

REPORT

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Assessment 2 – Written Report

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Introduction

The intention of the following paper is to explain what Schizophrenia is, and it will provide academic sources about diagnosis, classifications, treatment, measurements of rehabilitation, recommendations for future practice and a conclusion. The report is going to include ICD-11 classifications, and credible sources such as NHS, WHO, NICE and more academic resources. The main goal of this report is to show that schizophrenia is a serious disorder that cannot be fully treated but can be kept under control with professional help and treatment. Even though schizophrenia is a psychotic disorder, people that suffers of it can live like normal. ⁵⁷ Some of the main symptoms of schizophrenia are hallucinations, delusions and psychotic episodes. This mental illness is usually diagnosed within the age of 4 year old and some patients only live to the age of 24 years old due to suicide.

¹⁴ According to Mind, schizophrenia is a complex mental health issue associated with psychosis is schizophrenia. There are many false beliefs regarding it. Even mental health specialists disagree on this. However, the truth is that one in every 100 people will eventually receive this diagnosis. ¹ There is no simple test to diagnose schizophrenia, making it a challenging condition to diagnose. Additionally, opinions on this diagnosis have evolved throughout time. Many individuals believe that there may be multiple overlapping conditions rather than just one. ²⁶ Most patients with schizophrenia are between the ages of 18 and 35. It appears to afflict about equally as many men and women.

Definition and classification

¹ According to the NHS in an article from 2023, schizophrenia is frequently referred to as a kind of psychosis by medical professionals. This implies that the person might not always be able to tell their own thoughts and ideas apart from reality. Hallucinations, which are auditory or visual things that don't exist outside of the your head, paranoia, which are uncommon

ideas that aren't based on reality, blurred thoughts and language centred on irrational thoughts or delusions, losing interest in daily activities, not wanting to take care of yourself and your needs, such as not caring about your personal hygiene, wanting to avoid people, including friends, and a sense of being estranged from your feelings or emotions are some indicators of schizophrenia.

In an article from ICD-11, Schizophrenia is distinguished by problems in a variety of mental modalities, including thinking, perception, self-experience, cognition, and conduct. There may be psychomotor abnormalities, including catatonia. Core symptoms include chronic delusions, persistent hallucinations, cognitive disorder, and feelings of influence, passivity, or control. To be diagnosed with schizophrenia, symptoms must have lasted for at least one month. The symptoms are not the result of another medical disease or the action of a drug or medicine on the nerve cells in the brain.

According to Guillermo Firman in an article from 2019, the following are the DSM-5 criteria for schizophrenia: One or more of the following five things must be present for a clinically relevant duration of time within a one-month period (or shorter if effectively addressed), having at least a single one of them falling under:

- Delusions
- hallucinations,
- disorganised speech,
- excessively disorganised or catatonic behaviour
- negative symptoms (for example, reduced motivation and expressiveness).

Assessment of the cognition, sadness, and mania symptom domains is crucial for differentiating between schizophrenia and various other psychotic diseases, along with the symptom mentioned in the first diagnostic criteria.

Diagnosis

According to NHS in an article from 2023, schizophrenia has no specific test, and it is often diagnosed following an evaluation by a mental health practitioner. Consult a GP right away if you think you could be showing signs of schizophrenia. It is better to treat schizophrenia as

soon as possible. Your doctor will inquire about your symptoms to rule out other possible reasons, such as drug abuse for pleasure.

⁵ Your doctor should send you to your neighbourhood community mental health team (CMHT) if schizophrenia is suspected. Different mental health specialists who serve persons with complicated mental health disorders make up CMHTs.

An expert nurse or psychiatrist from the CMHT team will conduct a more thorough evaluation of your symptoms. Additionally, they'll be interested in learning about your background and current situation.

Most mental healthcare providers utilise a diagnostic checklist when making a diagnosis.

In an article from NICE, (2021), as the most prevalent psychotic illness, schizophrenia.⁴⁹

⁵⁴ According to the International Classification of Diseases-10 [ICD-10] standards, the following symptoms must be present for at least a month in order to meet the diagnostic criteria for schizophrenia:

- Delusional voices that provide a running commentary on the person's activity, converse about the individual, or use various sorts of hallucinatory voices that emanate from different parts of the body.
- ⁴⁷ Three different types of mental processes: broadcasting, insertion, and echoes.
- ⁴⁷ Control, influence, or passivity delusions clearly connected to particular body or limb motions or thoughts, acts, or feelings.
- ⁴² Other types of persistent delusions that are culturally inappropriate and entirely impossible, such as religious or political identities, or superhuman skills and talents (such as controlling the weather or communicating with aliens from another world).

⁴ According to an article from Mayo Clinic, schizophrenia diagnosis entails ruling out other mental health illnesses and determining that symptoms are not caused by substance misuse, medication, or a physical disease. The following factors may be considered when determining a schizophrenia diagnosis:

- Physical examination. It may be done in order to rule out other disorders that may be producing symptoms and to look for any consequences.
- Screenings and tests. These may include testing to rule out illnesses with comparable symptoms, as well as alcohol and drug screening. Imaging investigations, such as an MRI or CT scan, may also be requested by the doctor.⁶

- Psychological examination. A medical or mental health expert assesses a person's mental health by seeing and questioning them about their look and demeanour, as well as their thoughts, emotions, delusions, hallucinations, substance use, and propensity for violence or suicide. A description of family and personal history is also included.
- Schizophrenia diagnostic criteria. The criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) may be used by a doctor or mental health practitioner.

According to Gia Miller, the DSM-5 updated the diagnostic criteria for schizophrenia. This has allowed mental health practitioners to make more accurate diagnoses. Schizophrenia alters people's thoughts, feelings, and behaviours. It leads people to perceive reality in a different way than others. It is a major mental condition that affects around 3.2 million people in the United States. Even yet, with the right therapy, someone with schizophrenia can be effective in educational settings and at work, as well as have a meaningful private life. The method schizophrenia is diagnosed altered in 2013, and the official label has been elevated from "schizophrenia" to "schizophrenia spectrum disorder." This enables healthcare providers to make a diagnosis according to the level of seriousness of the symptoms. People who had previously been diagnosed with the disease were unaffected by the adjustments. In reality, studies have demonstrated that over 99.5% of persons diagnosed with schizophrenia prior to the publication of the DSM-5 still qualified for a diagnosis. The new set of rules for mental health practitioners was what these adjustments actually entailed. They were developed to ensure a more accurate diagnosis.

Treatment

Regarding the treatment for schizophrenia, in an article from March 2021, Susan Chow said that a variety of therapies are available to assist people with schizophrenia manage with their symptoms and live a full life. These include drugs, counselling, and a suitable support network to assist individuals in dealing with the day-to-day challenges faced by those with schizophrenia.

- 1) **Pharmacotherapy:** An unusual antipsychotic, such as risperidone or olanzapine, is the first-line drug for schizophrenia. These medications are suggested as the first line of treatment because they have favourable effectiveness profiles and are linked with fewer adverse effects when compared to other therapeutic choices.

It is important to point out that antipsychotic drugs are especially effective at suppressing positive symptoms of schizophrenia, such as hallucinations that may occur during an intense psychotic episode. However, these medications are frequently ineffective in treating negative symptoms such as disorganisation of cognition and behaviour.

- 2) **Psychotherapy:** In addition to a solid drug management strategy, psychotherapy is typically advised to help patients cope with activities of daily living. Psychotherapy frequently helps patients better adhere to their drug regimens and better integrate into society by supporting the development of social and vocational skills.

Schizophrenia sufferers frequently struggle with social acceptance and are more likely to experience unemployment, especially if they lack a strong social support system. This highlights the value of psychotherapy since it gives clients the chance to address any problems in a secure setting and get assistance in achieving any short-term objectives they establish with their therapist.

- 3) **CBT:** For those with schizophrenia, cognitive-behavioural therapy (CBT) is occasionally used as an intervention because it can assist to reduce symptoms and boost self-esteem. In order to assist the patient make connections between their ideas, feelings, and behaviours and how these impact their symptoms, CBT entails a series of one-on-one treatment sessions. In order to lessen the likelihood of symptoms returning, this type of therapy also urges patients to reevaluate their way of life and keep a close eye on their thoughts and deeds. CBT is intended to provide patients with realistic options that can help them cope with stress and enhance their overall functioning.

Another type of treatment for people with schizophrenia, according to an article from Exploring your mind, (2020), is family therapy.

Schizophrenia seems to have a substantial influence on relatives and close friends in addition to the person who has it. Involving families in the care of individuals with schizophrenia became increasingly popular in the 1950s. In his research, Brown found that individuals who lived alone or with strangers (i.e., in a home or institution) had a far lower recurrence rate than individuals who returned to their family following treatment. He came to the conclusion that stress from family can result in fresh imbalances. Because of the need for strategies to manage this stress, interest in the connection underlying schizophrenia and familial counselling arose.

In January 2022, Cherrie Ann Galletly also said that when compared to standard care, family psychoeducation alone considerably decreased the relapse rate, and to a greater extent than more sophisticated therapies. The results demonstrated that educating the family about the condition, its symptoms, and available treatments played a protective effect in preventing relapse: only 10% of patients who participated in family psychoeducation experienced a relapse, compared to 37% of patients who got standard care.

Measurement of rehabilitation

Interpersonal therapies are used in schizophrenia psychiatric rehabilitation to help patients reach their maximum degree of independent functioning, strongest level of symptom management, and highest level of subjective life satisfaction. More patients than ever may be qualified to participate in concurrent psychiatric rehabilitation programmes as a result of the development of newer, better-tolerated antipsychotic drugs. The first topic covered in this article is the factors that contribute to poor symptom management and social adjustment in schizophrenia. The four most widely accepted psychiatric rehabilitation strategies—family interventions, cognitive-behavioural treatment, social skills development, and vocational rehabilitation—are then briefly described, along with data to support them. Then, topics pertinent to patients with recent onset and elderly individuals are explored. The decreased quality of life that is frequently observed in people with schizophrenia is generally the consequence of a number of variables coming together. Schizophrenic negative symptoms and cognitive deficits usually result in decreased goal-directed behaviour, instrumental activity, and future planning, even when positive symptoms are well-controlled. (Glynn, 2003)

In an article from 2014 by Stefan Leucht, it says that in schizophrenia research, response, remission, and recovery are defined differently, which makes it challenging to compare and translate findings into clinical practise. Reductions in rating scale scores—for instance, a 20% drop from baseline—are frequently used as the basis for response criteria. Rating scale scores, however, have superior therapeutic applicability when decrease scores from rating scales, such as the Positive and Negative Syndrome Scale (PANSS) and Brief Psychiatric Rating Scale (BPRS), are connected to therapeutic Global Impressions (CGI) scores, which are simpler to comprehend. This linking technique also demonstrates that in individuals with

acute, nonrefractory schizophrenia, the commonly ¹³ used response criterion of 20% does not imply clinically significant improvement. In schizophrenia therapy, prolonged symptom relief and a return to normal functioning are the ultimate goals of rehabilitation.

According to Laurent Morin and Nicolas Franck, to supplement psychotherapy and psychopharmacological therapies, therapeutic or psychosocial interventions have been created. In fact, although rehabilitation tools specifically target these aspects, pharmacological treatments and supportive therapies have no particular impact on memory loss, insight, social skills, or interaction problems. Interventions for rehabilitation and the "subjective" concept of recovery have similar values. In fact, they urge taking a proactive stance against the condition, which supports empowerment and self-determination.

In the subject of rehabilitation, a variety of strategies are available, including ⁵⁶ case management, supported employment, cognitive rehabilitation, psychoeducation, and cognitive-behavioural therapy. We focused on rehabilitative therapies that specifically target the parameters mentioned above in this research. As a result, we investigated three interventions: cognitive remediation, psychoeducation, and cognitive-behavioural therapy. Each intervention has a distinct goal, but they all favour functional recovery.

In an article from NICE it is said that specialist clinical treatment should be given for persons with severe psychosis who reside in supported housing by an international community mental illness recovery team who's employment is integrated into a broader structure for ⁵² the provision of mental health services in the community.

Recommendations for future practice

According to Nice guideline from 2021, regardless of the size of the organisation or system, assign a senior leader to be accountable for and in charge of fostering shared decision-making across all of them. A board member or, in the absence of a board, a leader at the top of the organisation should take on this responsibility.

Think about naming a patient engagement director (with experience as a medical services user) to collaborate with the senior management team and be in charge of increasing the visibility of the product or service consumers voice in collaboration regarding planning, implementation, and observation. This is going to encourage the integration of shared choice-making at the highest tier of the corporation, particularly from those in marginalised groups. All healthcare professionals should get information, skills, ³³ and confidence to enable shared decision-making throughout introduction, training, and ongoing professional

development, according to organisations. This must incorporate availability of clinical supervision.

⁵⁸ According to the World Health Organization (WHO), ²² The actions necessary to offer adequate care for persons with mental illnesses, including schizophrenia, are highlighted in the WHO's Comprehensive Mental Health Action Plan 2013–2030. Moving services out of institutions and into the community is one of the Action Plan's main recommendations. By ensuring that 100 million more people have access to high-quality, reasonably priced treatment for mental health disorders, the WHO Special Initiative for Mental Health seeks to advance the goals of the Comprehensive Mental Health Action Plan 2013-2030. The Mental Health Gap Action Programme (mhGAP) of WHO provides evidence-based technical advice, tools, and training materials to increase service in nations, particularly in situations with limited resources. In an integrated strategy that supports mental health at all levels of care, it focuses on a prioritised set of illnesses, including psychosis, and directs capacity building towards non-specialized health-care practitioners. mhGAP is now being used in more than 100 WHO Member States.

In order to promote the welfare of individuals with mental health disorders and psychosocial impairments, the WHO Quality Rights Project aims to improve the standard of care and the human rights environment in institutions for social and mental health care.

According to Kenneth Bender, the present advice has received accolades for being detailed and for relying on facts rather than personal opinion. In addition to the praise, it has been noted that the disparity between the level of care available to people with schizophrenia and the recommended therapies is still as wide as it was when the original PORT guidelines were originally released and according to the Royal College of Psychiatrists families must to receive the assistance and knowledge they want, and mental health specialists ought to pay attention to their anxieties and concerns. In order to create a plan for the carer's assistance, the mental health team should offer to assess the carer's requirements. A carer is also entitled to a carer assessment by the neighbourhood social services.

Conclusion

According to James Roland, similar to several other mental illnesses, schizophrenia symptoms can occasionally wax and wane throughout the course of a person's life. A person may experience a severe episode of schizophrenia and then spend months or years without experiencing any symptoms of the illness. However, even those who are receiving reliable and effective care frequently still have to deal with at least some side effects from the illness. Compared to the general population, people with schizophrenia are more prone to experience physical health problems like diabetes and cardiovascular disease as well as other mental health conditions like anxiety or sadness. As a result, providing care for a person with schizophrenia may need a large medical staff. Although they confront a lifetime challenge, persons with schizophrenia may frequently achieve a productive and meaningful quality of life with the help of a team of healthcare professionals, family members, and the community.

It is difficult to pinpoint the causes of schizophrenia because it is such a complex disorder. However, by looking at the brain, researching genetics, and analysing behavioural studies, experts are attempting to comprehend its reasons better.

The present goal of treatment for schizophrenia is to lessen symptoms and enhance day-to-day functioning because the origins of schizophrenia are not fully understood. To create safer and more efficient treatment techniques that can also address the condition's causes, research is now being conducted. Early diagnosis and treatment of the illness can enhance therapeutic success. Schizophrenia can persist and become incapacitating if untreated.

References

1. Ahmad (2022) *ICD-11 criteria for schizophrenia (6A20)*, *ICD-11 Criteria for Schizophrenia (6A20)*. Available at: <https://www.mrcpsych.uk/2022/05/icd-11criteria-for-schizophrenia-6a02.html> (Accessed: 21 July 2023).
2. Chow, S. (2021) *Schizophrenia interventions*, *News*. Available at: <https://www.news-medical.net/health/Schizophrenia-Interventions.aspx> (Accessed: 21 July 2023).
3. Exploring Your Mind (2020) *Schizophrenia and family therapy*, *Exploring your mind*. Available at: <https://exploringyourmind.com/schizophrenia-and-family-therapy/> (Accessed: 21 July 2023).
4. Firman, G. (1970) *DSM-5 diagnostic criteria for schizophrenia*, *MedicalCRITERIAcom*. Available at: <https://medicalcriteria.com/web/schizophrenia/> (Accessed: 21 July 2023).
5. Frances R Frankenburg, M. (2023) *Schizophrenia guidelines*, *Guidelines Summary*. Available at: <https://emedicine.medscape.com/article/288259-guidelines> (Accessed: 20 July 2023).
6. Galletly, C.A. (2022) *Effective family interventions for people with schizophrenia*, *The Lancet Psychiatry*. Available at: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(21\)00502-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00502-2/fulltext) (Accessed: 21 July 2023).
7. Glynn, Shirley M. et al. (2003) *Psychiatric rehabilitation in schizophrenia: Advances and challenges*, *Clinical Neuroscience Research*. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1566277203000161> (Accessed: 20 July 2023).
8. Glynn, Shirley M. et al. (2003) *Psychiatric rehabilitation in schizophrenia: Advances and challenges*, *Clinical Neuroscience Research*. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1566277203000161> (Accessed: 21 July 2023).
9. Gupta, S. (2022) *Can schizophrenia be cured?*, *Verywell Mind*. Available at: <https://www.verywellmind.com/can-schizophrenia-be-cured-5220411> (Accessed: 21 July 2023).
10. Kenneth J. Bender, P. (2020) *New recommendations for treatment of schizophrenia*, *Psychiatric Times*. Available at: <https://www.psychiatrictimes.com/view/new-recommendations-treatment-schizophrenia> (Accessed: 21 July 2023).
11. Leucht, S. (2021) *Measurements of response, remission, and recovery in schizophrenia and examples for their clinical application*, *Psychiatrist.com*. Available at:

- <https://www.psychiatrist.com/jcp/schizophrenia/measurements-response-remission-recovery-schizophrenia/> (Accessed: 21 July 2023).
12. Mayo Clinic Staff (2020) *Schizophrenia*, Mayo Clinic. Available at: <https://www.mayoclinic.org/diseases-conditions/schizophrenia/diagnosis-treatment/drc-20354449> (Accessed: 21 July 2023).
 13. Miller, G. (2021) *DSM-5 changes: Schizophrenia and schizophrenia spectrum disorder*, Psych Central. Available at: <https://psychcentral.com/schizophrenia/dsm-5-changes-schizophrenia-psychotic-disorders> (Accessed: 21 July 2023).
 14. Mind (2020) *What is schizophrenia?*, Mind. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/about-schizophrenia/> (Accessed: 21 July 2023).
 15. Morin, L. and Franck, N. (2017) *Rehabilitation interventions to promote recovery from schizophrenia: A systematic review*, Frontiers in psychiatry. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5467004/> (Accessed: 21 July 2023).
 16. National Institute for Health and Care Excellence (2020) *Recommendations: Rehabilitation for adults with complex psychosis: Guidance, NICE*. Available at: <https://www.nice.org.uk/guidance/ng181/chapter/Recommendations> (Accessed: 21 July 2023).
 17. National Institute for Health and Care Excellence (2021) *Recommendations: Shared decision making: Guidance, NICE*. Available at: <https://www.nice.org.uk/guidance/ng197/chapter/Recommendations> (Accessed: 21 July 2023).
 18. NHS (2023a) *Diagnosis - Schizophrenia, NHS choices*. Available at: <https://www.nhs.uk/mental-health/conditions/schizophrenia/diagnosis/> (Accessed: 21 July 2023).
 19. NHS (2023b) *Overview - Schizophrenia, NHS choices*. Available at: <https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/> (Accessed: 20 July 2023).
 20. NICE (2021) *Psychosis and schizophrenia: What is it?*, NICE. Available at: <https://cks.nice.org.uk/topics/psychosis-schizophrenia/background-information/definition/> (Accessed: 21 July 2023).
 21. Patel, K.R. et al. (2014) *Schizophrenia: Overview and treatment options, P & T: a peer-reviewed journal for formulary management*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159061/> (Accessed: 21 July 2023).
 22. Roland, J. (2021) *Can schizophrenia be cured? how to treat it and more*, Healthline. Available at: <https://www.healthline.com/health/schizophrenia/can-schizophrenia-be-cured#remission> (Accessed: 21 July 2023).

23. ²⁵ *Schizophrenia: Royal College of Psychiatrists* (2015) www.rcpsych.ac.uk. Available at: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/schizophrenia> (Accessed: 21 July 2023).
24. ³¹ WHO (2022) *Schizophrenia, World Health Organization*. Available at: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia> (Accessed: 21 July 2023).

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Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Schizophrenia, Part 1: Acute treatment of schizophrenia", The World Journal of Biological Psychiatry, 2009

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