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Mental Disorders and Psychopathology A2

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Introduction

In this report the specific topic for the classification, diagnosis, treatment and rehabilitation of three mental disorder from the ICD-10 (WHO,2010) classified as:

- Schizophrenia
- Autism
- General Anxiety Disorder

Schizophrenia

Schizophrenia affects approximately 14 people out of every 1000 in the UK population, yet it's still widely misunderstood and stigmatized. Classified (F20-F29) in group of schizotypal and delusional disorders in ICD-10 by (WHO,2010). The word itself refers to a group of related mental disorders that cause people to have trouble thinking clearly, feeling emotions appropriately, or interacting with others. Also, the symptoms vary dramatically from person to person and don't always appear in the same way, such that not everyone with schizophrenia experiences hallucinations or delusions, and some people can manage their symptoms well enough to live independent lives while others require constant care and supervision (Oh et al., 2019).

Classification of schizophrenia

The current classification system for schizophrenia is the Diagnostic and Statistical Manual of Mental Disorders, or DSM. The DSM is published by the American Psychiatric Association and is used by mental health professionals to diagnose mental disorders. The most recent edition of the DSM, the DSM-5, was published in 2013. The DSM-5 includes a new category for psychotic disorders, which includes schizophrenia. The new category is intended to better reflect the current understanding of mental disorders. Under this new definition, people with schizophrenia are no longer categorized as having two different disorders; one that is characterized by delusions and hallucinations and is also known as delusional disorder, and one

that does not involve these symptoms or schizophreniform disorder (Colodro-Conde et al., 2018). Instead, the patients are classified according to whether they have positive symptoms, meaning that they experience hallucinations and delusions, or negative symptoms which include loss of motivation, lack of emotion. People who experience positive symptoms but do not show negative symptoms are considered to have schizophrenia, while those who exhibit both types of symptoms are diagnosed with schizoaffective disorder. Those who experience only negative symptoms are said to have schizotypal personality disorder (Colodro-Conde et al., 2018).

Diagnosis of Schizophrenia

The current process for diagnosing schizophrenia is far from perfect. It has been estimated that as many as 50% of people who are diagnosed with the disorder don't actually have it. The problem is that the symptoms of schizophrenia are so varied and can be caused by other mental disorders or even physical illnesses. This makes it exceedingly difficult to give a definitive diagnosis. There is no one-size-fits-all treatment for schizophrenia, as each person experiences the disorder differently (Courvoisie, Labellarte & Riddle, 2022). However, there are treatments that have proven effective in managing schizophrenia symptoms in some people. These include medications such as antipsychotics and mood stabilizers, talk therapy such as cognitive behavioral therapy, vocational rehabilitation services to help those with limited skills find jobs or return to school, social skills training programs like assertiveness training and social interaction coaching classes. Studies on the effectiveness of these treatments vary greatly, but they show positive outcomes when they are applied correctly (Courvoisie, Labellarte & Riddle, 2022).

Antipsychotic Medications

For decades, the go-to treatment for schizophrenia has been antipsychotic medications. These drugs work by blocking dopamine, a neurotransmitter that is thought to be overactive in people with schizophrenia. While these medications can be effective in managing symptoms,

they come with a host of side effects, including weight gain, sexual dysfunction, and an increased risk of diabetes. In some cases, these side effects can be so severe that they outweigh the benefits of the medication. Recent research also suggests that antipsychotics may stop working after a few years because the body builds up tolerance to them. The long-term side effects are still not fully understood, and it remains unclear whether switching from one type of drug to another will help prevent negative outcomes from long-term use (Colodro-Conde et al., 2018).

Rehabilitation of Schizophrenia patients

The rehabilitation of patients with schizophrenia is a process that can be difficult and time-consuming. There is no one-size-fits-all approach to treatment, as each patient's needs are unique. However, there are some general principles that can be followed when working with these patients. First, it is important to prove a trusting relationship with the patient. Second, the treatment should be tailored to the individual's needs and goals (Courvoisie, Labellarte & Riddle, 2022). Third, the patient should be involved in their own treatment as much as possible. They should also have access to supportive services such as case management, housing help, vocational training, and counseling services. Fourth, the clinician must also keep in mind that symptoms of psychosis may reappear if drugs or alcohol are used recreationally or abused again. In order to reduce this risk while trying to keep abstinence from drug use or alcohol abuse, clinicians often recommend cognitive behavioral therapy (CBT) along with antipsychotic medications, including new ones (Courvoisie, Labellarte & Riddle, 2022).

Measurement Tools for rehabilitation of Schizophrenia

There are a number of diverse ways to measure rehabilitation for schizophrenia patients. The most common methods include the Brief Psychiatric Rating Scale (BPRS), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impression – Severity (CGI-S) scale. However, there is still much debate over which tool is the most accurate. A recent study

found that the PANSS was more sensitive in detecting change among people with chronic schizophrenia than other measures. More research needs to be done on how these tools can best be used in order to help those who suffer from this disorder (Courvoisie, Labellarte & Riddle, 2022).

Statistical Significance

According to the National Institute for Health and Clinical Excellence (NICE), the estimated prevalence of schizophrenia and other psychotic disorders across all ages in the UK is 0.7%. While schizophrenia usually starts in late adolescence and early adulthood, it can also begin in earlier stages (NHS Digital, 2020). It is rare to find cases of schizophrenia starting earlier than the age of 10 years. The lifetime prevalence of the disease in the UK is approximated to be about 14.5 per 1000 people. However, there are considerable variations between estimates. About 1 in 100 people in the UK will suffer an episode of schizophrenia at some point in their lives, while 1 in 6 people will need treatment for a mental illness during their lifetime (Oh et al., 2019).

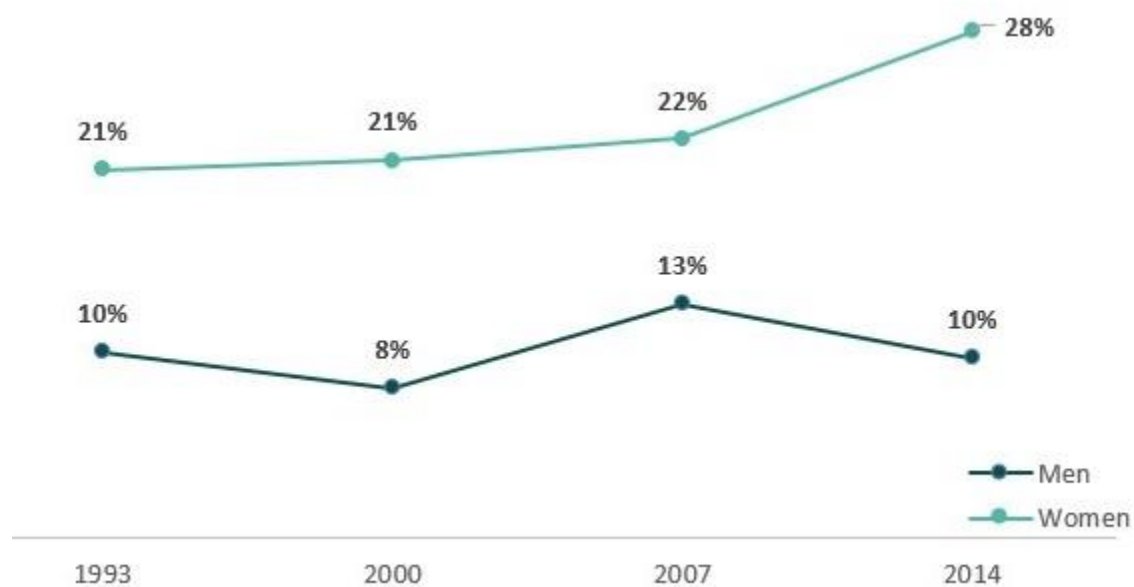


Figure 1: General trend in the prevalence of common mental disorders in England and Wales (Johnson & Crenna-Jennings, 2018)

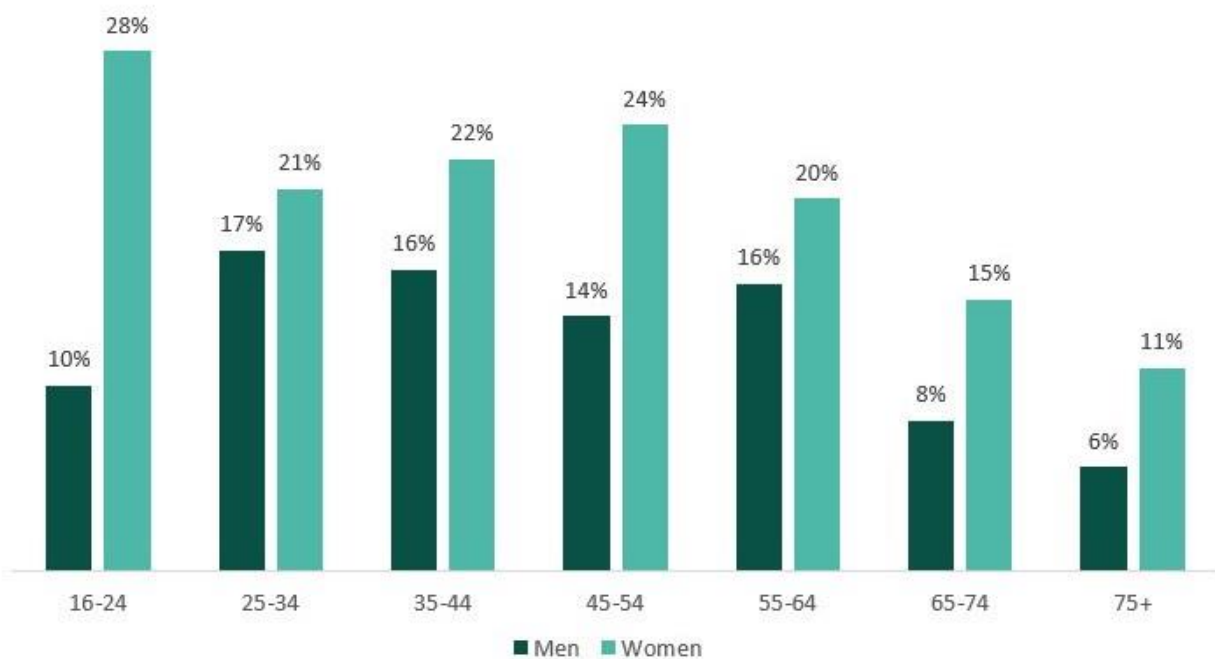


Figure 2: Prevalence of common mental disorders in England and Wales by gender (Johnson & Crenna-Jennings, 2018)

Autism

Introduction

Autism has long been one of the most difficult disorders to understand, classify, diagnose, and treat. It is in classification (F80-F89) of psychological development ICD-10 (WHO, 2010). It is also incredibly complex because of the range of different behaviors it encompasses, and there are many misconceptions that stem from lack of knowledge or even malice toward autistic people. As autism awareness grows, though, more people are working to understand the disorder and help autistic people find treatments that can help them live as full and independent lives as possible (Russell et al., 2022).

Autism spectrum disorder is a neurodevelopmental disorder characterized by social deficits, communication difficulties, and repetitive behaviors. Early signs of autism typically appear before the age of three. The exact cause of autism is unknown, but it is believed to be a combination of genetic and environmental factors. There is no cure for autism, but there are

various treatments available that can improve symptoms (Chiarotti & Venerosi, 2020). The goal of rehabilitation is to help individuals with autism function as independently as possible. One type of treatment is Applied Behavior Analysis (ABA). ABA focuses on teaching specific skills through discrete trial training which consists of individual trials or lessons in order to teach new skills or modify existing ones. It also includes reinforcement, generalization, and maintenance to ensure that new skills are maintained after therapy has ended (Chiarotti & Venerosi, 2020).

ABA has been shown to significantly reduce problematic behaviors and increase language acquisition in children with autism spectrum disorders. However, other studies have found that while certain aspects of ABA therapy show benefits, others do not. One study found that although children who received ABA improved more than those who did not receive any intervention at all in areas such as eye contact and reading comprehension, they did not fare better than those who received speech therapy alone when it came to problem behavior reduction. Therefore, researchers have concluded that the best form of treatment depends on what an individual's needs are (Russell et al., 2022).

Classification of Autism

There are three main types of autism- **classic autism**, **Asperger syndrome**, and **Pervasive Developmental Disorder-Not Otherwise Specified** (PDD-NOS). Each type is distinguished by different symptoms and levels of severity. **Classic autism** is the most severe form, while **Asperger syndrome** is considered a milder form. PDD-NOS is somewhere in the middle. The DSM-5 has not yet released an official classification for the more recently discovered high functioning autism (Chiarotti & Venerosi, 2020).

With many varying degrees of autism, it's difficult to make a diagnosis without proper testing. The first step is determining if there are delays in language or social development based on developmental milestones established at eighteen months old or younger. If this is found to be true, then they would be given tests to check for any other delays in development as well as

sensory sensitivities. These assessments can take up to four hours with the evaluation process sometimes taking up to six months before coming up with a conclusion. Once they have been diagnosed, there are two treatment options that may help individuals with autism; Applied Behavior Analysis (ABA) and Intensive Behavioral Intervention (IBI). ABA focuses on changing behavior through learning about reinforcement and reinforcement schedules (Russell et al., 2022).

Categories/Treatment

There are many different ways to categorize and treat autism. The most common classification system is the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which was published in 2013. This system classifies autism as a developmental disorder that affects communication and social interaction. The DSM-5 also provides guidelines for diagnosis, which include observing symptoms and impaired functioning. There are many different treatments for autism, including behavioral therapy, speech therapy, occupational therapy, and medication (Russell et al., 2022). The goal of treatment is to improve symptoms and functioning. Behavioral therapies can be done with or without medications, and they may focus on certain areas such as speech, self-care skills, or managing stress. Speech therapy helps patients learn how to speak or produce other sounds. Occupational therapy teaches motor skills and cognitive skills that help with daily life activities like eating and bathing. Medications can help people who have difficulty with mood regulation or controlling repetitive behaviors like hand flapping or rocking back and forth (Russell et al., 2022).

Measuring rehabilitation strategies and outcomes

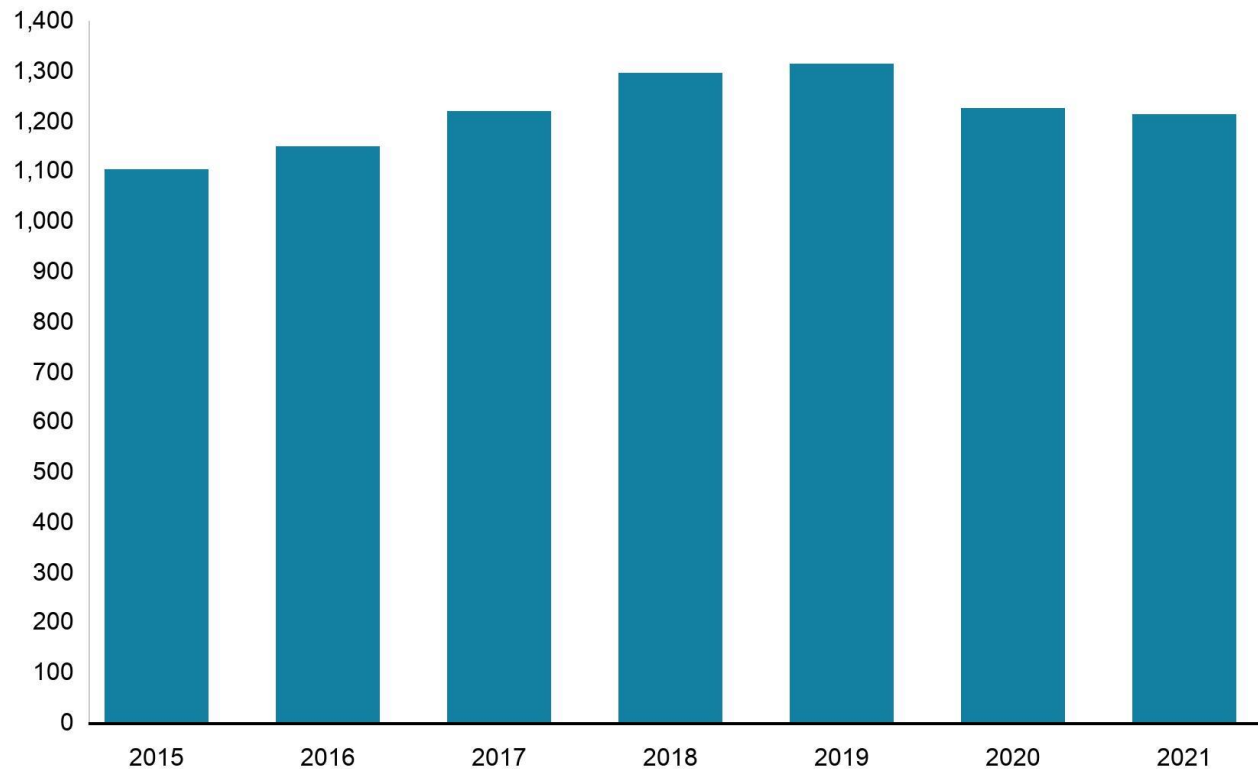
There are several ways to measure the rehabilitation of autism patients. One common method is to use the Autism Treatment Evaluation Checklist (ATEC). The ATEC consists of four subscales: speech/language/communication, sociability, sensory/cognitive awareness, and health/physical/behavior. Another popular tool is the Aberrant Behavior Checklist (ABC), which assesses five problem areas which include irritability, lethargy/social withdrawal, stereotypy,

hyperactivity/noncompliance, and inappropriate speech. Another extremely useful evaluation is the Childhood Autism Rating Scale (CARS) that grades autistic behaviors on a scale from 1-6. A higher score is an indication of increased severity of the autistic behaviors (Russell et al., 2022).

How many people in the UK have Autism?

It is estimated that 1 in 100 children in the UK have a diagnosis of the autism spectrum disorder. That means there are anywhere between 700,000 and 1,000,000 adults and children who have been diagnosed with autism in the UK. As of 2020, the NHS reported figures indicating that about 150,000 people in the UK were in contact with autism and learning disabilities services. While the NHS targets to assess a case of autism referral within 13 weeks, only 1 in 10 cases of suspected autism spectrum disorder had resulted in treatment or an intervention of any kind (McConkey, 2020).

People with autism in mental health units in England



Source: NHS DIGITAL

BBC

Figure 3: Number of people with mental health issues who have access to health units in the UK (BBC, 2021)

While it's more common in boys than girls, autism is a spectrum condition, which means that it affects people in unusual ways. There is no 'one size fits all' diagnosis, treatment, and rehabilitation when it comes to autism since the condition affects patients differently. The most common type of autism is called **Asperger syndrome**. People with this form of autism usually show an above-average intelligence but can find social interaction difficult. They also often have obsessive interests or behaviors (NHS Digital, 2020).

General Anxiety Disorder

Introduction

General anxiety disorder, or GAD, is one of the most common mental health disorders in the UK, classified in group of ICD-10 (F40-F-48) by (WHO,2010) as Nuerotic stressed related

somatoform disorder, GAD is under (F41.1) Affecting approximately 6 million adults, or 2.3% of the population (NICE, 2013). It can be debilitating, affecting day-to-day activities such as work and relationships. Although it responds well to treatment when addressed early, there are gaps in the amount of knowledge about how to classify and treat GAD in the UK. This blog will examine why this is the case and what can be done to address these shortcomings with future research and treatment practices (Nath et al., 2018).

The DSM-5 Classification of GAD

The DSM-5 is the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, and it is used by mental health professionals to diagnose their patients. The DSM-5 classifies GAD as a mental disorder that is characterized by excessive worry and anxiety that lasts for at least six months. People with GAD often have difficulty controlling their worry, and it can interfere with their daily lives. The DSM-5 also outlines the distinct types of treatment that are available for GAD, including psychotherapy and medication (Nath et al., 2018). Cognitive behavioral therapy, or CBT, is an example of psychotherapy. A doctor may prescribe anti-anxiety medications such as benzodiazepines or SSRIs if someone has mild symptoms or has not responded well to other treatments. If someone's GAD is severe and they experience panic attacks, they might be prescribed antidepressants like beta blockers or clonazepam. However, some people who suffer from panic attacks may need to take benzodiazepines on a long-term basis. It is important to note that no single treatment works for everyone, so a doctor will consider the severity of the symptoms when determining which form of treatment would work best (Nath et al., 2018).

A large part of measuring GAD involves self-reporting; doctors will ask about how much fear and apprehension an individual experiences on a day-to-day basis using standardized tools called inventories. Patients fill out these questionnaires either before or after undergoing various forms of treatment so doctors can track any changes in mood over time (Nath et al., 2018).

DSM–5 diagnosis

In order to be diagnosed with generalized anxiety disorder (GAD), an individual must meet specific criteria laid out in the Diagnostic and Statistical Manual of Mental Disorders (DSM–5). The DSM–5 is published by the American Psychiatric Association and is used by mental health professionals to diagnose mental disorders. GAD diagnosis guidelines are broken down into six primary symptoms: restlessness, feeling on edge or easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension or aches, sleep disturbance (Cybulski et al., 2022). These symptoms can last for a period from six months to a year or more. There are four distinct levels of severity depending on how many symptoms a person has: one to three mild; four to five moderate; six to seven severe; eight or more very severe. Once someone meets the criteria for a GAD diagnosis, they then need to rule out other potential causes of their symptoms before diagnosing them with this disorder. These other potential causes include thyroid disease, depression, and substance abuse. If these conditions are ruled out then treatment will typically involve talk therapy such as cognitive behavioral therapy (CBT) that focuses on changing thought patterns which may contribute to feelings of anxiety (Nath et al., 2018).

Current treatment options

The most common treatment for anxiety disorders is cognitive-behavioral therapy (CBT). CBT teaches you how to recognize and change negative thinking patterns and behaviors that contribute to your anxiety. Other types of therapy, such as exposure therapy, can also be effective. Exposure therapy helps you confront your fears so that you can learn to manage them. Medication is also an option for treating anxiety disorders (Cybulski et al., 2022). The most common type of medication used to treat anxiety is antidepressants. Antidepressants like selective serotonin reuptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs) are used to balance levels of certain chemicals in the brain, which help relieve symptoms. While SSRIs have fewer side effects than MAOIs, some people cannot take these medications

because they react negatively with other medications or drugs they might use recreationally.

Anti-anxiety medications such as benzodiazepines may also be prescribed. Benzodiazepines should not be taken long term due to their addictive qualities but can provide quick relief from symptoms if taken on a short-term basis (Cybulski et al., 2022).

Rehabilitation

The first step in rehabilitation is to assess the severity of the anxiety disorder. This can be done with a self-report measure, such as the Beck Anxiety Inventory (BAI). Once the severity has been determined, a treatment plan can be put into place. The most common treatments for anxiety disorders are cognitive-behavioral therapy (CBT) and medication. CBT helps patients learn how to change their thinking and behavior patterns to better cope with anxiety. Medication can be used to help reduce symptoms of anxiety. Benzodiazepines and antidepressants are two types of medications that may be prescribed by psychiatrists. Benzodiazepines work quickly to relieve stress but also have many side effects like slurred speech, dizziness, drowsiness, fatigue and confusion. Antidepressants take longer to work but have fewer side effects than benzodiazepines do. In some cases, antidepressants must be taken for months before they start working properly. The psychometric tool referred to as the 7-item Generalized Anxiety Disorder Scale (GAD-7) has been found to reliably assess the rehabilitation of GAD (Terrill et al., 2015). (See attached Appendix A, GAD-7 form of Myrna Morales)

Statistical significance

GAD is a more common health condition in the UK as compared to autism and schizophrenia. The NHS estimates that GAD affects around 5-6% of the UK population, with the bulk of the cases being among women between the ages of 35 to 59 years. This statistic ranks the UK at the 62nd highest position in GAD prevalence in the world. Women are twice as likely to be diagnosed with GAD as men are, and when other anxiety disorders are involved, the cases are more common among young women between the ages of 16 and 24 years, where the

prevalence of GAD, phobias, OCD, and panic disorder are 9.0%, 5.4%, 2.4%, and 2.2% respectively. This makes the age-sex group to be the most affected population in the UK (Cybulski et al., 2022).

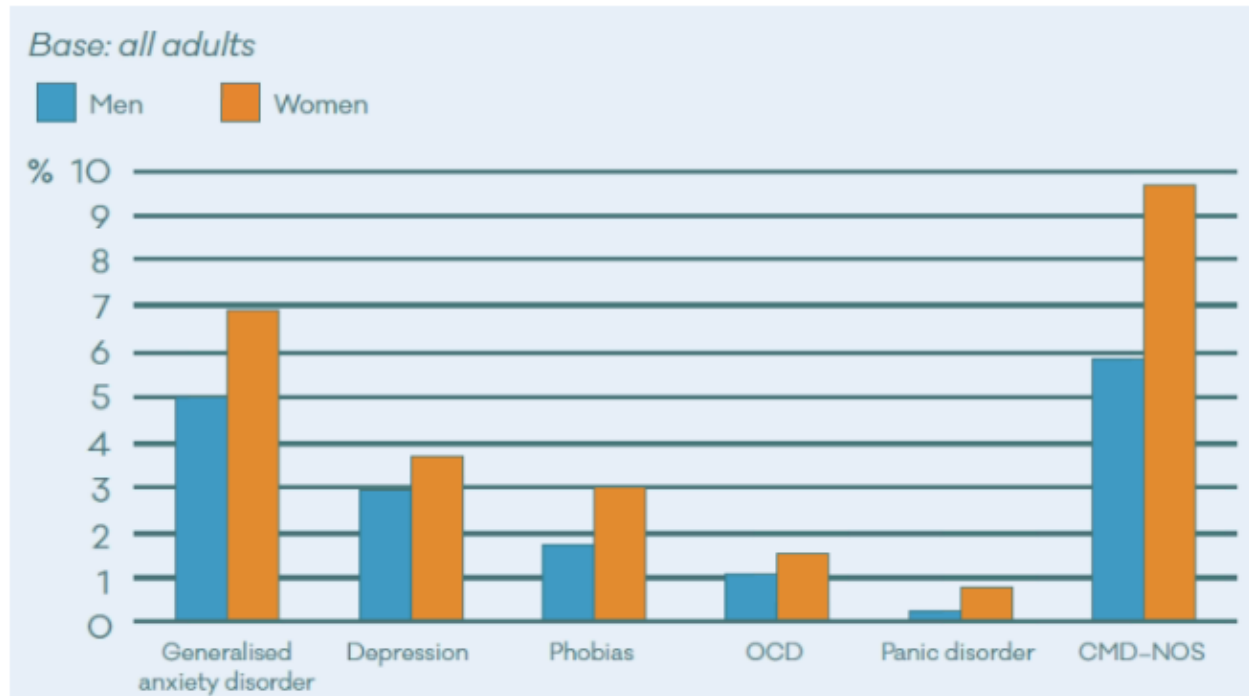


Figure 4: GAD and other anxiety disorders are more prevalent in women than in men. ((Unlocking-potential, n.d.)

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Appendix A

Generalized Anxiety Disorder 7-item (GAD-7) scale Myrna Morales

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0x	1x	2	3
7. Feeling afraid as if something awful might happen	0 x	1 x	2	3
<i>Add the score for each column</i>	$\frac{+}{2}$	$\frac{+}{2}$	0+	0
Total Score (add your column scores) = 4				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ___Yes_____

Somewhat difficult ___No_____

Very difficult ___No_____

Extremely difficult ___No_____

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