



Assessment 2

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1. Introduction

Mental disorders should be seen as a global priority. The mind and body work hand in hand and if our body experiences physical problems that affect our mind and vice versa. No one is immune to mental disorders and that is why we need to understand that mental disorders are like any other illness. Mental disorders are described as brain malfunctions, which can be caused by varied factors (Bhandari, 2020). These factors can be hereditary factors, external environment, daily habits, brain biochemistry factors etc. In other words, an individual may be born with mental disorders or may develop them during their lifetime because of physical or emotional experiences (Bhandari, 2020). People with mental disorders behave differently from healthy people. The development of unhealthy habits like excessive self-concern, self-acceptance, loss of contact with reality, refusal to interact with those around him, and denial of any association with societal values can be seen as signs of mental disorders (Christoph, 2008). Moreover, one of the biggest problems is that people with mental disorders feel ashamed of their condition and refuse external support which leads to slowing down or even the impossibility of treating diseases. The family of mental illnesses includes a multitude of conditions, but in today's report, we will limit ourselves to just three of them: General Anxiety Disorder, Schizophrenia, and autism. The purpose of the report is to critically examine the classification, diagnosis, and treatment measurements of the rehabilitation of these three conditions identified in ICD-10 (WHO 2010).

2. General Anxiety disorder

2.1 Definition

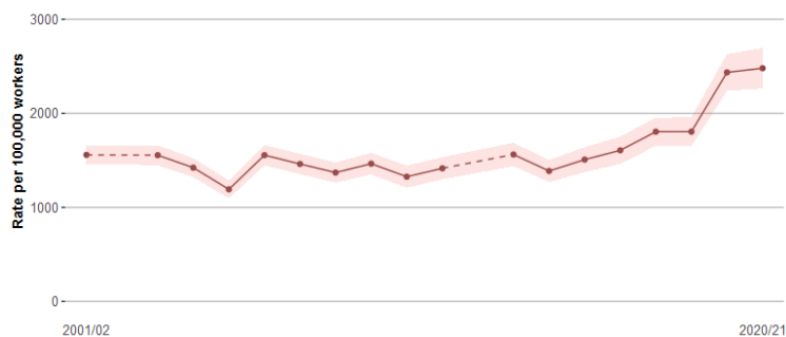
According to the National Health Service (2021), General Anxiety disorder is defined as the human body's response to stress. It is a feeling of fear or panic about an action. General anxiety disorder is manifested by excessive and unrealistic concern, for no real reason. In some cases, a low level of anxiety can be beneficial for us, it keeps us focused on certain topics, but when it becomes constant and more pronounced it can be a problem for our physical and mental health. As a classification, we find general anxiety disorders in ICD-10 at 'F40-F48 Neurotic, stress-related and somatoform disorders. GAD (General Anxiety Disorder) is present under F41.1 (WHO) 2010. People with Generalized Anxiety Disorder (GAD) are often worried about everything around them without something specific. Fears and worries about work, health, money, and relationships are common topics among people with CAD. People diagnosed with GAD are anxious most of the time and can hardly relax, one of the causes being the fact that a new topic of concern arises daily. How one problem is solved, and another takes its place (UWTSD, 2022).

2.2 Prevalence of General Anxiety Disorder (GAD)

In the UK as reported by National Health Service (2021) 5% of the population is affected by CAD, as well as gender women seem to be more affected than men. Also, the most common period of life when people have been diagnosed with CAD is between 35 and 59 years. As described above, general anxiety disorder is intricately linked to stress, and one of the biggest stresses is related to the safety of tomorrow. Many people become anxious when they feel that their work is in jeopardy. According to the UK Labor Force Survey (LFS), the rate of self-reported work-related stress, depression, or anxiety in 2021 has increased compared to 2018-2019. Health and Safety Executive (2021)

Labour Force Survey (LFS)

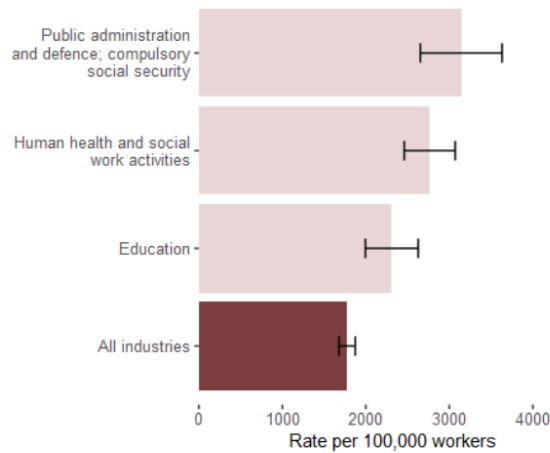
Rate of work-related Stress, depression or anxiety (new or long-standing) per 100,000 workers in 2020/21



Health and Safety Executive (2021)

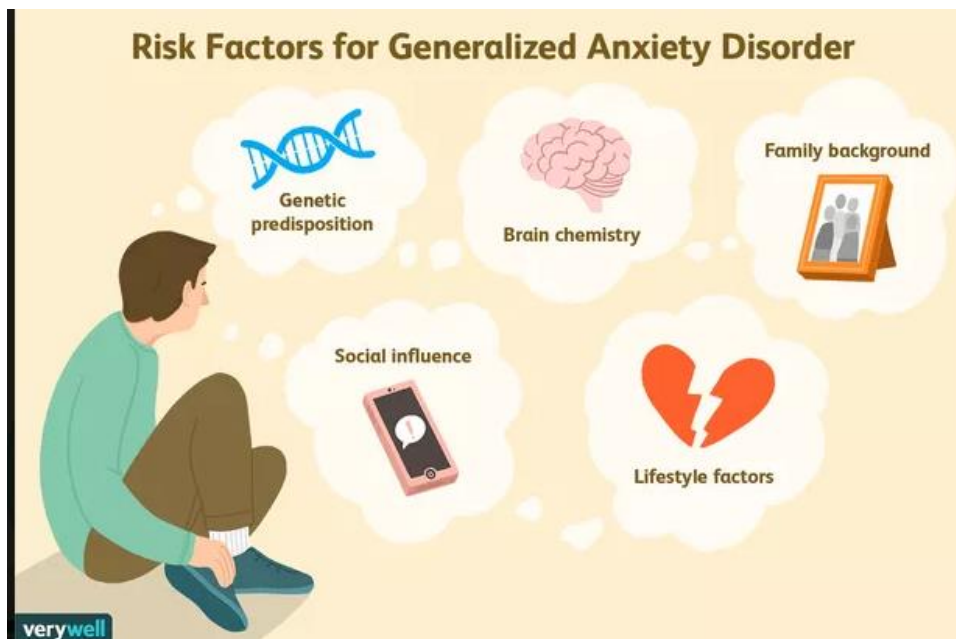
The most affected were the people in Health and the social care department, education, and public administration Health and Safety Executive (2021)

Industries with higher than average rates of Stress, depression or anxiety, averaged over the 3-year period: 2018/19-2020/2



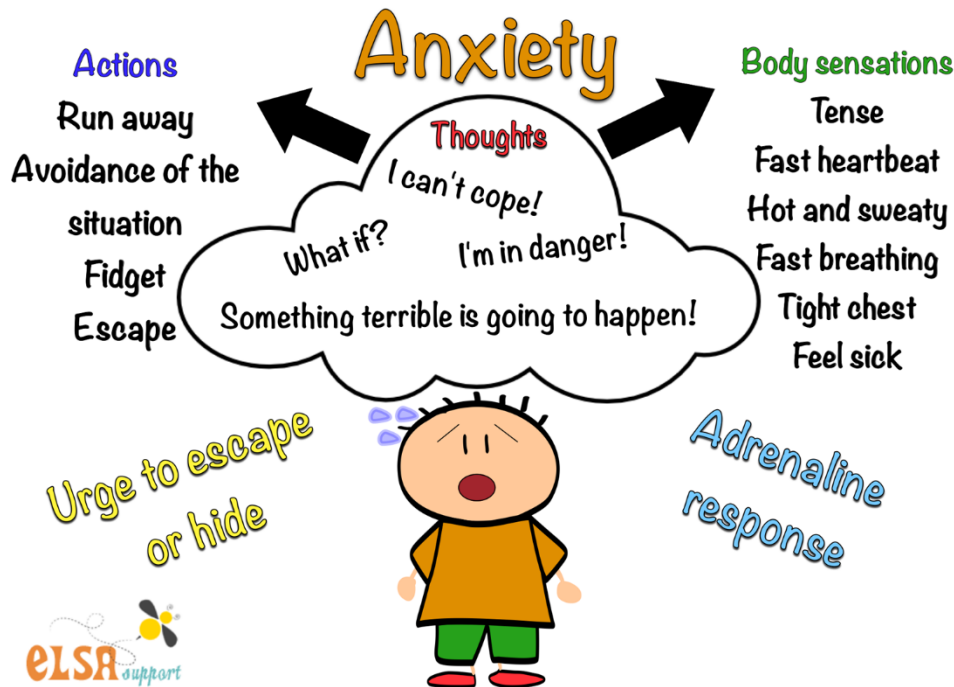
2.3 Aetiology and Symptoms

So far, we cannot say that General Anxiety Disorder (GAD) has only one fixed cause that activates it. CAD can be triggered by genetic, environmental, or emotional genetic factors. Childhood trauma, the negative events of daily life associated with stress can increase the risk of developing anxiety (P and B, 2003). Physical factors such as long-term illness and last but not least alcohol or drug abuse can cause anxiety (GAD) (Meek, 2021)



As stated in by (NHS, 2021) GAD can affect a person both physically and mentally. A person with GAD may be irritable and easily irritated. Physically, GAD sufferers may have difficulty breathing,

fatigue, hair loss, sweating, dizziness, stomach pain, nausea, etc. As well mentally the person has various symptoms. These symptoms include impaired concentration, loss of appetite, panic, excessive fear, fatigue, insomnia, and feeling of the body and mind are not connected (HALATI, 2022)



(UWTSD, 2022)

2.4 Diagnostics

In addition, the diagnosis of the disease is not easy, GAD can be easily confused with depression. A person can be suspected of GAD if for six months he has excessive fears and worries that will affect his daily behaviors and he has one or more GAD-specific symptoms (symptoms described above). Another form of diagnosis is self-diagnosis. With the help of the GAD-7 self-test, we can find out whether or not we are sick and what the severity of the disease is. This questionnaire is a tool to measure the level of anxiety over a period of two weeks (NICE, 2022).

2.5 Treatment

It is recommended that once a person has obvious symptoms of anxiety go to his GPU and seek specialized help to treat the disease. The good news is that GAD is treatable, but good results require effective cooperation between the professional and the patient. Furthermore, a well-

established medication and psychological counselling plan are needed (NICE, 2020). As a treatment it is prescribed depending on the severity of the disease. In mild cases of GAD, self-treatment is recommended by participating in self-education courses, concomitant with the implementation of physical exercises in the daily routine. Also, a balanced diet and here we are talking about stopping smoking and cutting down on the amount of caffeine and alcohol.

In severe cases, treatment includes psychotherapy or antidepressants. Cognitive behavioral therapy (CBT) is recommended as a psychological treatment and antidepressant drugs like selective serotonin reuptake inhibitors (SSRIs) can be prescribed by doctor (Bandelow, Michaelis and Wedekind, 2017). Complementary therapies have also been shown to be beneficial in cases of GAD. A study of 52 women who attended 12 yoga sessions showed that their stress levels had dropped significantly (Shohani et al., 2017).

3. Schizophrenia

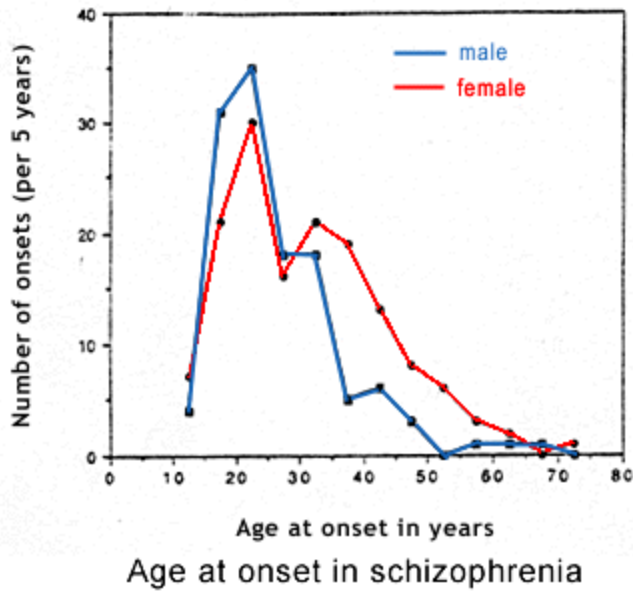
3.1 Definition

Throughout history, conditions such as schizophrenia have not been fully understood as being associated with the supernatural. In the old days, people with schizophrenia were seen as possessed by evil spirits, and one of the treatments was exorcism (American Addiction Centers, 2022). The word vine schizophrenia comes from the Greek schizo (separated) and phrene (mind). The first to describe schizophrenia (precocious dementia) as a mental illness was Dr. Emile Kraepelin in 1887, but the term "schizophrenia" was first used by a Swiss psychiatrist, Eugen Bleuler, in 1911 (Jablensky, 2010).

According to the American Psychological Association, (2022) Schizophrenia is a serious long-term mental disorder that can cause several psychological symptoms. Schizophrenia is classified in ICD-10 under Schizophrenia, schizotypal and delusional disorders, F20.0-F20.9 World Health Organization (WHO 2010).

3.2 Prevalence of Schizophrenia

As reported by World Health Organization (2022) about 24 million people in the global population suffer from some form of schizophrenia. On average, one in 300 people suffer from this mental disorder. The percentage of 0.45% among adults shows that one person in 222 fight with this condition, which shows that the disease is more predictable to people past young adulthood. The age to develop schizophrenia is between 20 and 45 years in men, women developing this disease after 30 years. This condition is also rare in children.



(Schizophrenia Facts and Statistics, 2022)

3.3 Aetiology

As etiology scientists have not identified a specific cause, a set of various diseases or factors of a pathological, physical, and mental disorder can trigger Schizophrenia. People with schizophrenia experience several abnormalities in different brain structures. Numerous studies have shown that certain chemical reactions in the cortex can influence this mental disorder. In addition, there are other genetic or environmental factors that can trigger schizophrenia. It is much more likely that children from parents who suffer from this condition will also develop over time. Also, various infections of the individual when he is a fetus or during infancy can be factors that trigger schizophrenia. People with schizophrenia may seem disconnected from reality, which significantly affects their lives and interactions with family and friends (Karlsgodt, Sun and Cannon, 2022).

3.4 Symptoms of schizophrenia

The symptoms of schizophrenia can vary from patient to patient. Symptoms can be classified as Positive Schizophrenia Symptoms, Disorganized Schizophrenia Symptoms, Cognitive Schizophrenia Symptoms and Negative Symptoms (Rahman and Lauriello, 2016).

"Positive schizophrenia symptoms" are defined by certain actions and reactions of the patient that are not based on reality. This category includes Delusions and Hallucinations (Jodi Clarke, 2021).

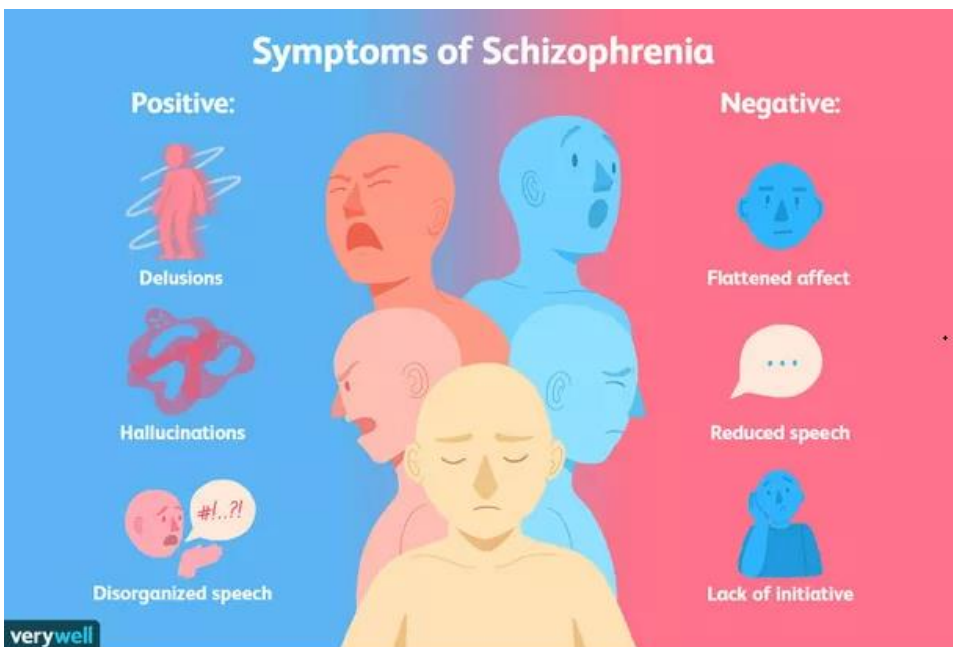
Delusions are when the patient has fixed beliefs and ideas about certain things that are based on a fictional reality. Such a person will not give up his beliefs even if he is confronted with reality.

Hallucinations are episodes in which patients are disconnected from reality by claiming to hear voices or have strange smells (Jodi Clarke, 2021).

Disorganized symptoms of schizophrenia (hebephrenic schizophrenia) are when a person is unable to have a coherent conversation using meaningless words or terms and, she is confused in gestures having difficulty moving skills or logical thinking (Bhandari, 2022).

As for the cognitive symptoms of schizophrenia, they can be described as memory and attention disorders, with patients having difficulty understanding and processing the information received. Here we can also mention the denial of the condition by the patient (Bhandari, 2022).

When we talk about Negative Symptoms of Schizophrenia, we can invoke differences in behavior between a person with schizophrenia and others. One of the most common symptoms in this category is the loss of joy in life, the person no longer reacts with others, loss of speech, lack of emotion and motivation and poor hygiene (Bhandari, 2022).



(Jodi Clarke, 2021)

3.5 Diagnostic

The diagnosis of schizophrenia does not refer to only one aspect, the disorder being diagnosed based on the symptoms. Moreover, a complex set of tests must be carried out to certify the

presence of diseases. In addition to medical tests (physical evaluation of tests on the thyroid gland, MRI, brain scan, blood test, etc.), a psychiatric assessment is required. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Kendra, 2022), a person may be diagnosed by a psychiatrist with schizophrenia if they have two or more of the symptoms listed above (Diagnosis - schizophrenia. Life, 2022)



(Msn.com, 2022)

3.6 Treatment

Schizophrenia is a long-term disease, in many cases, even a long-life condition. So far, we do not have a cure for Schizophrenia, but we can say on this day, with the right treatment many of the symptoms of this condition can be treated. According to research conducted in Norway after four years of treatment, over 55% of all patients are cured of schizophrenia and 10% are no longer on medication. As stated, in Professor Anne-Kari Torgalsbøen at the University of Oslo's Department of Psychology people are too pessimistic about this disease, "The results of this study give hope not only to patients and their relatives, but also provide inspiration for everyone who treats young people with psychotic disorders" (Stranden, 2018).

Once patients are diagnosed with schizophrenia, it is imperative that doctors develop a treatment plan. Also, a good correlation between services must be adopted; psychologists, social workers, support carers and the family must work together for the benefit of the patient. The treatment of schizophrenia is focused on reducing crisis episodes, improving the patient's daily life, and reducing the volume of stress. The patient's treatment is divided into antipsychotic medications and psychosocial intervention. Antipsychotic medications are based on drug treatment, the patient

receives medications (pills, fluid, injections) that help him manage and reduce episodes of delusions and hallucinations. As a psychosocial intervention, we can include cognitive-behavioral therapy, behavioral therapy, employment support, etc. Family, friends, and the environment can also be a powerful addition to treating the condition (National Institute of Mental Health, 2022).

Schizophrenia should be treated as early as possible because it can have devastating consequences for the patient. An untreated or inadequately treated patient can even end up committing suicide. With the help of data collected from 'Quality Indicator for Rehabilitative Care(QuIRC-SA) (SEE APPENDIX B) as measurements of rehabilitation the treatment provider can avoid complications such as self-harm and suicide, substance misuse, neglect and self-neglect, lack of dignity and violation of human rights that may occur during treatment (Dalton-Locke, Attard, Killaspy and White, 2018)

3.8 Principles of care for adults with schizophrenia

People diagnosed with schizophrenia are often stigmatized in society and have to endure various forms of discrimination from others. Human rights are also violated in many cases, people with schizophrenia being denied different social and cultural activities in society.

That is why it is important for people with experience in the field to get involved in treating the disease. Patients must have care across all phases; the race, culture and identity of each patient must be respected. Also, reliable professional training of the staff is essential for the correct development of the treatment. They need to be properly informed about the patient's needs and the procedures in the treatment plan. (National Institute for Health and Care Excellence 2022).

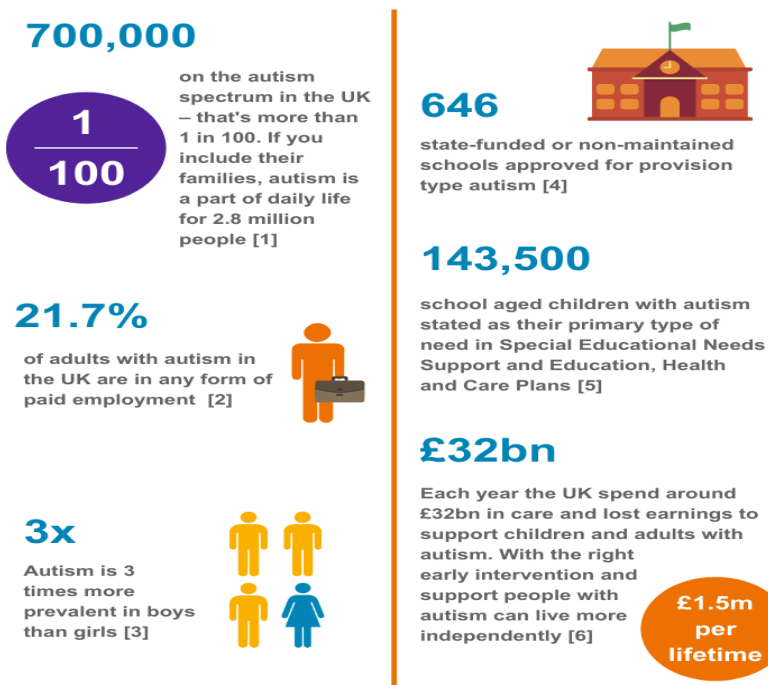
4. Autism

4.1 Definition

According to the National Health Service, (2019) autism is not necessarily a disease in other words being autistic means that the brain reacts differently in relation to the environment, society, people, etc. But what exactly is autism? In agreement with the National Autistic Society, (2022) autism is a long-life disability that affects the interaction between the individual and the world around him. As a classification in ICD-10 we can find autism under Disorders of psychological development, F80-F89 (WHO 2010).

4.2 Prevalence of autism

In accordance with World Health Organization (2022) in the World one of the one hundred peoples suffer from a form of autism and around 700,000 people are registered with autism in the UK, (N.A.S. 2022). As a gender, men are three times more likely to have autism than women



(Beyond Autism-Statistics, 2022)

4.3 Causes of autism

To date, autism does not have a clear cause or if it is a cause related to the occurrence of this disability. Autism is thought to be linked to brain development, and the genetic factor could be one of the causes. Autism cannot be caused by biological factors, adverse reactions to various treatments and medical products, diet, or stroke. (NHS, 2019).

4.4 Types of autism:

There are currently five known types of autism:

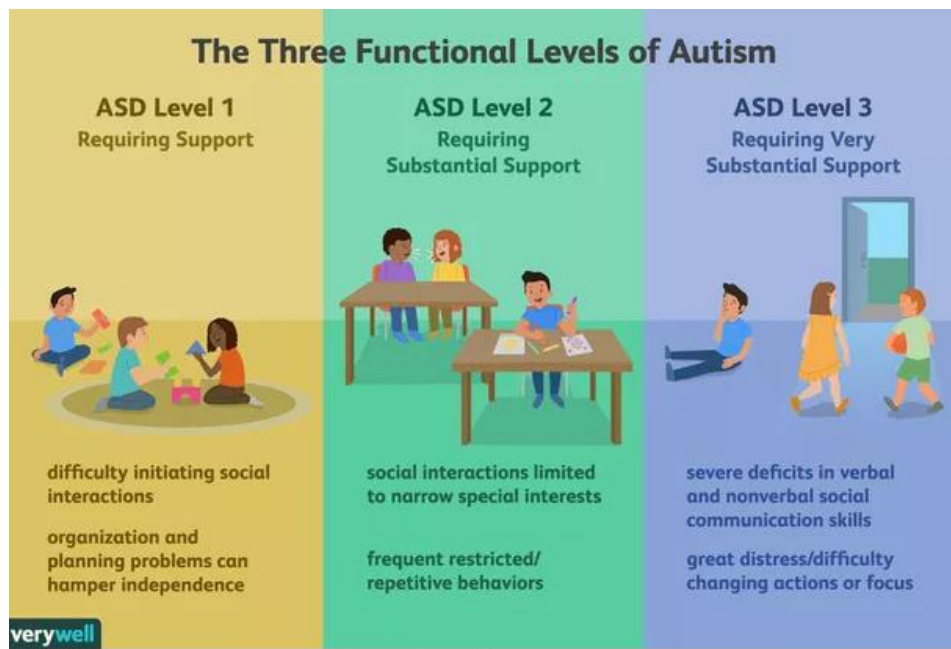
Types of autism	Asperger's syndrome	Rett syndrome	Childhood disintegrative disorder (CDD):	Kanner's syndrome	<u>Pervasive developmental disorder-not otherwise specified (PDD-NOS)</u>
Symptoms	Difficulty interacting with peers in society. Difficulty controlling emotions. Inflexible and repetitive behavior. Become irritated by even little variations in their routine. Executive functioning problems. Flat monotone speech. Inability to express feelings	Loss of standard movement and coordination. Challenges with communication and speech. Breathing difficulties in some cases.	Toileting skills if they had already been established. Acquired language or vocabulary. Social skills and adaptive behaviors. Some motor skills.	Lack of emotional attachment with others. Communication and interaction challenges. Uncontrolled speech. Obsession with handling objects. A high degree of rote memory and visuospatial skills with major difficulties learning in other areas.	Child may experience delays in language development, walking, and other motor skills. Abnormal sensitivity to taste, sight, sound, smell, and/or touch. Unusual social behavior

(What Are the 5 Types of Autism, 2022)

source: Autor

4.5 Diagnostic

Autism usually develops in early childhood. If there are signs of unusual activity, social communication difficulties, behavioral gestures, and repetitive movements, it is advisable to visit the doctor. The diagnosis of a child with autism is not made by a single doctor, this being a complex operation. Because autism is not a disease and the symptoms range from mild to severe, diagnosis can be quite difficult once diagnosed. In fact, there is no single type of assessment to diagnose autism. Moreover, diagnosis will be based on several criteria, found in ICD-10 and the DSM-5 diagnostic manuals (Diagnostic criteria, 2022). Once diagnosed, according to Autism Spectrum Levels, a team of doctors, specialists, therapists, psychologists, social workers, care workers, teachers and family start working for the benefit of the patient.



4.6 Treatments

There is no standard treatment for autism, with specialists focusing on various therapies that help the patient in their daily routine.

We cannot cure autism. A person with autism can only improve their condition and their behavior towards society. And this, with a lot of effort from those around him and a lot of patience. There are doctors or therapists who teach and help children with autism to integrate into society, and that is why it is important to start this treatment as soon as possible (Autism spectrum disorder - Diagnosis and treatment - Mayo Clinic, 2022).

Every child needs some help, but the most important thing is to learn how to communicate, a step that is quite difficult because they only understand the words if they see them. In this sense, therapists teach children how to communicate using images. Children are also taught how to behave in society, how to greet learners, how to wait in line and how to follow directions. Some of them need more special attention, such as learning to control their temper (What are the treatments for autism? 2022).

Treatment may include: - behavioral therapy to help the patient adapt to his daily needs "integration programs" that help the patient to adapt as much as possible to the environment around him; ensuring an organized living environment; audio-visual therapy to aid communication;

music therapy; physiotherapy; language therapy. Treatment may also include educating the patient to cope with new situations (request for help, guidance, etc.). Families and friends of people with autism also need support, guidance, and education (What are the treatments for autism? 2022).

4.7 Measurements rehabilitation:

Childhood Autism Rating Scale (CARS): Evaluates the child's behavior, abilities and characteristics compared to the developmental parameters of a healthy child (Childhood Autism Rating Scale - Special Learning, Inc, 2022). (SEE APPENDIX)

Autism Diagnostic Observation Schedule (ADOS): ADOS is based on assessing the behavior and symptoms commonly associated with autism, (Autism diagnostic observation schedule 2022). (SEE APPENDIX)

Complementary therapy is a different way to treat autism. As we already know, for the treatment of autism symptoms there are only a few main methods, so complementary and alternative therapy can be beneficial to help people with autism to integrate more easily into society. According to 'Jyoti Manuel (2019), founder, and Lead Practitioner at Special Yoga', Yoga in combination with other alternative therapies based on sound, rhythm, massage, etc. can help both children and school staff.

4.8 Principles of care

All staff working with autistic adults should:	• Treat all patients equally regardless of gender and age • offer support and care respectfully • work in partnership with autistic people and, where appropriate, with their families, partners and carers • take time to build a trusting, supportive, empathic and non-judgemental relationship • clearly communicate their role and function • address the person using the name and title they prefer • clearly explain any clinical language and check that the autistic person understands what is being said • take into account communication needs
All staff working with autistic adults should have an understanding of the:	• nature, development and course of autism • impact on personal, social, educational and occupational functioning • impact of the social and physical environment. • impact on and interaction with other coexisting mental and physical disorders and their management

(National Institute for Health and Care Excellence, 2021)

5. Conclusion

In conclusion, as I said at the beginning of the report, no one is immune to mental disorders, so tomorrow we may be the ones who will need help to get over a mental disorder. Whether it is General Anxiety disorder, schizophrenia, autism, or any other mental illness patients should be supported and treated without discrimination regardless of age, gender, skin color or sexual or political beliefs. As we have shown throughout the report, early intervention in the diagnosis of condition and a correlation of the institutions participated in the treatment of the patient is essential. Let's not forget that people with mental disorders are human beings and have the right to express themselves freely and their desires and priorities must be the priority of those who care for them. So, if a few hundred years ago those with mental disorders were seen as evil in society these days they are just people who need our support. The better we as professionals do our job, the more smiles we can bring on the faces of those with a physical or mental disability.

6. Reference

1. American Psychological Association, A., 2022. *Schizophrenia*. [online] <https://www.apa.org>. Available at: <<https://www.apa.org/topics/schizophrenia#:~:text=Schizophrenia%20is%20a%20serious%20mental,typically%20begins%20in%20early%20adulthood.>> [Accessed 26 April 2022].
2. American Addiction Centers, A., 2022. *Historical and Contemporary Understandings of Schizophrenia*. [online] Mentalhelp.net. Available at: <<https://www.mentalhelp.net/schizophrenia/understanding/>> [Accessed 26 April 2022]
3. Autism.org.uk. 2022. *Diagnostic criteria*. [online] Available at: <<https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/diagnostic-criteria>> [Accessed 28 April 2022].
4. Bandelow, B., Michaelis, S. and Wedekind, D., 2017. *Treatment of anxiety disorders*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573566/>.
5. BeyondAutism-Statistics, B., 2022. *Statistics - BeyondAutism*. [online] BeyondAutism. Available at: <<https://www.beyondautism.org.uk/about-autism/understanding-autism/statistics/>> [Accessed 28 April 2022].
6. Bhandari, S., 2020. *Causes of Mental Illness*. [online] WebMD. Available at: <<https://www.webmd.com/mental-health/mental-health-causes-mental-illness>> [Accessed 29 April 2022].
7. Bhandari, S., 2022. *Mental Health and Schizophrenia*. [online] WebMD. Available at: <<https://www.webmd.com/schizophrenia/mental-health-schizophrenia>> [Accessed 27 April 2022].
8. C, L., 2008. *Stigma and discrimination against people with mental illness: a critical appraisal*. [online] PubMed. Available at: <<https://pubmed.ncbi.nlm.nih.gov/184444451/>> [Accessed 29 April 2022].
9. Dalton-Locke, C., Attard, R., Killaspy, H. and White, S., 2018. Predictors of quality of care in mental health supported accommodation services in England: a multiple regression modelling study. *BMC Psychiatry*, 18(1).
10. EDELMAN, D., 2018. *CHANGE YOUR THINKING WITH CBT*. [Place of publication not identified]: VERMILION.
11. integrityinc.org. 2022. *What Are the 5 Types of Autism?*. [online] Available at: <<https://www.integrityinc.org/what-are-the-5-types-of-autism/>> [Accessed 28 April 2022].

12. HALATI, C., 2022. *Anxiety Disorders: Symptoms, types and treatments* | Phlo Blog. [online] Wearephlo.com. Available at: <<https://wearephlo.com/post/anxiety-disorders-symptoms-types-and-treatments>> [Accessed 25 April 2022].
13. <https://www.nichd.nih.gov/>. 2022. *What are the treatments for autism?*. [online] Available at: <<https://www.nichd.nih.gov/health/topics/autism/conditioninfo/treatments>> [Accessed 28 April 2022].
14. Hse, H., 2021. [online] Hse.gov.uk. Available at: <<https://www.hse.gov.uk/statistics/causdis/stress.pdf?amp;amp;amp;amp>> [Accessed 25 April 2022].
15. [C](#) Jablensky, A., 2010. *The diagnostic concept of schizophrenia: its history, evolution, and future prospects*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181977/>.
16. Jodi Clarke, J., 2021. *How Schizophrenia Is Diagnosed by Observing Symptoms*. [online] Verywell Mind. Available at: <<https://www.verywellmind.com/what-are-the-symptoms-of-schizophrenia-2953120>> [Accessed 27 April 2022].
17. K., 2022. *How Mental Health Professionals Use the DSM Today*. [online] Verywell Mind. Available at: <<https://www.verywellmind.com/the-diagnostic-and-statistical-manual-dsm-2795758>> [Accessed 27 April 2022].
18. Karlsgodt, K., Sun, D. and Cannon, T., 2022. *Structural and Functional Brain Abnormalities in Schizophrenia*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235761/>.
19. Manuel, J., 2019. *Using yoga with autistic pupils*. [online] Autism.org.uk. Available at: <<https://www.autism.org.uk/advice-and-guidance/professional-practice/yoga-schools>> [Accessed 29 April 2022].
20. Mayoclinic.org. 2022. *Autism spectrum disorder - Diagnosis and treatment - Mayo Clinic*. [online] Available at: <<https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/diagnosis-treatment/drc-20352934#:~:text=No%20cure%20exists%20for%20autism,and%20supporting%20development%20and%20learning.>> [Accessed 28 April 2022].
21. Meek, W., 2021. *What Could Cause Generalized Anxiety Disorder?*. [online] Verywell Mind. Available at: <<https://www.verywellmind.com/gad-causes-risk-factors-1392982#:~:text=There%20is%20no%20singular%20cause%20of%20generalized%20anxiety,chemistry%2C%20fam>> [Accessed 25 April 2022].

- i. Msn.com, M., 2022. *MSN*. [online] Msn.com. Available at: <<https://www.msn.com/en-us/health/condition/schizophrenia?ocid=entnewsntp>> [Accessed 27 April 2022].
22. National Autistic Society, N., 2022. *What is autism*. [online] Autism.org.uk. Available at: <<https://www.autism.org.uk/advice-and-guidance/what-is-autism>> [Accessed 28 April 2022].
23. : National Health Service, N., 2019. *What is autism?*. [online] nhs.uk. Available at: <<https://www.nhs.uk/conditions/autism/what-is-autism/>> [Accessed 28 April 2022].
24. National Institute for Health and Care Excellence, N., 2021. *Recommendations | Autism spectrum disorder in adults: diagnosis and management | Guidance | NICE*. [online] Nice.org.uk. Available at: <<https://www.nice.org.uk/guidance/cg142/chapter/Recommendations>> [Accessed 29 April 2022].
- i. National Institute of Mental Health, N., 2022. *Schizophrenia*. [online] National Institute of Mental Health (NIMH). Available at: <https://www.nimh.nih.gov/health/topics/schizophrenia#part_145431> [Accessed 27 April 2022].
25. NICE, N., 2022. *Overview | Supporting adult carers | Guidance | NICE*. [online] Nice.org.uk. Available at: <<https://www.nice.org.uk/guidance/ng150>> [Accessed 27 April 2022].
26. NICE, N., 2022. *Overview | Supporting adult carers | Guidance | NICE*. [online] Nice.org.uk. Available at: <<https://www.nice.org.uk/guidance/ng150>> [Accessed 27 April 2022].
27. _ NICE, N., 2020. *Introduction | Generalised anxiety disorder and panic disorder in adults: management | Guidance | NICE*. [online] Nice.org.uk. Available at: <<https://www.nice.org.uk/guidance/cg113/chapter/Introduction>> [Accessed 26 April 2022].
28. NICE, N., 2022. *Diagnosis | Diagnosis | Generalized anxiety disorder | CKS | NICE*. [online] Cks.nice.org.uk. Available at: <<https://cks.nice.org.uk/topics/generalized-anxiety-disorder/diagnosis/diagnosis/>> [Accessed 25 April 2022].
29. NHS, N., 2021. *Overview - Generalised anxiety disorder in adults*. [online] nhs.uk. Available at: <<https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/>> [Accessed 25 April 2022].

30. P, G. and B, L., 2003. *[Etiological factors of generalized anxiety disorder]*. [online] PubMed. Available at: <<https://pubmed.ncbi.nlm.nih.gov/14615705/>> [Accessed 25 April 2022].
 - i. Rahman, T. and Lauriello, J., 2016. *Schizophrenia: An Overview*. <https://pubmed.ncbi.nlm.nih.gov/31975810/>.
31. schizophrenia.life. 2022. *Diagnosis - schizophrenia.life*. [online] Available at: <<https://schizophrenia.life/public/diagnosis-treatment/diagnosis/>> [Accessed 27 April 2022].
32. Schizophrenia Facts and Statistics, S., 2022. *Schizophrenia Facts and Statistics*. [online] Schizophrenia.com. Available at: <<http://schizophrenia.com/szfacts.htm>> [Accessed 26 April 2022].
33. Shohani, M., Azami, M., Badfar, G., Nasirkandy, M., Kaikhavani, S., Rahmati, S., Modmeli, Y. and Soleymani, A., 2017. *The effect of yoga on stress, anxiety, and depression in women*. <https://pubmed.ncbi.nlm.nih.gov/29541436/>.
34. Sltforkids.co.uk. 2022. *Autism diagnostic observation schedule | Assessments | Services | Speech clinic | SLT for Kids | Speech & Language Therapy, across Manchester & the North West*. [online] Available at: <<https://www.sltforkids.co.uk/speech-clinic/services/assessments/autism-diagnostic-observation-schedule/>> [Accessed 29 April 2022].
35. Special Learning, Inc. 2022. *Childhood Autism Rating Scale - Special Learning, Inc.* [online] Available at: <<https://www.special-learning.com/article/childhood-autism-rating-scale>> [Accessed 29 April 2022].
36. tranden, A., 2018. *Half of young people recover from schizophrenia*. [online] Sciencenorway.no. Available at: <<https://sciencenorway.no/forskningno-mental-health-norway/half-of-young-people-recover-from-schizophrenia/1457261>> [Accessed 27 April 2022].
37. UWTSD, U., 2022. *UWTSD Moodle 2021/22: Log in to the site*. [online] Moodle.uwtsd.ac.uk. Available at: <<https://moodle.uwtsd.ac.uk/course/view.php?id=9613>> [Accessed 25 April 2022].
38. WHO, W., 2022. *ICD-10 Version:2010*. [online] Icd.who.int. Available at: <<https://icd.who.int/browse10/2010/en#/F40-F48>> [Accessed 25 April 2022].
39. WHO, W., 2022. *Schizophrenia*. [online] Who.int. Available at: <<https://www.who.int/news-room/fact-sheets/detail/schizophrenia>> [Accessed 26 April 2022].

40. IWHO, W., 2022. *Autism*. [online] Who.int. Available at: <<https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders#:~:text=It%20is%20estimated%20that%20worldwide,figures%20that%20are%20substantially%20higher.>> [Accessed 28 April 2022].

APPENDIX A

Generalised Anxiety Disorder Questionnaire (GAD-7)	
Over the last 2 weeks, how often have you been bothered by any of the following problems?	
Feeling nervous, anxious or on edge?	Not at all Several days More than half the days Nearly every day
Not being able to stop or control worrying?	Not at all Several days More than half the days Nearly every day
Worrying too much about different things?	Not at all Several days More than half the days Nearly every day
Trouble relaxing?	Not at all Several days More than half the days Nearly every day
Being so restless that it is hard to sit still?	Not at all Several days More than half the days Nearly every day
Becoming easily annoyed or irritable?	Not at all Several days More than half the days Nearly every day
Feeling afraid as if something awful might happen?	Not at all Several days More than half the days Nearly every day
Total = /21	

APPENDIX B

Childhood Autism Rating Scale (CARS)

The Childhood Autism Rating Scale (CARS) is a 15 item behavioral rating scale developed to identify children with autism and to categorize these behaviors from mild to moderate to severe. The total CARS score may range from a low of 15 (obtained when the child's behavior is rated as falling within normal limits on all 15 scales) to a high of 60 (obtained when the child's behavior is rated as severely abnormal on all 15 scales). The score represents placement on a continuum: the lower the score, the fewer autistic behaviors the child exhibits; the higher the score, the more autistic behaviors the child exhibits.

School Rating Completed by XXXX. The scores were as follows:

Relating to People	XX
Emotional Response	XX
Imitation	XX
Body Use	XX
Object Use	XX
Adaptation to Change	XX
Listening Response	XX
Taste, Smell, Touch	XX
Visual Response	XX
Fear or Nervous	XX
Verbal Communication	XX
Activity Level	XX
Nonverbal Communication	XX
Level & Consistency of Intellectual Response	XX
General Impression	XX
Total Score	XX

The Childhood Autism Rating Scale was completed utilizing information provided by XXXXX. Based on his/her observations and evaluation, XXXXX received an overall rating score of XX, placing him within the XXXX autistic range.

XXXX displays a marked difference in his/her social skills (including), his/her communication skills (including) and his/her repertoire of interests and activities (including) as well as his/her sensory responses (including).

Autism Diagnostic Observation Scale (ADOS)

The Autism Diagnostic Observation Scale (ADOS) is a semi-structured, standardized assessment of communication, social interaction, play, and imaginative use of materials for individuals who have been referred because of a possible autism spectrum disorder. Specific tasks were presented because they were likely to induce particular behaviors relevant to autism spectrum disorders.

During the session, XXX displayed brief hand and finger mannerism including

The assessment, observation, and scoring was completed by XXX and XXX, a team of XXX from Lakes XXX. The following scores were obtained:

<u>Communication Total</u>	XX	(met criteria - Autism Cut-Off 5)
<u>Reciprocal Social Interaction</u>	XX	(met criteria - Autism Cut-Off 6)
<u>Total</u>	XX	(met criteria - Autism Cut-Off 12)

In the area of communication, XXX met/did not meet the cut-off score for Autism Spectrum due to

In the area of social interaction, XXX met/did not meet the cut-off score for Autism Disorder due to

When the scores are totaled, XXX meets/does not meet eligibility for Autism.

He/She displays symptoms and needs in the areas of communication, social interaction, and stereotyped behaviors and restricted interests.
