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Introduction

This report critically examines the classification, diagnosis, treatment, and rehabilitation measurements of General Anxiety Disorder, Schizophrenia, and Autism from the ICD-10 (WHO, 2010).

Generalised Anxiety Disorder

Generalised anxiety disorder is not like normal anxiety many experience every once in a while in addition, Generalised anxiety disorder is a mental health disorder with a sense of being nervous and anxious for no apparent reason. Individuals who display generalized anxiety disorder frequently experience excessive worry caused by various issues, for example, employment, finances, health, and relationships. Although many people go through stages of feeling worried from time to time a person with a generalized anxiety disorder also known as GAD struggles to control their worries and anxiousness appears more frequently and, therefore, starts to interfere with their day-to-day activities, family, and work (Anxiety UK, 2019).

Classification of GAD within ICD-10

GAD is classified within 'F40-F48 Neurotic, stress-related and somatoform disorders'. GAD is under F41.1.

People suffering from a general anxiety disorder in the UK.

According to the Mental Health Foundation, 2023 Statistics show that higher levels of anxiety among individuals arose during COVID-19 with results showing 24.2% however this number decreased in 2022. In addition, 37.1% of women and 29.9% of men in the UK experienced high levels of anxiety however, research has shown that women have reported higher levels. Pindar, 2022 noted Two-thirds of females report generalised anxiety disorder this could be because of increased workloads in the workplace as well as home responsibilities.

Many individuals who have mild GAD can function normally however in severe cases, they can have difficulties even carrying out the simplest daily activities such as washing, getting dressed, and cooking for themselves.

According to the Royal College of Psychiatrists, 2022 Generalised anxiety disorders are four to six times more likely to develop in those who have a close family member with GAD however, GAD is not caused by a single gene an individual risk is increased by the interaction of several genes each having a small effect.

Causes of generalised anxiety disorder

Causes of generalised anxiety disorder can be a result of many factors that have happened in a person's life these include; Environmental factors such as trauma and stressful issues that the individual has encountered in their life for example abuse, either childhood abuse,

neglected, or sexually abused or abused by their partner. According to Tait et al, 2011, a woman's psychological and physical health is affected by fear of being abused by their partners. Additionally losing a loved one to death, relationship issues, a change in educational settings, or a change of job are other environmental factors that contribute to generalised anxiety disorder. Other factors can be drug or illegal substance misuse and, a history of other mental health disorders such as depression are also risk factors for GAD (Bhandari, 2023). In addition, GAD may also be connected to chronic illnesses that cause hormones to rise such as hyperthyroidism, where the bodily reaction can become more agitated as a result. Furthermore, the family can set off GAD (Johns Hopkins Medicine, 2023).

Signs/Symptoms

Diagnosis

Current treatments

- Medication such as Benzodiazepines was generally prescribed to treat anxiety disorders however WHO,2023 noted that this type of medication is not recommended because individuals become addicted to this drug it was also noted Benzodiazepine is only a temporary relief for anxiety disorders therefore, not used to treat long term conditions.

Measurements of rehabilitation

Rehabilitation measures improve communication between the person with a disability and the health services that are involved in their care. Furthermore, measures can improve treatment as well as help the individuals to remain positive whilst on their treatment plan. Additionally, if treatments are not working a rehabilitation measure in place can adjust treatments to what works for the patient, therefore, can promote better health outcomes and achieve and maintain in society (blueprint, 2021).

One of the measurements of rehabilitation in GAD is the 'Generalised Anxiety Disorder Questionnaire tool also known as GAD-7. Is a self-report tool used to screen and track/measure anxiety and is used by many health professionals to better understand the patient and their anxiety furthermore, GAD-7 is easy to understand and patient-friendly and only takes around 5 minutes to complete. The GAD-7

questionnaire uses scores of 5,10 and 15 which represent points for mild, moderate, and severe anxiety (Jordan et al, 2017).

Another example of measurement of rehabilitation in GAD is self-help for example individuals with GAD can manage their condition by taking regular exercise it is recommended to take part in moderate exercise for 150 minutes per week NHS, 2021 suggested exercises such as aerobics which can include walking, jogging, swimming, and, cycling just to mention a few can help to reduce stress and ease tension. Additionally, it promotes an individual's brain to release serotonin from the brain and, therefore, can lift the person's mood.

Recommendations (Complementary therapies)

Generalised anxiety disorder can be overwhelming to the individual and, therefore, can interfere with their day-to-day activities, and their social life this can affect how the individual leads a normal life. Stein et al, 2015 suggested individuals should be encouraged to adapt to good sleep behaviours since insomnia is a common symptom of generalised anxiety disorders. Practices include keeping a regular sleep pattern, avoiding alcohol and tobacco use, especially in the evening, and cutting back on devices such as smartphones, laptops, and television.

It is recommended that exercise programs should be carefully customised for each suffering from generalised anxiety disorder especially those who experience higher anxiety to enhance the health benefits (Aylett et al, 2018).

Principles of care for people with generalised anxiety disorder

Schizophrenia

Definition of Schizophrenia is a severe mental disorder characterized by an abnormal interpretation of reality, resulting in hallucinations, delusions, and disordered thinking and behaviour that can significantly impact individual's daily functioning (Mayo Clinic, 2020).

Although individual's symptoms vary from one another hallucinations and delusions are common An example of hallucination is hearing voices and seeing things when no one else can not an example of delusion is things that are not a reality for example; the individual may

think someone is there to disarm them or the individual may believe his an alien on a different planet.

Data on people with Schizophrenia in the world and the UK

According to WHO,2022 there are around 24 million people worldwide diagnosed with schizophrenia, in other words, that is 1 in 300 people and 1 in 222 of those affected are adults. Starkman, 2022 noted that many researches have shown a positive relationship between schizophrenia and individuals who have immigrated compared to other people who have not immigrated. WHO, 2022 also noted that evidence shows that individuals who suffer from schizophrenia have a two to three times higher risk of dying young than the overall population. Physical illnesses including cardiovascular and viral disorders are frequently to blame for this. Individuals with schizophrenia attempt suicide more than the average population. What is thought to be worrying is that at least 10% of these individuals mainly younger males are thought to have succeeded in their suicide attempt in the 10 years since their schizophrenia (Brain & Behavior Research Foundation, 2016).

Classification: Schizophrenia within the ICD –10 is classified as a schizotypal and delusional disorder (F20-F29).

Causes

According to NHS,2021 there are no specific causes of why individuals develop schizophrenia however, many research suggests schizophrenia among individuals can develop through a combination of factors these include; Genetics according to Clarke,2021 an individual is 13% more likely to get schizophrenia sometime in their life if at least one of their parent has it. In addition environmental factors for example family environment such as being abused or neglected as a child. NHS, 2021 also noted that drug abuse may be a risk factor especially the use of cannabis or cocaine to mention a few. Which may raise an individual's risk of schizophrenia however, according to NHS, 2021 it is not yet known if the use of these drugs are the cause or increases the risk of schizophrenia. Notably According to Starkman, 2022 Lack of vitamin D can contribute to an increased risk of schizophrenia in immigrants particularly those who relocate to a colder region that lacks sun. Research has shown low vitamin D is associated with schizophrenia.

Signs/Symptoms

Individuals may be in denial when they first start to acknowledge symptoms relating to schizophrenia with a fear of being labeled with a mental disorder furthermore individuals may not know they have a mental illness therefore, are not likely to seek medical help which can only make the condition worse or suicide if left untreated (SAMHSA,2023). Nevertheless,

symptoms can vary in each individual. Mayo Clinic, 2020 noted schizophrenia typically begins in the early to mid-20s in men and late 20s in women, diagnoses in children are rare and those over 45. There are positive and negative symptoms of schizophrenia. Positive symptoms include a change in the individual's behaviour and thoughts such as hallucinations and delusions (NHS). Negative symptoms refer to reduced or inability to function normally, such as neglecting personal hygiene, appearing emotionless, losing interest in activities, and social withdrawal Mayo Clinic, 2014).

Diagnosis

A person's life can be severely disrupted by schizophrenia; they may find it difficult to maintain a routine, socialise, attend work or school, do everyday chores, or take care of themselves. However, people with schizophrenia may control the condition and have happy, meaningful lives if they receive regular treatment, which consists of medication, therapy, and support (SAMHSA, 2023).

BetterHelp,2020 acknowledged that schizophrenia in adolescents is hard to diagnose, especially during the early period. Adolescents go through a growing period at this age with that said their behaviours are common at this stage in their lives such as, sleep issues, feeling irritable, change of friends, as well as mood changes to mention a few that are some symptoms displayed in people with schizophrenia.

Additionally, for a diagnosis to be made G.P and mental health professionals rule out other mental health conditions that could be a symptom of schizophrenia. According to NHS, 2021 there is no single test to diagnose schizophrenia, however, if a G.P suspects the individual is displaying symptoms of schizophrenia only then would the G.P refers his patients to local mental health teams who would assess the individual in more detail and discuss their medical history as well as any alcohol or drug misuse. In addition, a diagnostic checklist such as the ICD-10 classification manual will be used for a diagnosis.

Current treatments

Schizophrenia is typically treated with a combination of talking therapy and medication. Community mental health teams also known as (CMHTs) are typically used to provide day-to-day support and treatment, ensuring independence. CMHTs can include social workers, community mental health nurses, occupational therapists, pharmacists, counselors, psychotherapists, and psychiatrists. Early intervention teams, consisting of psychiatrists, psychologists, mental health nurses, social workers, and support workers, are often referred to individuals with schizophrenia. The care programme approach (CPA) is a treatment process for people with complex mental health conditions, which involves four stages:

assessment, creation of a care plan, appointment of a key worker, and regular reviews of treatment. The goal is to ensure the right treatment for the individual's needs. Talking therapies may help people with schizophrenia manage their hallucinations and delusions and reduce negative symptoms like apathy. Examples of talking therapies include cognitive behavioural therapy (CBT), family therapy, and art therapy. When used alongside medicine such as antipsychotics, they respond most effectively (Guaiana et al, 2022). Cognitive behavioural therapy also known as (CBT) helps individuals find the cause of their negative feelings and behaviours which aims to aid the individual in changing the way they are thinking by replacing negative with more positive and realistic thoughts (NHS, 2014).

Additionally, the healthcare teams will create a care plan that includes an advance statement or crisis plan. It assists in stopping smoking as well as a programme for physical exercise and a balanced diet. However, When a person with schizophrenia is unable to discriminate between reality and their imagination, they have an acute psychotic episode. This can result in severe symptoms that may need more extensive care than a CMHT can offer to keep the patient safe. Therefore Crisis resolution teams will be the next protocol. Home treatment options for individuals with severe mental health conditions experiencing a psychiatric episode. They aim to support people without hospital admission and treat the individual in the least restrictive environment, such as a home, a crisis residential home, a hostel, or a daycare center. CRTs also plan aftercare to prevent further problems (NHS,2014). In the worst case where the individual's schizophrenia is out of control, they may be admitted to a hospital however individuals may not want to be admitted to an inpatient hospital so in this case if the care team feels this is the best choice for the individual the will admit the individual in line with the Mental Health Act 2007.

Measurements of rehabilitation

Schizophrenia is a lifelong mental health condition and is not curable, however, there are treatments available to manage schizophrenia that can improve an individual's quality of life as well as coping strategies to avoid discrimination in society. On the other hand, individuals can relapse which is why future care is important to prevent issues from escalating.

Schizophrenia can be measured

Guidance and principle of care

Recommendations

The last 10 years have seen a change in the focus toward individuals with a mental health condition in this case schizophrenia. There is more focus on their long-term recovery along

with encouraging individuals to make choices on the best treatment to manage their mental health. Whilst many individuals will recover many may still experience stigma from the public therefore may affect relationships with other people due to their lack of understanding which can cause the individual to fall back and therefore be seen as vulnerable for this reason long-term future care to protect the individuals in line with the Care Act, 2014 (NICE, 2014).

It is recommended that key workers or care coordinators caring for individuals with schizophrenia take steps to engage the individuals in leisure activities in line with the Mental Capacity Act, Equality Act 2010, and the Care Act 2014 (NICE,2020). This can improve an individual's quality of life. According to Hubert et al, 2023 leisure activities such as going to the cinema, attending a museum, day centres, and even being visited by friends and family just to mention a few can improve an individual's quality of life. However, for individuals with schizophrenia engaging in leisure activities can be a complex problem this is because of their negative symptoms for example, a person with schizophrenia finds it hard to maintain social relationships with this in mind emotional blunting and low energy affect the individual's motivation and their ability to engage within the communities many individuals with schizophrenia lack social skills. Nonetheless, many studies have proven that engaging in leisure activities with the right peer support can improve one's quality of life as well as improve social connections even for those suffering from schizophrenia.

Secondly, individuals suffering from schizophrenia who wish to work should be given that chance as this has also been proven to improve a person's quality of life. NICE, 2020 suggests that individuals with schizophrenia who wish to obtain employment should be supported to help them into employment through supported employment programs. According to Suijkerbuijk et al, 2017, there are around 1 and 3% of the UK population have a serious mental disorder similarly there are only around 5% of individuals in employment. In addition, unemployment can contribute to low self-esteem as well as loneliness and social isolation among the individual the under the Equality Act 2010 employers must make arrangements to adjust and support their employees with a disability (Powell et al, 2019).

Autism

Autism spectrum disorder is characterized by persistent social communication and interaction impairments, restricted behavior, and repetitive activities, affecting daily functioning from early childhood. The stage of impairment varies based on the child's characteristics and environment.

Classification F80-F89 Disorders of psychological development, ICD, 2010

Data on children/people with autism in the world and the UK

According to Mehlmann-Wicks, 2020 it is estimated there are around 700,000 individuals in the UK that have been diagnosed with autism including one in 100 children with an autism spectrum disorder. UCL, 2023 argues around 750,000 adults over 20 years old in England often go undiagnosed with autism this may be because autism is not as recognised as it is in children or maybe because autism was not as recognised in their childhood then it is today therefore, numbers are likely to be much higher than 700,000. The National Autistic Society 2021, states that 77% of unemployed people wish to work in the UK however, the Office for National Statistics revealed that only 22% of adults with autism are employed.

Causes

Currently, there are no causes of autism however can be influenced by genetics where at least one parent has autism or environmental factors, pregnancy complications such as low birth weight can increase the odds of autism furthermore it has been noted that medication is not a risk factor (Autism Speaks, n.d).

Signs /symptoms

Individuals struggle with communication and understanding others thoughts and feelings. Furthermore, the individual may find bright lights and loud noises overwhelming which may cause anxiety or upset especially in unfamiliar places. Individuals may have difficulty processing information and often repeat repetitive thoughts. With this said autistic individuals may have additional medical conditions such as, ADHD, dyslexia, anxiety, depression, and epilepsy (NHS, 2022).

National Autistic Society, 2023 acknowledged individuals with autism find it challenging to read the emotions and feelings of others therefore, makes interacting with others, especially in social situations challenging. Although, Brewer et al, 2016 argued autistic people can feel emotions and empathy. A small study they conducted included people with autism and people with alexithymia it was noted although autistic individuals showed a lower lack of empathy individuals with alexithymia showed higher levels this may be because individuals with autism rarely look at people's faces whereas people with alexithymia do.

Diagnosis

A diagnosis enables individuals with intellectual disabilities to speak out for appropriate services and help they may require. Secondly, a diagnosis can correct any misdiagnosis and

rule out any mental health conditions. Furthermore, acknowledging the individual is autistic helps others understand the individual's needs and, therefore, can support the individual more effectively for example by providing information on online communities, advice on benefits, and possible adjustment at home, college, school, and employment as in line with the Equality Act 2010, (UCL,2023). Additionally, Child Autism UK noted that the average age a child is diagnosed is over 5 years, and rarely do health professionals diagnose autism before the age of 2 years. Many parents may be worried about labelling their child and therefore tend not to seek help nevertheless detecting and getting early support is likely to produce the best outcome for the child. If an individual is displaying symptoms of autism the first step would be to make an appointment with a GP, health visitor, other health professionals even a child's school or Senco who will refer the child for an autism assessment using a clinical diagnostic tool such as the ADI-R. This tool is a clinical diagnostic tool for an autism assessment in children and adults, focusing on social interaction, communication and language, and restricted interests and behaviours. It can be used in the ICD-10 diagnostic algorithms (Child Autism UK).

Current treatments

The most common treatments in the UK include behaviour, speech-language, play-based therapy, and physical, occupational, and nutritional therapy Reid, 2021 noted that routine is important and programs should, therefore, be designed for sustainable improvement.

Measurements of rehabilitation

Children and Families Act 2014, introduced the Education, Health Care Plan also known as the (EHC) aimed at young people and adults aged 25 years who have a disability such as autism. It outlines additional support the child or young person requires at school or other education settings (Ambitious about Autism, n.d).

Recommendations for Improvement of Autism

As mentioned autism is a lifelong disability and can not be cured nonetheless there are a variety of interventions available to help individuals with their autism as well as support programs for parents to help their child.

Guidance and principle of care

Conclusion

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