Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Student Name: HARRIET ANYANWU

Student ID: 1916050

Module name: MDP

Module code: BMHP6006

Lecturer name: Bianca Sanfilippo

Assessment: 2

Titles: GAD, Autism, SCHIZOPHRENIA

Word Count: 2799

Date: 07/09/2022

Introduction

This report will investigate three mental health issues (Generalized Anxiety disorder, Schizophrenia and Autism). Their incidence, aetiology, diagnosis, potential therapy, and management will be thoroughly investigated in order to make care recommendations.

Generalized anxiety disorder (GAD)

Generalized anxiety disorder is a mental health condition that causes dread, concern, and a continual sense of overburden. Intense anxiety, severe and continuous concern about various situations or activity characterize it, and it is related with physical and emotional signs such as nervousness, muscular tension, and sleep disruption (Nolen-Hoeksema et al., 2008). The overall incidence of an extreme anxiety disorder in children aged between 13 and 18 is roughly 6%, whereas the overall incidence in children under the age of 18 is around 5.7 to 12.8 percent. Women are almost twice as likely as males to suffer from GAD (Ströhle et al., 2018). GAD is a prevalent disorder in the United Kingdom, affecting up to 5% of the populace, and it is much more prevalent in persons aged 35 to 59. (NHS, 2018).

Causes of Generalized anxiety disorder (GAD)

Several factors have been noted to cause GAD. Among them are.

1. A medical illness, such as diabetes, or a comorbidity, such as depression (Munir and Takov, 2022)
2. an imbalance of the brain chemicals serotonin and noradrenaline, both of which are important in mood management and regulation
3. Genetics can also be a factor, since it is predicted that having a close relative with the illness increases the risk by 5 times.
4. A history of stressful or traumatic situations, such as marital violence, child molestation, or harassment, can also contribute to GAD.
5. A difficult protracted medical problem, such as rheumatism, and a history of substance or alcohol abuse can also be factors.

Symptoms of Generalized anxiety disorder (GAD)

The symptoms of GAD include sensation of restlessness or concern, difficulty focusing or sleeping, as well as lightheadedness or irregular heartbeats.

Diagnosis of Generalized anxiety disorder (GAD)

A person will need to be diagnosed for GAD if he has any of the following experiences

1. Excessive concern and anxiousness for at least six months
2. Difficulty regulating anxiety.
3. If for at least 6 months, anxiety is accompanied with symptoms such as unrest, feeling tense or on edge, being easily exhausted, difficulty focusing or turning blank, impatience, and sleep disruption.
4. Anxiety causes severe distress or impairment in social and vocational settings.
5. The anxiousness is not due to any physical cause.

Treatments of Generalized anxiety disorder (GAD)

Cognitive behavioural therapy and medicines are the two major treatments for generalized anxiety disorder. A mix of the two may be most beneficial to individuals. It may take some trial and error to determine which treatments are most effective. Psychoeducation, retraining maladaptive cognitive habits, and progressive introduction to anxiety-provoking circumstances are all part of the Cognitive Behavioural Therapy while medication available to manage GAD include Antidepressants such as selective serotonin reuptake inhibitors (SSRI) and serotonin-norepinephrine reuptake inhibitors (SNRI). Also, some individuals, particularly those with accompanying behavioural issues, may benefit from antipsychotics. Other drugs like Benzodiazepines are also utilized when an instant decrease in symptoms or a short-term therapy is required. Patients who are agreeable and obedient and are aware that their symptoms are psychological in nature are more likely to accept benzodiazepines. Another medication is the Buspirone which is a non-benzodiazepine and does not create dependence. It is also less sedating than benzodiazepines, and at prescribed dosages resistance does not develop. However, Buspirone has a two to three-week treatment lag in effectiveness.

Measurement of Rehabilitation

The GAD-7 questionnaire is used to assess the efficacy of therapies and determine whether or not the patient is improving. With the assessment, the cut-off marks for mild, moderate, and severe anxiety are 5, 10, and 15, respectively. When the rating is 10 or above, further consideration of the treatment choice is required.

Principle of Care for people with GAD (NICE)

According to NICE (2011) when working with people with GAD you should:

- Develop a bond and work in an accessible, interacting, and nonjudgmental context.
- observe the person's concerns in order to collectively understand the effect of GAD.
- investigate therapeutic approaches collectively with the individual, implying that decision making is a collective effort.

- Ensure that conversation occurs in situations that regard integrity, confidentiality, and self-respect.
- whenever feasible, ensuring that extensive written material is provided in the person's chosen language and in audio format and also offer information relevant to the individual's level of knowledge regarding the causes of GAD and the variety of therapies available

Recommendations

Caregivers should urge people with GAD to attend a self-help course, exercise frequently, and reduce their smoking and alcohol use if they do so before now.

SCHIZOPHRENIA

Schizophrenia is a severe mental health illness marked by a variety of symptoms including imaginings, hallucinations, disordered speaking, or action, and reduced mental abilities. It affects around 24 million individuals globally, or one in every 300 persons (0.32 percent). Adults have a rate of 1 in 222 (0.45 percent). The onset occurs most frequently around late teenage years and the 20s, and it occurs earlier in males than in women (WHO, 2022). The lifetime incidence of schizophrenia and schizophrenia-related illnesses in the United Kingdom is roughly 14.5 per 1000 persons, however estimates vary widely.

Causes of Schizophrenia

The specific cause(s) of schizophrenia are unknown. However, research indicates that a mix of physical, hereditary, cognitive, and social variables might increase a person's risk of developing the illness (NHS, 2019). Some people are predisposed to schizophrenia, and a stressful or emotionally charged life experience may set off a psychotic episode. However, it is unclear why some people have signs and others do not. According to NHS (2019) Some of the risk factors include.

- **Genetics:** Schizophrenia runs in families, although no single gene is known to be to blame. If one identical twin gets schizophrenia, the other twin has a 50% risk of having it as well, even if they lived separately. When one twin gets schizophrenia in non-identical twins with differing genetic make-ups, the other has a 1 in 8 risk of getting the disorder. Thus, genes are not the sole element impacting schizophrenia onset.
- **Brain development:** People suffering from schizophrenia have modest variations in the structure of their brains. These alterations do not occur in all persons suffering from schizophrenia and can occur in people who do not have a mental disease. They do, however, show that schizophrenia is partly a brain condition.
- **Neurotransmitters:** These are molecules that transport information between cells in the brain. There is a link between neurotransmitters and schizophrenia because medicines that modify neurotransmitter amounts in the brain have been shown to alleviate some of the signs of schizophrenia.
- **Pregnancy and birth complications:** According to research, those who develop schizophrenia are more likely to have had difficulties during their birth, such as low birth weight, early labor, or an oxygen deprivation. All of this might have a minor impact on their brain formation.
- **Drug abuse:** Although drugs do not directly cause schizophrenia, research have indicated that drug abuse raises the likelihood of acquiring the disorder. Certain substances, notably

cannabis, cocaine, LSD, or amphetamines, can cause schizophrenia symptoms in those who are predisposed to them.

Signs and Symptoms of Schizophrenia

According to WHO (2022), Schizophrenia is characterised by significant impairments in the way reality is perceived and changes in behaviour.

- persistent delusions: the person has fixed beliefs that something is true, despite evidence to the contrary.
- Persistent hallucinations: The individual may hear, smell, see, touch, or feel things that are not present.
- Influence, domination, or passivity experiences: the perception that one's emotions, desires, acts, or ideas are not formed by themselves, that they are implanted in one's thinking or pulled from one's mind by others, or that one's thinking are transmitted to others.
- disorganized thinking, which is often observed as jumbled or irrelevant speech.
- Highly disorganized behaviour: the individual performs things that look strange or pointless, or the individual has unexpected or improper emotional reactions that impede with their capacity to organize their behaviour.

Diagnosis of Schizophrenia

Schizophrenia diagnosis requires screening out other mental health illnesses and establishing that symptoms are not caused by drug misuse, medication, or a physical disease (Ellerby, 2014). The following factors according to (Ellerby, 2014). may be considered when establishing a schizophrenia diagnosis:

- Physical examination: This may be performed to rule out any disorders that may be producing symptoms and to look for any associated consequences.
- Tests and screenings: These could include testing to clear out illnesses with comparable symptoms, as well as alcohol and substance screening. Imaging investigations may also be requested by the practitioner.
- Psychiatric evaluation: A physician or mental health expert assesses a person's mental health by seeing and questioning them about their look and behavior as well as their thoughts, emotions, fantasies, hallucinations, drug use, and propensity for aggression or suicides. A description of family and personal background is also included.

Current Treatments of Schizophrenia

Schizophrenia is often treated with a mix of talking therapy and medication that is personalized to the individual. The majority of persons with schizophrenia are treated by community mental health teams, with the objective of providing day-to-day assistance and therapy while allowing the

individual to maintain as much independence as possible. Medications constitute the foundation of schizophrenia therapy, with antipsychotic medicines being the most routinely administered. They are considered to manage symptoms by influencing the neurotransmitter dopamine in the brain (Stępnicki et al., 2018). The objective of antipsychotic drug treatment is to successfully control signs and symptoms while using the lowest feasible dosage. To get the appropriate outcome, the mental health professional may experiment with various medicines, dosages, or combinations over time. Other medicines, such as antidepressants or anti-anxiety meds, may also be beneficial. It may take many weeks before anyone see an improved performance in the symptoms.

Psychological and social (psychosocial) therapies, in addition to staying on medication, are crucial once psychosis has subsided. These might include Talk therapy to aid in the normalization of cognitive processes, learning to deal with pressure and detect early warning signs of breakdown can also aid in the management of schizophrenia. Also, Social skills training which focuses on increasing conversation and interpersonal relationships as well as participation in everyday tasks will be helpful while families suffering with schizophrenia might benefit from family therapy, which gives support and knowledge. Furthermore, vocational rehabilitation and assisted job which focuses on assisting persons with schizophrenia in preparing for, finding, and maintaining employment will also be necessary in managing the mental health disorder.

Measurement of Rehabilitation

The care and therapy offered to the individual with schizophrenia to control the underlying cause and symptoms might be used to assess recovery. The quality of life can also be assessed to determine the amount of progress. The Quality Indicator for Rehabilitative Care can help with this.

Guidance and principle of Care

In working with people with schizophrenia some guidelines are necessary to ensure proper and effective service is rendered and the Individual is satisfied at the end of it. Some of the laid down guidelines by NICE (2014) include.

1. Work in collaboration with persons with schizophrenia and their caregivers
2. Provide assistance, treatment, and care in an environment of assurance and positivity.
3. Take the time to develop helpful and compassionate connections as an important aspect of care.

Recommendations

The primary therapy for schizophrenia should involve motivational boosting techniques focusing on treatment involvement, ability to cope, skills training, relapse prevention training

AUTISM

Autism is a group of brain development abnormalities defined by a lack of social interaction, vocal and nonverbal communication in the first three years of life. Avoiding eye contact, difficulties with emotional management or understanding the feelings of others, and a very limited variety of activities and interests are among the distinguishing social characteristics. According to the most recent large-scale surveys, the current incidence of Autism is between 1% and 2%. (Kim et al., 2011). In the United Kingdom, approximately one in every 57 (1.76 percent) children is on the autism spectrum.

Causes of Autism

ASD's actual etiology is uncertain. According to the most recent study, there is no one cause (Kristeen and Jil, 2011), yet some of the hypothesized risk factors for Autism include:

1. having an autistic direct blood relative
2. specific genetic alteration
3. being the child of elder parents
4. small birth weight
5. metabolic disorders
6. Heavy metal and ecological pollutant exposure
7. a record of viral infections in the mother
8. prenatal exposure to valproic acid or thalidomide medicines

Signs and Symptoms of Autism

An Autistic person may show any of these signs

- Avoid eye contact and want to be alone.
- Has difficulty comprehending other people's feelings or discussing his or her own sentiments.
- Have impaired speaking and cognitive abilities
- Repeat words or phrases several times.
- Provide unconnected responses to queries.
- Be bothered by tiny variations in habit
- He or she should flail his or her hands, bounce his or her body, or whirl in circles.
- Have odd methods of playing with or utilizing items, such as spinning or continually lining them up.
- Have strange responses to how things sound, smell, taste, look, or feel.

Diagnosis of Autism

Autism is often diagnosed in childhood. Young children with ASD may generally be accurately diagnosed by the age of two, but it can be done at any age. An evaluation consists of observations, standardized tests or surveys, and interviews with the person, their relatives, and caregivers. Individual strengths and weaknesses are identified, with a focus on socialization and social communication, sensory perception, and confined and repetitive hobbies, actions, and habits. There is no particular behaviour that identifies autism and there are presently no blood tests that can indicate autism (Brugha et al., 2011)

Treatment of Autism

There is no one conventional therapy for autism spectrum condition at the moment. However, there are several techniques to assist reduce symptoms and increase skills. When autistic persons receive proper therapies and services, they have the best opportunity of utilizing all of their talents and capabilities. The most successful therapy and interventions are frequently unique to each individual. Most Autistic persons, however, react best to highly regimented and individualized programs. In certain circumstances, therapy can significantly lessen symptoms and assist autistic individuals with everyday tasks.

Despite the lack of standard treatment options for Autism. There are several techniques to control it and improve the Autistic person's well-being. Among these alternatives are Behavioural management therapy, cognitive behaviour therapy, timely intervention, academic and school-based treatments, collaborative attention therapy, medicine use, and dietary therapy are some of the therapies available.

Occupational treatment, parent-mediated psychotherapy, and physical therapy are also available options.

Guidance and Principle of Care

When working with autistic persons, several principles must be followed to guarantee that good and appropriate service is provided and that the individual is pleased. Some of the guidelines stated by NICE (2012) are as follows:

- function as a sole point of contact for parents or caregivers and, if applicable, the child or young person being assessed, allowing them to interact with the members of the autism team
- Keep parents or caregivers, and, if appropriate, the child or young person, informed of the expected timing and pattern of evaluations.
- plan the delivery of resources and advice for parents, caregivers, children, and young people as recommended by the autism team.

Measurement of Rehabilitation

The Childhood Autism Rating Scale is useful for assessing treatment efficacy and individual progress. The CARS is made up of 14 categories that measure behaviours linked with autism, plus a 15th category that rates general perceptions of autism. Each domain is assessed on a scale of one to four, with higher scores indicating a higher level of disability. The scale total scores can vary from 15 to 60; scores less than 30 suggest that the individual is not autistic, scores between 30 and 36.5 indicate mild to moderate autism, and scores between 37 and 60 indicate severe autism (Schopler et al. 1988).

Recommendations

Nutritional supplements, special meals, animal-assisted psychotherapy, artistic therapies, and subconscious therapies like yoga and meditation can all be useful to autistic persons.

Conclusion

The categorization, diagnosis, therapy, and measurement of rehabilitation are all established at the end of this paper. The three main mental health illnesses (generalized anxiety disorder, schizophrenia, and autism) have diverse causes and prevalence rates throughout the world and in the United Kingdom. There is a strong need for caregivers to use a person-centered approach while treating and trying to manage disorders, as certain treatments that were good to one person were not effective to another. Similarly, the therapeutic dose should be checked because everyone reacts differently.

References

1. Brugha T.S. et al., (2011). 'Epidemiology of autism spectrum disorders in adults in the community in England'. *Archives of general psychiatry*. 2;68(5):459-65.

2. Kim Y.S. et al., (2011). 'Prevalence of autism spectrum disorders in a total population sample'. *Am J Psychiatry*. 168:904–912.
3. Kristeen C. and Jill S. (2011). Everything You Need to Know About Autism Spectrum Disorder (ASD) (online). Available at: https://www.healthline.com/health/autism#TOC_TITLE_HDR_1 (Accessed: July 24, 2022).
4. Munir S. and Takov V. (2022). 'Generalized Anxiety Disorder'. Stat Pearls Publishing.
5. NHS, (2018). Overview - Generalised anxiety disorder in adults (online). Available at: https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/ (Accessed: July 23, 2022).
6. NHS, (2019). Causes - Schizophrenia. available at: (Accessed: July 23, 2022)
7. NICE (2011). Generalised anxiety disorder and panic disorder in adults: management. Available at: Overview | Generalised anxiety disorder and panic disorder in adults: management | Guidance | NICE. (Accessed: July 24, 2022)
8. NICE (2012). Autism spectrum disorder in adults: diagnosis and management. Available at: Overview | autism spectrum disorder in adults: diagnosis and management | Guidance | NICE. (Accessed: July 24, 2022)
9. NICE (2014). Psychosis and schizophrenia in adults: prevention and management. Available at: Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE. (Accessed: July 25, 2022)
10. Nolen-Hoeksema S., Wisco B.E. and Lyubomirsky S. (2008). 'Rethinking Rumination'. *Perspec tPsychol Sci.* 3:400–424.
11. Schopler E et al., (1988). The childhood autism rating scale. Western Psychological Services.
12. Stępnicki P., Kondej M. and Kaczor A.A. (2018). 'Current Concepts and Treatments of Schizophrenia. Molecules. 23(8):2087.
13. Ströhle A., Gensichen J. and Domschke K. (2018). 'The Diagnosis and Treatment of Anxiety Disorders'. *DtschArztebl Int.* 155(37):611-620.
14. WHO (2022). Schizophrenia. Available at: https://www.who.int/newsroom/factsheets/detail/schizophrenia (Accessed: July 23, 2022)