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Introduction

Mental disorders sometimes referred to as mental illnesses, are issues that impact a person's emotions, behaviour, feelings, and thoughts. How individuals interact with others and do their daily responsibilities may be impacted by mental diseases. According to Minkoff and Covell (2021), several things can lead to mental illnesses, including chemical imbalances in the brain, stressful or abusive past experiences, exposure to bacteria and viruses while pregnant, drug and alcohol abuse, cancer, loneliness, and traumatic brain injuries, to name a few. These conditions include generalised anxiety disorder, schizophrenia, autism, dementia, depression, and bipolar disorder. However, this research will critically examine the first three disorders' classifications and the methods for diagnosis, treatment, and rehabilitation evaluation.

1.0 General Anxiety Disorder (GAD)

A general anxiety disorder is a condition that makes a person feel excessively fearful, worried, and panicky, interfering with their day-to-day activities (Ghahari et al., 2020). Additionally, the condition affects well-being and emotional and physical health (Ghahari et al., 2020). Since even routine actions like completing daily chores may create anxiety in those with GAD symptoms, the person with this illness will often be overly worried or apprehensive and conscious that nothing can be guaranteed (Shihata et al., 2017).

1.1 Classification of GAD within ICD-10

ICD.WHO.int (2016) classifies GAD under section F41.1 together with diseases of the somatoform type, neurotic disorders, and stress-related ailments. The prevalence of this illness in the UK is about 5%, with females being more susceptible than males and those between the ages of 40 and 60 experiencing it most often (MHFA England, 2020). Since GAD is a common ailment that affects up to 8% of the UK population, intervention tends to worry persons with GAD and other mental disorders a lot.

1.2 Causes of anxiety (Aetiology)

Genes are a primary reason. Genes predict GAD risk (Huang and Zhao, 2020). A person is genetically susceptible to having the condition's symptoms, as with other diseases. Individuals may develop the condition if relatives pass on genes that make them vulnerable. When this sensitivity is paired with environmental factors, symptoms appear.

Next brain structure. The limbic system's amygdala causes this. This symptom involves memories, emotions, and terror reactions. Life experiences contribute to GAD's development. Traumatized children are more likely to get the disease. Risk factors include divorce, desertion, social isolation, mental abuse, and death.

This disease may be caused by coffee, relationships, and work stress. High-caffeinated drugs like tea and energy drinks might make people anxious or restless. For women, humiliation by current or previous partners generates anxiety. Relationships may hurt or heal.

1.3 Signs and Symptoms

For adults, the typical signs and symptoms include difficulty sleeping, dry mouth, tight muscles, frequent exhaustion, feeling fatigued, exaggerating situations, concentration issues, feeling like it is difficult to let go of worries, diarrhoea, sweaty palms, occasional stomach aches, irritation, excessive thinking, nervousness, weakness, and numbness. In addition, children struggle with low self-esteem, anxiety about how to fit in with their peers, lack of confidence, stomach problems, avoiding social settings, and concern over getting along with adults in positions of power, such as teachers.

1.4 When anxiety can be diagnosed

A doctor makes a diagnosis by examining the patient's mental state. They are questioned about the symptoms they experience and how long they have lasted. They then determine whether patients need to take medicine or if a psychiatrist or psychologist should be consulted. Additionally, medical tests may be performed to determine if drug addiction or sickness is present. The following tests are performed if it is thought that drug use or disease may be to blame for the GAD: An X-ray of the digestive system is used to examine the state of the heart, while blood tests are used to assess hormone levels that may lead to thyroid diseases, urine tests are used to assess drug misuse, and reflex tests of the gut are used to assess the condition of the gut (DeMartini, Patel and Fancher, 2019).

1.5 Current treatment

Medication and CBT are the main treatments (CBT). In the latter, the patient meets with the health professional to change their behaviours (NICE, 2016). After a year of treatment, symptoms improve. In the one-on-one session, they learn to recognise and control GAD and to calm themselves during excessive thinking. Short- and long-term pharmacological regimens (antidepressants, anti-anxiety medicines) are created (Carl et al., 2020). Short-term entails relaxing muscles and stomach-related biochemicals. Xanax, Lorazepam, and Klonopin are short solutions (DeMartini, Patel and Fancher, 2019). Due to dependence and abuse risks, these medicines are only taken briefly (NICE, 2016). Long-term medicines include sertraline, duloxetine, and Luvox. These drugs start working within weeks (NICE, 2016). Diarrhoea, dry mouth, and nausea are common side effects that make individuals stop taking drugs (DeMartini, Patel and Fancher, 2019). Early antidepressant use seldom causes suicidal thoughts. Patients must notify their physicians of any attitude changes. The first prescription

is used for a few weeks, while the others take longer to work (Newman, Zainal and Hoyer, 2020).

1.6 Measurements of rehabilitation

The Mood and Anxiety Symptoms Questionnaire (MASQ), according to data gathered between 2002 and 2013, reacted more often than the Brief Symptom Inventory (BSI) (Strawn et al., 2018). However, measures for particular diseases were identical for the two parameters, and if there were statistically significant differences, the effect sizes (ES) were tiny (Carl et al., 2020). Psychotropic medicine, including antidepressants and stimulants, is the most often used treatment strategy for GAD, according to NICE (2016).

1.7 Recommendations for improvement of anxiety

A helpful suggestion for anyone with GAD, particularly adults, would be support groups. As a result, persons with GAD can connect in a welcoming environment where they may provide and receive all types of assistance, including information about anxiety and how to form social connections. A further dietary suggestion would be to consume enough calcium and vitamin B, both of which assist relax tissue muscles. Leafy greens, wholegrain cereals, and low-fat dairy products are a few examples of particular foods.

1.8 Principles of care for people with a generalised anxiety disorder (GAD) (NICE)

NICE (2016) recommends that medical professionals ask patients who have GAD whether they would want you to be engaged in their treatment. However, healthcare providers must respect their privacy if the person with GAD wants to manage on their own throughout therapy. Once again, if the person with GAD chooses to include a healthcare professional, the professional must explain to the patient about GAD and how they may help them during treatment (NICE, 2016). Engaging patients in care support groups, cognitive behavioural therapy, and counselling are just a few therapies that may help patients understand their anxiety and find the motivation they need to overcome it (anxiety UK, 2022).

2.0 Schizophrenia

World Health Organization: Schizophrenia affects decision-making, behaviour, perception, thinking, and language (2019). Mentally sick people struggle to complete jobs or school assignments. Schizophrenia causes psychosis concerning family, work, school, and personal life. 1 in 100 Brits may suffer a schizophrenia episode (NHS, 2021). More men (30%) than women (20%) have schizophrenia, and they come from all social and economic levels (NHS England, 2019). Psychosis killer. Within ten years of diagnosis, persons with the illness have a 5 to 10% probability of dying by their hand (NHS England, 2019).

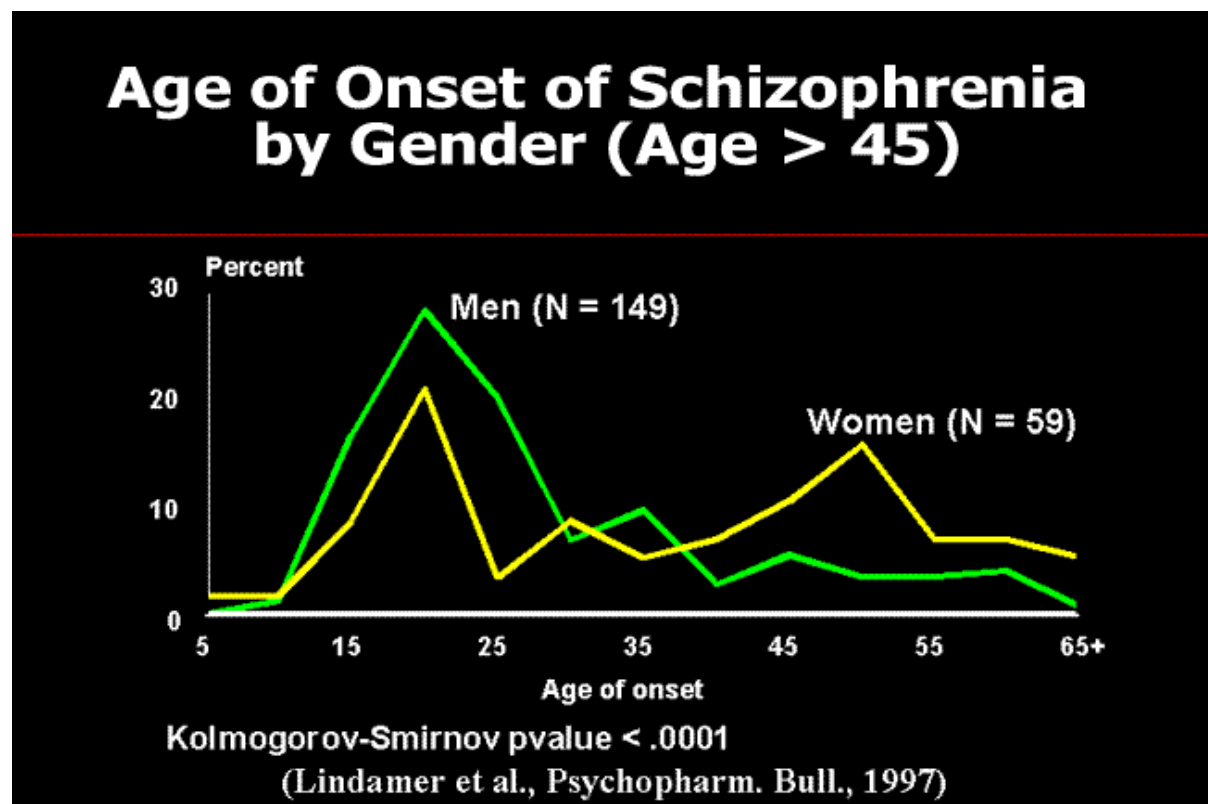


Figure 1: age of onset of schizophrenia by gender. Source:

2.1 Classification

GAD is classified under F20.1 while schizotypal and delusional illnesses are under F20 through F29. Schizophrenia is a chronic brain disorder. It may lead individuals to hear voices, see things that aren't there, and believe others can read their minds. Males in their teens or 20s commonly show symptoms. Hearing voices and seeing things are delusions. 20- to 30-year-old women may start. Unusual thoughts or perceptions, mobility problems, difficulty speaking and expressing emotion, and attention, memory, and organization impairments are other indications. Genetics and brain chemistry may be linked in schizophrenia, according to the ICD. Medications may relieve many symptoms, but finding the right one might take time.

2.2 Causes (Aetiology)

Schizophrenia risk is genetic and environmental. Schizophrenia is inherited (Lanillos et al., 2020). Family, twin, and adoption studies show schizophrenia is heritable (Lanillos et al., 2020). Twin studies show 81% of schizophrenia is genetic and 11% environmental (Richetto and Meyer, 2021). GWA studies suggest schizophrenia's genomic architecture may comprise uncommon variants with high penetrance and ubiquitous variants with minor effects (Richetto and Meyer, 2021). Given the low concordance rate for monozygotic twins, schizophrenia must be spontaneous (Lanillos et al., 2020).

Prematurity, low birthweight, hypertension, and hypoxia cause schizophrenia (Massrali et al., 2022). Winter-spring births promote schizophrenia; maternal influenza may damage fetal brain development (Massrali et al., 2022). Pregnancy infections and toxoplasmosis may affect neurodevelopment (Richetto and Meyer, 2021). Antibodies and cytokines cause greater brain damage than infections (Massrali et al., 2022). Prenatal infection, genetic predisposition, and family history may raise schizophrenia risk. Neurodevelopmental schizophrenia matches genetic predisposition and prenatal infection (Massrali et al., 2022).

2.3 Signs/Symptoms

Positive symptoms, such as hallucinations or delusions, or any alteration in behaviour or cognition, are often categorised as schizophrenia symptoms (NHS England, 2019); Hallucinations: People with schizophrenia who hear voices have alterations in the speech section of their brains, according to research utilising brain-scanning technology (Richetto and Meyer, 2021). These investigations demonstrate the reality of the sense of hearing voices, as though the brain confuses ideas for actual voices (NICE, 2018).

Negative symptoms include the tendency for individuals to retreat from their surroundings, show little interest in routine social contacts, and often exhibit emotionlessness and flatness (NHS England, 2019). A few examples are a lack of focus, a desire to stay home, changes in sleeping habits, and a loss of interest and drive in relationships and sexual activity.

2.4 Diagnosis

This procedure is complex since every time someone uses a substance, such as methamphetamines or even LSD (Lomholt et al., 2019). These people will have unmistakable symptoms like those of this illness. Additionally, some deny having the disease even after being identified, complicating the procedure (Oh et al., 2019). The dearth of knowledge among healthcare professionals further complicates the therapy. Specifically, the condition cannot be diagnosed with a test, physical examination, or lab work (Yanos et al., 2019). The only alternative is for the professional to assess each symptom individually and then track its

progression for more than six months to get a precise diagnosis (Yanos et al., 2019). In addition, experts in the medical field are required to rule out other possibilities, including bipolar illness and brain tumours (Lomholt et al., 2019). It must meet this requirement in order for it to be conclusively proven.

2.5 Current treatments

Without a doubt, there is no treatment for schizophrenia. However, several methods regulate it, including education, self-management strategies, antipsychotic drug usage, and psychotherapy, such as supportive therapy, cognitive behaviour therapy, and aggressive community treatment (Goff, 2021). Schizophrenia is a distinct and complex condition that requires spontaneous interventions and treatment at the first hint of a psychotic situation, according to (Patel et al., 2014). Clinicians must consider severe side effects while developing a thorough treatment strategy (Potkin et al., 2020). Patients must, however, use the available pharmacological and nonpharmacological therapy options since they may improve their adaptive functioning (Nucifora et al., 2019).

2.6 Measurements of rehabilitation

To manage schizophrenia and prevent undesirable consequences such as human rights abuses, suicide, neglect, and drug misuse, nothing can be done by assessing the quality of care and treatment offered (Bright, Wallace and Kuper, 2018). We utilise the Quality Indicator for 10 Rehabilitative Care to assess life quality. It is possible to see the precise indicating characteristics confirming that high-quality and adequate care has been provided. According to a study conducted by Dieterich et al. (2017) in Manchester, the United Kingdom, an effective tool for schizophrenia psychoses is the Care Programme Approach, which offers a comprehensive report on the influence of a routine needs analysis on the care process for individuals with severe mental conditions.

2.7 Guidance and principle of care

Guidance and care include the advancement of high-quality healthcare, patient safety, having medical professionals who cater to patients' needs, having transparent data and performance measures and publicising it, empowering families and patients in their decision-making, and ensuring that the working conditions for the medical staff are favourable (NICE, 2016).

2.8 Recommendations for improvement of schizophrenia

NICE (2016) advises providing care and support at all phases of the schizophrenia care pathway. That is: Collaborate with mental health patients and their families. Support, care, and treatment in a positive atmosphere (NICE, 2016). Spend time building trustworthy,

encouraging, empathetic, and judgment-free relationships. This will help them conquer the sickness.

- Educating people: ensuring that extensive written information on their mental health difficulties, as well as treatments and services for those disorders, is available in an appropriate language or format (NICE, 2016). As a result, patients will understand their disease, its causes, and how lifestyle changes and treatments might reduce symptoms.

3.0 Autism

Autism spectrum disorder (ASD) causes repetitive behaviour, restricted interests, and social problems (Centers for Disease Control and Prevention, 2020). Adults with autism spectrum disorders may struggle to establish friendships or communicate. Autism patients are more likely to experience anxiety, melancholy, or hyperactivity; they need the same services as healthcare workers (Centers for Disease Control and Prevention, 2020). One in 100 children has autism (WHO, 2022). Autism frequently is not identified until much later, despite early signs (WHO, 2022).

2.1 Classification

Asperger's Syndrome, Classic Condition, and Pervasive Development Disorder are the three subtypes of the disorder. These three have a wide range of symptoms, but the intensity and impact vary. The first is the less severe option, while the middle is the worst. The category "Pervasive Mental Disorder" includes autism (ICD.WHO.INT, 2016). Atypical autism disorder (F84.1), which most often affects people with a chronic receptive language development impairment, is a subtype of childhood autism (F84.0), which has several non-specific issues including violence, phobias, sleeplessness, or temper tantrums (ICD.who.int, 2016). It is distinct from childhood autism in that it does not fit the three criteria for diagnosis or the age of onset.

2.2 Causes (Aetiology)

There seems to be no one apparent reason. Possible triggers include prenatal exposure to valproic acid, genetic mutation, a family history of the disorder, or other genetic abnormalities; birth order; low birth weight; metabolic abnormalities; severe environmental exposure to toxins or metals; maternal infection with a virus; and fetal exposure to valproic acid (DeJesus et al., 2020). Besag (2018) argues that autism may be traced back to a hereditary predisposition. However, the gene responsible for autism has yet to be identified (Wang et al., 2019). A single gene cannot be single-handedly blamed for autism's emergence; instead, a combination of genes has a role (Wang et al., 2019). A person's upbringing and lack of emotional stimulation are causal factors in autism (Wang et al., 2019).

2.3 Signs /symptoms

Scripted speech, inability to read non-verbal signals and a failure to understand abstract concepts are all symptoms of difficulties with social communication (DeJesus et al., 2020). On the other side, redundant behaviour includes traits including being resistant to novelty and change in routine, being hyper-focused, not being able to adapt to new situations, having a very high threshold for noise, and engaging in movement stereotypes (Santocchi et al., 2020).

In addition to seizures, other symptoms in young children include a delay in linguistic, cognitive, learning, and motor skills (DeJesus et al., 2020). Constipation is a common problem for people with autism, and individuals may often exhibit unusual behaviour due to their altered mental state (Santocchi et al., 2020).

2.4 Diagnosis

Evaluations, genetic testing, and developmental screenings are all used to make the diagnosis. The American Academy of Pediatrics (AAP) recommends screening for all children between 18 and 24 months (Vitrikas, Savard, and Bucaj, 2017). This procedure is crucial for the early diagnosis of genetically or inherited predisposed mental health disorders (McCarty and Frye, 2020). Experts in speech pathology, child psychology, language development, and occupational therapy contribute to the screening's final diagnosis (McCarty and Frye, 2020). However, a thorough diagnosis of Autism Spectrum Disorder might be difficult owing to a lack of data samples, such as blood for testing (Nogay and Adeli, 2020). Clinicians need to look at the context and history of the patient's growth and behaviour change to reach an accurate diagnosis (NHS, 2022). Typically, ASD may be identified in infants and toddlers under the age of 18 months (NHS, 2022).

2.5 Current treatments

Nutritional, occupational, cognitive, educational, attention-joined, and medication are treatments (Huang et al., 2021). People with ASD obtain educational treatment by attending classes and sessions (Agarwal, Burke and Maddux, 2019). TEACCH is one school strategy (La Roche, Bush, & D'Angelo, 2018). Autism spectrum individuals may benefit from visual collaboration.

This strategy simplifies education and allows teachers to adjust classrooms to establish learning areas (Huang et al., 2021). Autism spectrum disorder (ASD) adults need access to health and social services, such as social and community involvement, to attain their full potential (Agarwal, Burke and Maddux, 2019). Others may require assistance travelling to and from work securely, finding a quality home, paying for school, or finding jobs (Huang et al., 2021).

2.6 Measurements of rehabilitation

A DI is a systematic interview used to evaluate autistic children. A two-year-old or older interviewee may learn about the child's history and current growth and behaviour with the help of a parent or guardian. Its 93 questions examine stereotyped behaviour, social interaction, and communication abilities. In addition, the interview includes the Autism Diagnostic Observation Schedule (ADOS), a collection of observational examinations used to identify

autism across treatment domains, including verbal competence, physical maturity, and age-related inequalities.

The Childhood Autism Rating Scale, Second Edition (CARS2) may distinguish ASD from other growth-related diseases (Peters et al., 2022). This tool measures a child's ASD symptoms.

2.7 Recommendations for improvement of autism

There needs to be more of an effort made to adapt trainers' specialised knowledge and bring their professional experience up to date with sufficient research materials, thereby boosting their self-assurance and enabling them to more effectively collaborate in order to produce reliable samples of effective interventions for autistic people (NICE, 2017). This way, there will be no lulls in training and no complaints about a lack of resources (NICE, 2017). To further revolutionise the training industry for those with ASD, we should establish a community of practices that facilitates trainers' sharing of information with one another (NICE, 2017). The link shouldn't only be based on geographical proximity; it should also include wider educational networks in the area and beyond.

2.8 Guidance and principle of Autism

The most effective course of action would be to write a plan to relocate autistic persons away from their current neighbourhood or city (NICE, 2017). If a person is diagnosed with autism spectrum disorder, their subsequent environment will be tailored to their specific requirements (NICE, 2017). Every individual has to be matched with a healthcare professional who will focus on the root of the problem rather than just treating the symptoms (NICE, 2017). Persons on the autism spectrum need assistance in coping with and recovering from mental health issues such as anxiety, depression, and stress (NICE, 2017).

4.0 Conclusion

Sufficient cognitive and behavioural countermeasures and a person-centred approach are required to safeguard those with mental illness from abuse, discrimination, and other human rights violations. Providers of mental health services, therefore, should develop and uphold a rights-based strategy for treating their patients. Supporting the right of persons who identify as autistic to make their own decisions about where and with whom they live is an example of the added relevance of the person-centred approach for patients with mental illnesses (Ashcroft and Ratnayaka, 2014). The therapy outcomes for mentally ill individuals may be improved using a person-centred approach and the Human Rights-Based approach. The moral, political, empirical, and legal justification for the overall structure of the mental health system - at the regional, state, and provider levels - may be found in the inclusion of a person-centred strategy for mental diseases and the adoption of a Human Rights-Based approach.

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6.0 Appendix

Appendix A: Generalised Anxiety Disorder Questionnaire GAD –7.

generalised anxiety disorder (GAD).^[1, 2]

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: Indicators for rehabilitative care:

'Quality Indicator for Rehabilitative Care (QulRC-SA)'

The indicators to be considered are these:

'Living Environment',

'Therapeutic Environment',

Treatments and Interventions,

Self-Management and Autonomy,

Social Interface,

Human Rights

Recovery Based Practice.