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Component 2: mental disorders and psycopathology
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Introduction

In this report, I critically examined the three mental disorders comprising generalized anxiety disorder, schizophrenia, and autism using the ICD (2010). I structured the report to include an overview of each disorder, classification under ICD-10, diagnosis, treatment (with evaluation of

historical and contemporary support), and measurements of rehabilitation. The last part of the report are conclusion and recommendations.

1. Generalised Anxiety Disorder

An Overview

Anxiety is a major symptom of many health conditions, such as panic disorder, post-traumatic stress disorder, phobias, and social anxiety disorder (National Health Service, 2022). Generalized anxiety disorder occurs due to a long-term health condition that causes anxiety for a wide range of issues instead of a particular issue. The National Health Service (2022) posited that the main cause of generalized anxiety disorder (GAD) is not known, yet there is a general belief the causes are from many factors, including a history of drug abuse, traumatic or stressful experiences, including domestic violence, et cetera.

A common mental health disorder affecting about 20% of adults annually is GAD. It is characterized by excessive, persistent, and unrealistic worries about everyday issues revolving around health, family, finances, and the future (Leonard & Abramovitch, 2019). Grenier et al. (2019) argued that GAD is difficult to control and is always accompanied by unspecified physical and psychological symptoms. These symptoms may include sweating, trembling, trouble sleeping, restlessness, exhaustion, irritability, and excessive worry (National Institute of Mental Health, 2019).

Classification of GAD within ICD-10

The 10th revision of the International Statistical Classification of Disease (ICD-10) classified generalized anxiety disorder under F41.1 within 'F40' - 'F48'—neurotic, stress-related, and somatoform disorders. ICD-10 recommends different criteria for the diagnosis of GAD, including the following:

1. A prominent feeling of tension, apprehension, and worry about everyday problems and issues for a period of at least six months.
2. A minimum of four symptoms must contain these autonomic arousal symptoms: Palpitations or pounding hearts, trembling or shaking, sweating and dry mouth do not need to arise due to dehydration (DeMartini, Patel, & Fancher, 2019).

Other symptoms include those of the chest and abdomen (choking feeling, chest discomfort, et cetera) and the brain and mind (dizziness, fear of dying, fear of losing control, et cetera). Other general symptoms comprise tingling sensations, cold chills, mental tension, et cetera, in addition to persistent irritability, insomnia due to worry, difficulty concentrating, et cetera (DeMartini, Patel, & Fancher, 2019; National Health Service, 2022).

Diagnosis

The National Health Service (2022) argued that generalized anxiety disorder could be difficult to diagnose, because it is difficult to distinguish GAD from other mental disorders. The first assessment commences by addressing the somatic or behavioral symptoms (Rosellini et al. 2018). The process would be followed by the evaluation of developmental issues, psychological difficulties, psychological stress, et cetera. Experts can exclude organic causes by conducting blood sugar levels, toxicology screens, thyroid function tests, and echocardiography evaluations. The key screen tool that can be used to monitor patients with GAD is the Generalized Anxiety Disorder 7-Item Questionnaire (Rosellini et al., 2018; Takov & Munir, 2022).

The GAD-7 score is estimated by assigning scores to response categories of 'not at all,' several days,' more than half the days,' and 'nearly every day.' The scores would be added for the seven questions. Cut-off points for severe, moderate, and mild anxieties are set at 15, 10, and 5 scores. When the score is 10 or greater, additional evaluation is recommended. With a threshold score of 10, the GAD-7 tool has 89% sensitivity (Swinson, 2018).

Historical development

Evidence has shown that GAD existed for centuries, but little was known about it until the early 20th century. Descriptions similar to post-traumatic stress disorder that appeared in the ancient Indian writings dating to 5000 BC pointed to the existence of anxiety. In Greco-Roman times, the study of anxiety began about 2000 years ago. The concept featured mainly the writings of Hippocrates, Cicero, and Seneca, with descriptions similar to what is recognized today as anxiety symptoms. In about the 1600s, scholars and physicians began to describe a condition referred to as 'melancholia, describing depression. In the 1700s, discussion centered around 'panophobia, describing fear people feel for no reason (Cicero, 2022). In the 1800s, experts defined anxiety as incorporating a broad range of anxious symptoms, featured in the works of

Sigmund Freud and later captured in the first Diagnostic and Statistical Manual of Mental Disorders (DSM) publications (Cicero, 2022; Seneca, 1900).

Treatments

How the treatment has evolved

Ancient Roman scholars recognized anxiety symptoms and reasoned that people should learn to control their internal feelings. In the 20th century, efforts toward easing anxiety began. The 2-factor theory of Orval Mowrer's, built on Pavlovian conditioning, was known to help condition fear. This feat served as grounds for John B. and Sigmund Freud to propose options for conditional behavior. The efforts of these psychologists served as the groundwork for the advent of modern psychotherapy, which forms the concepts of cognitive behavioral therapy (Boland, 2023). Thus, the advancement of classic cognitive therapy comprising exposure therapy, problem-solving, behavioral, cognitive, and social skills training techniques. Realising the efficacy of drugs that controlled anxiety symptoms in 1960s, the standard technique became the consideration of therapy, medication, and outpatient care with the advancement of psychotherapy (Boland, 2023).

Traditional treatments comprise pharmacological and psychotherapy, but the need to look into alternative and complementary interventions such as brain simulation, exercises, therapeutic massage, and other health interventions has been proposed (Barić et al. 2018). The authors further suggested that modalities for treatment are often used concurrently to enable individuals to pursue both pharmacological therapy and psychological therapy. The use of drugs to treat anxiety disorder was silent until the middle of the 20th century, when healthcare experts began to recommend medications such as benzodiazepines, tricyclic antidepressants, beta-blockers, and monoamine oxidase inhibitors. While some of these medications were effective, others pose the risk of addiction, and some of them have sedating effects. The discovery of SSRIs and SNRIs brought hope because they have fewer risks and side effects and have shown to be effective in reducing the symptoms of anxiety in combination with cognitive behavioral therapy (CBT).

Combining CBT and medication is the most desired technique for CAD treatment (Barić et al. 2018). There is a rising recognition of the need for all-natural techniques in combination with medication and a psychotherapy approach (Boland, 2023). Psychotherapy interventions comprise every therapy based on specific methodologies that help the understanding of how the

conscious and subconscious minds work and could help improve intervention (Bui et al. 2020). These methodologies could include psychodynamic therapy, behavioral, cognitive, acceptance and commitment, intolerance of uncertainty, motivational interviewing, cognitive-behavioral, pharmacotherapy, among other therapies.

Measurement of Rehabilitation

Anxiety Disorder Specific Measure and Generalized Anxiety Disorder Assessment are questionnaire items used to assess the severity of generalized anxiety disorder. Each item helps to figure out the severity of symptoms.

Principles of Care for People Living with GAD

- ☐ Build relationships and work in a non-judgmental and open way with people with GAD to collaboratively understand impacts and explore treatment options.
- ☐ Work with people with GAD to provide comprehensive information to help patients understand the nature of the disorder and a range of treatments.
- ☐ Work with families supporting people with GAD to assess their needs and provide access to information while negotiating about confidentiality.
- ☐ Provide people with GAD support groups and self-help organizations including consulting relevant specialists where possible.

2. Schizophrenia

An Overview

Schizophrenia is one of the distressing mental health conditions that affect how people behave, feel, and think. It is characterized by hallucinations, thought disturbances, and delusional beliefs, and behaviors. It has positive and negative symptoms. The positive symptoms include

delusions, hallucinations, and formal thought disorder, while the negative thoughts include lack of motivation, anhedonia, and poverty of speech (Davis et al. 2018). Schizophrenia affects about 24 million people worldwide (World Health Organization (2022)).

There is no single causal factor for schizophrenia; rather, it is triggered by a combination of many factors, including environmental factors and genes. WHO (2022) fingered high cannabis use and psychological factors as triggers. Also, NHS (2023) pointed to genetics, differences in brain development, neurotransmitters, pregnancy and birth complications and stress as schizophrenia triggers.

Classification within ICD-10

The International Classification of Diseases (ICD-10) classified schizophrenia with schizotypal and delusional disorders (F20–F29). Under the ICD-10, the patient must show at least one of these symptoms for more than a month. They include delusions of control or passivity, thought insertion echo or withdrawal, culturally inappropriate persistent delusions, and hallucinatory voices (Marder, 2023). Two symptoms must be observed for at least a month or more. These symptoms comprise negative symptoms, catatonic behavior, and consistent transformations in the quality of behavior resulting in social withdrawal. Other symptoms include persistent hallucinations accompanied by fleeting delusions and breaks of interpolations manifesting as incoherence (Jauhar et al., 2022; Marder, 2023).

ICD-10 sub-classifies schizophrenia based on major presenting symptoms such as post-schizophrenic depression, undifferentiated schizophrenia, hebephrenic schizophrenia, simple schizophrenia, paranoid schizophrenia, catatonic schizophrenia, and residual schizophrenia.

Diagnosis

There is no single test for schizophrenia. In consultation with the affected person, schizophrenia is diagnosed using a series of structured questions. Important information about the patient is often collected through relatives using the ICD-10 (ICD, 2016). It is common for experts to

diagnose schizoaffective disorder before switching to schizophrenia because they are related psychotic illnesses.

All types of schizophrenia must meet the general criteria for diagnosis, except for simple schizophrenia. The general criteria sing CDI-10 for diagnosis is that at least one of the signs and symptoms must be present for the period during the psychotic episode for at least one month. As an exclusion criteria, if the patient meets the criteria for a manic or depressive episode, the criteria must have been met before mood disturbance. The disorder must not be induced by alcohol, drugs, dependence, withdrawal, intoxication, or disease (ICD, 2016).

How schizophrenia has evolved over time

Research has shown the earliest description of a health challenge similar to schizophrenia dates back to the Egyptian Ebers Papyrus in 1550 BC (Burton, 2012). The author further argued that 19th-century Dr. Emil Krapelin was the first to describe schizophrenia in 1896, when he used the term *Dementia Praecox*, or premature dementia. While Dr. Emil's work was incomplete, it served as a pioneer in understanding psychotic disorders (Burton, 2012).

Treatment

Historically, earlier treatments were psychosurgical, which were attempts to remove brain. Such surgeries were performed in the 1930s. This was followed by a couple of shockwaves, resulting in comas or seizures and also followed by insulin shock therapy to induce comas and produce convulsions and hypoglycemia. Further advancements involved using electricity to induce seizures. This was applied as electroconvulsive therapy in the 1940s. The developments of antipsychotic medication in the 1950s revamped the industry, with the first atypical antipsychotic clozapine leading the way in the 1970s.

The 1983 Mental Health Act introduced a new regulation in the care, confinement hospital, and compulsory treatment of mentally ill people. This Act served as an instrument for caring for people with schizophrenia (Howe, 1991).

Today's Treatment

The essence of treatment is to reduce symptoms, prevent relapse, enhance the adaptive functioning of the patient, and integrate them into society (Lindenmayer et al. 2019).

Rummel-Kluge & Kissling (2018) argued that since patients rarely return to their original state, pharmacological and non-pharmacological interventions should be optimized for lasting outcomes. Care options that exist in modern treatment of schizophrenia include psychoeducation, medication, family intervention, psychological rehabilitation, and cognitive-behavioral therapy (WHO, 2022). The organization recommended supported employment, supported assisted living, and supported housing for people with schizophrenia. There is a need for a recovery-oriented approach and designed agency treatment for people with schizophrenia, their families, and caregivers (WHO, 2022; NHS, 2023).

Human rights violations

People with schizophrenia have human rights. Designating anyone a danger has to be established by a court, and when this happens, officials will take the individual into custody for a period for evaluation. If such individual poses a danger to others and self, the individual may be treated as an 'inpatient civil commitment' against his will. In the case of a nonviolent offense, such individual may be sentenced to court-ordered health treatment.

3. Autism

An Overview

Autism is a spectrum, and this implies there are a diverse set of conditions. Autism is characterized by degrees of difficulty with communication and social interaction with atypical patterns of behaviors and activities. These includes difficulties in learning, focusing on details, strange reactions to sensations, and transitioning to activities (Lord et al., 2018). The Center for Disease Control and Prevention (2022) argued that people without autism might show some symptoms. People with autism also have the capacity to live independent lives. Major signs in children include a lack of eye contact, a limited response to sensory cues, a limited emotional response and interaction with other children, and repetitive behaviors.

In adults, signs may include rigidity to routine, poor understanding of information, limited contact, difficulty in expressing emotions, understanding emotions, and interpreting social cues

(Lord et al., 2018; WHO, 2023; Jinan et al., 2022). Evidence shows a rising case of autism, yet the causes are not properly understood. The Centre for Disease Control and Prevention (2018) posited that the risk factors for autism include siblings with autism, extremely low birth weight, older parents, maternal immune-system disorders, and others.

Classification of Autism within ICD-10

The International Classification of Diseases (ICD-10) classified autism as a pervasive development disorder with the F84.0 code. The autism spectrum disorder classification according to the ICD-10 is denoted as F84.0, including childhood autism, while atypical autism is denoted as F84.1. The autism code F84.0 can be applied to infantile autism, Kanner's syndrome, infantile psychosis, and autism spectrum disorder (Koval-Zaytsev, 2021).

Diagnosis

Healthcare experts diagnose autism through the evaluation of patient's development and behavior. In children, diagnosis is always a two-stage process. The first stage involves developmental screening with a pediatrician. The second stage will involve extra diagnostic evaluations comprising assessments of cognitive and language abilities, neurological and medication assessments, behavior observation and examination of age-appropriate skills. When autism occurs with other health challenges, further assessment may include hearing and blood tests (Gordon, 2021).

In adults, symptoms could overlap with other health challenges, including anxiety disorder and hyperactivity or attention-deficit disorder. Adults who have recognized signs of autism should seek referrals or visit healthcare experts such as neuropsychologists or psychiatrists with experience in autism. Assessments will be made on restricted interests, sensory issues, repetitive behaviors, as well as communication and social interaction difficulties (Gordon, 2021; National Institute of Mental Health, 2023).

Treatments for autism spectrum disorder

Currently, there is no cure and there is no standard universal treatment for autism, yet there are interventions designed to help autistic people minimize symptoms or improve abilities. Treatments are often administered by a team of autism specialists, including a pediatrician, educational psychologist, clinical psychologist, psychologist, and occupational therapist.

Evidence has shown that early interventions during preschool are likely to yield positive results. Rather than a diagnostic level, there is a need to focus treatment on a particular need because of the overlay of symptoms in autism spectrum disorder (Kotte et al. 2018). Different types of treatment that could be administered to autism patients comprise:

1. Joint attention therapy
2. Nutritional therapy
3. Physical therapy
4. Behavioral management therapy
5. Educational and school-based therapies
6. Medication treatment
7. Early intervention
8. Cognitive behavior therapy
9. Parent-mediated therapy
10. Occupational therapy
11. Speech-language therapy
12. Social skills training

Lambert (2018) argued that there is no standard medical medication for autism, yet people are prescribing a variety of psychotropic medications to children. Helt (2018) maintained that psychiatric medications showed reduced efficacy and side effects, including irritability and withdrawal with methylphenidate. This reflects uncertainty about the appropriateness of using pharmacological interventions. Yet, such drug use among children has been rising in the USA (Maenner et al. 2020).

The National Health Service (2022) recommended interventions that help develop the daily living habits and communication skills of individuals while helping them manage harmful behaviors and other mental or physical health conditions. The body further warned that experts should avoid harmful services such as the use of heavy metal toxins from blood (chelation), secretin, unlicensed blood cell injection (GcMAF), CEASE, vitamins and other supplements, neurofeedback, special diets such as keto, et cetera.

Measurements

Autism severity is measured in terms of intellectual functioning, language ability, and the presence of problematic behaviors. If degree of autism is measured by intensity of autism, focus should be on core features comprising restricted interests, communication, and social impairments. Several approaches for quantifying the severity of autism include

- ☐ Gilliam Autism Rating Scale
- ☐ Autism Behavior Checklist
- ☐ Childhood Autism Rating Scale
- ☐ Autism Spectrum Quotient
- ☐ Social Responsiveness Scale
- ☐ Pervasive Developmental Disorder Behavior Inventory
- ☐ Autism Diagnostic Interview—Revised
- ☐ Autism Diagnostic Observation Schedule

These approaches are valuable for characterizing autism, yet each of them has its limitations.

Conclusion

Using ICD-10, the evaluation of historical and contemporary support and treatment and the critical examination were done. Focusing on the classification, diagnosis, treatment, and measurement of the three mental disorders revealed the need for treatment of specific symptoms rather than the mental disorder using combination of therapies.

Recommendations

- ☐ Following the findings of the report, the following recommendations have been made to enhance support and treatment for individuals with mental disorders:
- ☐ Caution must be taken to prescribe only medications that not only address specific symptoms of GAD but, at the same time, have minimal side effects and lower risks of addiction.
- ☐ Maintenance treatments should be sustained to enhance effectiveness and prevent relapse of CAD.
- ☐ There is need for effective coordination of psychosocial, pharmacological, and educational therapies and resources to optimize treatment outcomes of CAD.
- ☐ One-size schizophrenia treatment should be avoided, and psychosocial interventions need to be tailored to the determined needs, abilities, and situations of individuals.

- The first part of effective treatment is understanding the features of autism spectrum disorders. This will help in the design of highly structured routine activities that are recommended to help build the interest of autistic child while engaging and reinforcing positive behaviors.
- Early intervention and a combined group of therapies focused on specific areas of need are key to enhancing individuals' skills and abilities.
- Without a standardized universal medication for autism, care should be given to only prescribing medications that have been scientifically proven to enhance specific areas of an individual's skills or abilities. And students must avoid all harmful and ineffective interventions.
- A good knowledge of how qualifiers for autism severity help the understanding of core symptoms and features will define the phenotype and help examine treatment outcomes.

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