in formerly enjoyable activities, including friendships and hobbies. Anhedonia is defined as a lack of drive or interest in beginning or continuing a set course of action. This may cause the individual to retreat socially, stop caring about their cleanliness, and struggle with performing routine chores.

## **Mental Distress:**

Disorganised thinking is characterised by an inability to put one's thoughts in order and draw reasonable conclusions. People with schizophrenia may have trouble forming whole sentences and keeping conversations on topic. Distracted Easily Many persons with schizophrenia have problems focusing on one task for long periods. It is possible to have difficulties remembering things, especially in the areas of working memory and short-term memory. An impairment in the ability to plan, make decisions, and solve problems is known as a deficit in executive function.

## **Diagnosis and Existing therapies**

A psychiatrist or psychologist, among other mental health professionals, will typically make a diagnosis of schizophrenia. The patient's symptoms and medical background will be used to make the diagnosis. Schizophrenia has no known cure, however, several effective therapies exist to aid with symptoms. Medication and therapy are often used together in treatment.

**Treatment with medication:** Antipsychotics are the gold standard for managing schizophrenia (Müller, 2018). Delusions, hallucinations, and disorganised thoughts can all be alleviated with the use of antipsychotics. Drowsiness, dizziness, and increased appetite are only some of the potential negative effects of these drugs.

**Treatment with therapy:** People with schizophrenia can benefit from learning coping strategies and gaining insight into how to manage their disease through therapy. Cognitive-behavioral therapy (CBT) and family therapy are two examples of effective treatments for schizophrenia.

## **Rehabilitation Outcomes Measured**

People with schizophrenia can benefit greatly from rehabilitation programmes that teach them the skills they need to have fulfilling lives and be active members of their

communities again. Common aims of rehabilitation are to Integrate better social skills, learn to deal with symptoms by developing coping skills, Obtain and hold down a job, and have to fend for oneself.

### **Care principles and guiding principles NICE**

NICE, the UK's National Institute for Health and Care Excellence, has published a set of guidelines for the treatment of schizophrenia. Those who have schizophrenia should get both a physical and mental health evaluation. The results of the evaluation should inform a personalised treatment strategy (Müller, 2018). Treatment for schizophrenia, according to NICE, should involve both medication and psychotherapy (Charlton, 2022). People in therapy should work on developing coping mechanisms for dealing with symptoms and learning to recognise and question limiting beliefs. To have more bearable symptoms, medication may be required.

### **Improvement suggestions for schizophrenia**

More study is required to find effective therapies for schizophrenia and enhance the lives of those who suffer from it. Here are some concrete suggestions for enhancement:

Making medicines that work better and have fewer adverse effects. Increasing access to psychosocial support services including individual therapy and family therapy investing in early intervention programmes to identify and treat persons with schizophrenia early. Lessening the social stigma of schizophrenia. Spreading public awareness about schizophrenia.

## Autism

As a neurodevelopmental disorder, autism influences social engagement, communication, learning, and behaviour (Volkmar et al., 2022). The severity of this disorder can vary widely, as it lies on a spectrum.

### Classification

**Autistic Disorder (Autism):** In earlier DSM it was its separate diagnosis. However, under the DSM-5, it is combined with other forms of autism spectrum disorder. Referring to a set of symptoms includes severe difficulties in social communication and interaction and the presence of rigid and unvarying routines in one's hobbies, interests, and routines.

**Asperger's Syndrome (no longer a separate diagnosis):** Asperger's syndrome was recognised as a separate disorder in earlier DSM versions (Fu et al., 2022). However, the DSM-5 has eliminated this condition from its classification system. People who were once diagnosed with Asperger's are now classified as having autism spectrum disorder instead.

**Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS):** PDD-NOS, like Asperger's syndrome, is not recognised as a separate disorder in the DSM-5. Those who formerly qualified for a diagnosis of PDD-NOS are now instead diagnosed with ASD if they meet the DSM-5 criteria for the disorder.

**Childhood Disintegrative Disorder (CDD):** In the extremely rare case of childhood disintegrative disorder, a child's development appears to be usual throughout the first few years of life, but then they suddenly regress significantly in areas like language, social interaction, and motor skills.

**Rett Syndrome (which is not related to autism):** Females are more commonly affected by the rare genetic condition known as Rett syndrome. Hand-wringing and other repetitive hand gestures, as well as substantial impairments in social and communication abilities, are hallmarks of this disorder.

### Prevalence

Different countries have vastly different rates of autism spectrum disorder prevalence. One in every 160 children is affected by ASD, according to the World Health Organisation (WHO). As many as 1 in every 54 UK youngsters may have autism

spectrum disorder, according to some research. One in every 59 British children is thought to have autism spectrum disorder.

Boys are at a higher risk than girls for developing ASD. Boys with ASD outnumber girls by a factor of roughly 4:1 (Shen and Piven, 2022). Autism spectrum disorder (ASD) is a chronic developmental disorder.

### **Causes of Autism**

The aetiology of autism remains uncertain; nonetheless, it is hypothesised to arise from a multifactorial interplay of genetic and environmental influences. Numerous studies have provided evidence indicating a significant hereditary component in autism, whereby individuals with a familial connection to autism, such as siblings and offspring, have an elevated susceptibility to the illness (Fernandez and Scherer, 2022). Nonetheless, it is important to acknowledge that environmental factors, including but not limited to exposure to specific chemicals or illnesses during pregnancy, might potentially exert an influence.

### **The manifestation and indications**

The manifestations and indications of autism exhibit considerable heterogeneity across individuals. Several typical indications and symptoms are commonly observed, including:

Individuals may encounter challenges in social communication and interaction, which can manifest as difficulties in engaging in eye contact, initiating and sustaining discussions, as well as comprehending and appropriately responding to social cues.

Individuals with autism spectrum disorder may exhibit a range of restricted and repetitive patterns of behaviour, interests, or activities. These patterns may manifest as repetitive verbal utterances or phrases, engaging in repetitive physical movements, and displaying a pronounced fascination with particular subjects or topics.

### **Diagnosis**

The diagnosis of autism is often conducted by a healthcare professional specialising in child development, such as a developmental paediatrician or child psychiatrist. The diagnosis is established through a thorough evaluation of the child's developmental trajectory, encompassing an examination of the child's medical records, familial background, and behavioural patterns. The assessment may furthermore encompass

the administration of standardised exams as well as the observation of the child's social interactions.

## **Treatment**

However, there are a variety of treatments available that can lessen the severity of symptoms and increase independence. In most cases, a combination of treatments, including:

1. ABA, or applied behaviour analysis, is a therapeutic approach that emphasises the acquisition of new, measurable behaviours and abilities. Social communication skills, problem behaviours, and autonomy can all benefit from ABA treatment.
2. Speech therapy: Speech therapy can aid in the development of verbal and nonverbal communication abilities.
3. Children with autism can benefit from learning how to engage with others through social skills training.
4. Medication for particular symptoms of autism, such as attention deficit hyperactivity disorder (ADHD), anxiety, and depression, can supplement these therapies.

## **Measurement of Autism in Young Children (CARS)**

Children between the ages of 2 and 16 are evaluated for the severity of autism spectrum disorder (ASD) using the Childhood Autism Rating Scale (CARS), a 15-item rating scale. The CARS evaluates the child's actions across four domains: Communication-based on mutual respect and understanding, strange habits and repetitive routines, and Cognitive growth in general.

## **Schedule for Observation and Diagnosis of Autism (ADOS)**

Children and adolescents between the ages of 2 and 18 can be evaluated for ASD using the Autism Diagnostic Observation Schedule (ADOS), a semi-structured diagnostic instrument (Paulsen et al., 2022). The ADOS evaluates the kid across four spheres of behaviour: Communication, Interaction with Others, Use of materials playfully or creatively, Restrictive patterns of thought and limited pursuits.

## **Points to Consider for Future Development**

Yoga and other forms of complementary therapy have shown promise in helping youngsters with autism spectrum disorder. Children's yoga has been shown to have positive effects on their behaviour, communication, and social skills. Children with ASD have also benefited from other alternative therapies, such as:

The benefits of music therapy for children include enhanced language, social, and cognitive development. As a form of therapy, art can help kids talk about how they feel and express themselves. Children who participate in animal-assisted therapy report decreased anxiety, more social skills, and higher levels of self-esteem.

## **NICE Principles and Guidelines for Health Care**

The UK's official body for health and social care guidelines is the official Institute for Health and Care Excellence (NICE) (Solmi et al., 2022). NICE has issued recommendations for the assessment and treatment of ASD in kids and teens. The NICE guidelines suggest that a paediatrician, psychologist, and speech-language therapist work together to evaluate a child for ASD. Interventions in the areas of education, behaviour, and communication should be incorporated into the child's individualised plan.

## Conclusion

Generalised Anxiety Disorder, Schizophrenia, and Autism Spectrum Disorder are just a few examples of the many mental health conditions that can have devastating effects on both the affected person and their loved ones. Those affected by these disorders need our help, but we can't give it to them unless we know how common they are, what causes them, and what treatments are out there. Improvements in quality of life for those who struggle with mental health conditions and a lessening of the stigma that surrounds them depend on continued research, earlier diagnosis, and greater public awareness.

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