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Assessment 2

Written Assignment

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**Module name: Mental Disorders and
Psychopathology**

Module code: BMHP6006

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**Date: 1st September 2023, 2pm (UK
time)**

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Introduction

This written report a critical examination of the classification, diagnosis, treatment and measurements of rehabilitation of 3 mental disorders from the ICD-10 (WHO, 2010) will be provided, such as General Anxiety Disorder, Schizophrenia and Autism.

General Anxiety Disorder (GAD)

General Anxiety Disorder, according to the NHS (2021) is defined as a constant feeling of stress, extreme panic and fear which can have a serious detrimental impact on an individual's everyday life, affecting physical and mental health and wellbeing. Also Mind (2021) stated that GAD involves regular, uncontrollable worries about various aspects of life, with symptoms varying widely, making it a broad diagnosis that may differ from others' experiences. Furthermore, Anxiety UK (2023) defines GAD as chronic anxiety condition that affects people in a variety of areas, including health, money, job, school, and relationships. This illness causes people to be nervous about a variety of topics, making it difficult to regulate their fears. GAD sufferers struggle to regulate their anxieties and frequently feel chronic worry that interferes with their everyday lives.

Classification of GAD within ICD-10

GAD is classified within 'F40-F48 Neurotic, stress-related and somatoform disorders'. GAD is under F41.1.

People suffering from GAD in UK

In an uncertain world, mental wellbeing is constantly tested, leading to increased anxiety levels globally, including anxiety being a common mental health disorder in the UK.

Data from NHS (2020) reveals that UK youth face higher mental health needs, with 1 in 6 experiencing problems in 2020, up from 2017.

According to (Pindar, 2022), in England 6 in 100 people experience generalised anxiety disorder, while over 8 million people in the UK experience it. Less than 50% of those with anxiety access treatment. As it shows on the statistics, 60% of individuals that experience anxiety have at least mild symptoms of it which is quite high.

In 2021, individuals aged 16-29 were the most likely to experience anxiety (28%), with the least likely being those aged 70 and over (5%). Women reported higher levels of anxiety than men, with an average of 37.1% and 29.9% reporting high levels in 2022/23. This increase is compared to data from 2012-2015, with 21.8% of women and 18.3% of men reporting high levels (Mental Health Foundation, 2023).



Statistics from Active Minds (2019) shows that suicide is the leading cause of death among young adults, with 280 people choosing not to attempt suicide. 67% of young adults first inform a friend before sharing their feelings, and 1 in 5 have a diagnosable mental illness. Furthermore studies show that UK young women aged 16-24 reported an increase in anxiety and depression, with 31% reporting some symptoms in 2017-2018, compared to 26% in the previous year and 26% five years ago. 1 in 5 adults has a diagnosable mental illness (Office for National Statistics, 2020).

Causes

Anxiety problems are complex and influenced by various factors, including genetics, experiences, drug use, and physical health all contribute to the risk of developing GAD. Parents with GAD may have an increased likelihood of developing the disorder. Traumatic experiences, such as sudden loss, instability, bullying, domestic violence, or child abuse, may increase the likelihood of developing GAD (Mind, 2021). Additionally, long-term painful health conditions or disabilities may also increase the likelihood of developing GAD (NHS, 2021).

Signs and Symptoms

Generalised Anxiety Disorder can manifest as physical or mental symptoms, including restlessness, heart palpitations, increased sweating, fatigue, irritability, difficulty concentrating, muscle pain, increased toileting needs, dread, trembling, shaking, dry mouth, shortness of breath, stomach ache, feeling sick, headache, pins and needles, and difficulty falling or staying asleep. It may also involve excessive anxiety or worry for at least several months, be difficult to control, not explained by other mental disorders, and not attributed to substance use, medication, or medical conditions like hyperthyroidism. These symptoms can increase the individual's stress levels and overall well-being (Mental Health UK, 2023).

Diagnosis

GAD is diagnosed when symptoms persist for 6 months or more, and managing anxiety is challenging. GPs may conduct physical examinations or blood tests to rule out other conditions, such as anaemia or hyperthyroidism. Other conditions may also be considered (NHS, 2021). Questionnaires can be completed by the patients and also, after excluding physical factors, a GP may refer the patient to a mental health professional for a full assessment. A mental health specialist will use a validated criterion like ICD-11 to evaluate

an individual's anxiety, duration, and intensity, along with their symptoms (Mental Health UK, 2023).

Current treatments

Anxiety disorders can be treated using psychological therapy, pharmacotherapy, or a combination of both. Cognitive behavioural therapy is the most evidence-based, followed by selective serotonin reuptake inhibitors and benzodiazepines (Bandelow, Michaelis and Wedekind, 2017).

- Mild: According to Abraham (2020), mild anxiety is a less severe form of anxiety, as it is less likely to fear its symptoms. This helps in avoiding treatment delays for severe anxiety attacks. To control mild anxiety, it is essential to engage in regular exercise, which releases endorphins, calms the body, and reduces physical stress. Sleep and diet are also crucial for maintaining a healthy lifestyle, as a stressed body can create worries and negative thoughts. Getting enough sleep and eating healthier can significantly reduce stress and make coping with anxiety easier.
- Moderate: Treatment options include self-help (working from a book or computer program for 5-14 weeks) or a course with others. Self-help involves minimal contact with healthcare professionals, while a course with others involves weekly meetings for 6 weeks and may include a self-help book. Both treatments aim to help individuals understand their symptoms and develop coping mechanisms (NICE, 2011).
- Severe: If the symptoms are severe or worsening, the patient may need psychological treatment, such as cognitive behavioural therapy (CBT) or applied relaxation. These treatments involve weekly meetings with a healthcare professional for 3-4 months. CBT helps understand your problems, thoughts, feelings, and behaviour, while applied relaxation involves learning muscle relaxation techniques to cope with anxiety. If CBT or applied relaxation doesn't help, medication may be offered (NICE, 2011).

Measurements of rehabilitation

Measurements of rehabilitation are the tools for charting rehabilitation progress and evaluating treatment effectiveness. Assessing treatment effectiveness requires understanding rehabilitation measurements, such as the *Generalised Anxiety Disorder Questionnaire (GAD-7)* (see appendix A), which measures anxiety levels over two weeks. Changes should be made if treatment is ineffective.

Recommendations

Relaxation strategies, such as deep breathing, visualization, and progressive muscle relaxation, can be helpful for those avoiding therapy. These techniques should be committed for at least two months and should be used gradually without overthinking the behaviours. Basic relaxation techniques like deep breathing, visualization, and progressive muscle relaxation may be sufficient for those seeking treatment (Abraham, 2020).

Art and Music Therapy offers a creative outlet for individuals to express feelings, memories, and experiences, while also reducing anxiety and depression. These meditative, quiet, and calming activities help soothe stress, nervousness, and irritability, promoting a calm mind for processing difficult emotions. Mental health professionals believe art therapy helps resolve deep inner conflicts and promotes a more peaceful daily life (Bridges to Recovery, 2018).

Principles of care for people with Generalised Anxiety Disorder (GAD) (NICE)

According to NICE (2020), the principles of care for people with GAD are person centred approach, healthcare professional should be judgmental, treating people with dignity, confidentiality, privacy, good communication.

Schizophrenia

According to (NHS, 2021) schizophrenia is defined as a long-term mental health condition causing various psychological symptoms and is often classified as psychosis, requiring individuals to distinguish their thoughts and ideas from reality. Additionally, Schizophrenia is a complex mental health issue linked to psychosis, with misconceptions and differing opinions among mental health professionals. It affects 1 in every 100 individuals (Mind, 2020).

Classification

Schizophrenia within the ICD –10 is classified as schizotypal and delusional disorders (F20-F29)

Data related to Schizophrenia

Schizophrenia affects 0.32% of the global population, with a higher rate in adults at 0.45%. It is more common in late adolescence and twenties, with onset earlier in men. Schizophrenia leads to significant distress and impairment in various aspects of life, including personal, family, social, educational, and occupational aspects (World Health Organization, 2022).

Schizophrenia affects around 24 million people globally, with the UK alone having over 685,000 people. This condition has a significant economic cost, accounting for 30% of adult mental health spending in the NHS. In England, it cost 11.8 million GBP in 2012, and is 6 times more expensive to treat an individual with schizophrenia over their lifetime than treating a heart disease patient. The UK has an estimated 0.7% prevalence of schizophrenia in children and young people, typically starting in late adolescence or early adulthood. The lifetime prevalence of schizophrenia and related disorders is 14.5 per 1000 people, with significant variation between estimates (Zacher, 2022).

Causes

Schizophrenia is caused by a combination of factors, including brain chemistry, genetics, and birth complications. It can develop after stressful events like death or job loss, as well as growing up in a new environment or country. Additionally, strong cannabis use is linked to schizophrenia development (Mental Health UK, 2019).

Signs/Symptoms

Schizophrenia affects individuals psychologically, emotionally, and physically. Early signs include changes in thinking, isolation, and depressive or distressed appearances. Positive symptoms are characterized by psychotic experiences, such as hearing voices, delusions, and incoherent speech. Negative symptoms are more passive reactions. Common symptoms include auditory hallucinations (occur when we hear, see, or smell things that are not present), unobserved experiences, delusions (is believing in something that did not occur, believing they are someone else), and incoherent speech. Social withdrawal, loss of interest, lack of motivation, and emotional flatness are common symptoms. The illness's pattern and outcomes vary, and support from family and friends can be helpful for those experiencing symptoms for more than a short period (Trust, 2023).

Diagnosis

To address mental health issues, schedule an appointment with the GP to assess and refer to a psychiatrist for a comprehensive assessment. A psychiatrist can diagnose schizophrenia after a full psychiatric assessment, and symptoms must last at least one month. Multiple diagnoses, including schizoaffective disorder and personality disorder, can complicate the process of making a correct diagnosis (Mental Health UK, 2019).

Current treatments

Medication can help reduce symptoms by gradually weakening delusions and hallucinations, improving clearer thoughts, and increasing motivation. Cognitive Behavioural Therapy (CBT) can help focus on difficult problems, examine thinking and reaction habits, identify unrealistic or unhelpful habits, develop helpful ways to think and react, and try new ways to cope. However, too much or the wrong medication can have opposite effects. Family meetings are a six-month process to help individuals cope with schizophrenia and discuss information about the illness. Support from the Community Mental Health Team (CMHT) or Early Intervention Team, community psychiatric nurses, occupational therapists, and family members can help improve skills, social skills, and daily living. The psychiatrist organizes medication and takes responsibility for overall care, while the care coordinator ensures the individual receives the necessary care. Vocational rehabilitation workers can assist in resuming work, education, or other rewarding activities (Royal College of Psychiatrists, 2015).

Measurements of rehabilitation

The quality of care and treatments provided for long-term mental disorders can be measured to effectively control and manage the condition, preventing complications like self-harm, suicide, substance misuse, neglect, and homeless individuals. This can be achieved using indicators used for long-term mental disorders. '*Quality Indicator for Rehabilitative Care(QulRC-SA)*' (see appendix B). The tool demonstrates quality of care and effective management of schizophrenia, a long-term mental health condition (see appendix B). It measures rehabilitative care quality using indicators applicable to all long-term mental health conditions.

Guidance and principles of care NICE

According to NICE (2020), the principles of care for people with schizophrenia are compassion which involves providing care through relationships based on empathy, respect, and dignity; person centred-approach; effective communication that is crucial for successful relationships and teamwork, with listening being equally important as speaking and competence in caring roles involves understanding an individual's health and social needs, possessing expertise, clinical knowledge, and delivering effective care based on research and evidence.

Recommendations

Yoga can provide a sense of connection and belonging for individuals with mental health issues, especially when taught in a group setting. Studies have shown that yogic practices can improve cognitive deficits in neurocognition, social cognition, and alleviate depression and anxiety symptoms in schizophrenia patients. This holistic approach considers social, psychological, and physical impacts, making yoga a valuable tool for community support and referrals to other mental health services. Additionally, yoga can help reduce symptoms, aid in recovery, and prevent relapse in individuals experiencing schizophrenia (The Mindful Institute, 2023).

Autism

Autism spectrum disorder (ASD) is a genetic disorder characterized by varying thoughts and experiences of the world, resulting in unique behaviours and strengths. The term "spectrum" refers to the unique experiences of every autistic person, with some requiring more support to lead fulfilling lives. The impact of autism can change as individuals grow and develop, experiencing different environments and environments. Understanding the number of autistic people in the UK is crucial for providing support and showcasing their diversity. Autism prevalence, or government prevalence surveys, is an estimate of around one in 100 people, but this is not definite. Other surveys and international estimates suggest a higher prevalence. The National Autistic Society suggests that UK governments should conduct more research to determine an updated figure, which would be over 700,000 people in the UK (National Autistic Society, 2023).

Classification

Autism is classified within F80-F89 Disorders of psychological development ICD 2010.

Data related to percentage of people with autism

Around 700,000 UK individuals have autism diagnoses, with one in 100 children having autism spectrum disorder. Concerns arise about diagnosis time and England's support options (Mehlmann-Wicks, 2020).

Autism affects 1 in 100 children globally, with reported prevalence varying across studies. Some well-controlled studies have reported higher rates, and the prevalence in low- and middle-income countries remains unknown (World Health Organization, 2023).

Black and Chinese pupils are 26% and 38% more likely to be autistic, respectively, and face significant social disadvantage. Out of 7 million pupils studied, 119,821 had autism diagnoses in the English state educational system, with 18.1% experiencing learning difficulties. Boys have a 2.8% autism prevalence, while girls have a 0.65% prevalence, with a boy-to-girl ratio of 4.3:1 (Press Office, 2021).

Causes

Scientific evidence suggests that environmental and genetic factors contribute to autism risk in children. Epidemiological data does not show a causal association between measles, mumps, and rubella vaccines and autism. No other childhood vaccines have been found to

increase autism risk. Studies on the potential association between preservative thiomersal and aluminium adjuvants in inactivated vaccines strongly concluded that vaccines do not increase autism risk (World Health Organization, 2023). Autism affects one child in every hundred, with four times more boys diagnosed than girls. Behaviours must begin before three for diagnosis, possibly reflecting under-diagnosis in girls.

Symptoms

Autistic individuals often struggle with emotions, sensitivity to noise, preference for familiar routines, intense interests, and reading body language. They may find noise, crowded spaces, and unexpected changes challenging or distressing. They may also struggle with expressing themselves and recognizing others' emotions (Young Minds, 2023).

Diagnosis

If you or your child has signs of autism, it's important to talk to someone about it. You can consult a GP, health visitor, other health professionals, or SENCO staff at your child's school. They may recommend referring you for an autism assessment, which is conducted by autism specialists. The assessment team may ask about your child's development, observe their interactions, and read reports from your GP and the school. They may also visit your child's school to observe them during class and break time. At the end of the assessment, you or your child will receive a report indicating if you or your child is autistic (NHS, 2019). Diagnostic measures include *The Autism Diagnostic Interview- Revised (ADI-R)*.

Current treatments

Early intervention is crucial for individuals diagnosed with Autism, as it is a lifelong disability. Various treatments, including specialist education, speech and language therapy, occupational therapy, physiotherapy, and behavioural management strategies, are essential for supporting individuals with Autism. Medicine may also be recommended to control seizures or depression. There is no single standard treatment for Autism, but a combination of these approaches can help individuals reach their full potential as adults (National Autistic Society, 2023).

Measurements of rehabilitation

'*Childhood Autism Rating Scale (CARS)*' (see appendix C) and observation, called ADOS - 'Autism Diagnostic Observation Schedule'.

Recommendations for improvement of Autism

Yoga offers physical benefits such as strength, flexibility, balance, and coordination, as well as social-emotional skills, body awareness, self-regulation, focus, and concentration. Consistent practice of yoga in children with autism has been shown to improve challenging behaviours and imitation skills. Studies also show improvements in eye contact, sitting tolerance, non-verbal communication, and receptive communication. Yoga, music, and mindfulness practice enhance social, communication, body awareness, anxiety reduction, emotional understanding, and self-esteem in children with ASD, promoting a positive sense of self (Mi and yoremikids, 2019).

Guidance and principle of care - NICE

Health and social care professionals should receive training in autism awareness and management, considering the physical environment in which they support autistic children and young people. They should provide information about autism and its management, as well as ongoing support tailored to the child's needs and developmental level. They also must show comprehension, empathy, work with confidentiality, apply person centred approach and non-judgemental (NICE, 2013).

Conclusion

The Human Rights Act 1998 are fundamental rights that protect individuals that suffers from GAD, Schizophrenia and Autism from abuse, neglect, and isolation. These rights embody values like fairness, dignity, equality, and respect, granting them power to speak up and challenge poor treatment from public authorities. They provide protection for all and empower individuals to challenge injustices in society. The Equality Act 2010 safeguards disabled individuals and their carers from unfair treatment, including mental illness, by defining disability and ensuring protection from discrimination, harassment, and victimization.

The Equality Act 2010 defines disabled individuals as those with a substantial and long-term impairment affecting their ability to perform daily activities. This impairment is considered significant and likely to last for at least 12 months or more. The Act aims to protect individuals with mental health difficulties from discrimination.

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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 the these:

'Living Environment',

'Therapeutic Environment',

Treatments and Interventions,

Self-Management and Autonomy,

Social Interface,

Human Rights

Recovery Based Practice.

Appendix C

Childhood Autism Rating Scale, Second Edition

Eric Schopler, Ph.D., Robert J. Reichler, M.D.,
and Barbara Rothen Renner, Ph.D.



Test with Confidence

CARS2-ST

Standard Version
Rating Booklet

Name: _____ Case ID Number: _____ Test date: _____

Gender: _____ Ethnic background: _____ Rater's name: _____ Date of birth: _____

Based on information from: _____ Age: _____ years _____ months

DIRECTIONS: After rating the 15 items, transfer the ratings from the inside pages to the corresponding spaces below. Sum the ratings to obtain the Total raw score, and indicate the corresponding Severity Group. Circle the Total raw score value in the table in the column labeled *All ages* and in the column that corresponds to the age of the person who has been rated. The number printed to the left of each value you have circled is the *T*-score.

SUMMARY

CATEGORY RATINGS

1. Relating to People
median = 2.5 (3.0, 2.5)
2. Imitation
median = 2.5 (2.5, 2.0)
3. Emotional Response
median = 3.0 (3.0, 3.0)
4. Body Use
median = 2.5 (2.5, 2.5)
5. Object Use
median = 2.5 (2.5, 2.0)
6. Adaptation to Change
median = 2.5 (2.5, 2.5)
7. Visual Response
median = 2.5 (2.5, 2.0)
8. Listening Response
median = 2.5 (2.5, 2.0)
9. Taste, Smell, and Touch Response and Use
median = 2.0 (2.0, 2.0)
10. Fear or Nervousness
median = 2.5 (2.5, 2.5)
11. Verbal Communication
median = 3.0 (3.0, 3.0)
12. Nonverbal Communication
median = 2.5 (2.5, 2.0)
13. Activity Level
median = 2.5 (2.5, 2.0)
14. Level and Consistency of Intellectual Response
median = 2.5 (2.5, 2.5)
15. General Impressions
median = 3.0 (3.0, 3.0)

Note. The numbers in parentheses are medians for individuals aged 2–12 or 13+, respectively.

Total raw score = Note. SEM = 0.68.

Symptom Level Compared to Individuals With Autism Spectrum Diagnoses

Percentile	T-score	Raw score		
		All ages	Ages 2–12	Ages 13 and older
>97	>70	>54	>54	>54
97	70	54	54	54
96	69	53.5	53.5	52–53.5
95	68	52–53	52.5–53	49.5–51.5
94	67	51–51.5	51.5–52	
93	66	50–50.5	51	
92	65	49.5	50–50.5	49
91	64	49	49.5	47.5–48.5
90	63	48–48.5	48.5–49	46–47
89	62	47–47.5	47.5–48	45–45.5
88	61	46.5	46.5–47	44–44.5
87	60	45.5–46	46	
86	59	44.5–45	45–45.5	43.5
85	58	44	44.5	43
84	57	43.5	44	42.5
83	56	42.5–43	43–43.5	42
82	55	42	42–42.5	41–41.5
81	54	41–41.5	41.5	40–40.5
80	53	40–40.5	40.5–41	39.5
79	52	39–39.5	39.5–40	38.5–39
78	51	38.5	39	37.5–38
77	50	37.5–38	38–38.5	36.5–37
76	49	37	37.5	35–36
75	48	36–36.5	36.5–37	34–34.5
74	47	35–35.5	35.5–36	33.5
73	46	34–34.5	35	33
72	45	33.5	34–34.5	32.5
71	44	33	33.5	31–32
70	43	32–32.5	32.5–33	30–30.5
69	42	31.5	32	29–29.5
68	41	30.5–31	31.5	27.5–28.5
67	40	30	30.5–31	26.5–27
66	39	28.5–29.5	30	26
65	38	27.5–28	29–29.5	25–25.5
64	37	26–27	28–28.5	23.5–24.5
63	36	25.5	26–27.5	23
62	35	24.5–25	25.5	21–22.5
61	34	24	24.5–25	20.5
60	33	23–23.5	24	
59	32	22.5	23.5	
58	31	21.5–22	23	
57	30	21	22–22.5	20
56	29	20.5		
55	28		21.5	
54	27	20	21	
53	26		20.5	
52	25	19.5	20	19.5
51	24		19.5	
50	23			
49	22			
48	21			
47	20	19	19	
46	19	<19	<19	<19.5
45	18			
44	17			
43	16			
42	15			
41	14			
40	13			
39	12			
38	11			
37	10			
36	9			
35	8			
34	7			
33	6			
32	5			
31	4			
30	3			
29	2			
28	1			
27	<1			

Note. SEM = 2.77.

SEVERITY GROUP

☐ Minimal Symptoms of Autism Spectrum Disorder
(15–29.5; 15–27.5 for ages 13+)

☐ Mild-to-Moderate Symptoms of Autism Spectrum Disorder
(30–36.5; 28–34.5 for ages 13+)

☐ Severe Symptoms of Autism Spectrum Disorder
(37 and higher; 35 and higher for ages 13+)