

A Simple Insight into Interventions for Schizophrenia

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ABSTRACT

Lack of awareness about mental illnesses, the myths and assumptions surrounding the condition of a client with schizophrenia causes misunderstanding about it. Generally due to their actions and social inappropriateness of their behaviour, people are afraid from those suffering with Schizophrenia. With a general awareness of Schizophrenia and related psychotic disorders in this study, we carried out the research on the less known facts of this disorder with its current status in India along with steps towards its therapy. These findings support an integrative model with cognitive behavioural therapy and family intervention, social skills training etc with previous research and historical models. A highlight towards research on Yoga based theoretic intervention makes an impactful contribution in this paper.

Keywords: *Schizophrenia, Cognitive behavior therapy (CBT), psychoeducation, family intervention, Yoga intervention, Psychotic Disorders.*

Schizophrenia is a chronic mental disorder with seriously debilitating. In this health condition people interpret reality differently. It affects a person's ability to think appropriately, feel and behave normal. They may experience out of reality, disorganized speech or behaviour. Disordered thinking, hallucinations, delusions, and behaviour deviations are major outcome of Schizophrenia. It may affect the thoughts for disabling and impairing in daily activities. Its causes are because of a combination of genetics, environment and altered brain chemistry and brain structure plays a role, it creates difficulty with concentration and memory for clients with the disorder. As the potential cause of this disorder is not known, the treatment is generally lifelong and often involves a multitude of medications, psychotherapy and coordinated especially care services. Schizophrenia is a severe mental health condition.

Looking into the complexity and challenges of the disorder, we performed a literature survey on it. We found that very limited research focuses on the treatment of Schizophrenia, especially in India. This motivated us to explore the less known facts and issues in these directions. Cognitive therapy, psychoeducation, family intervention, social skills training, and aggressive community treatment were identified to be the most common approaches to psychosocial intervention utilised in the treatment of schizophrenia. Generally, Yoga activities involve physical exercise, sometimes including meditation or mindfulness-based

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Received: March 05, 2022; Revision Received: June 28, 2022; Accepted: June 30, 2022

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therapy [22, 23]. Exercise therapies have been demonstrated to be useful in reducing psychopathology in people with schizophrenia. [11].

The research paper is arranged in sections as Section 2 briefs about Schizophrenic disorders after the introduction in Section 1. Section 3 talks about the need of Mental Health treatment and its situation in India. Section 4 focuses on Family, Social and Cultural Issues in respect to the treatment of Schizophrenia whereas Section 5 explores the (Cognitive Behavioural therapy) CBT approaches. Section 6 emphasizes and highlights the impact of Yoga induced work as therapeutic intervention in Schizophrenia. The Section 6 concludes the paper.

About Schizophrenia

The word *schizophrenia* translates as "splitting of the mind" and is the Modern Latin form of the Greek words *schizein* (σχίζειν, "to split") and *phrēn*, (φρήν, "mind") [30]. Perhaps this causes the myths or mistaken belief about schizophrenia as 'it means someone has a split personality'. Basically, it is a mental illness that affects thinks process of person [10]. Schizophrenia affects about one in every 100 persons, according to the Royal College of Psychiatrists. This is a high prevalence.

The symptoms have an effect on a person's capacity to cope with day-to-day life. Every individual's experience with schizophrenia is unique. Not everyone with schizophrenia exhibits all of these symptoms. Schizophrenia can afflict young adults and progress slowly in some cases. The early phases of the illness are referred to as the 'prodromal period.' During this time, the patient's sleep, emotions, motivation, communication, and ability to think coherently all change. As presents in the Figure 1 from [31], Schizophrenia can manifest itself in both positive and negative ways. This in no way implies that they are good or bad. 'Positive' symptoms are experienced in addition to reality. An 'absence' of typical sensations or behaviours characterises 'negative' symptoms. Both of these symptoms have the potential to compromise the client's ability to function. Schizophrenia's symptoms starts long back than a person suffers their first episode of psychosis.

Lack of motivation, hallucinations, delusions, disorganized thinking, slow movement, changes in sleep patterns are some of the symptoms that Schizophrenia produces. One experiences things or notice or hear things (that others do not and that are not part of reality) in positive symptoms. It may also lead to poor grooming or hygiene, changes in body language and emotions, less interest in social activities, low sex drive. Alternatively, one may hold beliefs that others do not. In negative symptoms, one loses the ability to accomplish desired tasks. For instance, one loses motivation to do things or become withdrawn. Negative symptoms are generally more persistent than positive symptoms.

There is a myth that 'Schizophrenia causes people to be violent'. According to research, only a small percentage of people with the disease become aggressive. A small fraction of the general people may become violent in the same way. People with schizophrenia are significantly more likely to do harm to themselves than they are to cause harm to others. However, because these occurrences might be frightening, the media frequently emphasises the mental health diagnosis. The general populace may be fearful and stigmatised as a result of this.

Signs and Symptoms of Schizophrenia

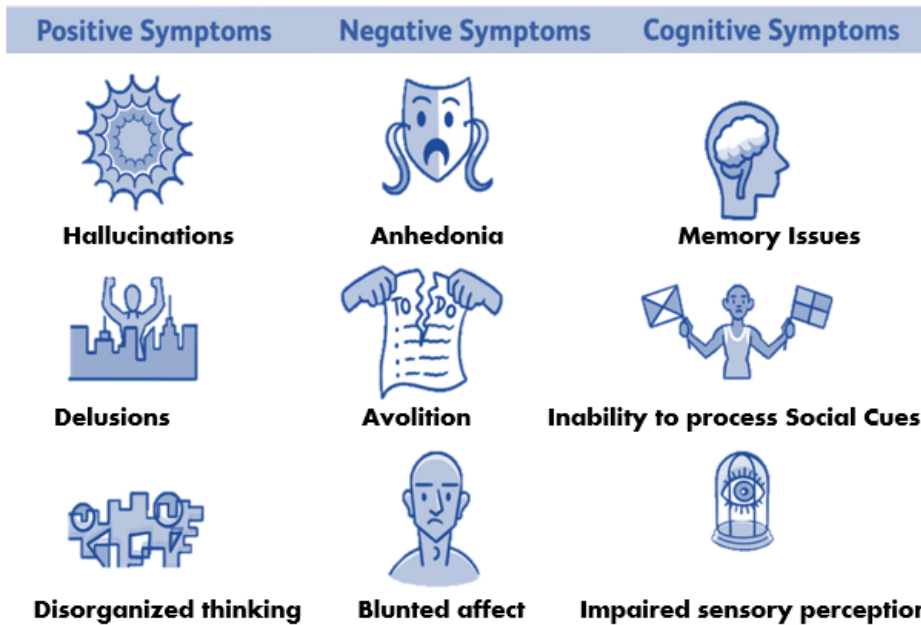


Figure 1. <https://www.verywellhealth.com/schizophrenia-sign-symptoms-5095511>

A schizophrenia diagnosis does not guarantee that the person will experience all of the symptoms. The severity of illness will be determined by the type of schizophrenia the person has. Not everyone with schizophrenia, for example, will have hallucinations or delusions. Social retreat such as sadness, negative assessment, shame feelings and safety actions are perpetuated. Figure 2 gives an example of sleep deprivation-induced critical hallucinations.

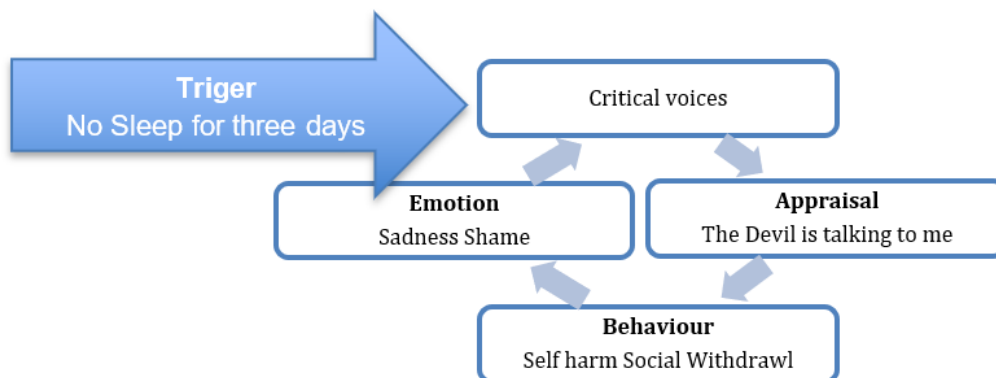


Figure 2: Example of sleep deprivation-induced critical hallucinations

Experts are baffled as to what causes schizophrenia. There are numerous reasons for this. Genetics and the environment are thought to be the key elements that contribute to the development of schizophrenia. There are various sorts of schizophrenia treatment options available including pharmacological and psychosocial therapies.

Mental Health and Indian Scenario

Sustainable development goals (SDG) defined and elaborated by WHO has talks about the mental illnesses and its impact on suicidal attempts. In India the suicide rate at 15.7/100,000 in 2015 was higher than the regional average of 12.9 and the global average of 10.6 [11]. Suicide is the leading cause of death among those aged 15–29 in India [12]. There are a few

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studies [8] which have measured mental health literacy in the Indian context. One study [9] found mental health literacy among adolescents to be very low, i.e., depression was identified by 29.04% and schizophrenia /psychosis was recognized only by 1.31%. About 20 to 40% of schizophrenic patients make suicide attempts as reported by Literature [38] and Suicide rates among patients' range between 5 and 13%. Research [32] indicates that risk of suicide has increased around 5–13%. It is also observed that it not usually because of positive symptoms. It is more associated more to negative symptoms such as low mood [3].

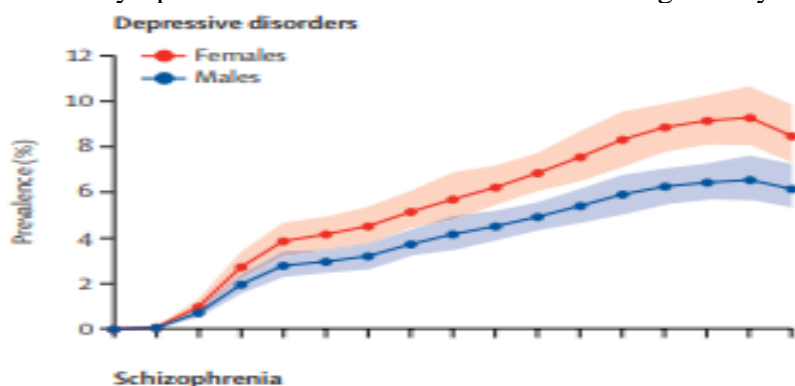


Figure 3. Age-specific and sex-specific prevalence of mental disorders in India, 2017 (Shaded areas show 95% uncertainty intervals) [37]

A study [37] presented by India State-Level Disease Burden Initiative Mental Disorders Collaborators as “The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990–2017”. The prevalence of mental disorders is estimated by ‘years lived with disability’ (YLDs) and ‘disability-adjusted life-years’ (DALYs) for all the states of India. It reported mental disorders in India was 197.3 million (95% UI 178.4–216.4) in 2017. Also, the highest disease burden in India was caused by depressive and anxiety disorders (19.0%, 15.9–22.4), followed by schizophrenia (9.8%, 7.7–12.4) and bipolar disorder (6.9%, 4.9–9.6) among the mental disorders that predominantly found during adulthood. Percentage of Schizophrenia for Males is 11.2% (8.8–14.0) and in Females 8.5% (6.7–10.8) in India as shown in Figure 3. Figure 4 shows the Percentage change in prevalence and DALY rate of mental disorders in the states of India grouped by SDI. Crude estimates reflect the actual situation of each state and thus are useful for policy makers.

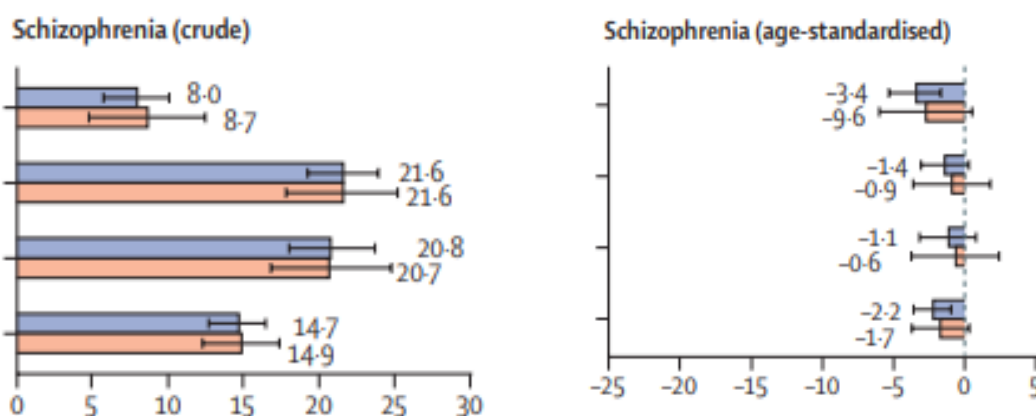


Figure 4: Percentage change in prevalence and DALY rate of mental disorders in the states of India grouped by SDI, 1990–2017 Error bars represent 95% uncertainty intervals. DALY=disability-adjusted life-year. SDI=Socio-demographic Index.

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Family, Social & Cultural Issues

Clinical healing is a unique journey for each person. Some people recover entirely from schizophrenia and live symptom-free lives. With continued treatment, some people with schizophrenia can see significant improvements. Some people improve with treatment, but they still need mental health and social services care. The things can be important in recovery are – Hope, Acceptance, Control, Stability, Relationships, Treatment, Lifestyle. Starting new activities can help people learn new skills, meet new people and making changes to Being active. This includes their creative hobbies like reading, writing, working, dancing, singing, volunteering or doing things like gardening or joining a club.

Some research evidence has shown the family-interventions are very impactful for the treatment of schizophrenia as adjuncts to antipsychotics. Previously mentioned studies [13] [25-27] also suggested that the involvement of family members may encourage positive effect on patients after the psycho-education sessions. NICE [4] recommends family members of people with psychosis and schizophrenia should be offered family intervention. Family intervention is where family of patient work with mental health professionals to help to manage relationships. It should be made available to those who live with or are in close proximity to the sufferers. The level of assistance provided will be determined by the nature of the difficulties and the preferences of the patients. This could be in the form of a group or individual session. Families should receive support for three to one year and at least ten sessions should be scheduled. Learning more about symptoms and improving communication among family members could be part of a family intervention. It would be beneficial to gain a better understanding of what is going on with the person and to increase communication between them. It would assist in learning how to encourage one another, think optimistically, become more self-sufficient, and settle difficulties with one another. It promotes to manage a crisis and improvement in mental wellbeing.

A study [33] Psychoeducational intervention for caregivers of Indian patients with schizophrenia: a randomised controlled trial was conducted to assess the impact of a structured psychoeducational intervention for schizophrenia on various patient and caregiver-related parameters when compared to standard out-patient treatment. And they came to the conclusion that structured psychoeducational intervention, especially in underdeveloped nations like India, is a feasible alternative for treating schizophrenia. [34] discusses the difficulties in determining the efficiency of psychoeducation for caretakers of Indian patients with schizophrenia. When considering the challenges surrounding family interventions in schizophrenia in Asian nations, [35] proposed that these interventions should be based on a culturally-informed theory that takes into account cultural elements that are important in these countries.

A Cognitive behavior therapy (CBT)

[29] created the first CBT framework for normalising psychotic experience. CBT evolved from behavioural theory to focus more on cognitive models that included thinking error reappraisal and schema change methods. The formation of a therapeutic connection based on empathy, congruence, and unconditional positive regard is a key component of CBT. Since the 1990s, CBT has played an increasingly important role in schizophrenia psychotherapy, but it has also experienced a number of theoretical and practical constraints. [28] describes the essential features of CBT for schizophrenia and the current evidence of its usefulness and effectiveness in a survey titled "The Evolution of Cognitive Behaviour Therapy for Schizophrenia: Current Practice and Recent Developments". They wrap up with a discussion of current notions that broaden the theoretical foundation of practise and the spectrum of

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CBT methods available for use in schizophrenia. Mindfulness, metacognitive techniques, compassionate mind training, and the concept of levels have all been proposed as beneficial adjuncts to CBT for psychotic patients. The notion of a mode, i.e., a network of cognitive, emotional, motivational, and behavioural components or interacting cognitive subsystems, has been proposed as a sophisticated model [6] in cognitive psychology of schizophrenia. [7] framework that allows for the differentiation of qualitatively diverse types of data or mental codes.

Another assessment on cognitive behavioural therapy for psychosis in the Indian context [13] finds enough data from around the world to show that CBT can be an effective supplement in some difficult-to-treat cases. However, there are little research on the Indian situation. Only three research on CBTp (CBT approaches for psychosis) in India have been found in the literature so far. One open-label trial [25], one case series of three CRS patients [26], and a case report of a 31-year-old male with paranoid schizophrenia [27] are among them.

Patients with varied cultural backgrounds and literacy levels (rural–urban, educated – literate or illiterate) in India had low cognitive sophistication. The scarcity of material from India may be related to a lack of understanding and awareness of CBT treatments for psychosis (CBTp). It could also be due to a lack of CBTp training compared to CBT approaches for depression. Because CBTp necessitates a greater time commitment on the side of the treating mental health experts, it may not be practical in all cases. Feasibility concerns such as trouble sticking to frequent follow-up, as patients are generally reliant on caretakers, caregivers' difficulty investing that much time for therapy sessions, financial issues, distance, and so on. Lack of culturally tailored CBTp manuals that were not prepared with the Indian setting in mind. It's probable that many physicians in India utilise CBTp, but low publication rates, where people don't normally write about their experiences with it, may contribute to the paucity of literature. One of the causes could be the rejection of manuscripts reporting CBTp from the Indian context.

Yoga Therapeutic intervention

Using yoga [17] as an adjunct therapy is inclining extensively since the early studies on this topic that were conducted in the 2000s. In a study by H.R Nagendra [36], yoga-based practices were included in the treatment plan of chronic institutionalized patients with schizophrenia. The conclusions the researchers came to through this – the patients learned yoga and derived some benefits in social and cognitive areas without experiencing significant negative side effects – paved the way for future studies and alleviate the fear of worsening certain symptoms. As schizophrenia sometimes contributes to the initiation of anxiety, depression, and making people feel isolated, the social benefits and positive effect of patient's wellbeing of yoga could make a significant difference to people's quality of life. It is thought that these effects are achieved through a combination of activation of the mirror neuron system (and the subsequent social improvements this can involve) and an increase in the level of oxytocin (also called “the cuddle hormone”) in those who do yoga [18]. A way in which yoga therapy is particularly beneficial for clients with schizophrenia is by decrease in the anxiety symptoms and an increase in subjective wellbeing [20]. It also reduces both positive and negative symptoms while improving quality of life. [19]

[21] explore the Yoga for schizophrenia is explored by systematic review and meta-analysis. It explored the understanding the effects of yoga on symptoms of schizophrenia on improve of life and behavioural function in patients with schizophrenia. The review found only

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moderate evidence for short-term effects of yoga on quality of life. As these effects were not clearly discernible from bias, and the safety of the intervention was not clear, no recommendation can be made regarding yoga as a routine intervention for schizophrenia patients. The perspective of patients referred to Yoga centre in a tertiary neuropsychiatric hospital a cross-sectional retrospective study [16]. The majority of patients with major mental disorders were able to practise yoga under supervision and reported considerable improvement in symptoms with little side effects in this research of patients who were sent to a Yoga centre in a tertiary psychiatric unit. Depending on the type and severity of the diseases, yoga has been widely employed as an alternative or supplemental therapy in psychiatric disorders. However, research on individuals with serious psychiatric disorders' perspectives on yoga services, as well as the benefits and side effects linked to yoga, is sparse.

Therapeutic efficacy of add-on yoga intervention was done on stabilized outpatient schizophrenic clients: Randomized controlled comparison with exercise and waitlist [14]. The majority of patients with major mental disorders were able to practise yoga under supervision and reported considerable improvement in symptoms with little side effects in this research of patients who were sent to a Yoga centre in a tertiary psychiatric unit. Depending on the type and severity of the diseases, yoga has been widely employed as an alternative or supplemental therapy in psychiatric disorders. However, research on individuals with serious psychiatric disorders' perspectives on yoga services, as well as the benefits and side effects linked to yoga, is sparse [15]. The purpose of this study was to look into the efficacy of a Yoga-based intervention as an adjuvant in schizophrenia patients, as well as the functions of these effects. The proposed study's findings are expected to have a significant impact on establishing the scientific basis for yoga's effects in severe psychotic disorders like schizophrenia. The findings could have a big impact on how yoga is used in clinical management of schizophrenia and psychosis in India and around the world.

CONCLUSION AND DISCUSSION

Schizophrenia is a serious chronic mental illness that can be life-altering. After conducting a literature review, we discovered that there is very little study on Schizophrenia in India. This prompted us to look into the lesser-known facts and difficulties in these areas. Cognitive therapy, psychoeducation, family intervention, social skills training, and aggressive community treatment were identified as the key techniques of psychosocial intervention utilised in the treatment of schizophrenia. CBT helps people identify alternate meanings for their symptoms by demystifying and destigmatizing schizophrenia, according to our research. Another study discovered that Yoga therapies involving physical exercise, meditation, and/or mindfulness practise were successful in treating schizophrenia psychopathology.

We present a review of recent research in this field, concentrating on three issues: a) Family, social, and cultural issues; b) CBT-based techniques; and c) Yoga Therapeutic Intervention People may mistake an irregularity in their behaviour for social inappropriateness due to a lack of information about mental diseases. Supporting them with positive esteem is preferred, as a sympathetic approach is more effective.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Jain P. & Jain P. (2022). A Simple Insight into Interventions for Schizophrenia. *International Journal of Indian Psychology*, 10(2), 1074-1083. DIP:18.01.108.20221002, DOI:10.25215/1002.108