RUNNING HEAD: PSYCHOLOGY

Mental Health

[Name of the Student]

[Name of the Institution]

Mental Health

# Question Number 1

In case study 2, the psychosocial problems faced by Katie are weight loss due to achieving societal standards of a female figure. She is seen going through a psychological eating disorder known as anorexia nervosa, which is characterized by self-starvation. The psychological factors like higher levels of an obsessive-compulsive character or perfectionism, feelings like limited control of life and low levels of self-esteem, inclination towards anxiety and depression, and a weak reaction towards stress coping are the sole causes of this eating disorder (Rance, Moller, and Clarke, 2017).

Moreover, the social, environmental or cultural factors involved in causing this type of disorder are stressful events of life, relationship issues either with family or in intimate relationships. An individual is thought to be impacted or influenced by the social factors like pop and media culture of an ideal figure portrayed through TV, magazines and movies. Various studies occurred on searching on the effect of societal pressures on ideal body weight. There are certain norms set by the society according to which a person s obliged to act or fulfil either society will alienate a deviating person (Dakanalis et al., 2016).

As Katie is a girl so she is more inclined towards the eating disorder because according to the GP it is normal for growing girls to get a bit over anxious regarding their weight. Teenagers and especially girls are developing figure in these puberty years, therefore, it is desired by them to maintain a zero-size figure or losing curves. Katie is also inhabited of vomiting as indicated by her work mate, therefore it is confirmed that she is going through anorexia nervosa in which she either starves herself or throws-up if she eats anything. These types of eating disorders are common in teens, as they are going through physical appearances of their body, they may also face body-dysmorphia which leads them towards such an eating disorder.

***Question Number 2***

The only informal support Katie is receiving is by her mother and a co-worker as suggested in the case study. No peers or friends are discussed in the case study which would have provided as a supported system to Katie in her condition. Many studies have indicated the need for taking care of patients going through anorexia or bulimia as they are going through a lot of stress and anxiety. The distress in such patients is present in higher levels and the type of support given by family member includes the open communication and providing unlimited assistance for the ill family member, like in this case Katie (Rutman, and Hubberstey, 2016).

Moreover, establishing open communication with the patient of an eating disorder is somehow a difficult task. As seen in the case study, the patient is unwilling to admit the issue and in fact hiding it from her mother by telling lies that she has eaten her food when she is not actually eating any of her food. Therefore, in order to provide full support it is essential for a family member or a friend to stay informed about the issue and its depth, the root causes and etymology. This would help in gaining the confidence of the family member and it will increase the chances of survival form the disease. It is also the core duty of a family member to consult a psychologist or psychiatrist in this regard as initial symptoms and conditions are mild but it increases with the progressing time.

Most past subjective research has concentrated on anorexia nervosa instead of more extensive dietary issue analyze. Nonetheless, the current administration arrangement does not ordinarily give unmistakable consideration pathways or administrations for various sorts of dietary issues. Research additionally centred around encounters of explicit treatment settings, especially in-tolerant consideration and parallel investigation of youngsters' and guardians' points of view is constrained. More noteworthy fulfilment with treatment and increasingly positive encounters of family treatment have been accounted for by guardians contrasted and youths with anorexia nervosa (Lafrance et al., 2017).

An individual suffering from bulimia or anorexia is in dire need of help as any other patient of mental disease. It is not only deteriorating the mental health it adversely affects the physical health of a patient who may also suffer from fatality due to its occurrence.

***Question Number 3***

Professionally, the GP of school is involved with the case of Katie as her mother seeks the assistance of the GP. As Katie’s mother is not so sure of consulting a doctor at an earlier age. The professionals or agencies involved with the treatment of a patient with an eating disorder are more likely to be GPs and local doctors, pediatrician, psychologists, psychiatrists, nutritionist and dietitians (Andersen, 2017). Moreover, others may include social workers, mental health nurses and occupational or rehabilitation therapists. GPs and doctors are an essential part of the therapy treatment just like psychologists or any other professional or agency involved in the disorder.

However, while choosing a therapist recollect that the relationship you have with your specialists and clinicians is essential. At the core of a decent restorative relationship lies, foremost the understanding with the specialist comprehends the turmoil and the feelings and emotions, and likewise, it comprehends their job in the treatment and recuperation process. Trust and belief in the mental health professional or the specialist confide in a patient; as they should give time for trust to create (Hilbert, Hoek, and Schmidt, 2017). Lastly, the compatibility is when a person can talk transparently and be heard without judgment; this enhances the chances of positive patients outcomes.

***Question Number 4***

Gaps in delivery of service for people with anorexia nervosa can be seen since there are noteworthy advancement made in creating psychosocial mediations for issues related to eating habits and conditions, and other mental issues. The needs in giving treatment comprise of tending to the examination of the treatment gap and research-practice gap. The gap related to treatment is referred towards the difference between the numbers of people receiving the treatment with a number of people suffering through this disease. On the contrary, the gap based on research practice refers towards the difference between the effective treatment which is supposedly important for this disease and the actual treatment which is provided to the individuals going through anorexia or bulimia (Kazdin, Fitzsimmons‐Craft, and Wilfley, 2017).

The examination practice gap relates to the dispersal of proof based medications from controlled settings to routine clinical consideration. Shutting the gap between what is thought about compelling treatment and what is really given to patients who get care is vital in improving psychological well-being care, especially for conditions, for example, dietary problems. The treatment gap relates to expanding medicines in manners that will achieve a huge number of individuals needing clinical consideration who presently get nothing. In the entire world, especially in the US, most by far of people needing psychological well-being administrations for dietary issues and other emotional wellness issues don't get treatment. There are increasing levels of those individuals who are getting treatment and are provided with evidence-based consideration, utilizing such techniques as train-the-mentor, web-focused preparing, best-purchase intercessions, electronic help apparatuses, more elevated amount backing and arrangement (Sukhera, Fisman, and Davidson, 2015). Secondly a higher extent of the individuals who are right now underserved gets treatment, utilizing such systems as errand moving and troublesome developments, including treatment conveyance by means of telemedicine, the Internet, and portable applications.

***Question Number 5***

Advocacy needed for people with anorexia as stigma keeps on encompassing these fatal psychological illnesses, numerous individuals are horribly ignorant about the threats related with dietary problems and the requirement for expert assistance, intercession, and treatment. Furthermore, numerous wellbeing strategies are not helpful for covering dietary issues through protection for treatment, which further confounds the battle for the individuals who might endure and needing treatment (Mitrofan et al., 2019). When dietary problems are not perceived on a national and universal stage, this makes it hard for the overall population and wellbeing expert to see how to approach these ailments.

Backing endeavours help forward the reason for dietary problem sufferers, friends and family, loved ones. Raising voices for the individuals who might be powerless or unfit to represent themselves gives clearness to an issue that can never be again disregarded without executing changes. Fortunately, with the intensity of web-based life, it is simpler than any time in recent memory to end up engaged with the promotion in the interest of the dietary problem network.

Many dietary issue associations in the network are occupied with some type of backing: regardless of whether through assets, occasions, data and that's only the tip of the iceberg. A portion of these associations incorporates the National Eating Disorder Association, the Academy for Eating Disorders, the Eating Disorder Coalition, Project Heal, the Alliance for Eating Disorder Awareness, Maudsley Parents, and the sky is the limit from there. Contingent upon what specialty of the dietary problem network you may be keen on, for example, approach, treatment, protection inclusion, or media, there are a few different ways you have the chance to get included (Steiger, 2017). Consider contacting an association that intrigues you about volunteer and effort endeavours. Promotion can be something as straightforward as sharing assets, making telephone calls, or taking an interest in an occasion – yet every exertion has any kind of effect.

***Bibliography***

Andersen, A.E., 2017. Eating disorders: A guide to medical care and complications. JHU Press.

Dakanalis, A., Timko, A., Serino, S., Riva, G., Clerici, M., and Carrà, G., 2016. Prospective psychosocial predictors of onset and cessation of eating pathology amongst college women. European Eating Disorders Review, 24(3), 251-256.

Hilbert, A., Hoek, H.W. and Schmidt, R., 2017. Evidence-based clinical guidelines for eating disorders: an international comparison. Current opinion in psychiatry, 30(6), p.423.

Kazdin, A.E., Fitzsimmons‐Craft, E.E. and Wilfley, D.E., 2017. Addressing critical gaps in the treatment of eating disorders. International Journal of Eating Disorders, 50(3), pp.170-189.

Lafrance, A., Loizaga-Velder, A., Fletcher, J., Renelli, M., Files, N. and Tupper, K.W., 2017. Nourishing the spirit: exploratory research on ayahuasca experiences along the continuum of recovery from eating disorders. Journal of psychoactive drugs, 49(5), pp.427-435.

Mitrofan, O., Petkova, H., Janssens, A., Kelly, J., Edwards, E., Nicholls, D., McNicholas, F., Simic, M., Eisler, I., Ford, T. and Byford, S., 2019. Care experiences of young people with eating disorders and their parents: a qualitative study. BJPsych open, 5(1).

Rance, N., Moller, N. P., and Clarke, V., 2017. ‘Eating disorders are not about food, they’re about life’: Client perspectives on anorexia nervosa treatment. Journal of health psychology, 22(5), 582-594.

Rutman, D. and Hubberstey, C., 2016. Is anybody there? Informal supports accessed and sought by youth from foster care. Children and Youth Services Review, 63, pp.21-27.

Steiger, H., 2017. Evidence-informed practices in the real-world treatment of people with eating disorders. Eating disorders, 25(2), pp.173-181.

Sukhera, J., Fisman, S. and Davidson, S., 2015. Mind the gap: a review of mental health service delivery for transition age youth. Vulnerable Children and Youth Studies, 10(4), pp.271-280.