

Mental disorders and psychopathology

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Submission date: 11-Jul-2023 05:21PM (UTC+0100)

Submission ID: 210102498

File name: 30262_Fozia_Kiani_Mental_disorders_and_psychopathology_503804_904273172.docx (73.32K)

Word count: 4664

Character count: 29588



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WRITTEN REPORT

Mental Disorders and Psychopathology

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1.0 Introduction

Mental disorders are considerable clinical instabilities in an individual's reasoning, emotional control, and behaviour. They are typically accompanied by deficiencies in critical areas of functioning. There is a wide range of various mental disorders. They can also be known as "mental health conditions", a broader term, since it encompasses not only mental disorders, but also psychological disabilities along with other mental health conditions linked with significant distress, impairments in functioning or tendencies to self-harm (WHO,2022).

"Autism is a cognitive disorder affecting the way an individual consumes/views information in the world; autistic people have irregularities in social contact, forming and maintaining relationships, sensory sensitivity, and a limited obsessive interest and behaviour" (APA, 2013).

Pervasive developmental disorders are identified via: (a) the presence of atypical or impaired growth that manifests (usually) before a human reaches 3 years old, and (b) the main characteristic which is abnormal functionality in all 3 areas of psychopathology. They are minimal communal interactions, limited communication with others, and stereotyped or repetitive behaviour. Along with these definitive traits, a plethora of other non-specific problems are common, which can include but is not limited to, phobias, sleep issues, eating disturbances, temper tantrums, and (self-directed) aggression. (ICD-10 F84.0).

(ICD-10)

To comprehend the categorization, diagnosis, treatment, and assessment of autistic disorder, Chapter 5 of the International Classification of Diseases, 10th Revision (ICD-10) will be thoroughly examined in this research. Millions of people throughout the world have autism, which makes it difficult for them to interact with others, communicate, and follow regular schedules. A serious neurological system problem is autism.

This report's critical analysis of the ICD-10 autism categorization aims to shed insight into the diagnosis procedure, potential therapies, and the measurement of autism in

rehabilitation. Knowledge of these fundamental elements may aid in understanding how autism is identified, supported, and treated in clinical and therapeutic settings.

In order to categorize mental and behavioral illnesses, people frequently utilize ¹ the International Classification of Diseases, 10th Revision (ICD-10) system. The diagnostic manual's Chapter 5 categorizes autism as a Pervasive Developmental Disorder (PDD). ¹⁷ The International Classification of Diseases, Tenth Revision (ICD-10)'s exact ¹⁰ diagnostic and classification criteria may provide insight into the nature and classification of autism.

After a thorough evaluation of a person's behaviour, developmental stage, and communication abilities, autism is diagnosed. The essential ICD-10 characteristics of Autism can be identified by medical professionals using tried-and-true diagnostic techniques, behavioral observations, and developmental history. Understanding the diagnostic process is vital because it can significantly improve outcomes and quality of life for people with autism.

A thorough approach to autism treatment is necessary to consider each patient's particular demands and difficulties. This study will examine applied behavior analysis, ²¹ occupational therapy, speech and language therapy, and social skills training as some of the most recent medical approaches. Through standardized assessment tools, in-person observation, and the establishment of individualized goals, healthcare professionals and service providers can assess the efficacy of therapy and subsequently modify rehabilitation plans to cater to the particular requirements of persons with autism.

²³ 2.0 autism spectrum disorder

³ Autism, also known as autism spectrum disorder (AUD), can have deleterious effects on a person's social skills, repetitive behaviors, speech, and nonverbal communication World Health Organization (2021). Autism typically manifests between the ages of 2 and 3 in small children. Similarly, males with Autism outnumber females (Lord et al., 2018). This is because diagnosing Autism in females is problematic.

Autism, a complex neurological disease, can have a negative effect on a person's responsive and interactive behavior. The characteristics that impact social development must be pronounced and detectable for an accurate diagnosis (Lord et al., 2020). People

with Autism frequently struggle with communication and social interaction. People with Autism often struggle with social and emotional reciprocity and responding to social interactions. According to Lord et al. (2020), people on the spectrum of Autism frequently struggle with interpersonal communication and social interaction. Eye contact and body language are erratic, and they have difficulty integrating what they say and how they behave during the conversation.

Matson and Kozlowski (2011) state that rigorous pattern adherence and repetitive behaviors, words, and phrases distinguish Autism. Individuals with Autism, who tend to be hypersensitive to environmental changes, frequently demonstrate an extraordinary attachment to unusual objects. Multiple brain systems undergo developmental changes that result in autistic symptoms. In Autism, two different systems are in action. The pathophysiology of the brain's structure and associated activities govern human behavior. Individually, the physiology of the brain is associated with particular behaviors (Matson & Kozlowski, 2011).

3.0 Classification of Autism

The gold standard for diagnosing issues with mental health is ICD-10. Autism is classified as a type of childhood pervasive developmental disorder (PDD) by the International Classification of Diseases (ICD-10) manual. Autism has been given the ICD-10 code F84.0. Within this perspective, autism is distinguished from other mental health and developmental diseases as a unique mental disorder. Due to its widespread nature and specific diagnostic criteria, autism is categorized by the ICD-10 as a pervasive developmental illness.

The ICD-10 diagnostic criteria are used to help in the diagnosis of individuals with the autism spectrum disorder. This includes limitations in social interaction, communication challenges and repetitive, constrained behavior patterns (Volkmar et al., 2012). The emphasis of the criterion is on how these impairments affect the person's capacity for function and how persistent they are. This classification offers similar and dependable criteria for identifying and diagnosing patients with autism to researchers and medical professionals (Volkmar et al., 2012).

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Autism Spectrum Disorder (ASD) is categorized as a Pervasive Developmental Disorder (PDD) in the ICD-10. The International Classification of Diseases, Tenth Revision, assigns the code F84 to autism spectrum disorder (ASD). Within the F84 code category of the ICD-10, autistic spectrum disorder (ASD) is divided into the following subcategories:

3.1 Childhood autism: F84.0

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Autism spectrum disorder (ASD), or ICD-10 code F84.0, is a neurodevelopmental disorder with profound effects on children's social interaction, communication, and behavior (Bachmann et al., 2016). Autism is a complex condition with severe consequences for those affected.

Children with autism frequently exhibit deficits in social interaction, which can take various forms. They have difficulty establishing and maintaining relationships and typically struggle to connect emotionally with others (Bachmann et al., 2016). In addition, they struggle to interpret social cues. Some of these social cues include body language and facial expressions which limit their ability to form meaningful relationships with others. As a result of their limited use of non-verbal communication, which includes gestures and eye contact, they may have difficulty expressing their desires and needs appropriately.

Communication difficulties are a typical manifestation of autism in infants. Both verbal and nonverbal communication abilities may be delayed or impaired in children with this disease (Hinkka-Yli-Salomäki et al., 2014). Some individuals may need help speaking or may not speak at all. Others may acquire some linguistic proficiency but need help to maintain eye contact, comprehend abstract concepts, and communicate effectively in social situations. Frustration caused by difficulty communicating may result in undesirable behaviors such as repeatedly asking the same question or echolalia (repeating words) (Hinkka-Yli-Salomäki et al., 2014).

Also prevalent in children with F84.0 Childhood autism are restrictive and repetitive behaviors. These actions assist them in establishing a routine and bringing order to their chaotic surroundings (Chlebowski et al., 2010). The repetitive motions of rocking back and forth and spinning in circles are examples of prevalent repetitive movements. They may be sufferingly sensitive to changes in their regimens and rituals. Individuals, who

were diagnosed with ASD as children, frequently demonstrate remarkable concentration and skill in areas related to their impassioned interests. In addition, many individuals have heightened responses to specific sounds, sensations, or visual stimuli due to their heightened sensitivity (Chlebowski et al., 2010).

According to Chlebowski et al. (2010), childhood autism spectrum disorder patients may exhibit varying degrees of symptom severity. Depending on the severity of their disabilities, with minimal assistance there may be some individuals able to live independently, while others would require constant care. Individuals with F84.0 Childhood autism frequently have concomitant conditions such as intellectual impairments, ADHD, and seizures.

3.2 Atypical Autism: F84.0

Atypical autism is classified as ICD-10-F84.1 in ¹the International Classification of Diseases, 10th Revision (ICD-10). Atypical autism occurs ¹in people who exhibit some of the hallmarks of autism in children (F84.0) but not all of them. It is classified as a subtype ¹of autism spectrum disorder (ASD) and shares many ¹of the same symptoms with the disorder, usually to a lesser extent or with minor modifications.

Although atypical autism has some symptoms in common with autism in children, it also has some significant variances. People with F84.1 Atypical autism may have impaired social interaction abilities, such as an inability to form or sustain relationships or read and respond appropriately to social cues (Skalny et al., 2017). Their difficulties with social reciprocity and limited nonverbal communication abilities may be less severe than in children with autism. Atypical autistic individuals also often have trouble communicating. However, the form of these impairments varies widely. Some people may have trouble with either their expressive or receptive language skills. Because of pragmatic language deficits, some people have difficulties understanding and using language correctly in social circumstances (Skalny et al., 2017). However, not everyone with atypical autism is nonverbal, as is the case with autism in children.

According to Senju and Johnson (2009), Atypical autism in children may present differently regarding behavioral patterns and narrowed interests. Repetitive or stereotypical behaviors may be less noticeable or of a distinctive character in people with

atypical autism. Even if present, intense interests or specialized expertise may be less prominent than in childhood autism.

Mental Health Act 1983

Mentally suffering individuals in the early 19th Century people were discriminated against and badly treated by the Government and general public. They were treated harshly with physical torture. In 1983 Mental Health Care Act was approved by the Government to look after Mental ill people and provide care facilities according to their needs. This Act was revised in 2007 to provide more facilities and services according to the change of current environment. (Mind, 2022)

Mental Capacity Act 2005

⁴ Mental Capacity Act 2005 was brought to provide a legal framework for acting and making decisions on behalf of adults who lack the Capacity to make decisions for themselves. The Mental Health and Mental Capacity Acts of 1983 and 2005, respectively, were used to form the basis of the Mental Health Act 2007 (NHS, 2021).

Autism Act 2009

United Kingdom Charities were lacking arrangements for Autistic people for about 10 years which were reviewed by the Government in the form of Autism Act 2009. Other disabilities were already being identified and helped but only the gap was Autism which was addressed in Autism Act 2009 (NAC, 2023).

4.0 The process and procedure of diagnosing mental disorders.

¹³ According to the International Statistical Classification of Diseases, Tenth Revision (ICD-10), a person with ASD must thoroughly review their behavior and development in addition to functional impairments to receive a formal diagnosis. As per ASD the ICD-10, ⁸ a diagnosis of ASD relies on meeting several criteria. The steps and method are outlined below:

4.1 Initial Assessment:

As the first stage in the diagnostic process, a healthcare professional, typically a psychiatrist, psychologist, or pediatrician, will conduct an initial evaluation. This evaluation

seeks to collect information regarding the subject's developmental history, medical history, and current symptoms (van Niekirk et al., 2010).

4.2 Diagnostic Criteria:

The diagnostic criteria for Childhood Autism are described in Chapter 5 of ¹the International Classification of Diseases, Tenth Revision (ICD-10). These characteristics ²⁹include restricted, repetitive, and stereotypical behavior patterns, interests, and activities, as well as social interaction and communication deficits (van Niekirk et al., 2010). These characteristics must be present by the age of three in the child.

4.3 Multidimensional Evaluation:

A multi-factor analysis is used to establish a diagnosis of autism spectrum disorder. Information is gathered from various sources, including the individual being evaluated, their parents or caretakers, their teachers, and by direct observation of their behavior (Havdahl et al., 2016). Structured interviews, questionnaires, and other standardized assessment instruments may be used to gauge the examinee's level of social interaction, communicative competence, and behavioral norms.

4.4 Developmental History:

According to Havdahl et al, (2016) healthcare providers can obtain a thorough developmental history. This will include information on the patient's attainment of developmental milestones, their earliest social and communicative abilities, and the occurrence of any regression or loss of these abilities. This data is useful for gauging the developmental trajectory and picking out warning signs or out-of-the-ordinary tendencies.

4.5 Behavioral Observations:

The person's conduct is directly observed as part of the diagnostic process. The medical expert will watch the person's social interactions, communication styles, and whether they engage in restricted or repeated activities (Fombonne, 2023). This may be done in several places, including the clinical setting, school, or home, to acquire a thorough insight into the person's behavior in many scenarios.

4.6 Collaboration and Information Gathering:

To acquire more data and viewpoints, it can be important to work together with other healthcare experts who engaged are with the patient's treatment, such as speech therapists, occupational therapists, or educational specialists (Moh & Magiati, 2012). This cooperative strategy aids in ensuring a comprehensive assessment of the person's functioning.

4.7 Differential Diagnosis:

While excluding other causes or coexisting diseases that could contribute to the presentation, the healthcare practitioner performing the examination will consider other explanations for the patient's symptoms (Moh and Magiati, 2012). This aids in separating ASD from other developmental problems or illnesses.

4.8 Diagnosis and Documentation:

The medical expert will decide whether the patient fits the ²criteria for diagnosing autism spectrum disorder ⁸based on the evaluation and fulfillment of the precise diagnostic criteria listed in the ICD-10. The proper ICD-10 code (F84.0) for Childhood Autism will be used to record the diagnosis.

It is crucial to remember that the diagnostic procedure can differ slightly based on the healthcare environment, the clinician's level of experience, and regional standards (Moh & Magiati, 2012). However, to diagnose ASD within the ICD-10 framework, the fundamental elements of examination, assessment, and fulfillment of diagnostic criteria remain the same.

5.0 The current treatment provision

Many interventions and treatments are available to assist ¹⁸people with autism spectrum disorder (ASD) in improving their quality of life and realizing their full potential throughout their lifetimes, despite the lack of a cure. Over time, treatment strategies have evolved to become more individualized and supported by research. Current treatment options for autism spectrum disorder (ASD) are outlined below:

5.1 Early Intervention:

Children with ASD greatly benefit from early intervention programs. Treatment is aimed at specific areas of weakness and is highly regimented and individualized. Applied behavior analysis (ABA) is a popular reinforcement method to help people learn and practice new behaviors and skills (Stahmer et al., 2011). Parenting classes, social skills groups, and specialized therapy for children all fall under the umbrella of early intervention.

5.2 Speech and Language Therapy:

People on the autism spectrum often struggle to express themselves. Speech and language therapists work to enhance their patients' linguistic, communicative, and pragmatic capacities (Tohidast et al., 2020). Visual aids, AAC devices, and social stories are just a few tools therapists might employ to promote language and communication skills.

5.3 Occupational Therapy:

Occupational therapy improves daily functioning, sensory processing, motor control, and emotional regulation. For individuals with ASD, daily activities such as dressing, eating, and self-care become opportunities for development and independence (Gasiewski et al., 2021). When addressing hypersensitivity and motor issues, an occupational therapist may utilize sensory integration, visual aids, and individualized action plans.

5.4 Social Skills Training:

Gasiewski et al. (2021) states that programs that focus on developing people's social abilities seek to improve their capacity for understanding and relating to others. To achieve their goals of improving social skills and knowledge, these programs may use various methods, including structured group activities, role-playing, video modeling, and explicit instruction.

5.5 Cognitive-Behavioral Therapy (CBT):

Cognitive behavioral therapy (CBT) can help individuals on the autism spectrum with anxiety, emotional regulation, and problematic behavior (Wood et al., 2015). Negative thought patterns are modified, and coping mechanisms are taught to the client. Autism

spectrum individuals frequently struggle with anxiety, but cognitive behavioral therapy (CBT) can assist.

5.6 Medication:

Medication may be prescribed ⁶ to manage specific symptoms associated with ASD, such as aggression, hyperactivity, anxiety, or sleep difficulties. The choice of medication and its effectiveness vary depending on individual needs and responses.

5.7 Parent Training and Support:

Parents are essential when coping with autism spectrum disorder (ASD). Courses in parent education teach parents new strategies for addressing their child's challenging behaviors, fostering communication, and promoting healthy development (Bearss et al., 2015). Counseling programs and parent support groups can also provide parents and caregivers with emotional support and guidance.

A person's treatment plan should consider their unique strengths, limitations, and needs. Age, developmental level, co-occurring disorders, and familial preferences are only a few variables that can influence the therapy approach.

Some autism spectrum disorder (ASD) treatments have been controversial or ineffective over time. Facilitated Communication and nutritional treatments are two examples of such interventions. However, the current focus is primarily on methods that are effective through extensive research and clinical trials.

New strategies and methods for treating autism are always being explored through continuing research. Working closely with healthcare professionals and specialists is crucial for individuals ³ with ASD and their families to discover the best treatment options for their unique circumstances.

6.0 How the Autism is measured in relation to the means of rehabilitation?

Measuring the effectiveness of treatment or rehabilitation interventions for ³¹ autism spectrum disorder (ASD) can be challenging. Due to the variety of ASD symptoms and impairments, quantifying its effects requires various evaluation instruments and methods.

Common indicators of successful autism spectrum disorder rehabilitation are enumerated below:

6.1 Behavioral Assessments:

As part of behavioral evaluations, various behaviors and skills are routinely observed and measured before and after rehabilitation interventions. In these evaluations, standardized methods that generate numeric scores indicating the severity of ASD symptoms, such as the Autism Diagnostic Observation Schedule (ADOS) or the Childhood Autism Rating Scale (CARS), may be employed (Khodatars et al., 2021). It is possible to determine the efficacy of the rehabilitation strategy by analyzing the scores' evolution over time.

6.2 Developmental Assessments:

Multiple aspects of a child's development, including language, cognition, adaptive skills, and social-communication skills, are evaluated during developmental evaluations. Utilizing tests such as the Vineland Adaptive Behavior Scales or the Mullen Scales of Early Learning, developmental functioning can be assessed prior to and following treatment (Guxin & Qiufang, 2013).

6.3 Social Skills Assessments:

In ASD therapy, social skills training is a priority. Changes in social skills, social interactions, and social functioning can be monitored with the help of instruments like the Social Responsiveness Scale (SRS) and the Social Skills Improvement System (SSIS) (Guxin & Qiufang, 2013).

6.4 Communication Assessments:

Consequently, improving communication is a major focus of autism spectrum disorder (ASD) therapy. Using instruments like the Autism Diagnostic Interview-Revised (ADI-R) or the Communication and Symbolic Behavior Scales (CSBS), language and communication skills changes can be measured before and after rehabilitation.

6.5 Parent and Teacher Reports:

It is helpful to consider parents', caregivers', and teachers' opinions when evaluating the efficacy of rehabilitative therapies. To learn more about alterations in the child's behavior, communication, and general functioning, structured questionnaires or rating scales might

be employed, such as the Autism Treatment Evaluation Checklist (ATEC) or the Social Communication Questionnaire (SCQ) (Golestan et al., 2017).

6.6 Self-Reports:

According to Golestan et al. (2017), self-report measures can be used to evaluate changes in self-perception, self-awareness, and quality of life for those with higher-functioning ASD. These measurements record the person's individualized experiences and offer perceptions of their development and satisfaction with the therapeutic procedure.

7.0 Conclusion

In conclusion, the International Classification of Diseases (ICD) 10th Revision provides a comprehensive framework for classifying, identifying, and managing autism spectrum disorder (ASD). Through its precise diagnostic criteria and classification, ICD-10 aids medical professionals in recognizing and comprehending the characteristics of autism. The diagnostic procedure entails a multifaceted evaluation that includes examining the individual's developmental history, observing their behavior, and consulting various specialists.

Behavior, communication, and social skills are affected by complex neurodevelopmental disorders such as autism spectrum disorder. It first manifests in early infancy, making it difficult to establish relationships, comprehend social cues, and communicate effectively. Autism is classified as a pervasive developmental disorder (PDD) in the ICD-10, which also provides codes for the numerous subtypes of ASD, including Childhood Autism (F84.0) and Atypical Autism (F84.1).

Numerous interventions and treatments are available to assist individuals with ASD in living improved lives. Current treatment options include early intervention programs, speech and language therapy, occupational therapy, social skills training, cognitive-behavioral therapy (CBT), medication, parent education and support, and social skills training. These programs are intended to improve communication skills, daily functioning, and social interaction and treat associated maladies.

8.0 Recommendations

The following recommendations are made in light of the results:

- Society needs to be educated about the requirements of Autistic peoples, mostly children should be the given importance to solve their problems.
- Educate the public on the warning signals of autism and the significance of early screening in allowing for prompt treatment.
- Regardless of a person's financial situation, they should be able to gain access to and purchase evidence-based interventions for autism spectrum disorder.
- Improve Multidisciplinary Teamwork by encouraging healthcare providers, therapists, educators, and parents to work together to provide individualized treatment plans and holistic services.
- Investment in research into the causes and successful treatments of autism will yield novel approaches and better outcomes, so we should encourage it.
- ³³ To better the lives of autistic children and their families, it is important to provide them with resources such as counseling and support groups.

If these suggestions are implemented, people with autism spectrum disorder will have better results, more assistance, and a higher quality of life.

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