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Introduction

Schizophrenia is a complicated disorder that affects how a person thinks, feels, and behaves. It consists of a range of symptoms including hallucinations, delusions, disorganised thinking, and impairments in social and occupational functioning. Despite decades of research, the exact cause of schizophrenia remains unknown, and its treatment presents a significant challenge to professionals and researchers alike. This report aims to provide an in-depth analysis of schizophrenia, covering its symptoms, its origin, diagnosis, treatment options, and current research.

This report will look at the primary symptoms of schizophrenia, including positive symptoms although positive, does not mean good when referring to schizophrenia. These are symptoms in schizophrenia such as hallucinations and delusions, which one should not have. Negative symptoms include social withdrawal and reduced emotional expression, and cognitive symptoms such as impaired executive functioning and memory deficits, (Andreassen, 1982; Bell, Mishara 2006; Bigelli *et al* 2018).

The report will look in-depth into the nature of schizophrenia, discussing genetic and neurobiological, environmental, and psychosocial factors that contribute to its development, as well as the treatments that are available for the service user, and the advocacy and legislation that has been set by the government. It will look at the diagnostic criteria for schizophrenia according to major classification systems such as DSM-5 and ICD10. We will also discuss the various assessment tools and techniques used by professionals to evaluate symptoms.

The focus here will be on the pharmacological and psychosocial interventions for schizophrenia management. The literature will include studies on antipsychotic medications, cognitive behavioural therapy, family interventions, and supported employment programs. It will also examine the side effects and the positive and negative challenges associated with the treatment (Andreason and Grove, 1986).

This report will consider the advancement in schizophrenia research, including genetic discoveries, and efforts towards early intervention and prevention strategies. Through this assignment, readers will gain an in-depth understanding of schizophrenia, and its complex nature, the current state of research, and treatment options available for individuals living with this disorder.

Definition and Classification

Eugene Bleuler, a Swiss psychiatrist came up with the term “schizophrenia” for the first time in 1911. It has been derived from the Greek word and its roots are schizo, which means split, and phrene which means mind (Peralta and Cuesta 2011; Kyziridis, 2005). Schizophrenia is a condition that an individual will experience. A mental illness marked by abnormalities in thought processes, emotions, and social interactions. Schizophrenia is usually a chronic illness that can be quite severe and incapacitating, though each person's course is different. ICD-10 International Classification of Disease (NHS, WHO). There are clinical subtypes of schizophrenia: Paranoid, and catatonic (Tandon *et al.*, 2013) just to name a few. Paranoid schizophrenia is the most common form of the disorder. Someone suffering from this will hear voices with pronounced hallucinations. There are obvious delusions. Speech and emotion may not be affected (Montag *et al.*, 2011). Catatonic is described as mute, staying still, and affecting the way you move in extreme ways DSM-V (APA 1994; Jain and Mitra, 2023; Web Med). F20-F29 is the classification number and title of schizophrenia, schizotypal, and delusional orders (NHS; WHO; Nikolaevna, and Vital'evich *et al.* 2023). The primary signs of paranoid schizophrenia are hallucinations, especially hearing and cognitive disorders. Paranoid delusions can often be stable and accompany the symptoms. Affecting deliberate and speech disturbances as well as catatonic symptoms are either non-existent or barely noticeable (Elliot and Wright, 2018).

Schizophrenia mood disorder is different from bipolar mood disorder (Tandon and Maj, 2011) bipolar disorder is subtle, but the DSM-5 describes the criteria for each, thus helping doctors make the right diagnosis and get the correct schizophrenia disorder treatment. Schizophrenia and bipolar disorder both have similar symptoms (Assion, Schweppe and Reinbold, 2019) both disorders have symptoms such as manic or depressive episodes, which occur within the psychotic features of the disorder (WHO,1992).

Diagnosis

Although the fact that schizophrenia often runs in families, no single gene is believed to be the cause. It is more likely that individuals are more prone to the illness due to unique gene combinations. However, having these genes does not guarantee that you will experience schizophrenia (NHS, 2023). If you have a family member with schizophrenia, your chances of getting it may increase, by 10% but if both parents have it your chances of getting schizophrenia can go up by 40% (NHS; WebMD; Tsuang and Stone, 1999).

Blood tests and X-rays can identify some disorders, but diagnosing schizophrenia is more difficult it cannot be diagnosed with just a blood test. Before diagnosing an individual with schizophrenia or any other psychiatric condition, doctors must obtain information about them and from those who are close to them (Miller and Mason, 2015). There are similarities in the symptoms of many mental diseases. For instance, hallucinations or delusions are frequently present in both schizophrenia and severe depression so professionals have to rule out any other psychiatric mental disorder before they conclude schizophrenia because of this, obtaining a precise diagnosis may require several days or even months (Miller and Mason, 2015). Schizophrenia cannot be diagnosed with a single test instead, it is typically determined through evaluation by a mental health professional (NHS; Andreason, 1987). A checklist for the diagnosis of schizophrenia (Astrachan, Harrow and Adler, 1972). Most mental health care providers utilise a checklist to diagnose patients. Typically, schizophrenia can be usually diagnosed with thorough tests and examinations. Doctors may recommend including the following: MRI (magnetic resonance imaging taking pictures of the brain to check for any abnormalities CT or CAT SCAN (computed axial tomography) pictures of the brain using special-ray techniques (NHS n.d.).

Schizophrenia is usually diagnosed by a team of professionals who work together to collect data, make assessments, and offer assistance. These professionals will get together and see what is the best treatment for the disorder.

Primary Care Physician (PCP) The person may first turn to their primary care physician for assistance. If needed the doctor can provide an initial examination, rule out other medical issues, and make referrals to mental health specialists (Khan, 2023; Irfan *et al.*, 2015).

Psychiatric: Psychiatrists are medical professionals specialising in the diagnosis and treatment of mental health disorders, including schizophrenia. They are often involved in conducting a comprehensive psychiatric evaluation, prescribing medication, and providing ongoing psychiatric care (NHS).

Clinical Psychologist: Clinical psychologists have training in both therapy and psychological evaluation. They could provide regular tests, do psychiatric assessments, and offer therapy to people who have schizophrenia. They may also be involved in the diagnosis process, especially in situations when psychiatrists are not easily accessible.

Formal diagnosis is very important for service users it allows individuals to have access to help people to get support services and treatment that are available for their particular needs. Psychotherapy, case management, medication control, community support, and career rehabilitation programs are a few examples. It allows clearer communication with healthcare providers. A formal diagnosis will give the service user legal financial benefits, it will qualify for disability benefits it can also provide legal protection and support in situations if they cannot make their own decisions (NICE 2016, NHS, APA 2013). It also is important for it to be formally diagnosed so they can have the appropriate treatment access to medication.

Being diagnosed with schizophrenia can set many drawbacks and potential problems, for example, stigma and discrimination against individuals with mental health disorders can be worsened by diagnostic labelling. When someone is diagnosed with schizophrenia, it can result in negative social rejection, stereotypes, and fewer opportunities for work, education, and relationships (Link and Phelan 2006; Ertugrul and Ulug, 2004).

Treatment

Unfortunately, there is no cure for schizophrenia. Schizophrenia requires lifelong treatment, even when symptoms have subsided. Antipsychotic medication is also available. Treatment with medications and psychosocial therapy can help manage the condition. In some cases, hospitalisation may be needed (Mayo Clinic.org, 2020). Therapy is often led by a psychiatrist with experience in treating schizophrenia. To coordinate care, the treatment team may additionally consist of a psychologist, social worker, psychiatric nurse, and even a case manager. The full-team approach might be offered in clinics that specialise in treating schizophrenia (Mayoclinic.org, 2020). Many people with schizophrenia are treated by community mental health teams (CMHTs) the team aims to provide everyday support and treatment making sure they have as much independence as possible (NHS).

Antipsychotic Medication: Antipsychotic medications are the cornerstone of schizophrenia treatment (NHS, NICE) They alleviate symptoms such as hallucinations, delusions, and disorganized thinking. There are two main classes of antipsychotic medications: atypical (first-generation antipsychotics developed in the 1950s) and atypical (second-generation newer antipsychotics developed in the 1990s). Dopamine D2 is a drug target for all drugs against schizophrenia currently present on the market. Many drugs applied to treat schizophrenia are antagonists of D2-like D2, D3, and D4 dopamine receptor subtypes (Luedtke and Rangaël-Barajas, and Malik 2015; NHS; Engel, and Davis 2009). Typical antipsychotics are often preferred due to their lower risk of movement disorders (Wyatt *et al.*, 1988).

Electroconvulsive Therapy ECT: ECT may be considered in the case of severe, treatment-resistant schizophrenia such as catatonic (Thirthali *et al.*, 2009) schizophrenia, particularly when rapid symptom relief is necessary or when other interventions have failed (Braga and Petrides, 2005). ECT is typically administered in a hospital setting under general anaesthetic, with careful monitoring of cardiovascular and neurological parameters.

It is vital to remember that treatment plans ought to be personalised to each patient's unique needs, preferences, and level of symptom intensity. In addition, ongoing monitoring and assistance are very important for the long-term treatment of schizophrenia. An appropriate antipsychotic drug will be given in line with the assessment results. A patient's preferences for previous treatment response, symptom profile, side effects profile, and other factors may influence the prescription decision. It is possible to alter the dosage to maximise effectiveness and reduce negative side effects. It is very important to regularly check on drug adherence and the side effects. The patient may continue taking medication to prevent relapses once symptoms have settled. To guarantee compliance and keep an eye out for new symptoms or side effects, long-term follow-up is crucial (Barnes *et al.*, 2019).

Comparing the current therapies available in the market for schizophrenia from the past can shed light on recent developments in both efficacy and ethics. Ethical considerations include making sure of informed consent, respecting autonomy, and maintaining confidentiality in the treatment process. Limited pharmacological options for past treatment services for schizophrenia firstly relied on typical antipsychotic medications such as chlorpromazine and haloperidol (NHS; NICE; NIH). These medications were good in managing positive symptoms but came with severe side effects. However, Meyer developed humanistic treatment for the illness in the United States. The early 20th-century treatments for schizophrenia included insulin coma, Metrazol shock, electro-convulsive therapy, and frontal lobotomy (NIH; NHS; Meyer, 1995). Before community-based care was introduced people with schizophrenia were often institutionalized in large psychiatric hospitals known as mental asylums, but this came with its negative impact which lacked sufficient therapeutic interventions and was linked to violations of human rights and stigma. Cognitive Behavioural Therapy (CBT) significantly reduces the severity of positive symptoms as well as the total intensity of symptoms in patients with schizophrenia, according to a meta-analysis (Jauhar *et al.*, 2019).

Community-centered medical care A cultural change has taken place in favour of community-based care that addresses and focuses on psychosocial rehabilitation, outpatient therapy, and assisted housing. This approach lowers the risk of being institutionalised, increases social interaction, and supports recovery-oriented treatment (NHS). The way that treatment is being provided is more successful than it used to be in the past. Service users' quality of life, functional results, and symptom management have all improved as a result of the availability of second-generation antipsychotic and multi-model treatment approaches (WebMD).

Rehabilitation

When talking about rehabilitation for schizophrenia it means helping people get better at doing everyday things and feeling happier in life. Yet there are multiple issues with how this help is measured individuals also face challenges and criticism (Killaspy *et al.*, 2016; NHS; Wykes and Dunn, 1992).

There is no good accurate process to assess the quality of life for someone with schizophrenia. The outcomes of many tests differ, making it difficult to identify which is the most accurate. The primary hurdle in assessing rehabilitation for schizophrenia is the lack of regular and widely recognised assessment tools. Multiple assessment tools are available to examine different aspects of rehabilitation, including social functioning. There is disagreement about which assessment of cognitive ability and symptom severity is the most valid and reliable. For example, the once widely used Global Assessment of Functioning (GAF) scale has come under fire for its biased functioning level ranking and lack of trustworthiness (WebMD, 2023). R.D. Laing said you should listen to people and see what is happening in their lives. Giving people a say and listening to them, getting the service user involved asking them what they like or dislike probably then you can build a picture around them.

Social workers play a key role in helping people with schizophrenia and their families by providing support and assistance. They can assist with organising care, offer therapy, put people in touch with neighbourhood services, and help with day-to-day needs including housing and financial support. (NASW) National Association of Social Workers (everydayhealth.com; Prytys 2011).

Measuring the successful outcome of treatment for a service user involves assessing several aspects of their functioning, well-being, and quality of life. These are a few criteria that are often used to assess therapy results. Monitoring the treatment outcomes depends critically on tracking improvements in the patient's entire quality of life, including their happiness with several life domains like relationships, employment, leisure activities, and physical health. In both clinical practice and schizophrenia research, the Quality of Life Scale (QLS), is frequently used to measure the quality of life (Carpenter 1984; McGurk *et al.*, 2015; WebMD; NIH).

To evaluate the success of the treatment it is vital to make sure that the service user is following the suggested advised and planned routine. Information on the success rate of treatment can be gained by tracking medication adherence using a self-report, pill count, or electronic monitoring device. World Psychiatric Journal (WPJ; Weiden *et al.*, 2010). By using these measures professionals and researchers can evaluate the effectiveness of treatments for schizophrenia and make informed decisions about the best course of action for individual service users.

There are many steps involved in reviewing the safety and success of the treatment for schizophrenia, one of which is reviewing past assessments. A treatment plan needs to be in place based on the original assessment. The treatment plan is developed which may include therapy medication and other interventions tailored to the individual's needs (NHS; NICE; NIH). Throughout the course of treatment, regular check-ins and assessments are conducted to keep track of the person's progress. Professionals can determine whether treatment is having the desired effects by comparing the results of the current evaluation with those from earlier ones. They can identify whether symptoms are getting better, functioning is getting better, and the quality of life is getting better by examining the changes over time. If treatment seems not to be working and there are signs of worsening symptoms, the treatment plan may need to be adjusted. This can involve a higher dosage of antipsychotic altering therapy techniques or additional intervention (Kane, 2010; Nasrallah *et al.*, 2005).

There can be drawbacks if you use a small number of results to assess success. It is very important to assess treatment success using a thorough and holistic approach to fix these issues. The approach might involve taking into account a wider range of outcomes, including patient-reported measures, and accounting for personal preferences and priorities. Measuring the success rate of different treatments or interventions may be difficult if there are limited outcomes. In the absence of a complete set of measures, it becomes more difficult to identify the most effective approach for people with schizophrenia.

Recommendations for future care

Apart from the existing treatments available for schizophrenia, other approaches can be applied to improve the standard of living for those receiving services and best practices for managing them. These measures cover a wide range of topics, such as early intervention, social support, holistic care, and advancement in diagnosis and treatment. Here are some recommendations;

Implementing a holistic approach to care that addresses not only the symptoms of schizophrenia but also the individual's social, emotional, and physical needs. This involves developing personalised treatment plans that consider the liking and goals of the service users. providing comprehensive support services such as psychoeducation, vocational rehabilitation, and housing assistance can significantly improve outcomes and quality of life. Self-help techniques like changing your diet, seeking social support, and relieving stress can improve the way you feel (HelpGuide.org.uk 2024).

You have to treat service users as individuals, respect their privacy and dignity, treat everyone equally and not discriminate against anyone because of their personal views, and keep relationships with service users and care professionals, Health and Care Professions Council (HCPC).

Investing money into research and development to find genetic elements, biomarkers, and neuroimaging methods that can help in early diagnosis and tailored treatment for schizophrenia. Pharmacotherapy advancements can improve treatment outcomes and lower the likelihood of relapse, such as the creation of novel antipsychotic medications with reduced side effects and improved success (NHS).

Applying technology-based interventions to improve treatment adherence, expand access to mental health care, and give service users the tools they need to properly manage their symptoms, such as telepsychiatry, mobile health applications, and virtual reality therapy (NIH).

The quality of life and outcomes for service users can be greatly enhanced by taking a comprehensive approach to schizophrenia care that places a priority on individual therapy, community support, early intervention, and technological improvements (NIH).

Conclusion

In conclusion, this report has explored various aspects of the diagnosis, treatment, and rehabilitation of schizophrenia drawing upon a range of literature to inform recommendations for future practices. While the diagnosis, treatment, and rehabilitation of schizophrenia have advanced significantly, there is still room for improvement. It is vital to take a holistic approach that prioritises early intervention, community support, personalised care, and technology innovation. It is crucial to keep funding studies that raise awareness and improve the quality of care provided to people with schizophrenia to guarantee the best possible results and quality of life. When everything is taken into account, it is obvious that the illness harms people's day to day lives. Schizophrenia patients may have both positive and negative cognitive symptoms. Although no cure for schizophrenia has been found, several treatment medications can aid in reducing the effects brought by schizophrenia such as antipsychotics, care programs, and psychological treatment all aid in controlling the symptoms of schizophrenia. Positive symptoms of schizophrenia are hallucinations and delusions, but there is no positive in schizophrenia. Negative symptoms can have an impact on relationships, social withdrawal, loss of appetite, and poor hygiene. Throughout this report, key literature has been used, including scholarly articles, journals, and government websites. ICD-10

classification has been included in this report, F20-F29 is the classification number and title to schizophrenia. Putting into practice person-centered holistic treatment methods that are personalised for each patient and increasing social interaction and community involvement would be beneficial. As well as putting more money into research and development for advancement in diagnosis and treatment.

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