

MODULE NAME: Mental Disorders and
Psychopathology

ASSESSMENT 2

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Introduction

General Anxiety disorder is a feeling of stress continuously coupled with much fear and panic that can tamper with an individual's way of everyday living, including the person's mental and physical health in a serious and detrimental way (NHS, 2021)

Generalised anxiety disorder (GAD) can be found in the ICD-10 (2010) and it falls in chapter five, in the group F40-F48 ie. Neurotic, stress, related and somatoform disorders. It falls in class F41.1 Generalised anxiety disorder.

Whom does GAD affect? According to estimates, up to 5% of the population in the UK may be affected. People between the ages of 35 and 59 are most affected by the condition. Women are impacted slightly more than males are.

Symptoms of a generalised anxiety disorder (GAD)

The primary Anxiety symptoms can be viewed from both mental or psychological and physical perspectives. As a result, depression may develop, making it challenging to carry out daily chores. Overthinking and attention issues are common mental complaints.

Psychological symptoms: A person with GAD may behave and feel differently, and symptoms may include restlessness, irritability, diminished focus, edginess and a sense of dread, terror over the impending disaster, a change in appetite, insomnia, and a desire to leave the situation as it is.

To prevent anxiety and dread, the person may display withdrawal syndrome and avoid social interaction with friends and family.

Going to work may become stressful and challenging as the person starts to worry more about themselves and loses confidence. (NHS, 2018).

Causes or Aetiology of GAD: Since everyone experiences anxiety differently, it is challenging to determine the precise aetiology of GAD. There are many potential causes of generalised anxiety disorder.

- Past abuses or childhood experiences: Generalized anxiety disorder may be brought on by the horrific events the person has experienced or witnessed, such as child abuse, marital violence, neglect, bullying, losing a loved one, and physical or emotional abuse (Mind, 2021).
- Prolonged physical and mental health condition: Generalized anxiety disorder can manifest in a person with a painful medical condition, such as arthritis. It can also happen to someone who already has mental health issues (Mind, 2021).
- Drugs and medication: Some medicines are known to cause generalised anxiety disorder and have numerous negative effects. Some recreational and mental medicines make this more obvious (Mind, 2021).
- Alcohol misuse: A generalised anxiety disorder is more likely to develop in alcoholics.
- Imbalance in brain chemicals: Generalized anxiety disorder develops when the brain's serotonin and noradrenaline levels, which control and regulate mood, are out of balance. (NHS, 2021).

- A person's current situation: A generalised anxiety disorder can be brought on by many different things, including physical exhaustion from strenuous work or activity, stress from an excessive amount of studying or work, and severe financial hardship.

It is also known that several people have developed GAD with no trace of the exact cause of the illness (NHS, 2021)

Physical symptoms: Physical symptoms of a generalised anxiety disorder include trembling, dry mouth, excessive sweating, stomach aches, insomnia, shaking, hair loss, a fast heartbeat, headaches, dizziness, and fainting. (NHS, 2018).

Diagnosis: Different persons have varying degrees of generalised anxiety disorder (GAD) symptoms. GAD diagnosis can be extremely challenging. This is because there are situations where it might be challenging to distinguish GAD from mental health illnesses like depression. However, if any of the following symptoms are present, GAD may be diagnosed.

If the person's daily life is being impacted significantly by worries, this could include the person's work and social life.

- If the person's worries get so stressful and discomforting
- If the person's worries get out of hand and become unmanageable.
- If the person has been feeling this sense of worry daily for a period of six months.

The GP may decide to conduct a physical investigation or may request a blood test to be done to alienate other conditions that could be the reason for the symptoms, like anaemia or hyperthyroidism (NHS, 2021).

Treatment: The following therapeutic modalities can be used to treat generalised anxiety disorder, but they are long-term treatments. Psychological therapies include guided self-help, cognitive behavioural therapy (CBT), and applied relaxation, which involves maintaining the relaxed state of the muscles in tight circumstances.

As what works for one person may not work for another person depending on the individual's circumstances, treatment should be customised for each patient.

Medication: Where the psychological approach to treatment fails, then the doctor, will offer medication. Some medications are for a short-term basis while others are for longer periods. The doctor should prescribe medication with the patient's knowledge of which medication is best suited for them. These will include the medication types, duration, possible side effects, and interactions with other medicines.

Regular Exercise: To alleviate stress and tension and to help the brain release serotonin, which helps to improve the patient's mood, frequent exercise is advised, especially aerobics.

Measurement of rehabilitation: (GAD-7) this is the questionnaire used for measuring the effectiveness of the treatment of GAD. It contains seven items used in measuring the severity of GAD. The responses include "not at all", "several days", "more than half the days", and "nearly every day". It is a two-minute self-administering questionnaire.

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

Any person working with people with GAD, the person should try and do the following.

- Look for ways to analyse the reason behind the person's worries to enable you to get a grasp of what they are facing.
- Create a conducive environment where privacy, confidentiality and dignity will be guaranteed.
- In concert with the person, look at the various treatment options and make them know that the decision is being jointly taken by the two of you.
- Create an understanding with the person by being open and engaging and do not impose or be judgemental towards the person.
- Endeavour to flow on the same level with the person when giving information about what GAD is all about and the scope of treatment that could be assessed.
- All written communication with the person is made available in a language the person can decipher and if possible, in an audio format too.
- If there is a need, get an independent interpreter.

Schizophrenia

This is a mental health condition that is prolonged in nature and results in several psychological symptoms (NHS, 2019).

Schizophrenia is regarded as a severe mental disorder since it has an impact on a person's thoughts, emotions, and behaviour. Schizophrenia patients and their relatives are always depressed because the patient may appear to have lost touch with reality. Schizophrenia symptoms make it difficult for the sufferer to carry out regular daily activities. Strong treatment is widely accessible, and the majority of those receiving it can participate in job or school, are independent, and make the most of their interpersonal interactions. (NIMH, 2021)

Classification: of schizophrenia within ICD-10 version 2010, it is the (F20-F29) group. It is precisely F20 and known as Schizophrenia, schizotypal and delusional disorders. (WHO, 2010)

Causes: Although the specific aetiology of this serious sickness is unknown, there are many potential causes behind it. It is likely brought on by a combination of genetic, psychological, and environmental factors, according to researchers. The causes could change from person to person and might include the following:

- Drug and alcohol: Alcohol and drug use can reduce the effectiveness of schizophrenia medicines.
- Genetic inheritance: Schizophrenia is more likely to develop in those whose relatives, such as parents or siblings, have experienced psychotic episodes.
- Drug and alcohol use: Schizophrenia may result from the use of harmful substances like marijuana or other drugs.
- Stressful life events: Among other situations, this could involve being abused, losing a close relative, losing one's work, facing financial troubles, and being homeless.

- Brain chemistry: Some brain chemicals, such as the neurotransmitters glutamate and dopamine, may have issues.

Signs and symptoms: Men typically experience the first symptoms of schizophrenia in their late teens or early twenties, whereas women typically experience them in their twenties and thirties. It first emerges as a prodromal stage before it develops into psychosis. This can endure for days, weeks, or even years. Teenagers may observe modest changes in behaviour, but it can be challenging to identify this because there are no symptoms. These could include the following:

- Flaring tempers
- Reduced concentration
- Insomnia
- Social withdrawal
- Change in grades

They also show the following symptoms

- Hallucinations, like hearing voices no other person hears, seeing things and smelling things alone from other people around.
- Delusions, believing things falsely and being confused. They also find it difficult to concentrate.
- Confused thoughts, The patients find it difficult to recollect things or put their thoughts together.
- Changes in behaviour

Diagnosis: Schizophrenia is assessed by a mental health professional; there is no specific diagnosis for it. Anyone who suspects they may have schizophrenia should try to see their doctor, who will investigate, to rule out other possible causes before sending them to the community mental health team (CMHT), which is made up of various mental health specialists. The team will also investigate the patient's personal history and current circumstances. (NHS, 2019).

Current treatment: Schizophrenia as an illness, varies from one individual to another, the same applies to its treatment. Amongst the current mode of treatment are,

- Talking therapies. The most well-known of these therapies is cognitive behavioural therapy (CBT). Finding and altering these bothersome negative ideas helps the individual. The following is what CBT seeks to accomplish. a) Managing psychotic symptoms including delusions or hearing voices. b) Assisting in stress reduction to prevent the symptoms from getting worse. c) Managing any unwanted effects from taking medications. d) Dealing with schizophrenia-related difficulties such as social anxiety and depression. It is also possible to use psychodynamic therapy, which aids in locating and comprehending the patient's deeply ingrained thoughts.
- Medication: Antipsychotic medication is used only when the patient and the doctor have approved of it. Antipsychiatry medicines, also known as neuroleptic drugs, are

frequently used as the initial line of treatment. These medicines can be injected or administered orally. The injection may be administered monthly or once every two weeks. The medications also have some negative effects, though not everyone who takes them will experience them.

Measurement of rehabilitation: Even though there are many effective treatments for schizophrenia, assessing how well rehabilitation works can be challenging because reports often originate from patients or their loved ones as well as experts or caregivers. The limitations of the measuring instruments, which are inconclusive and may be measuring the outcome from diverse perspectives, maybe the cause of this challenge. Patients who have been determined to have fully recovered nonetheless struggle with being accepted and fully reintegrated back into society. (Amresh et al. 2013).

Principle of care: Every person with schizophrenia is entitled to certain fundamental liberties.

- As members of the social care system, they have a right to the best mental health treatment.
- Treat them with dignity, respect, and humility.
- They must be shielded from abuse, including economic, social, physical, and other demeaning treatment.
- They shouldn't be subjected to prejudice because of their health issues.
- They should be protected in accordance with the Universal Declaration of Human Rights.
- If a person's mental condition prevents them from making decisions, a representative should be appointed. This is covered by the 2005 Mental Capacity Act.
- People with mental health are entitled to live and work as much as they are mentally capable of in the community.
- No one may be forced to undergo a medical examination to determine their mental state unless the proper legal procedure is followed.
- They have the right to information about them being kept confidential.
- Their consent must be obtained in all matters involving them, particularly those involving their treatment (UNHR, 1991).
- They should be properly safeguarded according to the Care Act 2014.

AUTISM

Autism, also known as an autism spectrum disorder (ASD) means the same thing. In 2013, the American Psychiatric Association came up with the name ASD. The condition is a lifelong one, it is a neurodevelopmental disorder that presents the following characteristics:

- They are deficient in interacting socially.
- They have difficulties communicating in both verbal and nonverbal ways.
- They exhibit repetitive way of behaviour, activities, and sensory problems.

They most times have a slow development of language, or they may not be able to talk at all and they may be intellectually impaired and have attention weakness and poor motor coordination (Cleveland Clinic, 2020).

A person with autism can develop according to the severity of their symptoms.

Autism is classified in the group (F80-F89 Disorders of psychological development, ICD, 2010)

Who is affected by Autism

In the UK, 700,000 people are estimated to have been diagnosed with autism, and out of every 100 children, one is diagnosed with autism spectrum disorder (BMA, 2020).

It has been found that one in every 57 (1.76%) of children in the UK is in the range of autism, and this is far more than reported before now (Newcastle University, 2021).

In adults in the UK, the prevalence of autism in adults is about 1.1%, studies have also shown that a greater number of males is 3:1 as against 5:1 in females (NICE, 2020).

Globally, ten years ago, the prevalence of autism was 62 in 10,000, this has gone up to 100 in 10,000 (Organisation for Autism Research, 2022).

Causes: There is no single cause that could handily be picked. It has been shown through research that a combination of genetic and nongenetic or environmental factors can evolve into autism (Autism Speaks, 2022).

Recent findings suggest that autism could be genetic. The genes that may be responsible for this is being investigated by scientists. Emotional deprivation has been ruled out as a possible cause of autism, neither is the person's upbringing a cause. Vaccines have also been ruled out as possible causes of autism (National Autistic Society, 2022).

Signs/symptoms: Autism in children can be known with the following signs:

- No response to their names
- Not responding to smile when smiled at
- Avoids eye contact
- Repeats a particular phrase all the time
- Does not talk much like other children
- Easily upset when they do not like a smell, taste, or sound
- They keep repeating the same movements such as fluttering their hands, snapping their fingers, or rocking their body.

Autism in older children

- Thinking of feeling different from other children
- Having difficulty saying how they feel
- Holding dear to the same routine daily and becoming upset once it is changed
- They prefer keeping to themselves than making friends
- They get angry when asked to do something
- They can be keenly interested in a particular subject or activities (NHS, 2022),

Autism presents differently in boys and girls, girls with autism are quieter than boys.

Diagnosis

Diagnosing autism is a very herculean task. There is no medical test, such as a blood investigation to diagnose the illness. At times it can be found out when the child is 18 months or maybe younger. An experienced doctor can diagnose autism by the time the child is two years. But in some cases, the final diagnosis is not made until much later. Some people are diagnosed when they have become adolescents or adults.

Diagnosing children with autism early is very important, as it could make the child get the services and support, they need to develop in the right direction. The following process could be followed to diagnose a person with autism:

- a) Seek advice from a GP, Health visitor or any other health professional. After hearing your matter, they may refer you or your child for an autism assessment.
- b) Get an autism assessment done. This will be done by an autism specialist team. This assessment may take too long, and the waiting time is too long (NHS UK, 2022)

Types of Treatment

In treating autism, doctors prescribe drugs in response to specific symptoms such as anxiety or depression because there is no specific medication for autism.

They also use education and behaviour therapy to address specific areas that challenge the child.

Specialist therapists can also help to improve the child's communication and language skills as it is done in classrooms. The aim is to help the child with autism to engage in conversations with students and teachers (Elmy, 2020)

Social workers also play a role in helping people with autism by facilitating appropriate mental health and medical care.

In the case of adults, some forms of therapy could be of help, these include cognitive behavioural therapy (CBT), physical therapy or occupational therapy (Gutter and Rossiaky, 2022)

Measurement of rehabilitation:

In screening and diagnosing autism, the Childhood Autism Rating Scale (CARS) is a detailed rating scale that assesses how severe the autism is. It does this by looking at communication skills and social interaction, and the child's repetitive behaviours and activities. The test can be conducted in half an hour, it can also usefully assess those suspected to have autism but are having cognitive delays (Infolearners, 2022).

Autism Diagnostic Observation Schedule-Second Edition (ADOS-2). This can dictate correct assessments of autism and development disorders in all ages, their language skills, and levels of development. It is applied by a professional who has sound clinical judgement and expertise when making a diagnosis (Dreison, n.d.)

Recommendations for improvement of Autism

There are some therapies that have been demonstrated to be effective in the treatment of autism, these include the following: music therapy, cognitive-behavioural therapy (CBT), yoga, and sensory integration (Songbird, 2022).

Also, the guidance and principles of care, as recommended by NICE can be very useful. They include the following,

- a) Treating them with respect and dignity, recognising and supporting their decisions and choices.
- b) Do not be judgemental and be understanding of the person and their family circumstances.
- c) The patient must be protected against discrimination and other characteristics as enshrined in the Equality Act 2010 and the Care Act 2014. (NICE, 2022)

The national autistic society is a charity for families and people with autism. They offer support, guidance, and advice, and campaign for better rights, services, and opportunities to help a better society for people living with autism (National Autistic Society 2022)

Conclusion

The three illnesses, GAD, Schizophrenia, and Autism are all part of chapter five of the 10th revision of the WHO's classification of diseases and related health problems, 2010 version, which deals with mental and behavioural disorders (F00-F99). They are all serious illnesses and should be treated as such. And to treat all of them, person-centred care as enshrined in the Human Rights Act and the Equality Act must be applied.

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