

Written Report - General Anxiety Disorder, Schizophrenia and Autism

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Technological advancements have allowed for progress to be made in regards to human psychology comprehension. Psychopathology involves the analysis and development of psychiatric illnesses and the symptoms a person may suffer from, therefore distressing their nature of experiences and behaviours (Buss, 1968). Psychopathology simply refers to the study, diagnosis and management of mental illness. Research findings on mental wellbeing show that early identification of irregular activity in individuals may help us identify a disorder and predict its development. In order to evaluate the progression of an individual as well as the strategies used to relieve cognitive stress, means the treatment method for psychiatric disorders is crucial.

In order to evaluate psychiatric illnesses, the international disease classification method was employed. They have developed standards to document and track mental health conditions, encouraging numerous countries to examine their statistics on similar trends and to then create a structured mental illness scheme (National Center for Health Statistics and Council on Clinical Classifications, 1980). The three psychiatric disorders: general anxiety disorder, schizophrenia and autism will be thoroughly addressed in this report. The report analyses the classification, diagnosis, therapy, recovery measurement and guidance for each condition.

General anxiety disorder is characterised as a feeling of discomfort, anxiety and excessive concern about various circumstances (Rowa and Antony 2008). People with general anxiety disorder frequently struggle to recognise the source of their fear and concerns, while only feeling like something may happen which falls outside of their control. General anxiety is a mental health disorder that is characterised for at least 24 weeks (or longer), by continuous anxiety symptoms. Every individual at some point, becomes concerned about a particular thing or situation, but when one constantly anticipates the worst of outcomes, their ability to remain calm and act accordingly in tough circumstances becomes impaired (Wittchen and Hoyer 2001). Generalized anxiety disorder: nature and course. *Journal of Clinical Psychiatry*, 62, pp.15-21. This disorder, is considered as the most frequent concern that healthcare providers have encountered in recent years, and is the fundamental illness in psychopathology. General anxiety disorder is known as a neurotic, stress related and somatoform mental illness that influences the functioning of the human brain. The irregular activity in certain brain regions is deemed as general anxiety disorder and the explanation as to why people develop the disease is due to being nervous, worry filled and anxious instead of dealing with situations. In compliance with the international classification of disease, an individual with general anxiety disorder would be a sufferer of anxiety, almost every day or for a specific amount of time across a period of many weeks. Furthermore, if any one person finds it difficult to control their anxiety problems, they might be affected by the general anxiety disease.

Research has shown that many other psychiatric disorders cause a similar general anxiety disease trend and should be omitted before diagnosis. In compliance with international classification of disease, the diagnostic requirements of general anxiety disease involve many different symptoms. Some symptoms have been listed but are not limited to these specific ones. For a period of 24 weeks, a sense of fear, anxiety, concern and apprehension in regards to the individual's everyday routine may occur. Symptoms such as heart rate increases, throbbing heart or palpitations may be present (Ladouceur et al, 1999). Sweat, tremble, bodily

shakes may also occur due to the disease. The dry mouth sensation, without including treatment side effects and recurring dehydration will also be a problem for those with the disease. Chest and abdominal problems will occur, leading to breathing problems, chest discomfort, nausea or stomach pain (Eifert et al, 2000). Brain symptoms such as becoming unstable, lightheaded, fear of losing control, losing consciousness, fear of death or derealisation. Hot flushes, chills and the sensation of being numb will also occur. More symptoms include, muscle stress, discomfort, failure to rest, and a swallowing problem, exaggerated reaction to small incidents or problems. Due to constant worrying, the mind will become blank, Continuous irritability will occur and sleeping difficulty due to anxiety will take place as well as having uncertainty of occurrences (Monti and Monti, 2000).

From a moderate to high range, leading to persistent anxiety generalised anxiety disorders can vary. Treatment for generalised anxiety disorders is very important because it could potentially have a negative effect on other individuals who are in close relation to the one that suffers from this disease like, their family, professional colleagues and it can also have an impact on their social commitments. Studies and research on people with general anxiety disorder, had led to successful treatments, including cognitive and therapies as well as prescriptions. On the other hand, one positive to being diagnosed with the disorder, is that it is curable and medical treatments can be carried out to regulate their occurrence in individuals (Bandelow et al, 2017).

The first step in the protocol is going through the self-help process, which means an individual must attempt to deal with their anxieties through monitoring their minds behaviour, avoiding smoking, reducing caffeine and alcoholic beverages, as well as trying applications and resources for mental health assistance (Cuijpers and Schuurmans, 2007). The second measure taken, may be treated through psychiatrist medicines, including several varieties, such as selective serotonin reuptake inhibitory medications, inhibitor of serotonin-noradrenaline reuptake, benzodiazepine, as well as other treatments that are acceptable for this particular disorder (Nutt, 2005). Finally, cognitive behaviour therapy sessions can help an individual efficiently treat their general anxiety disorder without the use of medications (Borkovec and Ruscio, 2001). Trained psychotherapists, which also includes muscle relaxation activities, may provide behavioural counselling therapeutic sessions for between 20 and 24 weeks at a rate once per week. According to studies in countries with an international commission of disease classification, a regimen involving treatments and psychotherapy has resulted in more positive outcomes for patients.

Assessing the seriousness of the disorder to measure recovery for the disorder, can be completed using a specific assessment method. The assessment method is available to measure anxiety in infants, youth, primary care patients, adults and the elderly, separately each on their own merits. It is an outstanding questionnaire-based evaluation method to classify this disorders cases, more accurately. The specific assessment is measured in various ways, of which include nervousness, unable to avoid worrying, constant concern, restlessness, trouble entering a stage of relaxation and apprehension of any disastrous incidents.

The Beck Anxiety Inventory is a self-reporting questionnaire-based evaluation instrument with twenty-one basic somatic and cognitive questions for general anxiety disorder estimation and this was built specifically to assess the seriousness of the disorder (Steer and Beck, 1997). There are four options to be chosen from for each of the individual twenty-one questions, ranging from a scale indicating that one is suffering from no symptoms up to encountering serious symptoms. Patients currently undergoing the medication and treatment for the anxiety disorder may also be administered in order to measure, assess and analyse their success.

Adding healthier lifestyles and a dietary plan changes to people with generalised anxiety disorder, can help them improve their lives and improve their productivity. Meditation excluding stimulants, like caffeine filled beverages or dietary supplements will lead to stronger outcomes and lower anxiety levels. It will also contribute to decreased anxiety and stress levels by making the lifestyle more simple and less complicated (Walsh, 2011).

Schizophrenia is a neurological disorder that evolves over time, altering sleep patterns, emotion wellbeing, motivation, communication skills and the thought process. Schizophrenia is a chronic brain illness that involves learning difficulties, working and carrying out activities (Gottesman and Shields, 1982). It may be disturbing to recognise schizophrenia in oneself or in family members and friends but through the use of prescription drugs and treatments are available to treat it. People with this emotional state appear to disconnect from life and to feel confused and even sometimes suicidal. With no previous symptoms or any mild alerts, schizophrenia could develop meaning mental wellbeing decreases gradually. Before the diagnosis of any symptoms and regular treatments taking place, family members and health providers can be a major factor in noticing the changes in behaviour from an early stage.

The schizophrenia is known to be an extreme polymorphic psychiatric condition that disturbs human cognition and vision. Schizophrenia diagnostics are complex and over time have been modified. It is a mental state that occurs in the early years of the adulthood process and is pessimistic as well as positive. Commonly, this state would last for at least 1 month. Schizophrenia's symptoms include but are not limited to; hallucinations and delusions, slow movement, lack of motivation, distorted thoughts, low sex drive, changes and difficulty in sleep, disorganised speech and irrelevant speech, fixed false beliefs or suspicions with no evidence and low interest towards social engagements (Andreasen et al, 1995).

In this respect research has indicated, due to biological, genetic and environmental causes, that schizophrenia can affect an individual. The psychiatric disorder, schizophrenia, may be contributed through exposure to toxins, inflammatory diseases, modifying medicines and elevated levels of stress. In addition, schizophrenia has delusional, hebephrenic, catatonic, undifferentiated depression, post schizophrenic depression, latent and basic schizophrenia. Schizophrenia also has optimistic effects, like hearing and smelling things that others cannot and feel like true visions. Negative consequences like social abolition, morale depletion, care degradation and sense of nothing pleasurable will occur and have adverse effects on the human mind and body.

Schizophrenia cannot be completely healed, but symptoms may be controlled. Schizophrenia care requires medication, psychosocial therapy and hospitalisation in a worst-case scenario. Due being complex, a long-term disorder and including struggle that can frustrate the patient's family, care and therapy is almost essential. Non-pharmacological treatments are performed to minimise the effects of schizophrenia, to optimize the individual's ability for a recurrence prevention and to increase coping functions for them to reach a normal condition (Karon and VandenBos, (1977). Research and findings have concluded that people cannot return to a state of normality entirely and therefore individual intervention strategies should proceed, along with pharmacological therapy through group and cognitive behaviour therapeutic sessions. However, schizophrenia cases also show that the patients are unable to undergo psychotherapy without the use of antipsychotic drugs. Therefore, patients are first targeted for therapies that enable them to become self-handling and increase their socialisation.

In addition, longevity therapy injections with antipsychotic agents, classified into first and second generation, can be given for the treatment for schizophrenia. One category is more favourable than the other, but each has different side effects. Pre-medication is impossible to predict and the specific drug's generation is appropriate for the individual, so antipsychotics

are used in the first category of medications and initially given (Halbreich, 2007). Although new atypical antipsychotics, which also have significant side effects, are part of the second category of medications.

Many experiments have been performed to study the multi-dimensional recovery technique to enhance neurocognitive and functioning performance. Correlations between psychotherapy and functionality are considered in treatment approaches. Using schizophrenic patients in hospitals of non-severe symptoms, the percentage of patients that continue residing individually with or without assistance, and the number of patients working at home or at a work place will be calculated by the rate of re-admissions in hospitals. The development of psychotherapies and medicines will improve patients' problems and enable patients to heal, protect their careers and perform repetitive activities, like exercise (Dickerson and Lehman, 2006).

Schizophrenia is a neurological disease that can change cognition, emotions and the way the human body functions. The restoration and regression of symptoms demonstrates psychotherapies and medication is needed to support patients. Prejudice needs to be eliminated and seen as valuable assets to society, to help enhance the quality of life of schizophrenia patients. Self-worth inculcation and motivation will assist them in their integration into society and in their regular prosperous lives. Therefore, along with therapy, strategies will need to be adopted to take schizophrenia victims into consideration, as contributing members of society.

Patients with schizophrenia have had their care, therapy and living environments considerably improved over the last few years; however, more advances in helping technologies will allow them to live independently and fulfil all their desires in life (Strupp, 1972). It is clear and proven that people receiving care will be functional and more involved with more things in life. Communication and recovery perspectives can be conveyed to the general public in order to increase the understanding of this psychiatric illness and to educate humanity.

The three types of autism, according to the ICD-10 classification, are known as the autistic disorder, Asperger's syndrome and pervasive developmental disorder. The origin of autism has not yet been discovered; however, autism arises from genetic and environmental causes combined, with infants becoming high-risk inhabitants of the disorder (Speaks, 2011). Autism in ICD-10 is graded as F84.0 in the coding autism system and is considered under the chapter of emotional, behavioural and neurodevelopmental illnesses (Volkmar, 1998). In line with ICD-10 and DSM-5, autism diagnosis criteria are observed and categorised separately.

ICD-10 includes; social interaction problems, communication problems, the presence of abnormal or impaired development (before 3 years), restrictive, repetitive activities and interests, the fact that it occurs more in boys than girls (3-4 times more occurrence in boys) and no prior normal development. On the other hand, DSM-5 includes; restrictive, repetitive activities and interests along with sensory difficulties, social communication problems, limited and hindered everyday activities and the fact that symptoms must be present in the early developmental period (Frazier et al, 2012). However, autism requires a single diagnosis and would not give up subtypes compared to DSM-5. As a diagnostic criterion, ICD-10 guidelines do not require sensory symptoms, although DSM-5 contains sensory and hypersensitivity as part of the NRBI cluster. In DSM-5 gravity is measured in internal diagnosis by stages one, two and three. However, ICD-10 uses diagnostic with the subcategories.

We have to recognise that the individual who suffers from autism will have no normal specific therapeutic interventions. Many findings and reports have collected evidence that treatments and pharmacology will potentially minimise and reduce symptoms. To get the best benefits

from treatments and medications, an individual specific approach must be adopted. Meaning mental health experts must strive to create a personalised care management plan for the patients. Treatments include improvement in social situations, education from a young age, behaviour analysis, occupational therapy, physical treatment, cognitive therapy and the use of technical aid technologies. Behaviour and communication counselling interaction stimulates good behaviour and prevents negative behaviour to monitor and evaluate results (Bowker et al, 2011).

The new assistive technology, such as tablets, allow for interactions to be quickly made with people with autism and allow for them to build confidence. These patients may need occupational training to be taught how to function safely and to do normal everyday activities. Speech therapist may focus on the abilities to communicate orally through gestures. Medications will only mitigate the impact of autism on the actions of an individual. The management of irritability and violence can be carried out by antipsychotic medications. Any of such prescriptions include risperidone, aripiprazole, clozapine, haloperidol and sertraline, which are all antipsychotic.

A psychometric validation for the effect of autism is done through the Autism impact measurement questionnaire. This questionnaire is structured to assess the outcome of autism therapy and to focus on effective progress identification. It consists of forty-one objects, each of which has a Likert (Kanne et al, 2014). This is one of the most effective and efficient methods for assessing patients' recovery outcomes without a special need for qualified individuals. The questionnaire format evaluation is accurate and cross-informant, and it determines and reveals variations between the differences before and after diagnosis.

Patients undergo multiple treatments to enhance their relief of autism and they may feel confused and emotionally isolated due to the hectic nature of the processes. The parents of the patient must also be prepared to ensure that their child is focused and confident throughout their youthful days. This would enable autism-driven children to be reliable and engage positively in their therapy sessions. However, over time the emphasis has changed from providing the best possible support to the patient to trying to find a cure, which has caused difficulties and complications with autism patients. The emphasis should be on minimising the effect of autism, improving social engagement and concentrating on early diagnoses, which can impact the child's life positively with timely intervention.

Autism was identified, in children as young as 3 years of age, as a neurodevelopment condition. The lack of clinical and reliable evidence as well as resources has made it impossible to define the best intervention for the patients, whereas those with autism have several options in order to change their lives for the better. Thanks to advances in science and medicine, autistic children can develop themselves and experience a productive and promising life.

In conclusion, we recognise that some psychiatric illnesses can be minimised and treated but not healed and some can be cured with a significant lifelong improvement. The modern medical limitations and risks associated with mental illness was challenged by new developments and improvements in the area of mental health issues. The mental health challenges are contributed by multidimensional aspects, such as demographics, social status, emotional instability and genetics. Active and stable ageing as well as technological advancements will contribute to improving individual's quality of life.

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