

Chapter 23

Psychosocial Intervention Strategies for Patients With Schizophrenia: In Chronic Mental Illness

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ABSTRACT

Throughout recorded history, the disorder we now known as schizophrenia has been a source of bewilderment. Schizophrenia is a chronic, severe, and disabling brain disease. Schizophrenia is found all over the world. The severity of the symptoms and the long-lasting, chronic pattern of schizophrenia often results in disability, and many individuals need on going assistance to manage the most basic functions of independent living. Schizophrenia most often includes hallucinations and/or delusions, which reflect distortions in the perception and interpretation of reality. In this chapter the authors were discussed psychosocial interventions like, individual psychotherapy, cognitive behaviour therapy, cognitive therapy with schizophrenia, behaviour therapy with schizophrenia, group therapy and family interventions were highlighted. In addition to this psychiatric rehabilitation were also discussed with vocational training, social skill training, and community rehabilitation approach. Further common causes of repeated hospitalization and implementation measures were described.

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INTRODUCTION

Throughout recorded history, the disorder we now know as schizophrenia has been a source of bewilderment. Schizophrenia is a chronic, severe, and disabling brain disease. Schizophrenia is found all over the world. The severity of the symptoms and the long-lasting, chronic pattern of schizophrenia often results in disability, and many individuals need ongoing assistance to manage the most basic functions of independent living. Those suffering from the illness once were thought to be possessed by demons and were feared, tormented, exiled or locked up forever. Schizophrenia most often includes hallucinations and/or delusions, which reflect distortions in the perception and interpretation of reality. The resulting behaviours may seem bizarre to the casual observer, even though they may be consistent with the schizophrenic's abnormal perceptions and beliefs. The kinds of symptoms that are utilized to make a diagnosis of schizophrenia differ between affected people and may change from one year to the next within the same person as the disease progresses. Different subtypes of schizophrenia are defined according to the most significant and predominant characteristics present in each person at each point in time. The result is that one person may be diagnosed with different subtypes over the course of his illness.

Schizophrenia is a mental disorder characterized by a breakdown of thought processes and by poor emotional responsiveness (Oxford University Press, 2010). Common symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, and it is accompanied by significant social or occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 0.3–0.7% (Van, Kapur, & Lancet, 2009). Diagnosis is based on observed behaviour and the patient's reported experiences. It is approximately 1 percent of the population develops schizophrenia during their lifetime – more than 2 million Americans suffer from the illness in a given year. Although schizophrenia affects men and women with equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behaviour can be so disorganized that they may be incomprehensible or frightening to others. Available treatments can relieve many symptoms, but most people with schizophrenia continue to suffer some symptoms throughout their lives; it has been estimated that no more than one in five individuals recovers completely (Van, & Lancet, 2009). The disorder is thought mainly to affect cognition, but it also usually contributes to chronic problems with behaviour and emotion. People with schizophrenia are likely to have additional (comorbid) conditions, including major depression and anxiety disorders; the lifetime occurrence of substance use disorder is almost 50% (Carson & Saunders, 2000). Social problems, such as long-term unemployment, poverty, and homelessness are common. The average life expectancy of people with the disorder is 12 to 15 years less than those without, the result of increased physical health problems and a higher suicide rate (about 5%).

WORLD SCENARIO

National and international health statistics do not reflect the enormous toll of misery from mental disorders because these conditions are not the immediate cause of death. Few studies have mapped the specific economic costs of mental illness. The cost comparisons made in the USA showed (Greenberg, Stiglin,

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