



Evaluation, Treatment Strategy, And Rehabilitation Of A 30-Year-Old Male With Schizophrenia In A Low Socioeconomic Setting

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Abstract

The 30-year-old married man from India who has been diagnosed with schizophrenia is described in this case study. He has a poor socioeconomic standing and a moderate level of education. Disorganised behaviour, auditory hallucinations, emotional blunting, and decreased social functioning were among the patient's symptoms. The integration of family psychoeducation, cognitive behavioural therapy (CBT), psychiatric consultation, and various treatment modalities is examined in this instance. Promoting thorough rehabilitation and enhancing day-to-day functioning were the goals.

Keywords

Cognitive behavioural therapy, family therapy, social skills training, psychoeducation, psychiatric consultation, rehabilitation, and schizophrenia.

Introduction

Background of the Patient: The patient is a thirty-year-old man who lives with his wife and two little children in a nuclear family. Despite having a middle-level education, he is unemployed and relies on his family to take care of his everyday tasks. He has a restricted support network and financial stress as a result of his poor socioeconomic background. He had a pleasant married life and kept up social ties before the symptoms appeared.

Presenting Symptoms:

- The patient exhibited self-stimulatory behaviour, including uncontrollably giggling and tickling himself.
- Hearing hallucinations and trouble telling the difference between delusions and reality.
- Communication impairments, including trouble comprehending or carrying on a coherent discussion.
- Emotional blunting, characterised by a diminished emotional spectrum and a lack of enthusiasm for social situations.
- Physical problems, like headaches and a sense of suffocation.
- Abnormal motor activity and erratic behaviour are examples of motor disturbances.
- Sensations of inferiority, believing that he is not as good as other members of the family

The patient's inability to decide between seeking spiritual healing or psychiatric treatment is indicative of cultural and spiritual factors in his mental health approach. The patient's cultural views and the impact of spirituality on his approach to mental health are reflected in his hesitancy to seek spiritual healing or psychiatric care. This dual strategy, which is typical in his culture, emphasises how crucial culturally competent care is. In order to incorporate these values into the therapy plan, the treatment team collaborated with the patient and his family

after acknowledging their convictions. The patient and his family felt more receptive to regular therapy as a result of psychoeducation sessions that also covered the complementary roles of spiritual and medical support.

Diagnosis

The patient's presentation led to a diagnosis of schizophrenia, which is typified by disorganised behaviour, emotional blunting, social disengagement, and positive symptoms including delusions and hallucinations.

Research Evidence

Disruptions in thought processes, perceptions, emotional reactivity, and social functioning are hallmarks of schizophrenia, a severe mental illness. Comprehensive treatment plans that incorporate community interventions, family support, psychotherapy, and medication have proven to be quite successful. The interventions employed in this case study are supported by the research listed below.

- For schizophrenia, cognitive behavioural therapy (CBT) Studies show that positive symptoms of schizophrenia, like delusions and hallucinations, can be effectively managed using Cognitive Behavioural Therapy (CBT). A meta-analysis by Wykes et al. (2008) showed that CBT is effective in lowering the intensity of symptoms and enhancing general functioning. According to the study, CBT helps patients better manage their coping strategies, lessen emotional suffering, and question and reframe delusional views. Psychoeducation and Family Counselling It has been demonstrated that psychoeducation and family participation enhance the effectiveness of treatment for people with schizophrenia.
- A study by Pharoah et al. (2010) found that family interventions, such as problem-solving techniques, communication skills training, and psychoeducation, greatly lower relapse rates and enhance family well-being. According to the study, involving family members in the therapeutic process creates a more encouraging atmosphere and lessens the strain of providing care.
- Community-Based Interventions and Social Skills Training Assertive community treatment (ACT) and social skills training (SST) are successful in improving the social and professional functioning of people with schizophrenia. SST enhances patients' capacity for social interaction, social cue recognition, and the development of meaningful connections, according to a study by Turner et al. (2014). Furthermore, ACT—which offers comprehensive, community-based support—was linked to lower hospitalisation rates and greater rates of treatment adherence.

Treatment

A thorough and multifaceted strategy that was adapted to his social and cultural background and included medicine, psychotherapy, and family support was the goal of the treatment.

1. Psychoeducation in Session 1: The patient and his family were psychoeducated about schizophrenia, its symptoms, and the value of regular psychiatric care during the first session. The therapist emphasised the importance of medicine and systematic therapy while providing a straightforward explanation of the illness.

2. Individual Psychotherapy and Counselling in Session Two:

To assist him discern between reality and delusions, the patient participated in individual psychotherapy sessions. Techniques from Cognitive Behavioural Therapy (CBT) were used to correct his skewed cognitive patterns and deal with his spiritual problems and inferiority complex.

The patient received individual counselling to help him process his feelings of inadequacy and learn how to recognise and control symptoms.

3. Family Involvement and Therapy in Session 3 and Beyond:

To create a supportive home environment and educate the patient's family about the disease, they attended sessions with the patient. While family therapy concentrated on communication techniques and coping strategies for handling erratic behaviour, cognitive enhancement treatment (CET) was utilised to enhance the patient's cognitive functioning.

Social Skills Training: To enhance conversational abilities, identify social cues, and engage in meaningful interactions with others, the patient participated in structured exercises.

4. Interventions in Therapy:

Self-Help Groups: To meet people going through similar struggles, the patient was urged to join community-based self-help groups.

Coordinated Speciality Care: By combining social support, therapy, and psychiatric treatment, a team-based strategy made sure the patient received coordinated care.

Assertive Community Treatment (ACT): ACT services were implemented to help him learn how to live independently by offering outreach and support in his home.

Social Recovery Therapy: The patient participated in exercises designed to improve his occupational and social abilities and promote reintegration into the community.

Electroconvulsive Therapy (ECT): ECT was thought to be a useful supplement for treating severe symptoms that weren't sufficiently alleviated by medicine.

5. Ongoing Therapy:

Cognitive Behavioural Therapy and Emotional Support Therapy: CBT sessions lasted for ten months and addressed methods for managing voices and coping with hallucinations. In order to provide a secure setting for the patient to express and process their feelings, emotional support therapy was used.

The therapist gave advice on how to handle auditory hallucinations, including reality-testing activities and distraction tactics.

Medication and Rehabilitation:

To optimise treatment outcomes, the patient got antipsychotic medication under psychiatric care in addition to continuing cognitive behavioural therapy and social recovery therapy.

Conclusion

This case emphasises how crucial it is to treat schizophrenia in low-income settings using a comprehensive, culturally aware approach. The patient's steady recovery depended on removing financial obstacles, fostering strong family ties, and integrating spirituality into treatment. Even though recovery was sluggish, the combination of community support, cognitive behavioural therapy, and psychiatric care led to improved family ties, less psychotic episodes, and enhanced social functioning. Given how important economic and spiritual elements might be in influencing patients' attitudes towards mental health treatment and rehabilitation, future instances can benefit from an even stronger focus on these aspects.

References

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