

Research Article

The Psychosocial Therapy for Schizophrenia: A Systematic Review

I Dewa Gede Candra Dharma¹, Yosef Andrian Beo²

¹STIKes Wira Medika Bali, Indonesia

²Universitas Katolik Indonesia Santu Paulus Ruteng

Article history:

Submission April 2022

Revised May 2022

Accepted June 2022

*Corresponding author:

E-mail:

dwcandra@stikeswiramed-ika.ac.id

ABSTRACT

Schizophrenia was a type of mental disorder with distortion characteristic in thought, perception, emotion, language, self-feeling, and behavior which could be cured when it was given a proper treatment and effective psychosocial therapy which aimed to increase life skill and train social skill. This article was aimed to identify which psychosocial therapy which could be given to schizophrenia patients when they were out from a mental hospital to prepare their selves back to society. The literature reviews were taken from four databases as ScienceDirect, CAB Direct, EBSCOhost, and SpringerLink by using following keywords: psychosocial therapy, schizophrenia therapy, and community therapy. Preferred Reporting Items For Systematic Reviews (PRISMA) method was used to select the data by determining inclusion and exclusion criteria. Based on the criteria, the researcher defined 15 articles from 2016 – 2021 to be further analyzed. The psychosocial therapy was a main focus which must be concerned on schizophrenia patients while they were out from the mental hospital or undergoing a treatment in Public health center to prepare their selves to be back to the community. There were several kinds of psychosocial therapy that could be implemented to schizophrenia patients as cognitive therapy, psycho education, community therapy, or therapy in a combination with other therapies. Moreover, the accessibility of rehabilitation center was the most important aspect to be existed in order to support the therapy implementation for schizophrenia patients while they were out from the mental hospital and back to their family and community.

Keywords: Community Therapy, Psychosocial Therapy, Schizophrenia Therapy

Introduction

Schizophrenia is a type of mental disorder with distortion character in thinking, perception, emotion, language, self-feeling, and

behavior which are suffered by approximately 20 million people in all over the world[1]. The schizophrenia is cured when it receives an effective treatment and psychosocial therapy

How to cite:

Dewa, I., D., G., C., D. & Beo, Y. A. (2022). The Psychosocial Therapy for Schizophrenia: A Systematic Review. *Basic and Applied Nursing Research Journal*, 3(1), 7 – 13. doi: 10.11594/banrj.03.01.02

which aim to improve life skill and train social skill [2]. The schizophrenia patients are treated well in community rehabilitation center, since the schizophrenia patients get support from their family and the significance of social contact is able to increase personal contact ability on schizophrenia patients [3, 4, 5].

The psychosocial therapy is an effective therapy given to schizophrenia patients in the community [3]. By getting the psychosocial therapy, it will build a social contact on schizophrenia patients, it is an important step to decrease negative symptoms from schizophrenia patients [6]. This result is in line with the research done by Haselden, et al. (2020)[7] which has emphasized on the significance of discussion group and skill training to overcome the problems for schizophrenia patients. There are many psychosocial therapies available to give to people with mental disorders, but not all therapies can be applied to people with schizophrenia after discharge from the hospital. Therefore, we need to find out which therapies can be used in schizophrenic patients to prepare them to return to society.

Methods

The literature review was done comprehensively by picking a number of articles about psychosocial therapy on schizophrenia patients. The database sources were from ScienceDirect, CAB Direct, EBSCOhost, and SpringerLink. The inclusion criteria on this article: online-published articles over the last five years (2016 – 2021), articles with open access characteristic, articles in English language, articles with full text, articles in form of literature review and original research. This article searching used certain keywords as psychosocial therapy, schizophrenia therapy, and community therapy. The meta-analysis flowchart of PRISMA was applied to evaluate critically in order to select articles found from those databases. The researchers determined as many as 15 articles in this review, they were derived from the databases used by the researchers.

Results

The first step from searching result, the researchers got 844 relevant articles from four

databases: ScienceDirect (90), CAB Direct (276), EBSCOhost (331), and SpringerLink (147). We have determined 25 articles to be identified on the first step of data filtering. Then, it resulted to 15 articles which were in accordance with inclusion criteria and relevant to be reviewed in this research. The result of article searching referred that all articles were published online from 2016 until 2021 in English language.

Table 1 defined the practical study which reflected a comprehensive approach on schizophrenia patients after having treatment in hospital or public health center and while they were in a community. All relevant articles which presented the evidence of psychosocial therapy implementation to schizophrenia patients either in rehabilitation center or community were included into this analysis.

The schizophrenia patients needed psychosocial therapy in order to support them after discharging from mental hospital or public health center. The intervention of psychosocial therapy indicated a positive effect on clinical and functional result from schizophrenia in a random controlled testing. The problem faced by schizophrenia patients was lack of rehabilitation center or typical therapy places availability to support the process of rehabilitation.

Discussion

The psychosocial therapy was the main important focus to be considered on schizophrenia patients when they were out from mental health or undergoing treatment in public health center for their readiness to be back to the community. The availability of rehabilitation center was regarded to effectively provide the continuity of rehabilitation intervention for schizophrenia patients after they were discharged from the hospital [3]. Based on the literature study, there were a number of psychosocial therapy that could be exerted to support the process of cure for schizophrenia patients. The kinds of therapy which found in this article would be explained below:

Cognitive Therapy

The cognitive therapy was the most frequent therapy used by therapists to give an

intervention on schizophrenia patients. The giving of cognitive therapy was regarded to be more effective when it was combined to other psychosocial therapies as the combination between Cognitive Behaviour Therapy (CBT) and Coping Oriented Program (COP) (CBT + COP) [8], Targeted Cognitive Training (TCT) and Social Cognitive Training (SCT) (TCT + SCT) [9], and Physical Exercise (PE) and Cognitive Therapy (CT) (PE + CT) [10]. The giving of cognitive therapy especially Cognitive Enhancement Therapy (CET) was able to raise self-confidence on schizophrenia patients, a sustainable progress effect on CBT + COP and TCT + SCT also PE + CT therapy which results to the process of a long-term improvement and lessen recurrence to return to the hospital. Meanwhile, during this current era, the cognitive therapy which called as Cognitive Remediation Therapy (CRT) could be done through computer media for an interactive aim. Based on the research from Hyde, et al. (2020), CRT with computer media (CIRcuiTS) could deliver the same result to CRT without using computer media [11]. Then, during this pandemic era, when face-to-face therapy was quite difficult to implement, the computer media could be employed to give CRT therapy to schizophrenia patients.

Psycho-educational Therapy

The psycho-educational therapy was one of reasons as a health strategy to serve the society with schizophrenia family who lived in the community [12]. Regarding to the fact that the

majority of schizophrenia needed to an intervention and professional worker limit, the psycho-education was valued as an effective way to continue the patient therapy wither in home or community which aimed to decrease the recurrence of schizophrenia patients [13, 14]. In many Asian and African countries, the family played an important role for patient rehabilitation, thus, the psycho-education was regarded as very important therapy to be given by the therapist [14].

Community-based Therapy

In the community, the schizophrenia patients would have a social interaction with the surroundings. The comprehensive community-based intervention was effective to lessen discrimination, improve skill how to overcome the stigma, also remedy clinical symptom, and fix social function on schizophrenia patients, it would make the schizophrenia patients to be treated well in the community psychiatric center [3, 15]. This community therapy was more effective and the effect would be seen in a long term when it was combined to individual therapy or even Assertive Community Therapy (ACT) [16, 17]. This research recommended to family support therapy, community-based and or self-help group-based rehabilitation which must be available in the country with low to middle income, considering to the lack of community-based psychosocial therapy for schizophrenia patients, or there was not even a community mobilization in that country [13].

Table 1. Summary of selected articles (n – 15)

No.	Study Reference (Year)	Result
1.	Schauba et al. 2016 [8]	COP which is combined to the elements of disease management and CBT therapy and supportive therapy can result a sustainable improvement effect on schizophrenia patients.
2.	Kumar et al, 2017 [12]	Anti-psychotic and psycho-educational therapy can give advantage to the process of healing on schizophrenia patients.
3.	Noel et al, 2020 [18]	CET can raise self-confidence on schizophrenia patients.
4.	Asher et al, 2017 [13]	Community-based social intervention on schizophrenia patients in the country with low to middle income can give effect of recurrence decrease.
5.	Elegbede et al, 2019 [3]	Schizophrenia can be treated well in a community psychiatric center.

No.	Study Reference (Year)	Result
6.	Li et al, 2018 [15]	Comprehensive community-based intervention is effective to reduce discrimination and improve skill of how to overcome stigma, and cure clinical symptom as well as fix social function on schizophrenia patients.
7.	Thirtalli, 2016 [14]	It is required to an innovative method within psychosocial therapy giving, due to the fact that the most of patients need to this intervention within professional worker limit. Furthermore, in many Asian and African countries, the family plays an important role in rehabilitation of schizophrenia patients.
8.	Schmidt et al., 2018 [16]	ACT can offer the better change to social motivation, negative expression symptom, depression, and anxiety.
9.	Thirthalli, 2020 [19]	Modification of unhealthy environment into a healthy environment can benefit to decrease symptom and improve function on schizophrenia patients, and it is quite relevant to be implemented in the countries with low income level.
10.	Miley et al., 2020 [9]	TCT which is combined with (SCT (TCT + SCT) if is compared to TCT therapy, they can equally result a long-term cognitive improvement relating to either functional symptom or capacity on schizophrenia patients after six months of intervention.
11.	Cechnicki & Bielańska, 2017 [17]	Giving of Community Treatment Program (CTP) and Individual Treatment Program (ITP) indicate a difference which results to more positive effect which is seen on CTP group after twelve years than the trial for three years.
12.	Kim & Jang, 2019 [20]	Self-esteem and resilience is used as a full or part mediation for stigma and life quality on each schizophrenia patient.
13.	Choi et al., 2020 [10]	A combination between PE and CT can give an excellent combination effect.
14.	Dubreucq et al., 2019 [21]	Effect of Psychosocial Intervention (PI) on each schizophrenia patient can result the greater effect than the first target. This research has confirmed PI due to its effectiveness in schizophrenia outpatient sample after a year of intervention.
15.	Hyde et al., 2020 [11]	Use of Computerized Interactive Remediation of Cognition-Interactive Training for Schizophrenia (CIRCuiTS) can result three major themes: appreciation from schizophrenia's life experience, centrality of therapeutic relation, and increase of professional gratification "joy in work".

The results of the study article selection can be illustrated in the Flow Diagram using PRISMA below:

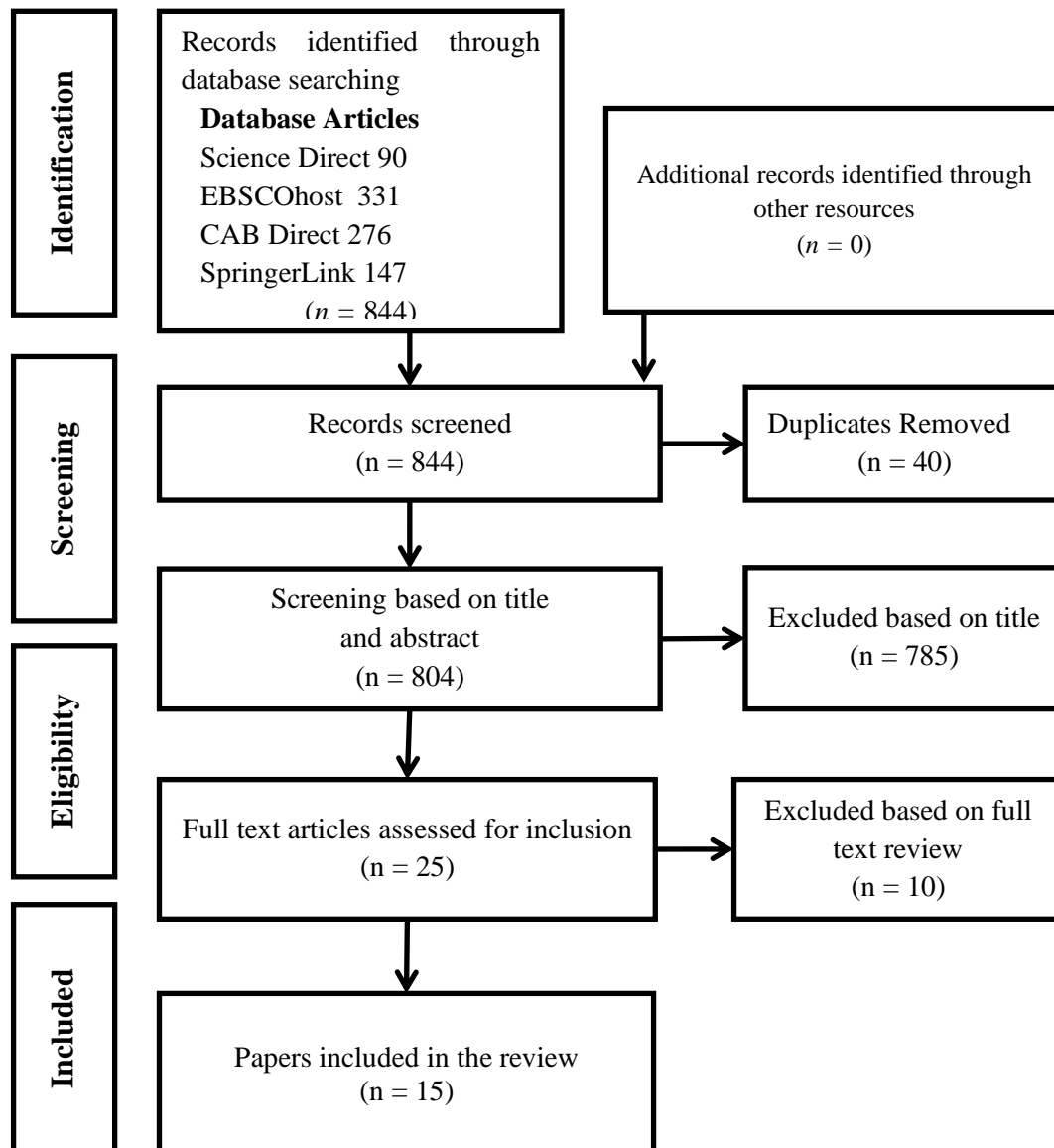


Figure 1. reporting items for study flow diagram

Conclusion

A number of psychosocial therapy which could be implemented to schizophrenia patients were cognitive therapy, community therapy, or therapy combination or modification. Moreover, the availability of rehabilitation center was the most significant factor to support the therapy giving for schizophrenia patients when they were out from the mental hospital and back to their family or community. The psychosocial therapy could give effect of

symptom decrease on schizophrenia patient in the long term and reduce possibility to be re-hospitalized in mental hospital. Each region needs to provide a rehabilitation service center for giving psychosocial therapy to schizophrenics that it can recover, be independent and productive. In this case, the government, community, families, and health care centers work together to support the recovery of schizophrenics.

References

1. WHO, "Schizophrenia," *Reports*. <https://www.who.int/en/news-room/fact-sheets/detail/schizophrenia>, 2019.
2. A. De Mare, M. Cantarella, and G. Galeoto, "Effectiveness of Integrated Neurocognitive Therapy on Cognitive Impairment and Functional Outcome for Schizophrenia Outpatients," *Schizophr. Res. Treatment*, vol. 2018, 2018, doi: 10.1155/2018/2360697.
3. V. I. Elegbede, A. Obadeji, T. O. Adebawale, and L. O. Oluwole, "Comparative assessment of quality of life of patients with schizophrenia attending a community psychiatric centre and a psychiatric hospital," *Ghana Med. J.*, vol. 53, no. 2, pp. 92–99, 2019, doi: 10.4314/gmj.v53i2.3.
4. S. Arsova, S. Bajraktarov, I. Barbov, and K. Hadzihamza, "Patients with schizophrenia and self-care," *Open Access Maced. J. Med. Sci.*, vol. 2, no. 2, pp. 289–292, 2014, doi: 10.3889/oamjms.2014.048.
5. T. Vekov, "Pharmacoeconomic.pdf." Medical University Sofia - Central Medical Library, Sofia, p. Vol.54 No.1pp.41-45 ref.11, 2018, [Online]. Available: [http://www.cabdirect.org/ub/remotexs.co/cabdirect/abstract/20183157331?q=\(Schizophrenia+Therapy+AND+yr%3A%5B2015+TO+2020%5D\)+AND+\(\(sc%3Aft\)\)+\(\(item-type%3A\(\(+%22Journal+article%22+\)+\)\)\)\).](http://www.cabdirect.org/ub/remotexs.co/cabdirect/abstract/20183157331?q=(Schizophrenia+Therapy+AND+yr%3A%5B2015+TO+2020%5D)+AND+((sc%3Aft))+((item-type%3A((+%22Journal+article%22+)+)))).)
6. K. Siegrist, A. Millier, I. Amri, S. Aballéa, and M. Toumi, "Association between social contact frequency and negative symptoms, psychosocial functioning and quality of life in patients with schizophrenia," *Psychiatry Res.*, vol. 230, no. 3, pp. 860–866, 2015, doi: 10.1016/j.psychres.2015.11.039.
7. M. Haselden *et al.*, "Qualitative Study of NAMI Homefront Family Support Program," *Community Ment. Health J.*, vol. 56, no. 7, pp. 1391–1405, 2020, doi: 10.1007/s10597-020-00582-y.
8. A. Schaub, K. T. Mueser, T. Von Werder, R. Engel, H. J. Möller, and P. Falkai, "A Randomized Controlled Trial of Group Coping-Oriented Therapy vs Supportive Therapy in Schizophrenia: Results of a 2-Year Follow-up," *Schizophr. Bull.*, vol. 42, no. 1, pp. S71–S80, 2016, doi: 10.1093/schbul/sbw032.
9. K. Miley *et al.*, "Six month durability of targeted cognitive training supplemented with social cognition exercises in schizophrenia," *Schizophr. Res. Cogn.*, vol. 20, no. May 2019, p. 100171, 2020, doi: 10.1016/j.scog.2019.100171.
10. J. Choi *et al.*, "The synergistic benefits of physical and cognitive exercise in schizophrenia: Promoting motivation to enhance community effectiveness," *Schizophr. Res. Cogn.*, vol. 19, no. January 2019, p. 100147, 2020, doi: 10.1016/j.scog.2019.100147.
11. B. Hyde, M. Thomas, J. Gullifer, and F. Dark, "Trial Implementation of CIRCuiTS Cognitive Remediation Therapy for People with Schizophrenia in Rural Australia: Therapists Experiences," *J. Psychosoc. Rehabil. Ment. Heal.*, vol. 7, no. 1, pp. 5–14, 2020, doi: 10.1007/s40737-019-00152-w.
12. C. N. Kumar *et al.*, "Antipsychotic treatment, psychoeducation & regular follow up as a public health strategy for schizophrenia: Results from a prospective study," *J. Dent. Educ.*, vol. 76, no. 11, pp. 34–41, 2017, doi: 10.4103/ijmr.IJMR_838_15.
13. L. Asher, V. Patel, and M. J. De Silva, "Community-based psychosocial interventions for people with schizophrenia in low and middle-income countries: Systematic review and meta-analysis," *BMC Psychiatry*, vol. 17, no. 1, pp. 1–16, 2017, doi: 10.1186/s12888-017-1516-7.
14. J. Thirthalli, "Evidence-Based Psychosocial Intervention for Schizophrenia: Many a Barrier Between the Bench and the Bedside," *J. Psychosoc. Rehabil. Ment. Heal.*, vol. 3, no. 1, pp. 27–30, 2016, doi: 10.1007/s40737-016-0052-y.
15. J. Li *et al.*, "Community-based comprehensive intervention for people with schizophrenia in Guangzhou, China: Effects on clinical symptoms, social functioning, internalized stigma and discrimination," *Asian J. Psychiatr.*, vol. 34, no. 36, pp. 21–30, 2018, doi: 10.1016/j.ajp.2018.04.017.
16. S. J. Schmidt, M. Lange, D. Schöttle, A. Karow, B. G. Schimmelmann, and M. Lambert, "Negative symptoms, anxiety, and depression as mechanisms of change of a 12-month trial of assertive community treatment as part of integrated care in patients with first- and multi-episode schizophrenia spectrum disorders (ACCESS I trial)," *Eur. Arch. Psychiatry Clin. Neurosci.*, vol. 268, no. 6, pp. 593–602, 2018, doi: 10.1007/s00406-017-0810-1.
17. A. Cechnicki and A. Bielańska, "The influence of early psychosocial intervention on the long-term clinical outcomes of people suffering from schizophrenia," *Psychiatr. Pol.*, vol. Vol. 51, no. nr 1, p. s. 45–61, 2017, [Online]. Available: http://psychiatriapolska.pl/uploads/images/PP_1_2017/45Cechnicki_PsychiatrPol2017v51i1.pdf.

18. C. Noël *et al.*, "Cognitive Enhancement Therapy in Early Schizophrenia : A Mixed-Methods Analysis of Patients ' Experiences," *J. Psychosoc. Rehabil. Ment. Heal.*, 2020, doi: 10.1007/s40737-020-00204-6.
19. J. Thirthalli, "Replacing Unhealthy EE with Healthy EE in Schizophrenia: Towards a Public Health Model of Cognitive Rehabilitation for Low-Resource Settings," *J. Psychosoc. Rehabil. Ment. Heal.*, vol. 7, no. 2, pp. 107–110, 2020, doi: 10.1007/s40737-020-00177-6.
20. E. Y. Kim and M. H. Jang, "The Mediating Effects of Self-Esteem and Resilience on the Relationship Between Internalized Stigma and Quality of Life in People with Schizophrenia," *Asian Nurs. Res. (Korean. Soc. Nurs. Sci.)*, vol. 13, no. 4, pp. 257–263, 2019, doi: 10.1016/j.anr.2019.09.004.
21. J. Dubreucq *et al.*, "Towards an improved access to psychiatric rehabilitation: availability and effectiveness at 1-year follow-up of psychoeducation, cognitive remediation therapy, cognitive behaviour therapy and social skills training in the FondaMental Advanced Centers of E," *Eur. Arch. Psychiatry Clin. Neurosci.*, vol. 269, no. 5, pp. 599–610, 2019, doi: 10.1007/s00406-019-01001-4.