


## National University of Computer and Emerging Sciences, Lahore Campus

	Course Name:	Psychology	Course Code:	SS 2019
	Degree Program:	BSCS	Semester:	Fall 2024
	Exam Duration:	20 Minutes	Total Marks:	15
	Paper Date:	05-12-2024	Weight	3 Absolutes
	Section:	3D	Content	Mental Health
	Quiz:	3	Course Instructor(s)	Ms. Aisha Bano

**Student : Name:** \_\_\_\_\_ **Roll No.** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Instruction/Notes:** Overwritten answer will be marked Zero

**Q-1 Column B holds 1 possible answer for Column A. Match and write all the selected answers in the manner attempted below.** [Marks:05] [CLO-1]

Sample		
Column A	Column B	Answer
1. Introspection	A) Wilhelm Wundt	1A
<b>Mental Health &amp; Psychological Disorders</b>		
1. Acrophobia	A) Avoidance, self-blaming	1 D
2. Passive-aggressive anger	B) Affective disorders	2 C
3. Eustress	C) Making cynical comments to others	3 F
4. Mood Disorders	D) Fear of heights, mountains	4 B
5. Personal coping strategy	E) Fear of storms, thundering	5 G
	F) Starting a new job or getting married	
	G) Trust in time	

**Q-2. Following is the case scenario of 3 friends. Read it carefully and write the answer with rationale from the given passage.** (Marks:10) [CLO-2,4]

An adult male who was seen at a psychiatric unit complained of hearing voices for the past 10 months and loss of appetite. The patient explained that he took a leave from work because he was feeling feverish and asked someone to replace him, but he never returned to the workplace. When the patient was first seen at the psychiatric unit, relevant signs included complaints of difficulty in sleeping, loss of appetite, roaming around town, and sometimes being physically abusive to his mother and sister for the past 10 months. Mental state examination conducted upon hospital admission revealed that the patient was emaciated and appeared informally dressed. He exhibited apprehensive behavior, fatuous laughter, and hesitancy. He also paced to-and-fro in the ward. His mood was depressed and affect constricted. The patient reported to experience of hearing voices and engaged in third person conversations involving both a man and a woman. The patient also complained that he heard people talking

about him and insulting him, some of whom he knew. He was therefore suspicious and felt uneasy with others. As a result, the patient said that he had been spending the night with a friend and refused to return to his parents' house because he was not safe there. He believed that he had been targeted. His social history revealed that he lived in the city with his mother and sister. He had a fiancé who stayed at a different suburb of the city. His past medical history included a history of paranoia as the patient's sister reported, he often complained that people wanted to harm him and as such felt unsafe. She also added that he often complained of receiving death threats through phone calls from an unfamiliar telephone number. The patient also had poor insight. There was no family history of mental or physical illness. He had a premorbid personality of being introvert.

**Q.1) Which factors led patient's pathology to severe extent?**

Biological factor: poor health (being emaciated). Social factors: dissatisfied with the environment and people around him. Psychological factors: suspicious to the actions of other, apprehensive about life and fellow beings, being hallucinated. Past medical history of paranoia. Premorbid personality: being introverted.

**Q.2) What are the presenting complaints/ symptoms of the patient leading his case to psychological disorder? Mention the specific name of the disorder?**

Patient was presented with the complaints of hearing voices such as third person conversations, loss of appetite, apprehensive behavior (paranoid), fatuous laughter, and roaming around movements. Paranoid Schizophrenia is the specific name of the disorder. *However, labeling it schizophrenia is fine in an elective course.*

**Q.3) What is the prevalence of this mental disorder the patient is suffering from?**

Schizophrenia affects 1% of the population. It is more prevalent in men than women.

**Q.4) Which personality trait was predominantly present in the patient before getting ill?**

Being introverted with poor insight and apprehensions.

**Q.5) What can be the possible treatment plan for the symptoms mentioned in the passage above?**

Medication (drug therapy) is the first plan of treatment. In residual phase, the patient can be treated along with psychotherapy like behavioral techniques to shape the behavior.