The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 11, Issue 3, July-September, 2023
DIP: 18.01.278.20231103, DOI: 10.25215/1103.278
https://www.ijip.in

Case Study

A Case of a Foreign National with Schizophrenia Who Visited India and Relapsed During Her Stay: A Psychiatric Social Work Perspectives

Dr. Sangeeta Gotewal[1]*, Dr. Arif Ali[2]

ABSTRACT

The study aimed to assess the psycho-social factors and to provide psychiatric social work intervention for a person with schizophrenia. It used a single-subject case study design. A female case of foreign national with a diagnosis of paranoid schizophrenia was selected from the Indoor Patient Department of IHBAS, India. The information was gathered through interviews, case record files, observation and ward behaviour of the patient. Social history taking proforma, Family Assessment Device, The Spiritual Intelligence Self-report Inventory (SISRI-24), Internalized Stigma Scale and Resilience Scale (RSTM) were administered. The study's finding shows that travelling from one country to another with a different culture for a person with mental illness is stressful. She had difficulties in adjusting to the new environment. The complexity of local system, language difficulties, cultural disparities and adverse experiences had caused distress to the client. Psychiatric social work intervention was provided to the client. The intervention mainly focused on strengthening social networks, psycho-education, supportive intervention, insight development, teaching healthy coping and liaising and collateral contact. The client was helped in recognizing her illness and coping with her stressful situation of being away from her country. Further, client's belief in spirituality to overcome her problem helped her face the stressful situation and fasten the recovery process. The patient was treated on a biopsychosocial model and reunited with her family in Sweden.

Keywords: *Psychiatric Social Work, Schizophrenia, Sociocultural Factors, Rehabilitation*

Relapse of severe mental illness abroad is a difficult situation for persons with mental illness who are doubly stigmatized due to their mental illness and because they are foreigners in an unfamiliar country (Peter et al .,2017). A psychotic episode can occur during travel in persons with or without a psychiatric history (Flinn,1962). According to the research study, about 20% of travel incidents are described as acute psychotic episodes and individuals with a history of a psychiatric disorder are the most vulnerable (Felkai&Kurimay,2011; Vermersch et al.,2014). Patients with preexisting schizophrenia are

[1]Psychiatric Social Work Consultant- Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences, Delhi, India.
[2]Associate Professor, Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences, Delhi, India.
*Corresponding Author

Received: May 25, 2023; Revision Received: September 01, 2023; Accepted: September 03, 2023

more at risk because of their hallucination and delusion related to travel. They face problems at an airport, in a crowd, a foreign language, or an unfamiliar place, and the general excitement and arousal associated with travel. It can also lead to intense anxiety-provoking for patients with preexisting psychosis (Burnham et al.,1965). For persons with preexisting psychiatric disorders, the airport environment can stimulate delusional thought and thinking (Fuchs,2005). People with mental illness can lack preparedness, face difficulties in adjusting to the new environment, language difficulties, cultural disparities, local health system and adverse experiences that would cause distress to the migrants. Change of environment also works as a precipitating factor for getting relapsed. Changes in environment, culture, language and lack of support put a lot of stress on the person with mental illness (Felkai & Kurimay, 2011).

According to Peter and Tamas (2017), travel-related mental health problems are varied. As most of the time they never seek pre-travel advice, the prevention of any acute exacerbation is difficult for health professionals. People with mental illness are not adequately prepared for an acute episode. So for people with mental illness, especially people with a diagnosis of schizophrenia, travel can be stressful and it can result in psychotic relapse. They tend to adapt poorly to stressors and initial maladaptive responses can lead to more persistent forms of illness (Franklin et al., 2012). The patients are unable to take care of themselves, their treatment is often rough, and repatriation is often difficult, which leaves persons with mental illness in an almost defenceless position. In the current study, a foreign national who belongs to Sweden visited India for spiritual purposes and got relapsed within a week of arrival. She was admitted to IHBAS by court order and treated accordingly. She was diagnosed with a case of schizophrenia.

Case presentation

The indexed patient was a 37 years old unmarried female graduate who belonged to Sweden and came to India for spiritual healing and got a relapse of psychiatric symptoms during her stay. She was produced before the court by the concerned police in the area where she was found in an unstable state of mind. The patient was interviewed by the Hon'ble Judge and was sent to IHBAS for evaluation and treatment. The patient was brought by police to the IHBAS emergency. The police station was reported complaints of being chased and harmed by unknown persons with the intention of harming her. According to the patient, she was raped twice in 2017 and 2020, and multiple kidnap and murder attempts were made on her by a few people in a secret society in the UK They had teamed up with the UK police and trapped her using cyber-attacks since 2017. The patient was also alleging that the person who belongs to the UK was trying to destroy her with the help of "Cyberweapons." She was attacked by cyberweapons continuously and was feeling pain in her entire body. She was having delusions of reference and persecution during her visit to India. According to the patient, she had come to India for spiritual healing and was supposed to go to Uttarakhand. She reported that while in her stay in Delhi, she started suspecting that people were following her. Her mental status examination was done. She was well-kempt, tidy, in touch with the surroundings, eye-to-eye contact was maintained, and her speech was spontaneous, relevant and goal-directed. Tone, volume and productivity were normal. Affect was anxious, memory was intact, and delusion of references was present. Judgment was poor and insight was absent. The total duration of the illness was seven years. She stated that she was getting treatment in Sweden. The aim of the study is to assess the psychosocial factors and to provide psychiatric social work intervention to the patient.

METHODOLOGY

It uses a single-subject case study design. A foreign national diagnosed with a case of paranoid Schizophrenia was referred for psychosocial intervention during her stay at IHBAS, Delhi, India. The purpose and benefits of the case study were explained and written informed consent was obtained from the patient before assessment and intervention. The information was gathered by interview, case record files, observation and ward behaviour of the patient. Social history, Family Assessment Device, The Intelligence Self-report Inventory (SISRI-24), Internalized Stigma of Mental Illness Inventory (ISMI, 29 items) and The Resilience Scale (RSTM) were administered. A total of eight sessions were provided to the patient.

Assessment and Findings

Family Assessment: Parents had cordial relationships with each other. They were supportive of each other and showed concern towards family issues. They shared a close and healthy relationship and both equally took responsibility. They shared their concerns for the client. The client had a cordial relationship with her father and mother. They shared a friendly and affectionate relationship. The client was emotionally close to both parents. She had a good relationship with her sister. Both external and internal boundaries were found to be clear and open in the family. Although, after the client's illness, problems did arise in the interpersonal relationships. Furthermore, communication among the family members got impacted, which resulted in family distress. Family rituals like dining together and celebrating festivals together were present in the family. Problem-solving ability and coping ability were found to be adequate in the family. The client was getting adequate support from the family members.

Table1. Family Dynamics of the client on the basis of Mc Master Family assessment device

FAD	Scores	Findings
Problem-Solving	2.2	Normal
Communication	2.3	Normal
Roles	2.6	Normal
Affective Responsiveness	2.00	Dysfunction
Affective involvement	2.2	Dysfunctional
Behavioural Control	2.4	Dysfunctional

Table 2: Culture Intelligence, Spiritual Intelligence and Resilience in the Client

Scales	Score	Findings
Culture Intelligence	94	High Cultural Intelligence
The Spiritual Intelligence and Self-Report Inventory	70	High Spiritual Intelligence
Resilience Scale	80	High Resilience

Table 3: The Level of Internalized Stigma

	Scores	Findings
Self-stigma	64	Mild internalized stigma

Findings: Table 1 shows family assessment scores. The scores suggest that affective responsiveness, affective involvement, and behavioural control were found to be unhealthy.

Culture intelligence, spirituality and resilience were found to be high (Table 2). The client was having a minimal level of internalized stigma (Table 3).

Psychosocial intervention

Strengthening social networking

The client was helped in recognizing and acknowledging the support of well-wishers around her and was encouraged to reconnect with her siblings and parents through video calls. Further, client's belief in spirituality enabled her to overcome and foresee every obstacle that was deliberated and made central towards the healing and recovery process.

Supportive counselling

Supportive counselling was given to the patient to help her feel deeply understood and supported, and find ways to resolve issues that she might have. Supportive counselling included educating the patient about her potentials and limitations, establishing realistic goals, and addressing issues in life that will reduce stress and anxiety and improve their adaptive skills. Supportive counselling was provided on account of role strain, her physical pain and emotional distress associated with being away from the family and country, and falling ill. Supportive counselling positively boosted her self-esteem and self-confidence. Further, the client was reassured, provided guidance, and encouraged to combat feelings of insecurity.

Strengthening Healthy coping: Healthy coping strategies were discussed with the client. She was asked to adopt problem-solving approach to resolve her problem. The use of spirituality and mindfulness was also discussed with the client.

Insight development: The session also focused on insight development. Psychoeducation and motivational interviewing were done.

Stress management: Mindfulness, relaxation techniques and deep breathing exercises were taught during her stay in the hospital. She used to visit the library, did morning and evening walks in the campus, interacted with other patients and staff in the ward and talked to family members and friends on the phone.

Psychoeducation

The sessions mainly aimed to provide knowledge about various facets of the illness and their treatment so that they can work together with mental health professionals for a better overall outcome for the patient and families. Psychoeducation is an indispensable adjunctive psychotherapy in the field of mental health. The patient was educated regarding the nature of the illness, symptomatology, course, prognosis, and the importance of drug compliance. The family was informed about the discharge plan through video calls, emails and WhatsApp. Her parents were informed of her travel plans. The patient was taught to handle the potential travel stressors, and practice relaxation and breathing exercises were also taught. She was informed not to take alcohol and over use caffeine. Her financial issues and cost of travel were discussed with patient and family members. Her travel plan was discussed with the ILO and the information was provided to the airport authority, as she was travelling alone. The patient was informed about the effects of change in sleep time, meal times, and medication schedules. The process of security checks on aeroplanes, long queues and delays at the airports were explained to the client because they invariably cause stress and can arouse delusion and suspiciousness.

Predischarge And Discharge Counselling: The client was provided with predischarge and discharge counselling. The client was prepared for discharge. The issue related to discharge, travel and medication was discussed. Detailed psychoeducation was also provided to the client. She was helped to understand the nature of her illness, symptoms, course and need for regular medication. The issue regarding her vocational rehabilitation was also discussed and she was motivated to make efforts for getting productive work.

Liaising and collateral contact: Liaising with police, court, Foreigners Regional Registration Office (FRRO), Swedish Embassy in India and her family (to receive her from Sweden airport) was done in order to discharge her and send her back to her family back in Sweden. The family was also involved in the treatment and rehabilitation through video calls, emails and WhatsApp.

CONCLUSION

Long-distance travel to different countries can aggravate preexisting psychosis. Travel can prove so stressful for individuals with preexisting severe mental illness that it can result in psychotic relapse. Thus, travelling to a different country with mental illness is challenging and stressful. The patient showed significant improvement with treatment. Good family support and tertiary support by the Institute, police, court, and Swedish Embassy had a significant role in the rehabilitation of a foreign national with Schizophrenia who visited India and relapsed during her stay. The patient was successfully reunited with the family.

REFERENCES

Burnham DL. Separation anxiety: a factor in the object relations of schizophrenic patients. Arch Gen Psychiatry. 1965; 13:346-358.

Felkai P, Kurimay T. The most vulnerable travelers: patients with mental disorders. World Psychiatry. 2011; 10:237.

Flinn DE. Transient psychotic reactions during travel. Am J Psychiatry. 1962; 119:173-174.

Franklin TB, Saab BJ, Mansuy IM. Neural mechanisms of stress resilience and vulnerability. Neuron. 2012;75(5):747-761. doi: 10.1016/j.neuron.2012.08.016

Fuchs T. Delusional mood and delusional perception phenomenological analysis. Psychopathol. 2005;38(3):133-139. doi:10.1159/000085843

Peter Felkai, MD, PhD, Tamas Kurimay, MD, PhD, Patients with mental problems - the most defenseless travellers, *Journal of Travel Medicine*, Volume 24, Issue 5, September-October 2017

Vermersch C, Geoffroy PA, Fovet T, et al. Travel and psychotic disorders: clinical aspects and practical recommendations [in French]. Presse Med. 2014; 43:1317-1324

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: Gotewal, S. & Ali, A. (2023). A Case of a Foreign National with Schizophrenia Who Visited India and Relapsed During Her Stay: A Psychiatric Social Work Perspectives. *International Journal of Indian Psychology, 11(3),* 2929-2933. DIP:18.01.278. 20231103, DOI:10.25215/1103.278