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Table of Contents

General Anxiety Disorder (GAD)	5
Definition	5
Classification of GAD within ICD-10	5
Data about GAD in UK.....	5
Causes of anxiety (Aetiology)	6
Signs and Symptoms	6
Diagnosis	7
Current treatments.....	8
Measurements of rehabilitation	8
Recommendations.....	8
Useful links:	9
Schizophrenia	9
Definition	9
Classification of Schizophrenia within ICD-10	9
Causes (Aetiology)	10
Signs and Symptoms	10
Diagnosis	10
Current treatments.....	11
Measurements of rehabilitation	11
Recommendations.....	11
Useful links:	12
Autism	12
Definition	12
Classification within ICD-10	12
Data about Autism in UK	12
Causes (Aetiology)	13
Signs and symptoms.....	13
Diagnosis	13
Current treatments.....	14
Measurements of rehabilitation	14
Recommendations.....	14
Guidance and principles of care - NICE	14
Useful links:	15

Conclusion	16
References	17

Introduction

Understanding individual diseases is crucial in the complex terrain of mental health in order to decrease misconceptions, expand knowledge, and provide the best care to persons suffering from one of these mental disorders (Organization, 2001). This report digs into three distinct mental disorders, generalised anxiety disorder (GAD), schizophrenia, and autism spectrum disorder (ASD). Each disorder poses a distinct set of obstacles, seeking a multifaceted approach to uncovering their complexities. it also makes recommendations for improved diagnosis, treatment, and a holistic approach from the perspective of a social care professional and promote a more inclusive and understanding society by aligning with NICE advice (Zaboski and Storch, 2018).

General Anxiety Disorder (GAD)

Definition

An General anxiety disorder is a category of mental health conditions characterized by excessive and persistent feelings of worry, fear, or apprehension. These feelings can be overwhelming and may interfere with daily life, relationships, work, and overall well-being. Anxiety disorders encompass a range of specific conditions, each with its own set of symptoms and features. Key features of anxiety disorders include heightened and prolonged states of arousal, restlessness, muscle tension, difficulty concentrating, irritability, and sleep disturbances. The severity of symptoms can vary, and the impact on an individual's life may range from mild to severe (Gerlach and Gloster, 2020).

Classification of GAD within ICD-10

Anxiety Disorder in General GAD is classed as part of the 'F40-F48 Neurotic, stress-related, and somatoform disorders' subtype. Gad falls under F41.1.

Data about GAD in UK

At any given time, around 8 million people in the United Kingdom suffer from anxiety problems (Mental Health UK, 2019). It is anticipated that approximately 6 out of every 100 people in England may be diagnosed with generalised anxiety disorder within a week (MIND, 2020). Considering the high incidence of these diseases, only around half of persons suffering from them seek or receive treatment (Mental Health Foundation, 2023). This implies a significant disparity between the number of people suffering from anxiety and those actively participating in therapeutic interventions, emphasising possible obstacles in treating mental health needs on a larger scale.

Causes of anxiety (Aetiology)

Anxiety is a complex mental health issue that can be caused by a number of circumstances. It's crucial to remember that everyone's anxiety experience is unique, and what causes worry in one person may not effect another in the same manner. Here are some of the most common causes and contributing factors to anxiety (Clark, 1999).

Anxiety can be caused by a variety of causes, including genetics, with a family history of mental health conditions increasing the risk. Neurotransmitter imbalances, such as serotonin and dopamine, are important in mood control. Perfectionism and low self-esteem are two personality qualities that might contribute to anxiety disorders. Anxiety is influenced by trauma, stressful life events, chronic medical illnesses, substance misuse, high-stress situations, personality disorders, neurological conditions, and hormonal changes. These several elements emphasise the complexities of anxiety's aetiology, which includes both hereditary and environmental impacts (Gross and Hen, 2004).

Signs and Symptoms

Anxiety can show as a range of signs and symptoms, the strength and duration of which might vary. It's crucial to remember that while some anxiety is normal, persistent or overpowering symptoms may suggest an anxiety disorder (Herring et al., 2011).

Individuals suffering from anxiety may have restlessness, making it difficult to sit still, and may feel compelled to move. Even with adequate sleep, anxiety can cause exhaustion, both emotionally and physically. Concentration problems, racing thoughts, and irritation are prevalent, as are physical symptoms such as muscle tension, trembling, and perspiration. Anxiety can cause sleep problems, nightmares, and vivid dreams. Anxiety can be related with gastrointestinal difficulties such as nausea and digestive problems, as well as an elevated heart rate and avoidance behaviours. Individuals may retreat from social events in order to avoid situations that cause anxiety (Forsyth and Eifert, 2016).

Diagnosis

Anxiety is often diagnosed after a thorough assessment by a healthcare expert, most often a mental health professional such as a psychiatrist, psychologist, or clinical social worker. Here are the important steps and concerns in anxiety diagnosis:

Clinical Interview A detailed clinical interview will be conducted by the healthcare professional to acquire information about the individual's symptoms, medical history, family history, and life circumstances. Questions about the nature, duration, and intensity of anxiety symptoms may be included. A diagnosis of Generalized Anxiety Disorder (GAD) is more likely if the person have been experiencing symptoms persistently for six months or longer. Difficulty in managing feelings of anxiety is also indicative of the condition. **Diagnostic Criteria** Anxiety disorders are frequently diagnosed using specific criteria outlined in recognised diagnostic manuals, such as ICD-10, which includes criteria for a variety of anxiety disorders, such as generalised anxiety disorder (GAD), panic disorder, social anxiety disorder, and others.

A physical examination may be performed to rule out probable medical disorders that may be contributing to or mimicking anxiety symptoms. Certain medical illnesses, such as thyroid disorders or cardiovascular problems, might cause symptoms that are comparable to anxiety. **Laboratory testing** In some circumstances, healthcare providers may request laboratory testing, including as blood tests, to rule out any underlying medical issues that may be causing anxiety symptoms such as: anaemia (a deficiency in iron or vitamin B12 and folate) or an overactive thyroid gland hyperthyroidism (NHS, 2021).

Psychological evaluation to determine the severity of anxiety symptoms and their influence on everyday functioning, standardised psychological evaluation tools and questionnaires may be utilised. These evaluations can provide useful information to help guide treatment plans.

Differential Diagnosis It is critical to distinguish anxiety from other mental health illnesses with similar symptoms. Depression, attention deficit/hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD) are all conditions that can coexist with or be confused with anxiety (Bystritsky et al., 2013).

Information from family members, friends, or other sources may be considered to acquire a more complete understanding of the individual's symptoms and functioning.

Current treatments

Generalised Anxiety Disorder (GAD) treatment is comprehensive, involving psychotherapy, medication, and lifestyle changes. Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) are common psychotherapy treatments that address negative thought patterns and promote mindfulness. SSRIs, SNRIs, and anti-anxiety drugs like buspirone are administered, while benzodiazepines are used with caution for short-term relief. Regular exercise, a balanced diet, and mindfulness practices are all examples of lifestyle changes. Support groups provide a forum for people to share their experiences. Individualised care is essential, and seeking professional assistance is encouraged for correct diagnosis and personalised recommendations (Katzman, 2009).

Measurements of rehabilitation

In Generalized Anxiety Disorder (GAD) rehabilitation, evaluation involves multiple factors. Clinical assessments monitor changes in anxiety symptoms, considering variations in intensity and duration. Psychological tests, including standardized anxiety ratings, quantify cognitive and emotional improvements. Functional outcomes, such as improved daily functioning and quality of life, offer a comprehensive perspective. Monitoring medication adherence and potential side effects assesses treatment. Regular sessions track progress in coping techniques and behavioral changes. Patient-reported outcomes, measuring subjective well-being, are crucial. The 'Generalized Anxiety Disorder Questionnaire (GAD-7)' is instrumental in assessing progress and therapy efficacy, ensuring prompt adjustments if needed (Schawo et al., 2019).

Recommendations

Mindfulness meditation, yoga, acupuncture, massage therapy, herbal supplements, aromatherapy, and biofeedback are examples of complementary therapies for Generalised Anxiety Disorder (GAD). These treatments try to alleviate anxiety symptoms by increasing relaxation and stress reduction, among other things. While some people benefit from complementary therapies, their effectiveness varies, and they are not replacements for evidence-based treatments such as psychotherapy and medicine. Individuals are advised to approach these therapies with an open mind and to communicate with their healthcare providers to ensure alignment with their overall treatment plan and to minimise potential hazards or contraindications (Sarris et al., 2012).

Guidance and principles of care-NICE

NICE proposes guidelines for Generalised Anxiety Disorder (GAD), emphasising person-centered care, offering information, and including patients in treatment decisions. NICE recommends evidence-based therapies such as cognitive-behavioral therapy (CBT) and medication that are tailored to the intensity of symptoms. Regular monitoring and evaluation are required for good management (Kendrick and Pilling, 2012).

Useful links:

<https://www.anxietyuk.org.uk>

<https://www.webmd.com/anxiety-panic/generalized-anxiety-disorder>

<https://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad>

Schizophrenia

Definition

Schizophrenia is a serious mental illness that affects a person's ideas, feelings, and behaviour. Individuals suffering from schizophrenia frequently fail to distinguish between what is real and what is not, resulting in distorted perceptions of reality. This illness has a significant impact on daily functioning and interpersonal connections (NHS, 2021).

Classification of Schizophrenia within ICD-10

Schizophrenia is classed as part of the 'F20-F29 Schizophrenia, schizotypal and delusional disorders, subtype. Schizophrenia falls under F20 (World Health Organisation , 2016).

Data about Schizophrenia in UK

The World Health Organisation (WHO) estimates that schizophrenia affects around 20 million individuals globally. Schizophrenia often manifests itself in late adolescence or early adulthood, with men typically suffering symptoms earlier than women. The frequency of schizophrenia varies among communities and cultures, emphasising the need of taking sociocultural aspects into account when studying the condition (World Health Organization,

2022). In UK According to the NHS, schizophrenia affects approximately one in every 100 persons. The prevalence may differ depending on age, gender, and ethnicity (NHS inform, n.d.).

Causes (Aetiology)

Although the precise cause of schizophrenia is unknown, it is commonly acknowledged that a mix of genetic, biochemical, and environmental factors contribute to its development. Individuals with a family history of schizophrenia are at a higher risk, thus genetic predisposition is important. Neurochemical abnormalities, particularly those involving dopamine, have also been linked to schizophrenia pathogenesis. Environmental variables such as prenatal stress, trauma, and adolescent drug use may also enhance risk (Patel et al., 2014).

Signs and Symptoms

Schizophrenia expresses itself through a number of symptoms that can be classified as positive, negative, or cognitive. Positive symptoms include hallucinations, delusions, and disorganised thinking, but negative symptoms include social retreat, less emotional expressiveness, and a lack of desire. Memory, attention, and executive functioning can all be affected by cognitive symptoms (Rahman and Lauriello, 2016).

Diagnosis

Diagnosis of schizophrenia is a difficult process that requires a thorough mental evaluation. To detect the occurrence of particular symptoms throughout a specified time period, mental health practitioners apply criteria provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). To ensure an accurate diagnosis, other medical disorders and substance use must be checked out. Early detection and management are critical for improved outcomes, highlighting the significance of regular mental health exams (Mayoclinic.org, 2020).

Current treatments

Schizophrenia is often treated with a combination of medication, psychotherapy, and community support. To control symptoms, antipsychotic medicines such as risperidone and olanzapine are routinely used. Finding the proper prescription and dosage, on the other hand, can be a trial-and-error process, and side effects can vary. Psychotherapy, such as cognitive-behavioral therapy (CBT) and supportive treatment, assists people in coping with symptoms and improving their functioning. Community support programmes can help promote social integration and lower the chance of relapse (Mind, 2020).

Measurements of rehabilitation

Rehabilitation is integral to schizophrenia treatment, aiming to restore and sustain functional lives. Vocational programs aid employment, social skills training enhances connections, and residential initiatives offer stable living. This holistic approach considers broader life aspects. The assessment, guided by the Rehabilitative Care Quality Indicator (QuIRC-SA), focuses on care adequacy and treatment efficacy to manage schizophrenia effectively, preventing complications like self-harm and substance abuse, ensuring the protection of human rights, and reflecting the provision of quality care (Rössler, 2006).

Recommendations

Implement and promote programmes that facilitate early detection and intervention in order to enhance outcomes for people with schizophrenia.

Community Education and Awareness: Raise awareness of schizophrenia in order to minimise stigma and encourage empathy. Both the general population and healthcare professionals should benefit from educational programmes.

Access to Mental Health Services: Ensure cheap and accessible mental health services, such as psychiatric care, counselling, and support groups, to give individuals with schizophrenia with comprehensive care.

Invest in research to better understand the underlying causes of schizophrenia and to produce more effective and bearable treatments with fewer side effects.

Integrated Care: Encourage primary care doctors, psychiatrists, psychologists, and social workers to work together to deliver collaborative and integrated mental health care (Chien et al., 2013).

Guidance and principles of care - NICE

The National Institute for Health and Care Excellence (NICE) gives schizophrenia treatment recommendations. Personalised treatment plans, including patients in decision-making, treating physical health requirements, and providing psychological therapies are key elements. NICE prioritises collaborative, multidisciplinary methods to improving the overall well-being and recovery of those suffering with schizophrenia (National Institute for Health and Care Excellence, 2014).

Useful links:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/useful-contacts/>

<https://mentalhealth-uk.org/help-and-information/conditions/schizophrenia/more-information/>

<https://sczaction.org>

Autism

Definition

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder marked by difficulties with social interaction, communication, and repetitive behaviours. It affects people on a spectrum, resulting in a wide range of talents and functional impairments.

Classification within ICD-10

Autism ASD is classed as part of Disorders of psychological development 'F80-F89' falls under F84.

Data about Autism in UK

According to the most recent available data, the prevalence of ASD has been increasing globally, impacting around one in every 54 children, with boys being more affected than females. Also, estimations based on these statistics, 463,500 persons (0.82% of the English

population) may have been diagnosed autistic as of 2018, while between 435,700 and 1,197,300 may be autistic but undiagnosed (59-72% of autistic people, 0.77%-2.12% of the English population). (Creativecommons.org, 2019).

Causes (Aetiology)

The precise origins of ASD are unknown, however they are thought to involve a combination of genetic, environmental, and neurological factors. Certain gene mutations and chromosomal abnormalities have been detected in people with ASD, indicating a genetic susceptibility. Environmental variables, such as foetal problems and prenatal exposure to specific chemicals, also increase the risk (Sauer et al., 2021).

Signs and symptoms

Because ASD appears with a wide range of signs and symptoms, early detection is critical for effective intervention. Social interaction difficulties, delayed or missing speech development, repetitive behaviours, intense focus on certain hobbies, and sensory sensitivity are all common indications (Sauer et al., 2021).

Diagnosis

Seek guidance from a GP, health visitor, or another health professional before beginning an autism assessment. The child's school's special educational needs coordinator (SENCO) can also help. Prepare a list of autistic symptoms, solicit observations from others, and bring notes to the discussion. A referral to autistic specialists is required for an evaluation. During the assessment, specialists ask about problems, watch interactions, and consult with people who know the child. A later assessment confirms the autism diagnosis. A diagnosis like this provides parents, children, and adults with insight, assistance, and access to financial advantages. If the person in charge of the child is having trouble, consider getting a second opinion and connecting with others who have had similar experiences (NHS, 2019). The Autism Diagnostic Interview-Revised (ADI-R) is one diagnostic tool.

Current treatments

Autism Spectrum Disorder (ASD) treatment options include behavioural, developmental, educational, social-relational, pharmaceutical, psychological, and complementary treatments. Behavioural interventions such as ABA, developmental approaches such as Speech Therapy, educational treatments such as TEACCH, social-relational interventions, pharmacological approaches, psychological treatments such as CBT, and complementary methods all contribute to comprehensive care, with a focus on collaboration with healthcare professionals.

Measurements of rehabilitation

Monitoring development in several domains is required to assess the success of rehabilitation in individuals with ASD. Improvements in social skills, communication ability, adaptive behaviours, and academic achievements are examples of outcome measurements. Continuous evaluation allows interventions to be tailored to the specific needs of each client, promoting personalised care (Grzadzinski, Janvier and Kim, 2020).

Recommendations

Alternative approaches for Autism Spectrum Disorder (ASD) include dietary interventions (like gluten-free diets), nutritional supplements (such as omega-3 fatty acids), mindfulness and yoga for anxiety management, sensory integration therapy, music and art therapy for self-expression, animal-assisted therapy for emotional benefits, and chiropractic care (with limited scientific evidence). Consultation with healthcare professionals is essential (Brondino et al., 2015).

Guidance and principles of care - NICE

NICE emphasises the need of early detection and multidisciplinary assessment of Autism Spectrum Disorder (ASD), as well as parental engagement. Guidance includes targeted instructional and supportive interventions that acknowledge the importance of individualised behavioural and psychological approaches. The transition to adulthood is discussed, with an emphasis on continuity of care, and NICE makes recommendations on pharmaceutical therapies for specific ASD symptoms.

Useful links:

<https://www.autism.org.uk>

<https://www.autismeducationtrust.org.uk>

<https://teacch.com>

Conclusion

As a conclusion Autism Spectrum Disorder (ASD), Schizophrenia, and Generalised Anxiety Disorder (GAD) reflect unique yet difficult mental health challenges. While ASD involves early detection, interdisciplinary evaluation, and personalised therapy, schizophrenia necessitates comprehensive treatment that addresses cognitive, emotional, and social elements. To ease persistent worry, Generalised Anxiety Disorder necessitates specialised therapies. Recognising the uniqueness of each illness necessitates holistic methods incorporating behavioural, psychological, and, when necessary, pharmaceutical interventions. Individuals dealing with these various mental health issues can benefit from a more compassionate and effective support system if we all work together to increase knowledge, destigmatization, and person-centered care.

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