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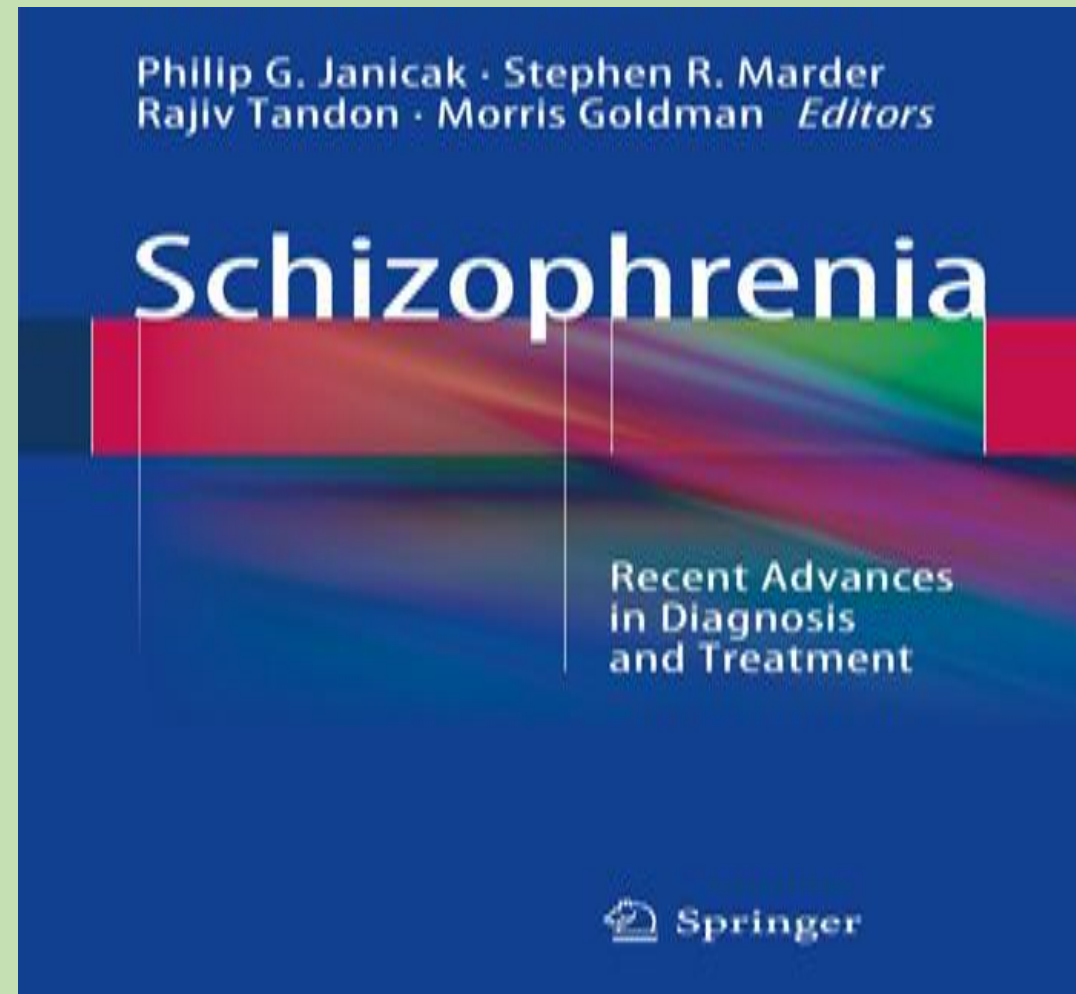
Module: Community Care and Management of Longer-term Conditions

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Lecturer's Name: Dr Aishat Bakre

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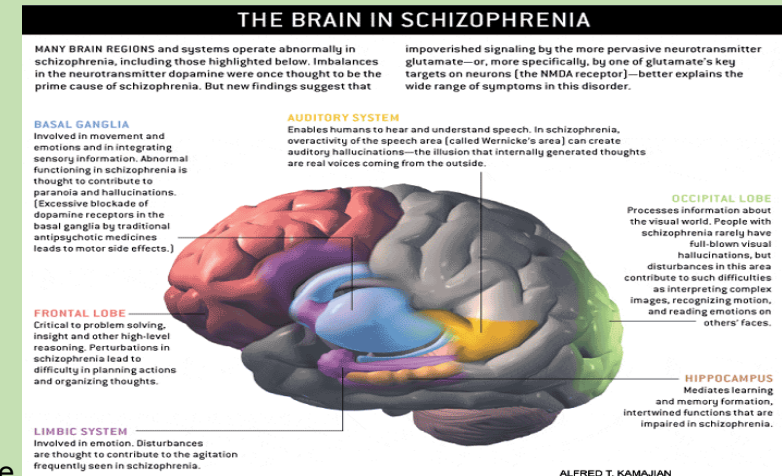
(‘Schizophrenia’ 2020)

Schizophrenia: A Comprehensive Overview of Management and Treatment Approaches

Introduction

Schizophrenia, a solidly intricate and debilitating psychological condition, appears in approximately 1 per cent of all the population of the whole world, and it is unbelievably challenging to the patients as well as the Family and other members of the society. It is an illness, which disrupts thoughts, feelings, and behaviours of a person and in almost all situations, causes one to lose the reality. The only thing that is required is to imagine a scenario when they are not born into a world where they do not have permission to manipulate, to scatter, and to numb their perceptions, thoughts and feelings respectively. It is a mental crisis; the impact of which is enormous to any individual, and huge to the families, the community and the society at large. The simplistic approach to schizophrenia treatment is not based on bona fide and as such it should be centered on the pharmacological approach; but rather on psychosocial support approach, early interventions approach and continuity of care approach. This paper explores, Schizophrenia involving its description, its implications to both individuals and families, the evidence-based interventions, the theoretical framework, and recommendations on how improved care can be realized. This is because it is necessary to outline an intricate way of addressing this disorder so that current research and treatment strategies could be

capable of transform the lives of schizophrenic individuals to become meaningful. This paper examines the intricacies of Schizophrenia and its definition and implications on the patient and his Family, and the best practices available at the moment to treat the disorder. Schizophrenia is a complicated disease that should be treated in a problematic way. The illness involves pharmacological intervention in relation to the psychosocial intervention, person-centred care, and early diagnosis to optimize the benefits of the treatment and improve the quality of life of individuals. This paper discusses maintaining the state of Schizophrenia, evaluate the efficacy of the available interventions, and recommend how to improve the quality of care and improve the long-term performance of life of people living with this



disease.

Figure 1 Brain in Schizophrenia (Collins 2014)

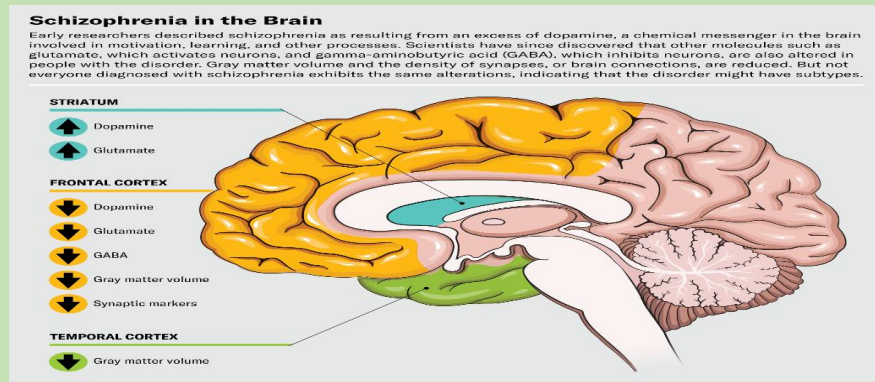


Figure 2 Brain in Schizophrenia (Kwon 2025)

Definitions, aetiology, and burden of Schizophrenia.

Definition

Schizophrenia is a chronic mental or psychological disorder that affects a human being and influences their perception of reality and fantasy; therefore, it interferes with the cognitive, behavioral, and emotional skills of the person. The most severe symptoms can be delusions (caught-up beliefs, which are of an ill nature), hallucinations (they hear voices, see statues that are not there), and disorganized thinking (they cannot organize their thoughts and share the information with other people). Another exasperating factor that affects a person's functionality in real life is the presence of negative symptoms, such as the absence of emotion, withdrawal, or motivation (Reis Marques & Howe, 2020, p. 201). This is not the sole impact of Schizophrenia on the affected individual because it diffuses to the families, caregivers, and society. Schizophrenia is generally

contracted during adolescence or early adulthood and thus affects the basic stage of the education system, career, and social system. It is one of the leading causes of disability in the world, which causes a long-term dysfunction of cognitive, emotional, and social ability. The disorder tends to lead to social isolation and lack of employment, and dependency on caregivers (Gagiu et al., 2024, p. 6959). Schizophrenia can probably drive individuals to turn reclusive in the midst of their social groups and be incapable of maintaining relationships and jobs to burden the Family and society. The impairment in cognitive functioning caused by Schizophrenia, like impaired memory, attention, and executive functioning, can be so severe that in their day-to-day lives, due to being incapable of basic everyday activities, including money, work, or personal care (Bail et al., 2023, p. 100043). The burden in the Family is high, and there is a risk of emotional stress for the person, financial stress, and burnout because of lifelong caregiving responsibility (González-Rodríguez et al., 2023, p. 581). All these challenges are indicators of the complexities of the treatment of Schizophrenia that require twenty-four-hour attention and support to a diseased person.

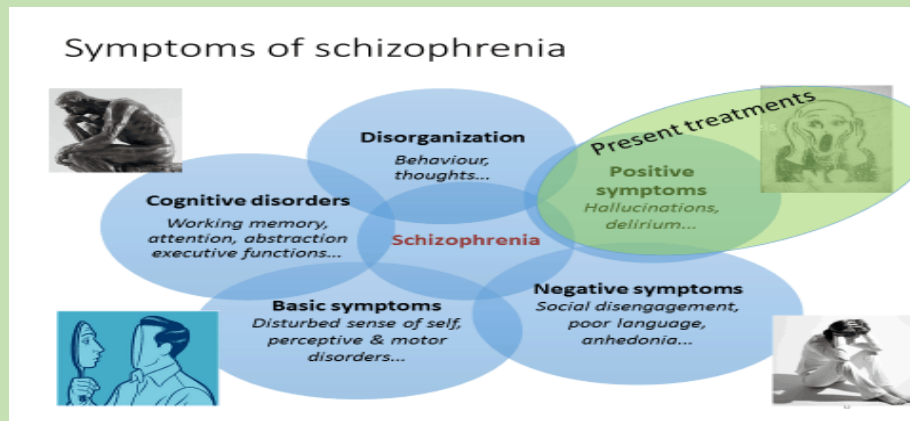


Figure 3 Effects of Schizophrenia (Schizophrenia – alamaya, Fondation pour la recherche sur la schizophrénie 2025)

Schizophrenia Risk Factors.

Schizophrenic development is related to several factors, which can be subdivided into two groups known as modifiable and non-modifiable, and they are:

Non-Modifiable Risk Factors

Genetic Predisposition: The schizophrenic family history is predisposed; hence, a person is predisposed to the disorder (McCutcheon et al., 2020, p.201).

Early Life Trauma: This is a significant risk factor that also causes schizophrenia, where, in an early life stage, it is affected by a trauma or any other stressor affects it.

Modifiable Risk Factors

Substance Abuse: Sharpening or excess of drug or alcohol use, especially among adolescents, may trigger or aggravate the development of schizophrenia in individuals who have a predisposed genetic vulnerability.

Environmental Stressors: An overload of life-related to family friction or economic problems can increase the propensity of schizophrenic to susceptible individuals in society to develop schizophrenia (McCutcheon et al., 2020, p.201).

The UK and global statistics of Schizophrenia

Schizophrenia is a chronic illness, which is widespread among the globe population of approximately 1 percent (World Health Organization, 2023). The schizophrenic population in society is approximately 20 million people all over the world (World Health Organization, 2023). It is also very common in the UK, where approximately half a million individuals are the victims. It enters the later teenage or the early adult life and gets ranked as one of the ten most significant causes of disability in the world (Gagiu et al., 2024, p. 6959). Genetic susceptibility, early life trauma, substance abuse, and environmental stressors are associated (McCutcheon et al.,

2020,p.201) as the risk factors of Schizophrenia.

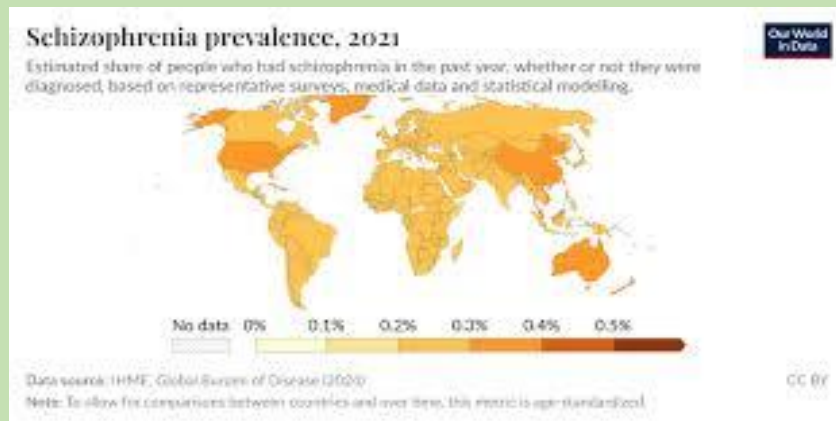


Figure 4 Schizophrenia prevalence (Schizophrenia prevalence 2024)

Educational Influence on Family and People.

The schizophrenic disease can influence them at diverse levels, through which it causes psychological, emotional, and social issues that extend beyond the symptoms. People living with Schizophrenia may experience extreme thought processes and a lack of control over emotions psychologically. These positive symptoms, like delusions and hallucinations, tend to lead to bad decisions, misunderstanding, as well as depression. Such symptoms can distort the image of the surrounding reality and render an individual with such symptoms unable to perform as a normal individual in the social or employment sphere (Bartosz Dawidowski et al., 2021, p.3849). Negative symptoms that involve the inability to express an emotion, the inability to get motivated, and withdrawal symptoms are tough to

address because such symptoms increase the risk that one is not able to communicate meaningfully with other members of society. It may also cause the social isolation of the affected individual, which contributes to the rise of the sense of loneliness and desperation (Salahuddin et al., 2024, p.547). Cognitive symptoms such as poor memory, attention deficit, and poor executive functions deprive people of everything possible to live an everyday life, such as being at work or even taking care of their personal chores (Howes et al., 2024, p.643). A combination of the effects of these symptoms; This often leads to poor quality of life, which is against what the treatment of a patient implies. The impacts of the same are also colossal on the families. Psychosocial stress can be a massive source of psychosocial pressure on the psychological strains of caring about a schizophrenic loved one. The care giving people tend to become helpless, frustrated, and isolated. To an extent to the sheer need for continual care (especially during severe exacerbations) can cause financial inconvenience and emotional suffering, which not all schizophrenics can afford to work and make a living (Gagiu et al., 2024, p.6959). In addition, these problems are aggravated by the stigmatization of mental illness since loved ones may feel unwelcome

or misunderstood by their societies.



Figure 5 schizophrenia patient surrounded by Family (Sandy 2013)

Evidence-Based Therapy of the Schizophrenic.

Schizophrenia is a multidimensional condition that involves psychosocial and pharmacological treatment. The primary pharmacological agents that are employed to treat Schizophrenia are antipsychotic drugs, and these drugs are implemented to address the positive symptoms of the disease, such as delusions and hallucinations. These include medications in the first-generation antipsychotics like haloperidol and in the second-generation antipsychotics like risperidone, olanzapine, and Clozapine. It is also used drug in the treatment-resistant schizophrenic, as Clozapine was proven to be a more effective drug in eliminating symptoms (Howes et al., 2024, p.640; Martínez et al., 2021, p. 9905). Antipsychotic medications, though effective, are linked with several side effects, including weight gain, sedation, and movement disorders. These side effects can make individuals discontinue the treatment, which

predetermines the reason for individualized care as the disease treatment (O'Donoghue et al., 2024, p.197; Koszla et al., 2020, p. 160). Cognitive Behavioural Therapy (CBT) is a consistent therapy in psychosocial therapy and helps people living with Schizophrenia to view and manage delusional beliefs and hallucinations. CBT should improve the coping skills and help individuals who suffer from the effects of the disorder cope with symptoms due to the destruction of distorted thinking (Karageorgiou et al., 2025, p.5521; Orzelska-Gorer et al., 2022, p. 10624). Other than CBT, cognitive deficits of Schizophrenia are also best treated through cognitive remediation therapy (CRT). Such treatment issues can apply to Schizophrenia, such as memory, attention, and problem-solving. These therapies can improve mental processing that is essential in some processes, such as work and integration into everyday life (Salahuddin et al., 2024, p.545). It is also established that the supported employment schemes help assist individuals with schizophrenic to reform to Defence employment issues since they offer training and ongoing support at the workplace (Best et al., 2023, p.980). These psychosocial therapies are applied alongside pharmacological interventions and deal with the functional rehabilitation of the

individual, which is quite significant in the long-term outcomes.



Figure 6 A person sitting in a therapy session (Team 2024)



Figure 7 various medication used in treatment of Schizophrenia (Painter 2016)

House, Chronic Care models, and Schizophrenia.

Schizophrenia is a complex brain disorder that leads to a heavy influence on thoughts and emotions, not to mention the behaviors of a person, and he cannot differentiate between reality and illusion. The condition not only affects the subjects but also society, their families, and their caregivers. Schizophrenia should be treated as a holistic care which involves cultural care, psychological/ biological care. Two widely held management conceptions of Schizophrenia are known, viz., the House of Care model and the Chronic Care Model (CCM). They are also concentrated on person-centered care,

early intervention, and an interdisciplinary team that can be applied to improve the outcomes of schizophrenic patients.

House of Care Model (UK NHS Long-Term Plan).

The House of Care model is an NHS project that employs an integrated approach to managing chronic illnesses, such as schizophrenia. It includes medical treatment and emotional treatment in six aspects:

1. Educating patients and their carers (NHS, 2022).
2. **Person-Centered Coordinated Care:** A plan of care is allegedly supposed to be developed following the requirements of a person, and the primary element of the care process is the patient (Martínez et al., 2021).
3. **Supporting and Organisational Processes:** It is presumed to offer evidence-based care and involve the patient in the decision-making process (Lisoni et al., 2024).
4. **Partnership working by the Health and Care Professionals:** Partnership of healthcare workers to deliver the continuity of care (Jesus et al., 2025).
5. **Commissioning:** It encourages the improved practice of further care and the development of the systems (McCutcheon et al., 2025,p.389).
6. **Whole-System Approach:** It means that the primary and secondary care will be combined to provide the patient with a comprehensive approach (Granger et al., 2023,p. 103603).

The other area of the model is medical attention and emotional support to address the psychological aspect of the treatment of the schizophrenia condition. It places a strong emphasis on early intervention and stress management, enabling individuals to care for themselves and live well overall.



Figure 8 House of Care Model (UK NHS Long-term Plan).(NHS,2022)

Chronic Care Model (CCM): International model

Among the models that can be categorized on the international map is the Chronic Care Model (CCM), which is applied in the management of chronic illnesses, including Schizophrenia, among others. The CCM is an aggressive and dynamic type of care that involves the efforts of healthcare workers from different fields in

providing coordinated care. The CCM model has six significant components:

The CCM model consists of six aspects:

1. Community Resources and Policies: Rallying the community whenever delivering the services to the schizophrenic patients.

2. Health System Organization: The mechanisms placed in place must offer patient-centred care, which may be organised, perhaps (Evangelia Maria Tsapakis et al., 2023,p 1193).

3. Self-Management Support: The training should be performed in a manner that allows patients to be at the station where they can cope with the condition in case they are unable to cope with their mental health (Orsolini et al., 2022,p.5040).

4. System Design: Mental health primary care mating system (De Simone et al., 2023,p 975).

5. Decision Support: It implies that evidence-based practices will be delivered to healthcare professionals to facilitate the decision-making component of the treatments (Granger et al., 2023,p. 103603).

6. Clinical Information Systems: There is a need to standardize so that patient information can be integrated and made available to make an informed decision on how to handle the patients (Evangelia Maria Tsapakis et al., 2023,p. 1193).

The CCM leans towards an integrative treatment that incorporates the use of psychosocial and pharmacological means, as well as cognitive-behavioral therapy and family therapies. The biological,

psychological, and social methodology that is to be used will aid in decreasing the stigma as well as improving the quality of life in Schizophrenia. Not only will it personalize and tailor the treatment process to the specific needs and interests of an individual, but it will also promote collaboration between the medical staff and families.

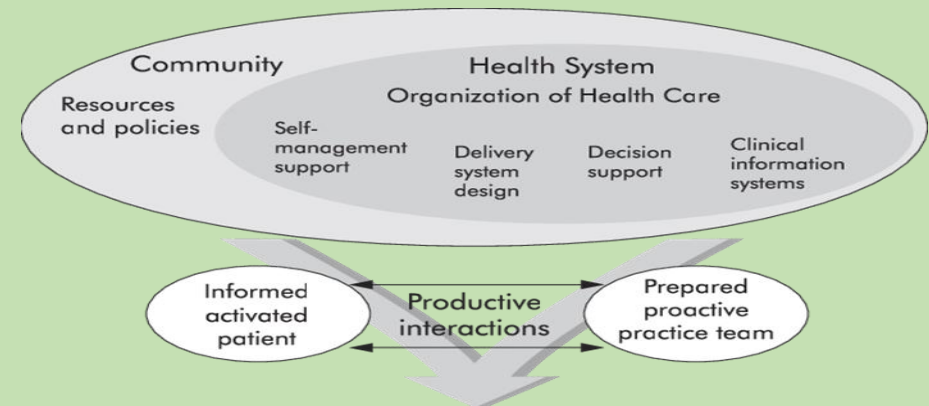


Figure 9 Chronic Care Model (CCM) (Wagner et al., 2020)

Integration of the Models for Schizophrenia Care.

The House of Care and Chronic Care Models are built on the principle of interdisciplinary collaboration and comprehensive care, as both models address the clinical, psychological, and social aspects of Schizophrenia. The two models facilitate self-management, stress management, and early intervention. They are pertinent to prevention, ensuring that the interference with those at risk is achieved at an early age due to hereditary or environmental

factors. Both of these models optimize and reduce outcomes and symptoms, improving the quality of life by testing the individual's needs, as they do not prescribe medications that are incompatible with patients. The combination of such models is what results in the actualization of the patient-centered approach to the management of Schizophrenia.

Improving Clinical Outcomes in Patients with Long-term Conditions.

The House of Care model and the Chronic Care Model (CCM) can be used in the treatment of schizophrenia and other chronic diseases. The models are premised on the assumption of early intervention, holistic therapy, and integrated environmental and biological treatment to achieve high-quality, long-term outcomes. Self-management and community-based care are integral to the Chronic Care Model, where patients are actively involved in the daily management of their conditions. The House of Care Model is based on the principles of individual and multidisciplinary cooperation and collaboration, the purpose of which is centered on the timely presence of factors that induce the stress, and provides the patients with coping known as coping with the stress factors and how the latter will affect the quality of life (McCutcheon et al., 2025, p. 385; Gonzalez-Rodriguez et al., 2023, p. 581).

Social Care, Health, and Political Agenda.

The policies of public health play a significant role in the determination of the way in which Schizophrenia is treated and managed. The strategy put forward by the National Health Service (NHS) Mental Health in the UK concentrates on its early detection of the disease, especially in individuals between the ages of 14 to 35 years, when the symptoms of Schizophrenia are highly manifested. It is a policy that promotes community-based ways of care that result in less focus on inpatient care treatment and allow individuals to guide their circumstances and remain in their neighbourhoods (Best et al., 2023, p. 975). The World Health Organization (WHO) at the international level advocates inclusion of mental health care in the primary care settings to ensure the treatment is more affordable. With such a plan, the stigma surrounding mental diseases, including Schizophrenia, will be reduced, and the detection and management of the disease at an early stage will increase (O'Donoghue et al., 2024, p.195). There is also the need to embrace evidence-based practice, as encouraged by the WHO, as well as the importance of curbing the social and economic impact of mental illnesses by reducing the burden.

Recommendations to Better Care.

Several interventions could be applied to improve the experiences and outcomes of schizophrenic people with schizophrenia. On the one hand, a personalized treatment strategy could be facilitated to introduce patients to a higher level of commitment to the treatment,

especially when the plans align with patients' values (Best et al., 2023, p. 973). The self-management programs empower the victims to be in control of their symptoms, and as such, are self-dependent and receptive to treatment (Ribolsi et al., 2025, p. 5432).

The pace of responding will be extremely relevant to both the prevention of disorder development and its prognosis (Correll et al., 2024, p. 59). Finally, the community-based support system will include family education and peer support, both of which are intended to alleviate the impact of stigmatization and distress, facilitating the process of social integration and assisting schizophrenic persons regardless of their daily challenges (Natividad et al., 2025, p. 13).

Conclusion

In conclusion, Schizophrenia is a complex and disabling mental disease, whose impacts on the lives of the victims of this disease are quite palpable to both the close Family members and the neighbours. Schizophrenic management should be a complex intervention that entails pharmacological therapy, psychosocial therapy, and person-centred care. The schizophrenia management also evolved, and controlling issues, such as the use of antipsychotics, implementation of non-pharmaceutical methods, such as cognitive behavioural therapy and cognitive remediation, have made incredible advances (Sabé et al., 2023, p. 191). It is the implementation of such a comprehensive model of care that includes early diagnosis, self-

management plans, and continuous administration of community and family support that can help people with Schizophrenia experience substantial shifts in their overall quality of life and, therefore, become more autonomous and integrated into society. Schizophrenia is a complex type of treatment that considers both the physical, psychological, and social levels of treatment. Early detection is an essential factor determining the inhibition of the further development of symptoms, and psychosocial support provides a person with the necessary tools to manage the situation successfully (Sampogna et al., 2023, p. 1577). Individualized care, when the treatment plan depends on the needs of a particular patient and the improvement of treatment outcomes, and the satisfaction level of a patient, still has challenges to be overcome. Yet, the evidence-based practices could serve as a way to enhance the outcomes of the treatment of Schizophrenia (Sun et al., 2023). Better and more innovative methods of managing schizophrenic persons should emerge as the research progresses, thus offering hope to the sufferers and their family members by providing them with a better future. More collaboration between healthcare providers, researchers, and communities should also be involved in the future of care to enhance the quality of life for individuals with the condition (Wahbeh & Avramopoulos, 2021, p. 1850).

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