Recovery From Schizophrenia: What It Means?

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Abstract Age-old accepted myth about Schizophrenia is that, it is a chronic, incurable progressive mental illness with genetic defects of the brain. Many researchers focussed mainly on the medical model of this particular disorder. However, a thorough review of recent literature on recovery from Schizophrenia absolutely contradicts this strongly held pessimistic view point. The current concern is not only on symptomatology or pathology but to achieve recovery and wellness for each and every person suffering from this illness.

Keywords Schizophrenia · Recovery · Rehabilitation

Introduction

The long-term studies on schizophrenia can be interpreted as a glass, half full of water or half empty with air. There is little evidence that a large proportion of patients have a benign course of illness with substantial symptom remission and return of function after a brief period of acute dysfunction. The majority of people suffering from schizophrenia have a long period of intermittent or continuous disability. Out of them at least half of the population can be expected to

achieve and maintain scientific criteria for recovery for extended periods during their lifetime. But the path to recovery is a struggle which is, often marked by relapses and ongoing adjustments to functional difficulties, and altered life goals, residual symptoms [4].

In our review article we try to address few of the questions which come across in the process of recovery from the illness.

Definitions of Recovery: A Critical Review

We have a well established classificatory system for diagnosis of schizophrenia. But to define recovery from schizophrenia, there are no uniform or standardised definitions or criteria which are universally accepted by mental health professionals. Different researchers used different criteria which suits for their own country or socio-cultural background. Even in WHO studies the criteria were modified according to the regional variations. So while defining recovery, apart from clinical criteria it is important to include holistic approach like social, cultural, economical and consumer aspects of the individual. Dilemma remains whether to include return to pre morbid level of functioning is necessary or not.

Recovery in Special Populations

Childhood and adolescent onset schizophrenia appears to be a more malignant type of schizophrenia which offers greater challenge for a psychiatrist to treat with pharmacotherapy or psychosocial interventions. Important predictors of course and early recovery are, the child's level of functioning before the onset of schizophrenia, Intelligence quotient, response to pharmacologic interventions, age of

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onset, functioning ability the child regained after the first episode, and the support available from the family. Factors like developmental delays, learning disorders, pre morbid behavioral disorders, like ADHD, conduct disorder, are less response to medications and the prognosis and recovery become guarded in them [5].

Similarly in elderly patients factors like prolonged illness, poor insight, death of spouse, lack of adequate family and financial support, co-morbid psychiatric conditions (depression, suicidal tendency), poor social skills all may hamper the early recovery and better outcome in them [5].

The Rehabilitative Model

The rehabilitative model of recovery offers that, although the schizophrenia may be incurable, with rehabilitation and effort, the person can return to a productive life which resembles the life, they had before the illness [1]. This model is based on the medical model and it assumes there is less chance of complete cure in serious mental illness, in the way as same as a permanent injury to the spinal cord (cannot be cured but rehabilitation is possible). It presupposes that the person will always be disabled but can learn to live well within the limitations of the disability.

Living with Schizophrenia and Recovery: What is Possible?

Old belief on schizophrenia states that one-third of patients may get better, one-third may get worse, and the remaining one-third may stay the same. But it does not hold well in the current scenario. We should have hope that, in future everyone with a mental illness will recover and person living with a mental illness at any stage of life has access to effective treatment and supports-essentials for healthy living, working opportunities, learning, and full participation in the community. We should have a design for a transformed system of care which is based on heavy involvement of people living with the illnesses and their families. It also calls for a system designed to help people's capacity to successfully cope with challenges in life, to facilitate faster recovery and to build resilience, but not just the symptomatic management.

Practical Issues and Risks that Impact on Recovery Process [6]

Treatment of First Episode Psychosis

Effective early-intervention treatments for first-episode psychosis include psycho education to the family, social

skills training, and assertive community treatment, in addition to pharmacological interventions and enhanced social and family support in achieving acceptance and adherence to medications very early in the course of treatment, multimodal individual and family cognitive-behavioural therapy program indicate that likelihood of relapse is significantly reduced in early psychosis.

Physical Health Problems

Patients with schizophrenia are more vulnerable to a number of chronic diseases such as diabetes, hypertension, and emphysema. Secondary factors such as lifestyle, smoking, substance abuse, unsafe sexual practices, poor diet, the side effects of pharmacological treatments (e.g., weight gain, dyslipidemia) can hamper the process of recovery. Physical health problems have an important impact on recovery prospects since these problems are often associated with lower capacity to participate in important life activities such as work, socializing, leisure, and essential daily activities.

Homelessness

A diagnosis of schizophrenia is more common in younger homeless persons, among single homeless women, and among the chronically homeless. The homeless mentally ill are likely to experience a range of physical health problems (e.g., HIV, diabetes, hypertension), as well as experiences of victimization, poor quality of life, and to have a great number of basic needs that are not met adequately. Individual characteristics associated with the diagnosis of schizophrenia, such as delusional ideation, poor social judgment, lack of basic skills, social isolation, and the episodic nature of the disorder, as well as the incidence of co occurring substance abuse also contribute to increased risk for homelessness. This will hamper the process of recovery and its maintenance and it operates in a vicious cycle manner.

Supported Housing

The failure of mental health systems to provide access to decent and permanent housing, contributes to longer psychiatric hospital stays, increased emergency room visits, increased family burden, and further declines in social and occupational functioning.

Substance Abuse and Recovery from Schizophrenia

Substance use is also associated with increased risk for more severe psychotic symptoms, a range of impulsive behaviours including violence, self-harm, and risky sexual

behaviours, as well as treatment noncompliance. The adverse impact on patient's families, friends, health, and social services is enormous, as it will lead to financial burden on the family.

Psychosocial Factors that Impact on Recovery

Events that occur earlier in a person's life such as child abuse, or prolonged exposure to stress can sensitize an individual in ways that make him or her more vulnerable to additional forms of stressful events that occur later in life.

Stigma

Persons living in cultures that stigmatize mental illness are likely to accept and internalize these images, so that they may experience diminished self-esteem, lowered self-efficacy, dependency, sense of futility and withdrawal from opportunities in social situations which significantly affects the process of recovery.

Prognosis and Recovery From Schizophrenia

Prognosis of schizophrenia depends on various factors and cross-national studies conducted by the World Health Organization includes the International Pilot Study of Schizophrenia (IPSS), the Determinants of Outcome of Severe Mental Disorder (DOSMeD) [3] and their successor, the International Study of Schizophrenia (ISoS) [2] found that course and outcome is better in developing countries and possible reasons include Insidious onset with good premorbid adjustment & younger age of onset, which is not so in developed countries. Other good predictors of prognosis include short duration of illness, regular drug compliance, no schizoid premorbid traits, absence of economic difficulties, increase in socio-economic levels, and lack of dangerous behavior.

Indian studies which includes ICMR project study [8] also known as Study of Factors Associated with the Course and Outcome of Schizophrenia [SOFACOS] which is a 2 years multicentre follow up study found that 45 % of patients showed the best clinical outcome, while 66 % had a good overall outcome and 40 % showed good occupational adjustment, 34 % showed good social interaction.

The Madras Longitudinal Study [7] which is 10 years follow up of ICMR cohort found that clinical outcome was good in nearly 75 % of the patients with almost all symptoms showing a steep decline at the end of 10 years.

- Good predictors include being married, female gender, no drug use, acute onset, and short duration of illness.

- Male gender, insidious onset, lesser social support, low level of employment predicts a poor outcome.
- Rural background which assures more social and cultural support and tolerance of psychotic symptoms and better premorbid adjustment acts as a good predictor of outcome in developing countries than developed countries.

Recovery from Schizophrenia: The Future

It would be productive to think of schizophrenia not only in the language and paradigm of illness and hospitalization, but also in terms of social, economic and political concepts. Despite current access to an impressive clinical treatment research literature, there is much more to be learned about the design of adequate and appropriate services to former patients, and how best to provide opportunities for experiences that will help to foster a viable sense of individuality and self-integrity along with manageable productive contact with self and involvement in society.

Conclusion

Recovery as an ongoing process, early intervention and good support play key role in recovery and make it possible for a person with a mental health disability to be able to live a meaningful life in communities of his or her choice.

With the help of available data which indicates better prognostic factors in developing countries and past experiences we can predict and keep our hopes alive that recovery from schizophrenia in future will be promising one.

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