University of Wales Trinity Saint David

BSc Health and Social Care

Mental Disorders and Psychopathology

Written Report

21th July 2023

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Introduction

This report focuses on mental disorders in autistic individuals. Over time, the mental disorder has gone unchallenged in terms of seeking early treatment. Even those who appear to be acceptable in all aspects of life may require mental health intervention to deal with a difficult situation in their life outcomes. According to the World Health Organisation, mental illness accounts for 30% of the non-fatal disease burden and 10% of the total disease burden worldwide (The World Bank, 2020).

The World Health Organisation **(WHO)** defines a mental health disorder as one that is clinically significant in an individual's cognition, emotion regulation, or behaviour. As a result, it is frequently associated with pain or functional impairment in critical regions (World Health Organisation, 2022).

The primary focus is on early intervention in people, which aids in recognising the early signs and symptoms of mental health problems and improving or preventing them from worsening. Because early intervention results in critical positives, such as risk reduction and early detection and treatment of disease, which benefit the individual and the community. On the other hand, its main objective is to prevent progression to a diagnosable disorder and reduce the impact of a first episode of a mental disorder on those who experience it.

This report will be divided into several sections, including:

- **The classification of Autism in its ICD-10 and DSM-5 aspects.**
- **Diagnosis**
- **Treatment**
- **Rehabilitation measurement**

In turn, the report will conduct a critical review of the current literature and discuss its advantages. We will describe brief evidence-based literature measures that can be used to work with people with autism throughout this report. Finally, future recommendations to improve earlier autism evaluation, therapy, and rehabilitation will be presented, as well as a brief conclusion summarising the key points of this report.

1. Definitions and Classifications

1.1. Autism

Autism Spectrum Disorder (TEA), also known as autism, is a genetic disorder. Autistic people have a distinct way of thinking and feeling about the world around them. As a result, the individual may behave differently than most people, with unique strengths and challenges. Some aspects of autism, such as what you think, feel, and do, may make it difficult for you to communicate with yourself in social situations, but you may also be extremely knowledgeable and passionate about topics of interest to you (NHS Fife, 2023).

1.2. ICD-10

According to the World Health Organisation, the International Classification of Diseases (ICD-10) is a list of diseases, disorders, and other health conditions labelled and classified by a code made up of numbers and letters. Autism is defined in this context as a group of disorders characterised by qualitative abnormalities in reciprocal social interactions and communication patterns, as well as a limited, stereotyped, and repetitive repertoire of interests and activities. As a result, the individual can function in all situations due to these qualitative abnormalities (icd.who.int)

1.3. DSM-5

DSM V (Diagnostic and Statistical Manual) is a mental disorder diagnostic and statistical manual used by professionals in the United Kingdom and in the United States and physicians. According to the DSM-5 Manual, autism spectrum disorder is defined as persistent difficulties in communication, socialisation, and restricted and repetitive patterns of behaviour, activities, or interests, including sensory behaviour, that begin in early childhood and limit and impair daily functioning (National Autistic Society, 2020). As a result, DSM V's strength is that it describes more detail and speculates on future conditions, also it uses multiple definitions to diagnose autism can be confusing (Engelbrecht, 2021).

1.4. ICD-10 Classifications in Autism

Autism is classified using several codes, but the F84 code represents detailed enough to constitute a medical diagnosis and is designated as a billable code (BA, 2021). **F84.0 autism spectrum disorder in childhood is characterised by the following symptoms:**

- There is evidence of abnormal or impaired development before the age of three.
- All three types of psychopathology share characteristics that define abnormal functioning: reciprocal social interaction, communication, restricted, stereotyped, and repetitive behaviour. Aside from these specific diagnostic features, phobias, sleep and eating disorders, tantrums, and aggression are common (icd.who.int, n.d.).

(See Appendix 1 for additional classification codes).

1.5. Comparisons

The difference between ICD-10 and DSM-5 is that both can be used with UK doctors. However, DSM-5 provides standardised criteria and definitions for classifying illnesses for mental health professionals, whereas ICD-10 is intended to assign codes used for reimbursement in claims processing. It is also worth noting that the DSM-5 only addresses mental disorders (Boyd, 2019).

2. The current process of diagnosis of autism

The first step in diagnosing autism is to identify the problem. This means that if a person or their child notices signs of autism, the next step is to consult a professional, like speaking with either a general practitioner or a health visitor (for children under the age of five), and any other doctor or therapist, in the educational needs, speak to a coordinator (SENCO) team at their child's school (NHS, 2019).

However, to avoid confusion and a lack of information, it is critical to investigate the way for an autism evaluation. It is the only way to determine whether a person or child is autistic. On this assessment day, it is important to bring someone along who knows them well in order to help them understand the process better and to write down the information so that there is no misunderstanding or ruin in communication (NHS, 2019).

2.1. A formal diagnosis is important and helpful.

At this point, it is critical to be diagnosed to gain information and maintain as much contact with autism as possible, so these are the points that help people understand the significance of the diagnosis.

A diagnosis can help both parents and children:

- understand the child's needs and how they can assist them receive advice on how to support their child at school.
- obtain financial assistance for parents and carers of autistic children.
- Recognise that their child is not simply being (naughty or difficult) (NHS, 2019).

Adults can benefit from a diagnosis in the following ways:

- Recognise why they may find some things more difficult than others.
- Explain to others why they see and feel the world in such a unique way.
- Seek help at college, university, or at work.
- Get some financial advantages (NHS, 2019).

2.2. Drawbacks and potential problems with Diagnostic Labelling

There could be there are some drawbacks and potential issues with diagnostic labelling. This is because it may be required in some circumstances to disclose your medical records, which would include a formal diagnosis, as there are some careers where autism is considered, such as the armed forces (eleospsychology.co.uk, 2022).

While this does not preclude a person from joining, they would need to be examined further and may eventually opt out. Autism is treated on an individual basis. Unfortunately, autism continues to be stigmatised. While there has been a significant movement within the neurodivergent community to help support and educate people, there is still much work to be done. Some people continue to be ignorant, and discrimination is still a possibility (eleospsychology.co.uk, 2022).

Autism assessments are multilevel and can involve several steps, some of which may feel uncomfortable, they can take time and be stressful for the person involved (eleospsychology.co.uk, 2022). Consequently, a person may be frustrated that they have been overlooked for so long, that no one has noticed that they are autistic and that they struggle with sensory and social experiences (eleospsychology.co.uk, 2022).

3. Treatment

(ASD) treatments currently available aim to reduce symptoms that interfere with daily functioning and quality of life. As a result, because ASD affects everyone differently, people with ASD have unique strengths and challenges, as well as different forms and treatment needs. As a result, treatment plans typically involve multiple professionals and are tailored to everyone (Centers for Disease Control and Prevention, 2019).

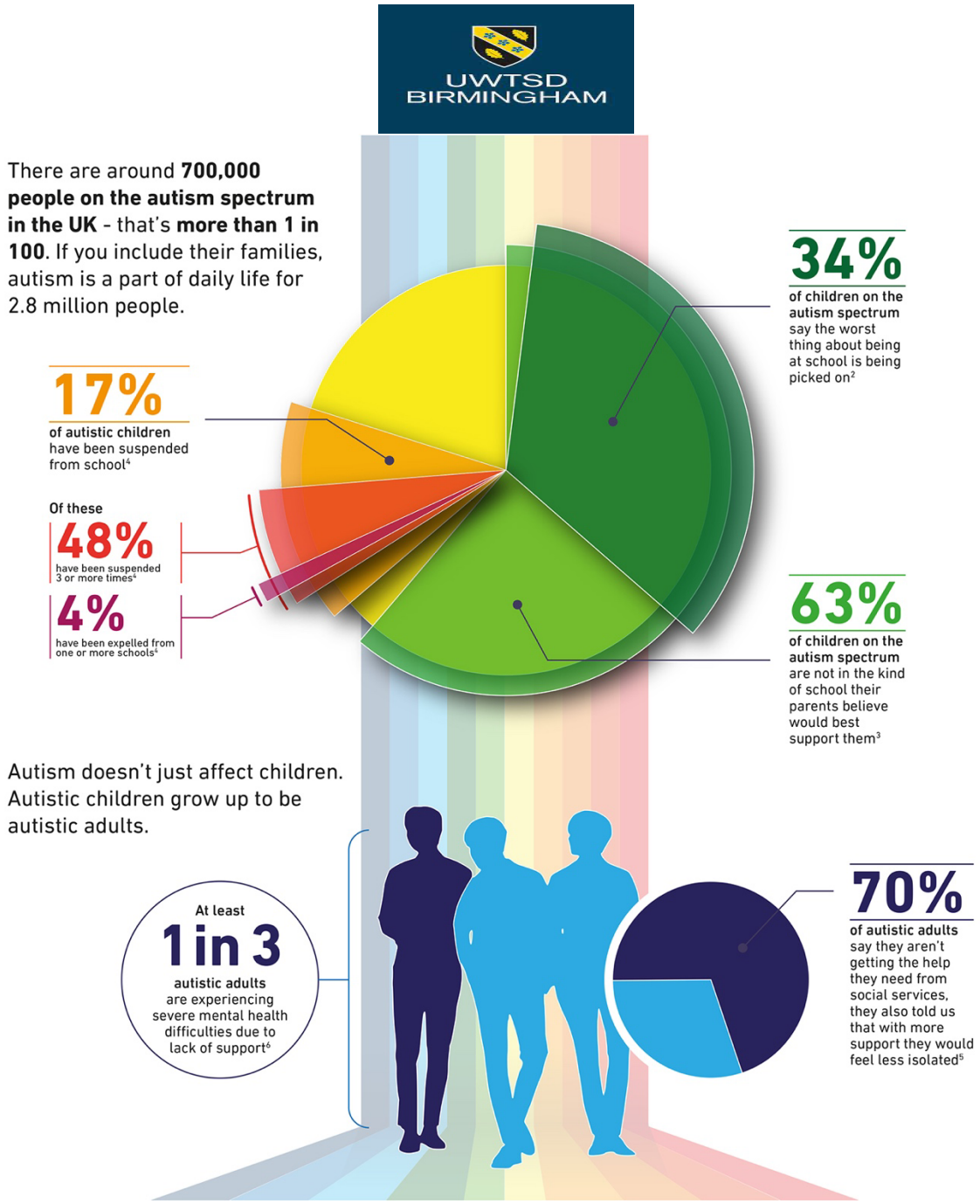
Treatments can be given in a variety of settings, including education, health, community, and home settings, or in a combination of these to ensure that treatment goals and progress are met, if providers communicate with one another. Others, as well as the individual with ASD and their families (Centers for Disease Control and Prevention, 2019).

As individuals with ASD enter adulthood, additional services that facilitate social and community involvement may be beneficial in improving health and daily functioning. Some people may require assistance to continue their studies, complete professional activities, find work, and maintain their well-being (Centers for Disease Control and Prevention, 2019).

3.1. Types of Treatment

Though some treatments require a more comprehensive approach, there are numerous treatment options available, which can be broadly classified as follows:

- **Behaviour**
- **Developmental**
- **Educational**
- **Social-Relational**



(PMLive, 2019)

Behavioural

Behavioural approaches concentrate on changing behaviours to comprehend what occurs before and after the behaviour. As a result, behavioural approaches to treating ASD symptoms have more evidence. As a result, they have gained widespread acceptance among educators and health professionals and are now used in many schools and treatment clinics. Applied Behavioural Analysis (ABA) is a well-known behavioural treatment for people with ASD. To improve a variety of skills, ABA encourages desired behaviours and discourages unwanted behaviours.

DTT and PRT are both ABA methods that aid in the development of desired behaviour, which is why DTT provides step-by-step instructions. As a result, your lessons are simplified, and the desired responses and behaviours are reinforced. As a result, it ignores undesirable behaviours and responses. PRT, in turn, aims to improve essential skills and takes place in a natural, non-clinical setting, which will aid in the learning of many other skills. (Centers for Disease Control and Prevention, 2019).

Developmental

The primary goal of this treatment is to improve specific developmental skills such as language skills or physical abilities; however, in this type of treatment, a broader range of interconnected developmental skills is developed, and it is typically used in conjunction with behavioural approaches. Speech therapy, a developmental therapy, is the most common treatment for people with ASD. This therapy seeks to improve people's understanding and use of language and speech. As a result, while some people with ASD can communicate verbally, others may communicate through signs, gestures, images, or an electronic communication device. (Centers for Disease Control and Prevention, 2019).

Educational

The educational strategy known as Treatment and Education of Children with Autistic and Communication-Related Difficulties (TEACCH) is usually carried out in the school environment in classrooms. Based on the idea that autistic people learn through sight. As a result, TEACCH aims to assist teachers in structuring the classroom and improving academic results. Daily routines, for example, can be written or drawn. The limits can be established around learning stations in this case, as visual instructions or physical demonstrations can supplement verbal instructions. As a result, there are socio-relational treatments that emphasise the development of social skills and emotional connections. Because some socio-relational approaches include the participation of parents or mentors (DeFilippis and Wagner, 2016).

The current Autism provision with treatments and past provisions from the past

Autism was recognised as a disorder treated with electroconvulsive therapy, LSD, and behavioural modification techniques based on all types of punishment in the 1960s and 1970s, but from the 1980s to the 1990s and to the present day, behavioural therapy based on positive reinforcement, environmental restructuring for learning, and communication skills training have become the primary therapeutic modalities for ASD (Zaky, 2017).

In 1960, the historical autism was hospitalised due to medication overuse (zombie). Now that things are looking up, the NHS has launched a new initiative called STOMP, which aims to stop medicating people with mental health issues. 2018 (England). As a result, the Mental Health Act of 1990 was amended to include a provision for community care and treatment, allowing people to be supported in their own homes within a community setting (GOV.UK, 2019). It demonstrates that things are improving.

4. Measurement of Rehabilitation

As measures of response to treatment were used, many of the measures were thought to have little validity in this regard. Based on a thorough review of ASD treatment response measures, none of the three most used measures (the ABC, CGI, and VABS), nor any other measures, were recommended for tracking treatment-related changes. This is because many of them were ineffective in capturing changes in reaction to treatment, so they were designed for this purpose, and they had significant implementation limitations, such as a very limited age range or extensive training required to use them (Grzadzinski, Janvier and Kim, 2020).

Despite some limitations, a review of six of the measures, including ABC and VABS, found them to be adequate as treatment response measures. ABC, for example, does not evaluate a child's nonverbal communication or social interactions. As a result, the VABS did not respond to long-term changes, particularly when the intervention was less than six months ago (Grzadzinski, Janvier and Kim, 2020).

4.1. Measure effectiveness Success

Measures, on the other hand, were used to assess the efficacy of the psychopharmacological treatments and clinical and behavioural measures described above. For example, a large clinical trial used trained (and blinded) interviewers to collect standardised clinical and behavioural outcome measures to evaluate the Early Start Denver Model, an EIBI (Payakachat et al., 2012).

On the other hand, there has been a lot of evolution and progress with the introduction of a new NHS scheme called STOMP, which has meant preventing people with intellectual disabilities, autism, or both from taking psychotropic medication. Because this is one of several national projects involving various organisations aimed at reducing the excessive use of these drugs. STOMP's mission is to help people improve and live better lives (NHS England, 2016).

4.2. Measuring effectiveness issues

On the negative side, it's becoming clear that women and girls with autism spectrum disorders don't meet diagnostic criteria or go through clinical processes. A systematic mixed-methods review was conducted to identify the major barriers to receiving an ASD diagnosis in girls and young women under the age of 21.

As a result, six themes were identified that were centred on the perception of gender symptoms: behavioural issues, communication skills, language, relationships, additional diagnostic challenges, and restricted and repetitive behaviours and interests. As a result, five of the themes, including compensatory behaviours, parental concerns, perceptions of others, a lack of information/resources, and clinical bias, were identified as perceived barriers to diagnosis (by parents) (Lockwood Estrin et al., 2020).

Second, former National Institute of Mental Health director Steven Hayman has stated that manual diagnosis and statistics are completely inaccurate and a scientific nightmare. Many people with a single diagnosis have five diagnoses, but they do not have five illnesses due to their underlying conditions. Insel argued that the psychiatric diagnosis was incorrect. He desired a diagnostic system based on biological principles, as opposed to these constructs. Even though women with autism are more likely to be missed, there is a paradox in which women are more likely than men to receive a psychiatric diagnosis despite having fewer physical tests and more missed physical diagnoses (Fitzgerald, 2021).

5. Recommendations for Future Practice

In terms of future practises for people with autism, it’s worth knowing that the treatment that works for one person doesn't always work for another, so it's important to remember that each person is unique. Here are some general guidelines, however:

- Early detection and intervention can have a big impact on a child's development. Encourage parents and carers to seek professional evaluation and support as soon as they notice any autism-related symptoms or concerns.
- Individualised Education and Therapy educational programmes to the specific needs of autistic people. Applied Behavioural Analysis (ABA) is a popular evidence-based therapy that emphasises behaviour modification and skill development.
- Communication assistance, many people with autism struggle with communication. Speech therapy, augmentative and alternative communication (AAC) devices, and sign language can all be effective communication aids.
- Sensory Integration, autistic people frequently have sensory sensitivity. It can be beneficial to implement strategies to address and accommodate these sensitivities, such as providing sensory breaks, quiet spaces, or sensory-friendly environments.
- Social Skills Development, social skills are an important aspect of autism development. Implementing social skills training programmes, either at school or in the community, can aid in the improvement of social interaction and the development of relationships.
- Support for transitioning into adulthood, as people with autism reach adulthood, they should have access to services that help them with vocational training, independent living skills, and access to appropriate employment opportunities.
- Community Inclusion and Acceptance, promote an inclusive and accepting culture in schools, workplaces, and communities so that people with autism can fully participate and engage with others.
- Sensory Accommodations recognise and support the sensory sensitivities that many people with autism have. To help manage sensory overload, create sensory-friendly environments, and provide accommodations such as noise-cancelling headphones, quiet spaces, or visual supports.
- Individuals with autism require supportive health services and access to comprehensive health services, including mental health support. Collaboration with autism-specific healthcare professionals can ensure appropriate care and support.

- Individuals with autism can greatly benefit from meaningful employment opportunities. Job training programmes, workplace accommodations, and employer awareness and inclusion initiatives can help achieve this.
- It is critical to help families of people with autism. Access to respite care, counselling services, and support groups can all help to alleviate carer stress while also encouraging a nurturing and supportive home environment.

6. Conclusion

In summary, early intervention is the most effective way to promote the development and well-being of children with disabilities, autism, or other special needs, such as developmental delay. It can assist children in developing the skills required to participate in daily activities.
Autism, a neurodevelopmental disorder, requires a multifaceted approach that includes diagnosis, treatment, and rehabilitation; however, individual experiences and approaches can differ greatly.

Diagnosis: Accurate and timely diagnosis is required for timely intervention. Autism spectrum disorder is typically diagnosed through a combination of medical evaluations, behavioural and developmental observations, and assessments performed by autism spectrum disorder specialists. Diagnostic criteria and techniques have become more accurate, resulting in better support and comprehension.

Specific issues that autistic people may face, such as communication difficulties, social skill deficits, and repetitive behaviours, are addressed in treatment. Structured interventions that encourage specific behaviours are commonly used in Applied Behavioural Analysis (ABA). Speech therapy, occupational therapy, and social skills training are some of the other interventions available. Medication may also be used to treat underlying conditions or symptoms.

Rehabilitation focuses on various aspects such as communication, social integration, and independent living skills, depending on an individual's specific needs. Structured educational programmes, such as special education services or inclusive classrooms, are critical for people with autism. Supportive environments, such as therapies and skill development activities, help people overcome obstacles and develop skills needed for social integration.

It's important to remember that autism is a spectrum disorder, which means that the severity and manifestation of symptoms can vary greatly between people. Individualised approaches that consider each person's unique strengths and challenges are required. Furthermore, ongoing research and advancements continue to shape our understanding and approach to autism, with the goal of providing better support and outcomes for autistic people and their families.

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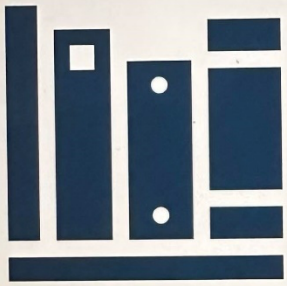
Appendix.1

ICD-10 Classification



- F84 Pervasive developmental disorders
  - F84.0 Childhood autism
  - F84.1 Atypical autism
  - F84.2 Rett's syndrome
  - F84.3 Other childhood disintegrative disorder
  - F84.4Overactive disorder associated with mental retardation and stereotyped movements
  - F84.5 Asperger's syndrome
  - F84.8 Other pervasive developmental disorders
  - F84.9 Pervasive developmental disorder, unspecified