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Report on Mental Health Disorders- Schizophrenia, Anxiety disorder,
Autism

MENTAL HEALTH DISORDER AND PSYCHOPATHOLOGY
BMHP6006

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1. Introduction

Mental health is a behavioural pattern or attitude of Human being that possesses different types of mental health illness. The symptom of mental health illness is numerous, as it affects the cognitive thinking of the affected individual, behavioural and Emotional well-being at all stages of life, from childhood and adulescent through adulthood (WHO, 2018)

There are several types of mental Health disorder as classified in the International Classification of Diseases, and Related Health Problems, which is the body that has the world mandate to name, classify, and identify possible treatment of all medical diseases (Carr A, 2012).

Some of the mental health disorder includes Anxiety and Panic attack, bipolar disorder, depression disorder, eating disorder, Obsessive Compulsive disorder [OCD], personality disorder, Schizophrenia health disorder, Substance abuse and addiction, Autism spectrum disorder [ASD], Psychosis. However, in this paper only three of these disorders will be analysed and they are: anxiety disorder, schizophrenia and autism disorder.

2. Anxiety Disorder

Generalised Anxiety Disorder [GAD]- is one of the most common psychiatric disorders, occurring in up to 21% of adults in their lifetime. As defined in the ICD10, GAD is characterized by excessive anxiety and worry about a number of events or activities (e.g., work, school performance), which an individual finds difficult to control (ICD, 2010).

An anxiety disorder is a common mental illness characterised by feelings of uneasiness, worry and fear. Anxiety occurs for everyone sometimes, a person with an anxiety disorder feels an inappropriate amount of anxiety more often than is Reasonable. This type of mental disorder affects a higher number of population in the world, women are twice likely to be diagnosed with an anxiety disorder as a result of hormonal changes.

Anxiety disorders run in families due to possible genetics which influences in child developmental stages, and this increases their worry and tension, even when there is little or nothing to provoke it. People with this type of syndrome persistently and excessively worry about a number of different things and also affect their social life.

Anxiety Disorder is a developmental disorder that affects communication and behaviour. This often appear in youth, with phobias and OCD showing up in early childhood and panic disorders and social phobias in the teen years (Fleming, 2012). Some of the signs and symptoms of anxiety spectrum disorder includes difficulty with social communication and

interaction and may be showing some repetitive behaviour. Some of the characterised features are:

1. Making little or inconsistent eye contact.
2. Having a tendency not interested in looking at or listen to people.
3. Being too slow to respond to someone calling their name or to other verbal attempts to gain attention
4. Having difficulties with the back and forth of conversation
5. Often talking at length about a favourite subject without noticing that others are not interested or without giving others a chance to respond
6. Having trouble understanding another person's point of view or being unable to predict or understand other people's actions – NHS 2018.

Causes and risk factors for Anxiety disorder.

The exact cause of ASD is still unknown, but studies suggest that genes can act together with influences from the environment to affect development in ways that lead to ASD. Although scientists are still trying to understand why some people develop ASD and others do not have it. Some factors that increase the risk of developing ASD include:

1. Having a sibling with ASD
2. Having older parents
3. Having certain genetic conditions (For example, people with conditions such as Down syndrome, fragile X syndrome, and Rett syndrome are more likely than others to have ASD.)
4. Being born with a very low birth weight Not everyone who has these risk factors develops

Diagnosis of Anxiety Disorder

This type of mental illness can be diagnosed at any age. It is described as a “developmental disorder” because symptoms generally appear in the first two years of life. The diagnosis involve different health professionals. The care provider can check for signs of an underlying medical condition that may need treatment. However, the client may need to see a mental health specialist like a psychiatrist (Sirey JA, Bruce ML, 2014). A psychiatrist is a medical doctor who specializes in diagnosing and treating st if it is severe Anxiety. mental health

conditions. A psychologist and certain other mental health professionals can also diagnose anxiety and provide counselling (psychotherapy).

Anxiety disorders often occur along with other mental health problems, such as depression or substance misuse, which can make diagnosis more challenging. Many doctors use the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association, to diagnose an anxiety disorder.

Treatment of Anxiety Disorder

The treatments for anxiety disorders includes the following:

Psychotherapy: This involves working with a therapist to reduce the anxiety symptoms.

Cognitive behavioural therapy (CBT) is the most effective form of psychotherapy for anxiety disorders. Also focuses on teaching specific skills to improve symptoms that triggers anxiety and gradually return to the activities you have avoided because of anxiety.

Medications: Several types of medications are used to help relieve symptoms, depending on the type of anxiety disorder. Anti-depressants, Buspirone are also used to treat anxiety disorders. Other medications, such as sedatives, also called benzodiazepines, or beta blockers. These medications are for short-term relief of anxiety symptoms and are not intended to be used long term

Rehabilitation of anxiety disorder

The occupational therapy is among them professional services with an impact in the rehabilitation of people with anxiety disorder. The other ways of an occupational health provider can provide rehabilitation to those with anxiety disorder are:

- Stress management strategies to the client's, help the person or group to recognize the symptoms associated with stress and to incorporate strategies to manage their symptoms daily. Whether guided meditation, the practice of breathing techniques.
- Promote a good sleep, environmental factors (bedroom, lighting, etc.) and other activities surrounding sleep, mealtimes, activities carried out before bedtime.

- The occupational therapist guides his client to organize physical exercise, these types of positive activities increase their feeling of self-confidence. The benefits of physiological and psychological exercise decrease risk of chronic diseases and heart disease, increase attention, concentration and other brain functions, maintenance of good mental health, improved sleep, reduced stress, etc.

Conclusion

Anxiety disorders are a common mental health problem across the world. The problem ranges from mild to severe conditions and adversely impairs the victim's quality of life. In social phobia, the victim experiences difficulties speaking in public, initiating conversations, meeting new people, eating in public places, and going to public restrooms. On specific phobia, victims are afraid of specific objects or situations that can limit their lives. However, no matter the negative impact of the conditions on the life of individuals. These type of Phobias are treatable through different approaches such as medication, psychotherapy, or a combination of both.

3. SCHIZOPHRENIA DISORDER

Schizophrenia disorder is a chronic mental health condition characterised primarily by symptoms of mood disorder. It is Chronic and serve brain disorder which affects an individual way of thinking, Emotional and behavioural patterns which affects about 1% of people all over the world (Wilson JE, Nian H, Heckers S, 2014). An individual with this illness loses touch with reality. They have disturbances in their emotions, thoughts and behaviour further leading to impairments in the overall functioning.

ICD 10 classification for schizophrenia (ICD-10) classifies Schizophrenia disorder, as a persistent delusional disorder, acute and transient psychotic disorders, induced delusional disorder and schizoaffective disorders together with schizophrenia (Abrams DJ, Rojas DC, 2008). A person with schizophrenia may experience hallucinations (hearing voices, feeling something is crawling on them, smelling odour). Delusions also happen to them, like feeling people are against them or trying to kill them, etc. Negative symptoms manifested in them where the person socially withdraws, doesn't feeling like doing activities, personal hygiene and self-care deteriorates, blunted affected, poor motivation.

Diagnosis

There is no simple scan or blood test that will enable a diagnosis of schizophrenia to be made. Instead the diagnosis will be made on the basis of a diagnostic interview conducted between the patient and the doctor. The Diagnostic and Statistical Manual (DSM-5), is a clinical

resource that practitioners use to diagnose mental health conditions. In this case the doctor is usually a consultant psychiatrist as it is rare for a GP to have the time or the expertise to carry this out themselves. Determining a diagnosis of schizoaffective disorder may include:

Physical exam- This is done to help rule out other problems that could be causing symptoms and to check for any related complications.

Tests and screenings- These may include tests that help rule out conditions with similar symptoms, and screening for alcohol and drugs. In certain situations, the doctor may also request imaging studies, such as an MRI or CT scan.

Psychiatric evaluation- A doctor or mental health professional checks mental status by observing appearance and demeanour and asking about thoughts, moods, delusions, hallucinations, substance use and potential for suicide. This also includes a discussion of family and personal history.

Symptoms

In order to diagnose schizophrenia, a mental health clinician will first look for symptoms in five “domains”: delusions, hallucinations, disorganized speech and thinking, grossly disorganized or abnormal motor behaviour (including catatonia), and negative symptoms (symptoms that reflect a reduction in behaviour)

Treatment of Schizophrenia Disorder

The causes of schizophrenia are still unknown and therefore treatment focuses on eliminating the disease symptoms usually treated with the combination of psychological therapy and antipsychotic medications such as Thorazine, Haldol, perphenazine, Fluphenazine, paliperidone, and ziprasidone among others, along with good physical health care and emotional support (Wyatt RJ, 2013). They eliminate hallucinations, psychotic symptoms, and breaks with reality.

The Antipsychotic Medication used helps to controls the symptoms to a certain level in patients. It probably works by primarily blocking the receptors in the brain for a chemical called Dopamine. People with Schizophrenia have an excess amount of this in some area of their brain, and Clozapine – Is a specific antipsychotic medicine that is effective managing the negative symptoms. Regular blood monitoring is necessary because Clozapine can cause a drop in the number of white blood cells. (NHMI, 2010).

Rehabilitation of Schizophrenia

A multi-disciplinary team of professionals such as psychiatrist, psychologist, social worker, occupational therapist and nurses' work together to help patients reduce their dependency on others and achieve the highest level of functioning.

The process aimed at bringing the affected person to resume his or her normal life to its optimal level of functioning. During the rehabilitation process areas such as physical, mental, emotional, social, occupational are important to consider, and also ensure that their medications are taken regularly.

Conclusion

Schizophrenia is a long-time illness which require a close monitoring and a following up of necessary medications as prescribed by the mental health specialist doctor.

Treatment is time consuming and financial involvement. It is the responsibility of the Government to have enlightenment campaign to the generality of the public of the awareness of the symptoms, causes, and possible treatment of the illness. Parents should also guide their children against the environmental factors and use of hard drugs.

However, it can be worse when a patient refuses to continue with their treatments which could cause a total loss of their education, work and social life parents or close member of the family should be included as member of the professionals in the rehabilitation centre because they can recognised their faces.

4. AUTISM DISORDER

Autism or autism spectrum disorder (ASD), is a developmental disorder that affects how people communicate and interact with others, as well as how they behave and learn (Jorm AF, Christensen H, 2015). Even after more than 60 years after it was first identified, autism remains puzzling and stubbornly difficult to treat. It is a disability that needs full-time care in a special facility. People with autism find it difficult to understanding what other people view and think. This makes it hard for them to express themselves, either with words or through gestures, facial expressions, and touch.

People with autism might have problems with learning, and their skills might develop unevenly. For example, they could have trouble communicating but be unusually good at art, music, math, or memory. Due of this, they might do especially well on tests of analysis or problem-solving (Barney LJ, Griffiths KM, 2016). One area that parents of autistic persons, doctors and policy makers agree on is that the best chance for autistic children to develop social and language skills is to enrol them in some type of intensive behavioural therapy.

Causes of Autism

Scientists don't know exactly what causes autism spectrum disorder (ASD). Autism was first described in the 1940s, and very little was known about it until today. The disorder is so complex and no two people with autism are exactly alike, it is likely that there is not a single cause for autism, rather results from a combination of causes.

Scientists are studying some of the following as possible causes of or contributors to ASD, which includes: Genes in the cells of the body, Interaction between genes and the environment, and other Biological causes

Symptom of Autism

Autism is a lifelong condition and symptoms and signs can first appear when a child is very young. Autism cannot be cured, but therapies and support services can help a person with ASD improve their symptoms and quality (National Institute of Mental Health, 2011).

Diagnosing Autism

The chief diagnostic signs of autism are social isolation, lack of eye contact, poor language capacity and absence of empathy. Most children with autism spectrum disorder display signs before they reach two years old, which make an early diagnosis and intervention possible. The American Academy of Paediatrics recommends that health professionals check for early signs of autism at a child's 18 month and 24 month old checks (Kotte, A., Joshi, G, et al. 2013). There are a variety of diagnostic tools used by paediatricians, psychologists, neurologists and other medical professionals when assessing a child for ASD.

Signs of Autism in Children and Adult

Autism spectrum disorder is a developmental disorder in which the signs become apparently clear when a child does not develop as expected, for example developing speech or learning to crawl later than expected. Some people with autism spectrum disorder are not diagnosed until they are adults and begin to have difficulties with social interaction. An adult with a lower functioning range of autism spectrum may never communicate verbally or have only limited verbal skills, and will require assistance with everyday living, such as bathing, dressing, or feeding which may require specialized diets.

Treatments

There is currently no one standard treatment for autism spectrum disorder (ASD). Many people with ASD benefit from treatment, no matter how old they are when they are

diagnosed. People of all ages, at all levels of ability, can often improve after well-designed interventions. The most effective therapies and interventions are often different for each person. However, most people with ASD respond best to a structured and specialized programs (National Institute of Mental Health. 2011). In some cases, treatment can help people with autism to function at near-normal levels.

Research shows that early diagnosis and interventions, such as during preschool or before, are more likely to have major positive effects on symptoms and later skills (Kotte, A., Joshi, G, et al. 2013). But there are many ways to help minimize the symptoms and maximize abilities. People who have ASD have the best chance of using all of their abilities and skills if they receive appropriate therapies and interventions.

Rehabilitation of An Autism Spectrum Disorder

People diagnosed with Autism Spectrum Disorder (ASD) could have significant core impairments in social communication, imagination and constructive skills. In the era of technology, assistive technologies widely used by students with learning disability to improve their performance in education and assist in rehabilitation process especially autism. Students with ASD will most often require ICT-based tools such as software (Mallin et.al,2015)

Rehabilitation of people with Autism Spectrum Disorder among young adults could involve the use of activities and supervised computer games incorporated into a system that can be used to work on the areas affected by ASD at any time and in any place. This research specifically assesses the areas that affect communication and interaction between people with ASD and professionals.

Benefit of vocational rehabilitation services is critical to improve competitive employment outcomes for individuals with intellectual and developmental disabilities (IDD). Many older adults and people with disabilities need help with the daily tasks of life. For some people this is physical help such as help with dressing and eating. For others, it is help with making decisions and planning. Still others require a blend of supports. Each person is unique, and the help they may need is unique as well.

Recommendation

The early identification of developmental disorder is critical to well-being of children and their families, further developmental and medical evaluation, diagnosis, and treatments must be included as an early developmental intervention. If a child is diagnosed with a developmental disorder through the evaluation and diagnostic process, they should be identified as a child

with special health care needs, and chronic-condition management should be initiated.

Identification of a developmental disorder

Association of Autism Practitioner [AAP] recommends that developmental surveillance be incorporated at every health supervision visit. Any concerns raised during surveillance should be addressed promptly with standardized developmental screening. In addition, screening tests should be run regularly at the early stage of a child's life which is between 9 - 30-months. Also, the use of computer-assisted therapies has been insightful in the social skills teaching environment. The increase in technology, especially in the robotics area, offers tremendous possibilities for innovation and treatment or even education for individuals with autism.

Conclusion

In conclusion, there is no known cure for ASD. However, there are interventions for those children or adults with this disorder. Since that ASD has no precise treatment, parents should pay attention to their growth and development patterns of their children. All people, regardless of age or disability, should be able to live independently and participate fully in their communities, and have the right to make choices and control the decisions in and about their lives

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