

The Use of Non-Pharmacological Treatments Plus Drugs: A Promising Approach in the Management of Schizophrenic Patients

Reza Abdollahi*

1. Department of Nursing, School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran.

***Corresponding Author:**

Address: Department of Nursing, School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran, Postal Code: 588-17-12-635.

Tel: 98-901 9753320, Fax: 044 35233969, Email: Abdollahi.R@umsu.ac.ir

Article Information:

Received Date: 2024/12/18, Revised Date: 2024/12/25, Accepted Date: 2025/01/19

Dear Editor,

Schizophrenia is a complex mental disorder that affects how individuals think, feel, and behave. This condition is characterized by significant disruptions in cognition and perception, often leading to a disconnection from reality, which can manifest as hallucinations, delusions, and distorted thinking. This disorder not only has numerous consequences for the affected individuals, but also presents many challenges for the patient's family and society (1). Conventional treatment approaches for this illness primarily focus on pharmacological interventions, particularly antipsychotic medications. However, the growing awareness and recognition of the importance of non-pharmacological treatments has prompted a reevaluation of therapeutic strategies for managing schizophrenia. These non-pharmacological treatments plus drugs include various psychological and social interventions aimed at improving the quality of life, functioning, and overall treatment outcomes for patients (2).

Cognitive Behavioral Therapy (CBT) is one of the non-pharmacological interventions for schizophrenia that focuses on identifying and modifying maladaptive thoughts and behaviors associated with the disorder, such as hallucinations and delusions. This approach can lead to a significant reduction in the positive symptoms of schizophrenia, including hallucinations, while also improving the overall quality of life for patients. The positive therapeutic outcomes resulting from CBT are noteworthy, and evidence suggests that the use of this method can help modulate mood disturbances and

auditory hallucinations in patients with schizophrenia (3).

Family therapy, which can significantly impact the management of schizophrenia symptoms, is considered one of the non-treatment approaches to managing these symptoms. Utilizing this approach can lead to the active involvement of the patient's family in planning and setting goals for the patient's care, while also reducing the caregiving burden on the home caregivers of these patients (4). Research shows that family interventions can reduce the rate of disease relapse and improve treatment adherence by enhancing communication and support within the family unit. On the other hand, addressing the emotions expressed by home caregivers can alleviate their emotional stress and increase the positive outcomes of treatment (5).

Social Skills Training (SST) is another non-therapeutic approach specifically designed to help individuals with schizophrenia enhance their interpersonal and social skills and improve their ability to function in environmental and social settings. This structured intervention includes training in communication skills and other essential behaviors for daily living (6). Research findings indicate that SST is effective in promoting social skills and reducing symptoms associated with social isolation, which is the greatest challenge for individuals with schizophrenia. By improving these skills, SST not only facilitates better social interactions, but also leads to increased self-esteem and quality of life for patients (7).



Psychoeducation is another non-pharmacological intervention that provides patients with schizophrenia and their caregivers with essential information about the illness. Its goal is to improve treatment adherence, enhance early recognition of warning signs of relapse, and promote overall health (8). By educating patients and their caregivers and raising their awareness about their condition, treatment options, and coping strategies, psychoeducation creates a collaborative environment for treatment that encourages the active participation of patients and their caregivers in the process of treatment and recovery. Studies have shown that psychoeducational interventions can lead to significant improvements in areas such as symptom management, understanding of the illness, and the adaptation of both patients and their caregivers (9).

Occupational therapy (OT) is one of the non-pharmacological interventions in the treatment of patients with schizophrenia, playing a significant role in the rehabilitation and recovery of individuals affected by this condition. OT aims to facilitate occupational engagement, which refers to participation in meaningful activities that contribute to an individual's identity and well-being. In patients with schizophrenia, such engagement can be hindered by cognitive challenges, such as attention and memory impairments, leading to difficulties in managing daily tasks (10). Various intervention strategies have been employed in the OT of patients with schizophrenia. Psychosocial interventions, which are the most commonly used, focus on improving social and occupational reintegration. This may include group therapy sessions aimed at enhancing social skills, strengthening peer relationships, and reducing isolation. For example, guided social interactions help patients develop the communication skills necessary for effective participation in social environments (11).

Social work can also be considered a form of non-pharmacological treatment and a means of rehabilitating individuals with schizophrenia. Social workers are integrated into treatment teams for individuals with schizophrenia and provide a wide range of interventions that address both clinical and psychosocial needs. One of the primary strategies employed by social workers is psychoeducation, which aims to educate patients and their families about schizophrenia, treatment options, and coping strategies for managing symptoms and social stigma. Social workers facilitate access to various therapeutic services, including individual therapy, family therapy, and group therapy. Such interventions have been shown to improve social relationships, enhance communication skills, and develop coping strategies to deal with the challenges posed by the illness (12). Additionally, social workers actively participate in case management, where they coordinate services among various healthcare providers to ensure the implementation of a comprehensive care plan (13).

Attention to the social needs of individuals with schizophrenia can be considered a part of the treatment

for these patients. Addressing the social needs of individuals with schizophrenia requires a multifaceted approach. Thus, psychosocial rehabilitation has emerged as a promising avenue. These programs focus on improving social skills through various methods, including role-playing, behavioral exercises, and group interactions that enhance communication and relationship-building. Such interventions have been shown to increase the social functioning of individuals with schizophrenia, supporting their reintegration into society and improving their overall well-being (14). Community-based programs, such as supported employment and volunteer schemes, can facilitate socialization. These programs not only provide opportunities for patients to engage with their peers, but also offer meaningful roles in the community, thereby enhancing self-esteem and reducing feelings of isolation (15).

In summary, non-pharmacological treatments play a crucial role in the management of patients with schizophrenia. CBT, family interventions, SST, psychoeducation, OT and Social work and socialization are essential components of a comprehensive and holistic treatment strategy that addresses the psychological and social needs of individuals with schizophrenia. By incorporating these interventions alongside pharmacological treatments, healthcare providers can enhance the overall quality of life for these patients and manage this disorder more effectively.

Conflict of Interest

None.

References

1. Tandon R, Nasrallah H, Akbarian S, Carpenter WT, Jr., DeLisi LE, Gaebel W, et al. The schizophrenia syndrome, circa 2024: What we know and how that informs its nature. *Schizophr Res.* 2024;264:1-28.
2. Farcas A, Knopik L, Piccolotto C, Iftene F. Psychiatry Research Communications. *Psychiatry Research.* 2023;3:100127.
3. Xu F, Xu S. Cognitive-behavioral therapy for negative symptoms of schizophrenia: A systematic review and meta-analysis. *Medicine (Baltimore).* 2024;103(36):e39572.
4. Hahlweg K, Baucom DH. Family therapy for persons with schizophrenia: neglected yet important. *Eur Arch Psychiatry Clin Neurosci.* 2023;273(4):819-24.
5. Loh C, Liang W, Lee H, Tang C. Development of Multi-Family Therapy for first episode psychosis in Singapore. *Journal of Family Therapy.* 2023;45(1):21-46.
6. Wang H, Hu N, Chai J, Huang W, Yang H, Zhou X, et al. The efficacy of social skills training (SST) and social cognition and interaction

- training (SCIT) for negative symptoms: A meta-analysis. *The European Journal of Psychiatry*. 2024;38(2):100246.
7. Solmi M, Croatto G, Piva G, Rosson S, Fusar-Poli P, Rubio JM, et al. Efficacy and acceptability of psychosocial interventions in schizophrenia: systematic overview and quality appraisal of the meta-analytic evidence. *Mol Psychiatry*. 2023;28(1):354-68.
 8. Chow JYA, Yeo YTT, Goh YS. Effects of Psychoeducation on Caregivers of Individuals Experiencing Schizophrenia: A Systematic Review and Meta-Analysis. *Int J Ment Health Nurs*. 2024;33(6):1962-87.
 9. Okafor AJ, Monahan M. Effectiveness of Psychoeducation on Burden among Family Caregivers of Adults with Schizophrenia: A Systematic Review and Meta-Analysis. *Nurs Res Pract*. 2023;2023:2167096.
 10. Rocamora-Montenegro M, Compañ-Gabucio LM, Garcia de la Hera M. Occupational therapy interventions for adults with severe mental illness: a scoping review. *BMJ Open*. 2021;11(10):e047467.
 11. Huang YJ, Lin YT, Liu CC, Lee LE, Hung SH, Lo JK, et al. Assessing Schizophrenia Patients Through Linguistic and Acoustic Features Using Deep Learning Techniques. *IEEE Trans Neural Syst Rehabil Eng*. 2022;30:947-56.
 12. Killaspy H, Harvey C, Brasier C, Brophy L, Ennals P, Fletcher J, et al. Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence. *World Psychiatry*. 2022;21(1):96-123.
 13. Granholm E, Holden JL, Mikhael T, Link PC, Swendsen J, Depp C, et al. What Do People With Schizophrenia Do All Day? Ecological Momentary Assessment of Real-World Functioning in Schizophrenia. *Schizophr Bull*. 2020;46(2):242-51.
 14. Pardede JA, Ramadia A. The Ability to Interact With Schizophrenic Patients through Socialization Group Activity Therapy. *International Journal*. 2021;9(1):7.
 15. Brouwers EPM. Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: position paper and future directions. *BMC Psychol*. 2020;8(1):36.