

Psychopathological Classification and Provision

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Module Code:6029_ BIRM

Component 1 Poster Presentation

**Title : Generalised Anxiety Disorder:
Perspectives**

Generalised Anxiety Disorder: Perspectives

Introduction

Worry is a way of life for many people, especially these days, however in some people, it can become a Generalised Anxiety Disorder (GAD) that can impact on their wellbeing and functioning in everyday life. GAD affects 8 people out of every 100 people in England (MIND.org.uk, 2020) and this poster looks critically at the classification of this disorder, provision in the present day, debates and future directions.



Classification and Diagnosis of GAD

ICD-11 Classification and Diagnostic Boundaries

Generalised Anxiety Disorder (GAD) is defined as an Anxiety or Fear-Related Disorder in ICD-11 and is defined as "persistent worry and difficulties that are hard to control in more than one area of life. Diagnostic classification enhances consistency and communication between health care professionals, but there is concerns about validity of diagnostic classification. Penninx et al. (2021) suggest anxiety disorders are often diagnosed in conjunction with depression and other psychiatric disorders, which can make diagnosis difficult. Thus, the symptoms like sleep disturbance, irritability and impaired concentration may decrease the specificity of the diagnosis and lead to misclassification.

Critical Evaluation of Diagnostic Challenges

The national evidence of epidemiology is diagnostic significance for GAD. The prevalence of GAD in England was identified as the commonest specific common mental health condition (CMHC) in the Adult Psychiatric Morbidity Survey (APMS) for 2023/24, with 7.5% of adults experiencing GAD (Digital NHS.UK, 2025). This confirms the importance of adequate classification systems, but also highlights the growing prevalence, and so the increasing concern about diagnosis expansion. There are concerns that current diagnostic systems could be becoming more and more medicalised in conceptualising 'normal' responses to uncertainty and stress. So, diagnosis is not just about the presence of the symptoms, but also about the persistence, severity and functional impairment of the symptoms, in order to make clinically relevant distinctions between worry and mental disorder.



Historical Understanding of GAD: From Nervous Weakness to a Biopsychosocial Disorder

Evolution of Understanding

In the past, longstanding anxiety was frequently seen as a lack of strength and courage, a poor ability to deal with stress and not a mental disorder. Early psychiatric treatment was largely on the nature of the personality and unconscious conflict, and largely ignored social, economic and environmental factors. As a result, there were few treatment options available, stigma was strengthened and many people were not supported as anxiety was not deemed to be a major public health problem. This limited perspective often attributed a person's overall experience to deficits in their personalities, rather than accounting for other factors.

Contemporary Perspective and Critical Reflection

Many models of GAD today try to conceptualise it in a biopsychosocial manner, and this acknowledges the interactions of biological vulnerability, cognitive processes, and environmental stressors. Zou et al. (2020) found evidence of stress on physiological inflammatory markers amongst anxiety groups, suggesting a biological component to the development of anxiety symptoms. Also, the prevalence of common mental health conditions (CMHCs) amongst adults aged 16–64 rose from 18.9% in 2014 to 22.6% in 2023/24 and the prevalence of CMHCs amongst young adults was 25.8% in 2023/24 (Digital NHS.UK, 2025). These results corroborate the larger biopsychosocial explanations, but Penninx et al. (2021) cite that this cannot account for the population-level increases. Thus, it is now more widely recognised that a combination of social pressures, psychological processes and biological susceptibility is at play.

Contemporary Provision for Individuals with GAD

NHS Talking Therapies: First-Line Psychological Provision

In England, Talking Therapies with the NHS continue to be the main route of treatment for people suffering from Generalised Anxiety Disorder. In 2023–2024, NHS Talking Therapies was referred 1.83 million times and 1.26 million people received treatment and 50.1% of them recovered after treatment (Digital NHS.UK, 2024). The results of this research reinforce the effectiveness of evidence-based psychological interventions and specifically of CBT. Newman et al. (2022) cite CBT as the treatment with the broadest evidence for treating GAD. However, service effectiveness based on recovery rates might not capture the true effectiveness of services since it does not include individuals who do not seek entry to services or who drop out of treatment.



Community Mental Health Teams and Integrated Care

Psychologists, psychiatrists, nurses, and social workers are some of the members of the Community Mental Health Teams. They are more long-term services that are targeted to relapse prevention, functional recovery, and long-term management, as opposed to more short-term therapeutic services. Horenstein and Heimberg (2020) found that the anxiety disorders are linked to significant use of healthcare resources, and that integration of care delivered in the community is critical. However, availability of services is significantly different from one region to another, resulting in disparities in patient experience and continuity of service.



Digital Mental Health Services

In today's age of anxiety care, digital interventions are gaining more and more significance. Using digital interventions to alleviate anxiety symptoms was reported to be particularly impactful and to increase accessibility for those who suffer geographical, financial or time barriers (Saramago et al., 2021). Likewise, Pauley et al. (2023) found digital anxiety treatment gains in a variety of digital anxiety interventions. But questions still remain about the engagement of patients, digital exclusion and less therapeutic alliance than that found in face-to-face therapy.



Service Gaps and Continuing Challenges: Whilst the provision is increasing, there are still large gaps in the provision of treatment. One in five adults have a common mental health problem in any given week in England (Mind.org.uk, 2020) but demand for services is still not meeting capacity. As such, waiting times and workforce shortages and regional inequalities are still significant obstacles to equitable access and indicative of the more rapid growth of contemporary provision than is healthcare infrastructure.



Current Debates and Emerging Issues in GAD

Overdiagnosis Versus Legitimate Clinical Recognition

One of the big questions is whether the increase in GAD is because of improved identification or medicalisation of normal emotional distress. Penninx et al. (2021) propose that anxiety can lie on a continuum, and that thresholds for diagnosis are always difficult. Advocates of existing schemes state that they help identify children before they are referred to a Child Protection Unit. Critics argue that "pathologising" normal responses to social and economic insecurity is a risk of widening the diagnostic boundaries. Thus, there is a key challenge to balance diagnostic sensitivity with diagnostic specificity.

Biological Vulnerability Versus Psychosocial Explanations

Biological differences were observed between anxiety populations by Zou et al. (2020) that supported physiological contributions to GAD. However, Penninx et al. (2021) do not believe that social adversity, environmental stressors and psychological processes are less important factors. This raises the debate about the future directions of intervention—either to focus on biological processes or on more general psychosocial factors.

Digital Therapy Versus Traditional Therapeutic Relationships

As the use of digital mental health intervention has grown there has been debate about the quality of treatment. Whilst digital therapies are shown to have positive effects by Saramago et al. (2021) and Pauley et al. (2023) others doubt whether technology can effectively make an alliance. Therefore, the clinical effectiveness should be assessed in the context of patient engagement, trust and adherence to treatment, which is currently being practiced.

Implications for Future Practice and Policy

Changes in population patterns are a reflection of these debates. Between 1993 and 2023/24, there has been a rise of around 45% in the number of people with common mental health conditions (Mind.org.uk, 2020). This rise brings up significant issues about diagnosis procedures and the number of services needed, and the allocation of the resources. Therefore, there is a need to consider access to care and diagnostic validity and treatment quality in future policy making.

Impact on Practice and Policy

The current debates about GAD have far-reaching clinical and mental health policy implications. Clinicians must evaluate the presence of functional impairment, symptom persistence and severity instead of symptom checklists due to concerns about overdiagnosis (Penninx et al., 2021). At the same time, the understanding of neurodiversity has increased, emphasising the importance of using flexible assessment methods that take into account differences in the manifestation of anxiety. Whilst the digital therapies have made it more accessible, therapeutic quality is still a critical factor to maintain (Saramago et al., 2021). In addition, in England one in four people have a mental health problem over the course of their lives (Mind.org.uk, 2020) and it is essential that the demand for services grows as the number of people using them increases, as well as earlier intervention routes and equitable distribution of resources. Therefore, practice and policy need to focus on making services accessible, diagnostic accuracy, and person-centred care.

Recommendations

- GPs should routinely screen for GAD (GAD-7) in patients who have ongoing concerns, sleep disturbance or multiple consultations where there is ongoing concern and review again within 4 weeks if persistent. Early identification of anxiety disorders would have the potential to impact on substantial healthcare utilisation (Horenstein and Heimberg, 2020).
- Blended-care pathways should be rolled out across NHS England as part of an expansion programme in the next two years as the quality of care is not to be compromised given the growing demand on services as predicted by Digital NHS.UK (2024), who stated there were more than million referrals.
- Given the view of anxiety disorders as being heterogeneous as described by Penninx et al. (2021) and the necessity for more individualised and diagnostically sensitive assessment methods, mental health services should adopt protocols that are sensitive to neurodiversity within 12 months, by making it mandatory for clinicians to undergo training on the subject.

Conclusion

GAD continues to be a challenging and growing mental health issue. Whilst today's classification systems and services have made the diagnosis and provision of services more accessible, issues of diagnostic validity and the need for digital interventions and services remain. So, diagnosis, access and care need to be personalised and equitable, in order to be a priority in future practice and policy.

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