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EVALUATE THE HISTORICAL AND CONTEMPORARY SUPPORT AND PROVISION FOR THOSE LIVING WITH MENTAL ILL HEALTH OR MENTAL DISORDERS.

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0.Introduction

TO CRITICALLY EXAMINE THE CLASSIFICATION AND DIAGNOSIS OF MENTAL DISORDERS AS SPECIFIED IN ICD (2010) FROM THE WORLD HEALTH ORGANISATION:

The United Kingdom is faced with different mental illness and one of them is schizophrenia. Schizophrenia is one of the most debilitating and complex mental health disorders that is extensively characterized by various ranges of symptoms. The symptoms can be categorized into positive, negative, and cognitive symptoms. In this context, positive symptoms involve the situation through which an affected person suffers from abnormal experiences and behaviors such as delusions (false beliefs) and hallucinations (false sensory perceptions). Negative symptoms imply an overall deficit in both normal emotion as well as behavioral functioning which include apathy, reduced emotional expression, and social withdrawal (McCutcheon et al., 2020). On the other hand, cognitive symptoms can be common, and it includes impairment in attention, memory, and execution of functions. The specific cause of schizophrenia has remained elusive, but it is extensively believed to arise from a complex interplay of environmental, genetic, and neurobiological factors. Research shows that people with a family history of disorders tend to have a higher risk of the disorder, and this indicates that genetic components play a key role. On the same approach, it has been discovered that prenatal factors such as maternal stress or infection highly contribute to this particular mental disorder. Studies conducted through the use of neuroimaging have revealed functional and structural brain abnormalities in people with schizophrenia (Stilo and Murray 2019). In this context, the findings reveal that extensive disruption in neural circuits is usually involved in the hippocampus, prefrontal cortex, and other parts of the brain that play a great role in the development of this disorder.

Studies reveal that over the years, schizophrenia has historically confounded and fascinated clinicians, researchers, and society at large. In this report, we will critically explore contemporary and historical understanding of Schizophrenia, extensively examine its classification and diagnosis, carry out a comprehensive analysis of the treatment provisions, and measure the overall impact of the disorder on rehabilitation. Finally, we will recommend ways of improving Schizophrenia care which will aid service users and the care providers.

0.1 Objectives

The primary objectives of this report are as follows:

- i. To systematically evaluate the contemporary and historical support for people living with Schizophrenia in UK
- ii. To carry out cross-examination of both classification and diagnosis of Schizophrenia
- iii. To systematically explore current treatment options for Schizophrenia, especially regarding the historical context in UK
- iv. To measure the overall impact of Schizophrenia on the mechanisms of rehabilitation
- v. To systematically provide recommendations for improving Schizophrenia which will benefit both service users as well as care providers in the UK.

1. Classification of Schizophrenia

The historical classification of Schizophrenia has been for many years. Earlier, the perception of this condition was usually viewed as the form of 'inanity' or 'madness.' It was not until the late 19th and 20th centuries that Eugen Bleuler and Emil Kraepelin introduced the more advanced and systematic classification of Schizophrenia (Oh et al., 2019). It is however noted that modern diagnostic criteria extensively refine in further detail the overall understanding of Schizophrenia.

1.1 Emil Kraepelin's Contribution

One of the most outstanding and well-known German psychiatrists, Emil Kraepelin is often credited with establishing the foundation for the modern knowledge and understanding of Schizophrenia. In his historical seminal work, which was titled, "Dementia Praecox and Paraphrenia" (1919), the psychiatrist introduced a concept which is known as 'Dementia Praecox.' The ultimate purpose of such a concept was to describe a group of disorders characterized by cognitive decline, early onset, and the deterioration of social functioning (Brückner, 2023). The concept marked the end of the previous social stigmatization and vague labels against this particular mental condition.

2. Eugen Bleuler's Contribution

One renowned Swiss psychiatrist, Eugen Bleuler, made a comprehensive expansion of Kraepelin's work and made an introduction of a concept or a term known as "Schizophrenia" in 1908. In this context, the psychiatrist places much emphasis on the aspect that Schizophrenia was not solely characterized by cognitive decline but also included a fragmentation of thought processes, emotions, and social functioning (Kendler, 2020). His massive research and comprehensive understanding of the issue opened up new opportunities for an expansive understanding of this particular situation.

2.1 Contemporary Classification

Currently in the UK, Schizophrenia has been categorized under the Diagnostic and Statistical Manual of Mental Disorders (DS,-5) and also the International Classification of Disease (ICD-10/ICD-11). The above classifications have dynamically refined the approach of a new way of understanding this mental health condition with an emphasis on key issues such as symptomatology, duration, and functional implant. In that regard, the classification provides a new and standardized framework for researchers and clinicians across the world to accurately diagnose and treat the condition (Shorter 2022). It should be noted however that the guidelines continue to evolve with time and in the process shape the field of psychiatry and dynamically improve the lives of individuals who are affected by Schizophrenia in a much more informed and better way.

2.2 DSM-5 Criteria

In this context, DSM-5 for this disorder includes a series of characteristic symptoms such as negative thinking, disorganized thinking, delusions, and hallucinations (Shorter 2022). In the mission of receiving a diagnosis, it is important to note that symptoms need to persist for a significant portion of time which will lead to an overall decline in occupational, social as well and self-care functioning.

2.3 ICD-10/ Classification

The ICD-10 extensively provides classification for Schizophrenia which plays a key role in aligning with DSM-5 criteria to ensure international consistency. The purpose of the classification is to systematically aid clinical practice, research as well as the allocation of healthcare resources.

2.4 Critiques and Challenges

Research shows that despite the fact that contemporary classification has played an essential role in improvement of consistency, there are still prevailing challenges in regard to such classification. The critics of this classification argue that this mental disorder remains overly broad, and it usually consists of an interpretation of symptoms which will eventually lead to the situation of misdiagnosis.

2.5 Cultural Considerations

In the UK, cultural factors such as the expression of symptoms and the dynamic interpretation of what constitutes abnormal behavior have been found to systematically influence the diagnosis of Schizophrenia. In the process, it has on many occasions raised key questions regarding the universality of diagnostic criteria. The questions raised are in regard to cultural sensitivity and the overall universality of diagnostic criteria and such highlights the need for culturally informed assessments and treatment to ensure accuracy and equitable care for individuals with this mental disorder across diverse backgrounds (O'Driscoll et al., 2019). The essence of extensive recognition of such cultural factors is essential in promoting a comprehensive understanding of mental health disorders and systematically improving global mental healthcare.

3. Diagnosis of Schizophrenia

Diagnosing criteria for Schizophrenia extensively needs strict adherence to specific criteria that have been outlined in the DSM-5 or ICD-10. In this context, the criteria are made up of a series of characteristic symptoms that have been classified into negative symptoms, disorganized thinking process, delusion, and hallucination (Shoeibi et al., 2021). In this situation, diagnosis is made up of a comprehensive assessment of the patient's history as well as the current symptomatology.

3.1 Positive symptoms

Positive symptoms involve the situation through which an affected person suffers from abnormal experiences and behaviors such as delusions (false beliefs) and hallucinations (false sensory perceptions).

3.2 Negative symptoms

Negative symptoms of this mental disorder imply an overall deficit in both normal emotional as well as behavioral functioning which include apathy, reduced emotional expression, and social withdrawal.

3.3 Cognitive Symptoms

Cognitive symptoms in Schizophrenia mainly consist of situations through which an individual experiences deficit in thinking, memory, and executive functioning (Sadeghi et al., 2022). These impairments can have a significant impact on daily life and functional outcomes.

3.4 Duration and Impairment

In order to effectively receive the proper diagnosis of Schizophrenia, it is notable that the above-mentioned symptoms need to persist for a long period of time mainly around six months (Loch, 2019). An individual to be diagnosed also needs to experience a marked decline in occupational social as well as self-care functioning.

3.5 Assessment Tools

There are different types of assessment tools that can be used to assess this mental health condition. The most common tool that is extensively used is known as the Positive and Negative Syndrome Scale (PANSS) and is commonly used to help in the entire process of diagnosis and monitoring of symptoms in different approaches (Steardo et al. 2020). However, it is necessary to understand that the essence of diagnosing this mental health condition remains a clinical challenge as a result of the heterogeneity of symptoms and also the overall absence of definitive biological makers.

3.6 Challenges in Diagnosis

Studies reveal that the diagnosis of Schizophrenia is normally fraught with different challenges especially the cultural variations in symptoms presentation, the potential of misdiagnosis, and the comorbidity with the series of other mental health disorders (Sadeghi et al., 2022). The extensive dynamic efforts of improving the accuracy of diagnosis have always been focused on the systematic refinement of assessment methods and consideration of the neurobiological underpinnings surrounding this particular disorder.

3.7 Comorbidity

Comorbidity among the individuals experiencing this mental health condition has remained to be a common and complex challenge. In this case, it has been noted that substance use disorders, anxiety disorders, and depression usually co-occur with Schizophrenia, and such makes it challenging for proper diagnosis and treatment (Dennison et al., 2020). It is notable that comorbid conditions can dynamically

exacerbate Schizophrenia symptoms and, in the process, complicate the entire clinical picture.

3.8 Advances in Diagnostic Imaging

The advancement in neuroimaging techniques, such as positron emission tomography (PET) and magnetic resonance imaging (MRI) have extensively provided key insights into the overall neurobiology of Schizophrenia (Jurišić et al., 2020). It is noted that the overall imaging modalities can extensively reveal both functional and structural abnormalities in the brain system of individuals who are affected by this disorder.

4. Treatment Provisions for Schizophrenia

4.1 Historical Approaches

The treatment options for Schizophrenia have evolved and it has been mainly marked by the troubling legacy of stigma and institutionalization. Studies reveal that in the 20th century, treatments such as insulin-induced comas, electroconvulsive therapy (ECT), and psychosurgery used in an attempt to manage the disorder have been common (Ayano et al., 2019). However, one thing that is needed in the above context is that the approaches have been ineffective, and risky, and have raised ethical concerns as a result of their invasive nature. In the following section, we explore each of the treatment options in detail.

4.2 Insulin-Induced Comas and ECT

In the mid-20th century, medical professionals took proactive measures and experimented with treatments such as electroconvulsive therapy (ECT) and insulin-induced comas. However, the two treatment options were extensively found to be ineffective and linked with great dangers to the patient's health. Even though they are currently being used in some of the special conditions, they have been found to have limited success when it comes to treating Schizophrenia and have memory-related side effects (Holm, et al., 2021). In the process, it underscores the challenging nature of dealing with this condition.

4.3 Psychosurgery

Psychosurgery, which involves a series of procedures such as lobotomies, was used as a last resort for the persons who suffered from severe and treatment-resistant Schizophrenia during the 20th century. In this context, the overall procedure involved the alteration of brain tissue with the hope of alleviating the symptoms. However, this

issue raised ethical concerns as a result of an overall lack of consistent positive outcomes which led to the overall decline in psychosurgery (Holm et al., 2021). Due to the dynamic evolution of this mental health issue, there is a need to systematically focus on more humane and evidence-based therapies including psychotherapy and medication as opposed to invasive surgical interventions.

4.4 Contemporary Treatment

Contemporary treatment of this condition places much emphasis on a multidisciplinary approach. For this case, there is the use of antipsychotic medications such as first-generation (typical) and second-generation (atypical) antipsychotics. The two play an essential role in ensuring symptom management. It should be noted that psychosocial interventions such as cognitive-behavioral therapy, psychoeducation, and supported employment are some of the important components of care.

Expanding on the above, antipsychotic medications are integral when it comes to the treatment of this disorder. It is important to note that the first generation of antipsychotics, which include haloperidol and chlorpromazine, were essentially introduced some years back and effectively projected to the positive symptoms. However, it is necessary to understand that they tend to have significant side effects like extrapyramidal symptoms. The second-generation antipsychotics were developed during the half of the 20th century. The medications in this context include risperidone, clozapine, and olanzapine, all of which have the ultimate mission of addressing the limitations of first-generation antipsychotics. They are generally linked to a lower risk of extrapyramidal symptoms but in some cases have metabolic side effects. Finally, psychosocial interventions are a series of complementary pharmacological treatments, and they extensively address different ranges of cognitive and functional deficits that are associated with this disorder. The most common intervention includes psychoeducation whose purpose is to provide individuals and families with education regarding schizophrenia, its symptoms as well as treatment options (Lizano et al., 2020). The second one is known as CBT which pays attention to the modification of maladaptive thought patterns and behaviors. The third one is known as supported employment which are programs aimed at assisting individuals with this disorder to maintain employment.

4.5 Effectiveness and Limitations

While research reveals that antipsychotic medications play a key role in the overall reduction of positive symptoms. In some of the situations, they have been found to have negative symptoms and cognitive deficits. Furthermore, the essence of adhering to the medication can be a great challenge for individuals who are suffering from Schizophrenia which will ultimately lead to relapses (Haigh, et al., 2019). There is an ongoing study to unravel different ways through which such limitations can be addressed.

Nonadherence to antipsychotic medication is an extensive common issue when it comes to the treatment of this condition. Different factors lead to nonadherence and the most common ones are lack of insight into the illness, side effects, and stigma in society that are associated with taking psychiatric drugs. Secondly, negative symptoms such as reduced motivation as well as social withdrawals have been found to have a more profound impact on a person's quality of life than positive symptoms. Unfortunately, there are no specific medications that can be used to target such symptoms. Thirdly, cognitive deficits in this condition include memory impairment and executive functioning (Valery and Prouteau, 2020). Such usually in a major way hinders an individual's ability to live independently and participate in vocational activities. As such, cognitive remediation programs are available to address such deficits, but they experience challenges when it comes to the implementation and accessibility.

5. Measurement of Rehabilitation in Schizophrenia

5.1 Assessing Functional Improvement

Rehabilitation of Schizophrenia pays attention to core issues of improving functional outcomes such as employment, social integration, and living independently. The two commonly used tools in the UK for assessment are the Global Assessment of Functioning (GAF) scale and the Quality-of-Life Scale (QLS). Global Assessment of Functioning (GAF) is described as a clinician-rated tool whose key function is to assess the personal overall functioning. It takes into account the core issues such as occupational functioning, and social and psychological functioning and in the process provides a great picture of an individual's well-being (Higgins-Chen, et al., 2020). On the other hand, The QLS assesses various aspects of an individual's quality of life, including their living situation, work functioning, and interpersonal relationships. It

provides a more specific evaluation of an individual's well-being compared to the GAF scale.

6. Recommendations for Improvement

- vi. An early intervention program is required. In this case, early intervention identifying Schizophrenia at early stages has the capacity to systematically improve long-term outcomes. The programs need to pay attention to the reduction of the duration of untreated psychosis (DUP) and dynamically providing comprehensive care during the early stages of the illness.
- vii. Comprehensive early intervention teams especially vocational specialists, social workers, psychologists, and psychiatrists need to be always available to provide a different range of services to the individuals who experience their first episode of psychosis.
- viii. There is a need to prioritize a holistic treatment approach. This is because it helps in not only addressing symptom management but also social and cognitive deficits that are linked to the disorder. The essence of integrating support education, cognitive remediation, and psychological intervention can be helpful in improving the overall outcomes.
- ix. There is a need for a holistic treatment approach. The approach needs to address both symptom management as well as the cognitive and social deficits that are linked with the disorder. In this context, the essence of integrating psychosocial intervention, supported education and cognitive remediation can play a key role in the enhancement of the overall outcomes.
- x. There is a need to implement peer support programs through which individuals with this disorder play an active role in supporting and providing mentorship to others. Peer support tends to foster a sense of hope and belonging and in the process speeds up recovery.
- xi. There is a need to reduce stigma in all capacities. Public education that is aimed at reducing stigma linked to this condition needs to be promoted as they create more inclusive communities and encourage individuals to seek help without fear of discrimination.

7. Conclusion

In conclusion, this report highlighted that in different capacities, Schizophrenia remains a challenging and complex mental disorder that remains to have far-reaching

effects on the individual and society at large. The report critically examined the classification, diagnosis, treatment options, and rehabilitation measures of this condition. In the mission of enhancing the overall well-being of the individuals who are currently living in this particular condition, it is highly important to adopt early intervention strategies, dynamic and holistic approaches, as well as supportive community services. There is a need to prioritize a holistic treatment approach. This is because it helps in not only addressing symptom management but also social and cognitive deficits that are linked to the disorder. The essence of integrating support education, cognitive remediation, and psychological intervention can be helpful in improving the overall outcomes. Through the essence of systematically addressing the above recommendations, we can be sure of working towards a promising future whereby the individuals with this disorder will be living and leading fulfilling lives and overcoming the stigmatizations that have been placed on individuals facing the challenges of such disorder.

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