



# Severe Mental Disorders: Schizophrenia For CHO/SN





# LEARNING OBJECTIVES

At the end of the session the learner should be able to:

- What is Severe Mental Disorder/ Schizophrenia
- How you can recognize it – signs/symptoms
- What can be done at SHC- HWCs for them
- Understand your role in management of Schizophrenia

# GROUP EXERCISE

**Time:** 10 min

Participants to read **case scenario 1** given on next slide and answer-

## Questions:

1. What are the signs and symptoms?
2. What are the probable disorder?
3. What are the main features suggesting disorder?
4. What is the role of CHO?







# SCENARIO 1

Mr. S., 25 years young male was brought to you by family and neighbours with 8 months of behavioral complaints. Initially he became withdrawn, he would often lock himself up in the room. At times, he would be often found vacantly staring in space, getting scared and angry and speaking alone as if in conversation with someone. He would neglect his self-care and meals and declined to meet anyone. After evaluation, he admitted hearing voices of his neighbors discussing regarding a plot to kill him. He stopped eating, as he believed that all his family members were poisoning his food. He refused to acknowledge it as any illness.





# SCENARIO 1

## Questions

1. What are the signs/symptoms in the case?
2. What is the probable disorder?
3. What are the main features suggesting disorder
4. What is the role of CHO?





# SEVERE MENTAL DISORDERS (SMD)

- This includes :

1. Schizophrenia,
2. Bipolar disorder



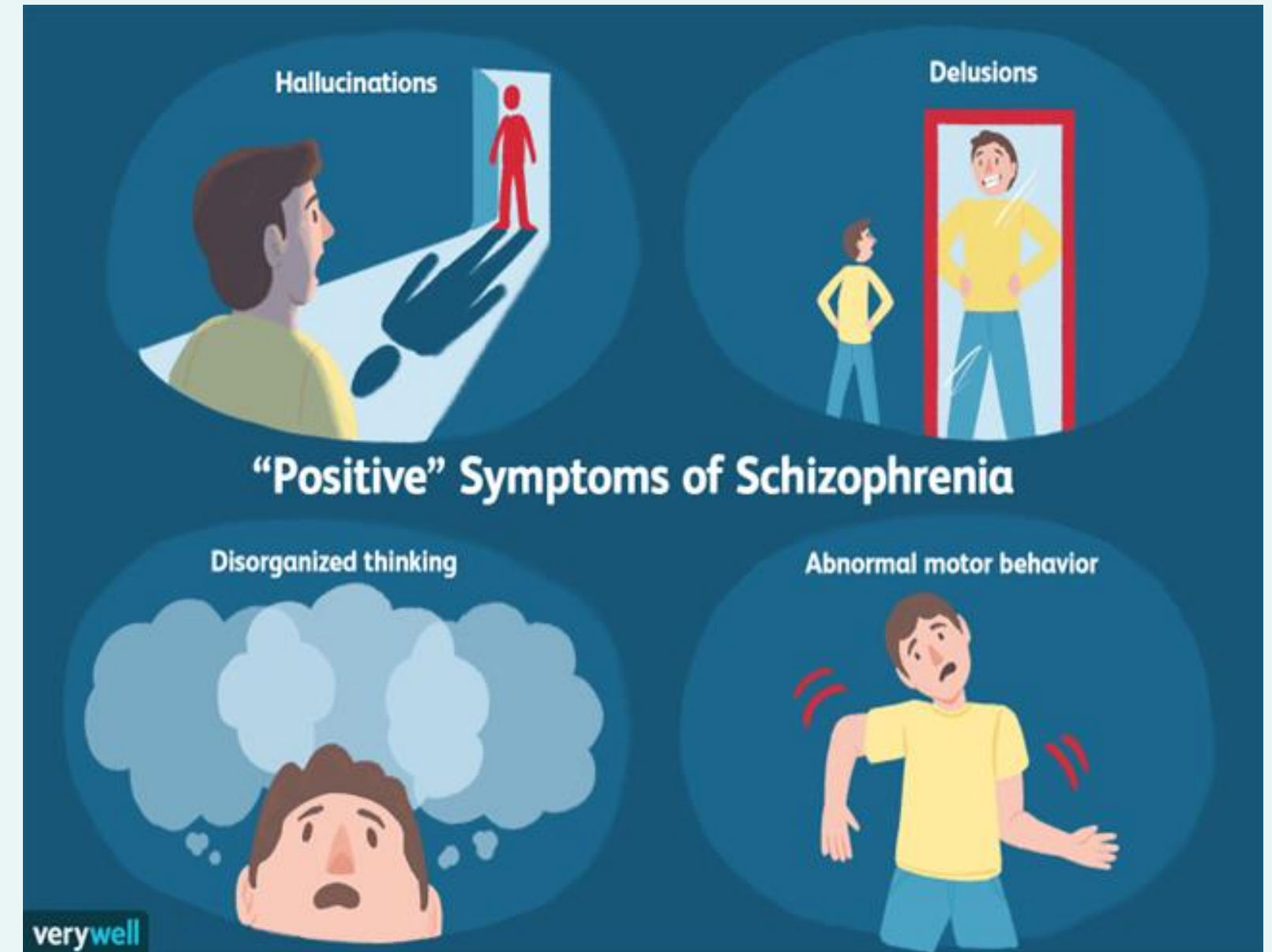
- Usually seen in young adults (20-30 years)

- Causes may be: Genetic, Biological, Biochemical, Stress, Coping skills, Poor and ineffective skills



# SYMPTOMS OF SMD

- Hallucinations
- Delusions
- Laughing at something sad
- Not showing emotions at all
- The person may be fearful, irritable or aggressive
- Agitation, restlessness and disturbed sleep
- Lack of insight





# POSITIVE SYMPTOMS OF SMD

## Positive Symptoms:

- Talking to self
- Seeing things
- Hearing voices that are not there
- Delusions: Firm, false and fixed unshakable beliefs
  - Believing others may harm
  - Unreasonable fear



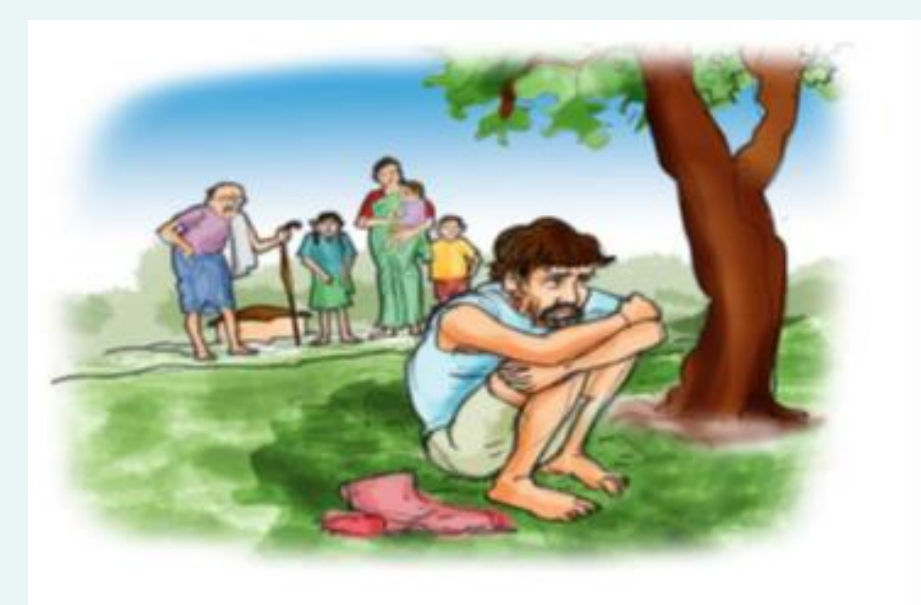


# NEGATIVE SYMPTOMS OF SMD

## Negative Symptoms:

Disturbances in normal emotions and behavior

- Decreased talking
- Feeling sad
- Socially withdrawn
- Reduced energy
- Sleep disturbances



# COGNITIVE SYMPTOMS OF SMD

Cognitive symptoms:

- Poor concentration
- Poor judgement
- Reduced energy
- Sleep disturbance







# ROLE OF CHO IN ASSESSMENT



Obtain history from person, relative and assess records:

- History of any co-morbid medical illness
- Any recent significant life events
- History of any substance use
- Does patient's past behavior identify any issues e.g. irritability, isolation
- Family History of psychiatric illness

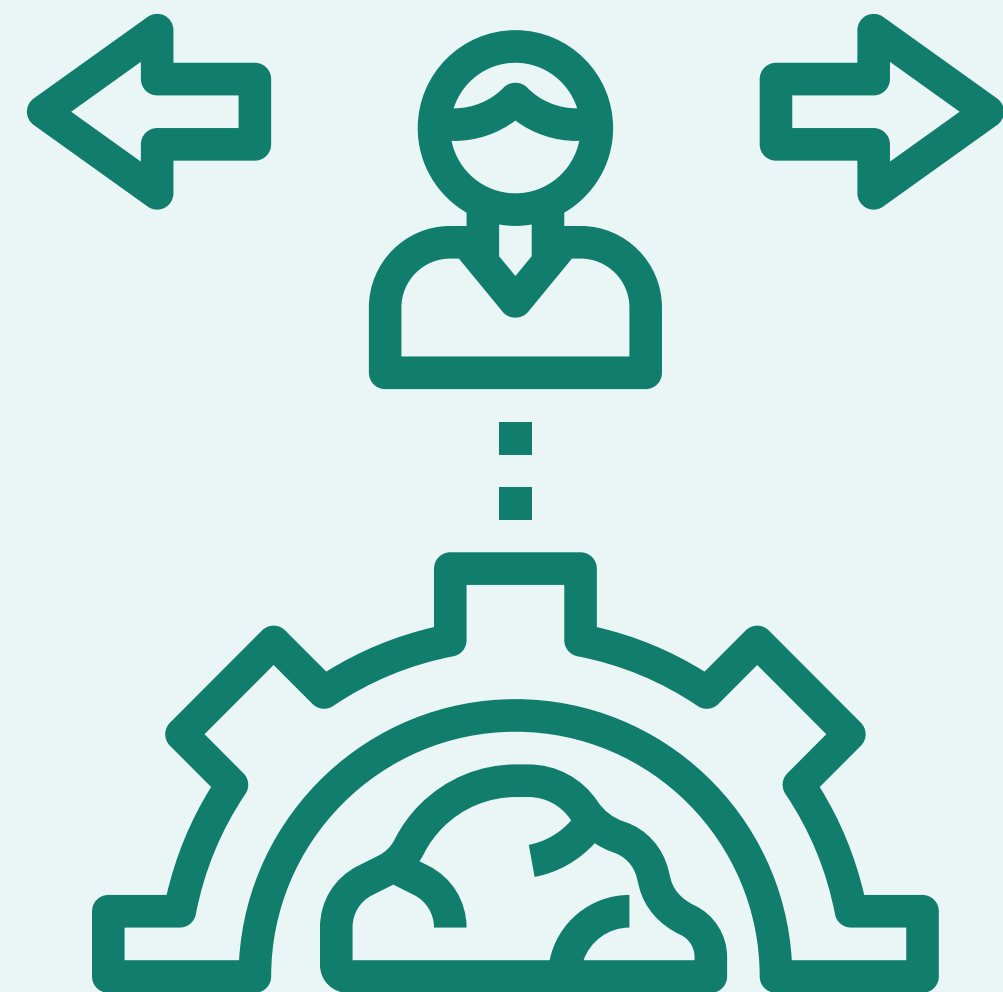




# PROBABLE DIAGNOSIS OF SCHIZOPHRENIA:

If there are more than two symptoms for more than 1 month and cause disturbance in functioning:

- Delusions
- Hallucinations
- Change in speech
- Disorganized behavior
- Negative symptoms





# MANAGEMENT OF SCHIZOPHRENIA AT SHC-HWC



**Comprehensive plan includes:**

**Medical Management**

**Family Psycho- education**

**Rehabilitation**



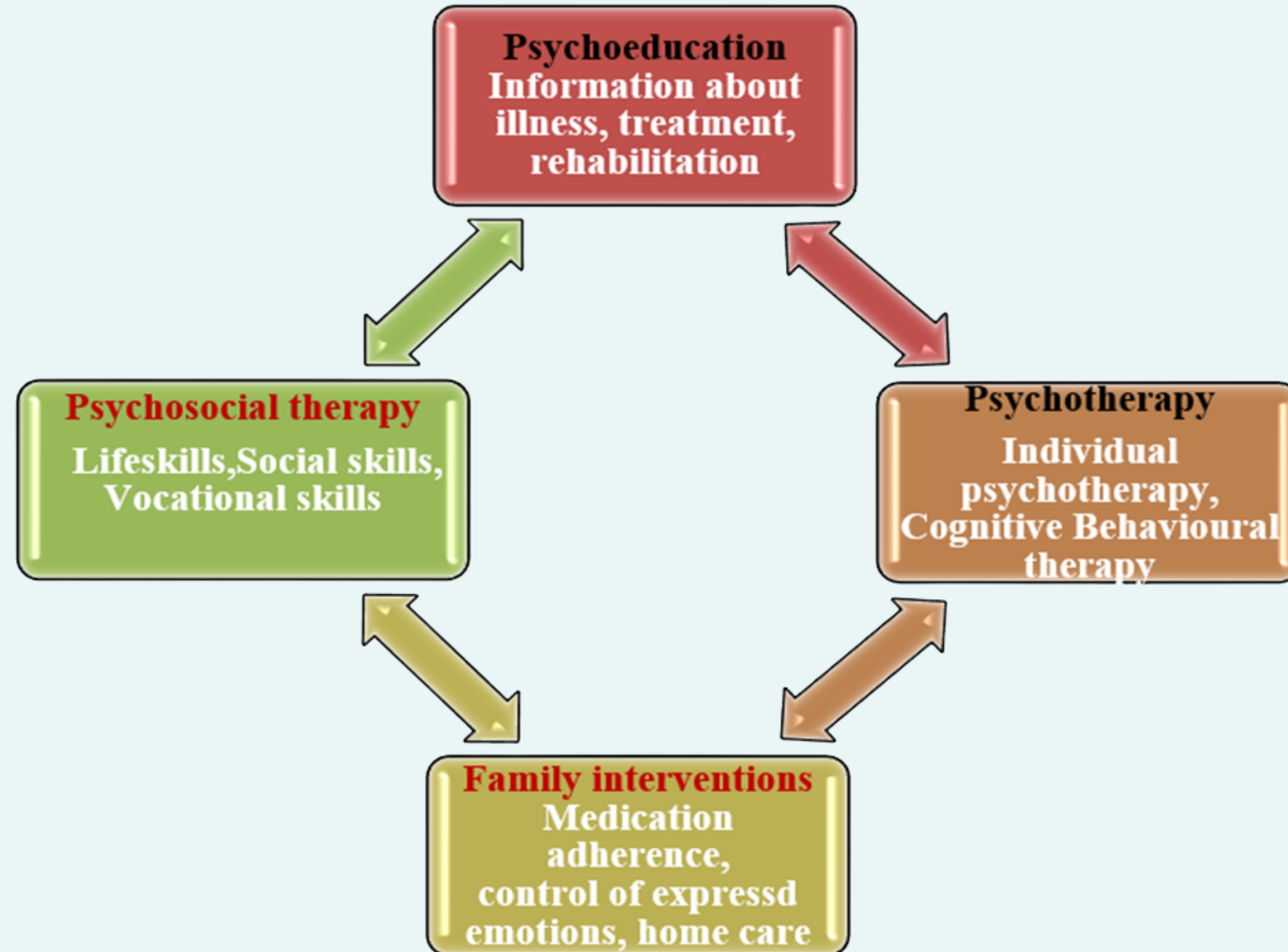
# 1. MEDICAL MANAGEMENT

- Refer the patient immediately to MO-PHC
- Medicines for SMDs can only be prescribed by a MO (MBBS) or psychiatrist
- Some commonly prescribed antipsychotics are- Chlorpromazine, Haloperidol, Olanzapine
- Some side-effects are tremors, twitching of muscles, rigidity, postural hypotension etc.
- Instruct patient to use the medicine strictly as per the frequency and duration prescribed
- During follow-up, look for any side-effect, and if severe refer back to MO





## 2. PSYCHOSOCIAL MANAGEMENT





# ROLE OF CHO IN PSYCHOLOGICAL MANAGEMENT

Psycho-education: Discuss with person and family

- Importance of taking medicines regularly
- Involve the patient in decision making
- Importance of healthy lifestyle
- Address caregiver burden





## 3. REHABILITATION

- Increase individual's capacity to function normally
- Vocational training
- Preparing them to solve problems, managing own finances
- Self-help groups







# WHEN IMMEDIATE REFERRAL SHOULD BE DONE?

- Suicidal ideas/ planning
- History of Suicide attempt present
- When patient shows violent behaviour
- Any drug reaction (side-effect)
- Seizure
- Stopped food intake

**All the patients who show any of the above symptoms should be referred to MO for confirmation of diagnosis and follow-up home visits should be made by ANM/ASHA**





# QUESTIONS



## Fill in the blanks

1. Some side-effects of antipsychotic drugs are a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_
2. Most Common type of hallucination seen in schizophrenia is \_\_\_\_\_
3. Full form of CBT (psychosocial interventions) is \_\_\_\_\_

## True or False

1. Schizophrenia is acute condition which is curable- T/ F
2. Schizophrenia occurs for about 1 in 100 people- T/F
3. Patient should never be involved in decision making in treatment-T/F

# QUESTIONS

6

## Fill in the blanks

1. Some side-effects of antipsychotic drugs are a) Tremors b) Twitching of muscles c) Postural hypotension

2. Most Common type of hallucination seen in schizophrenia is **Auditory**

3. Full form of CBT (psychosocial interventions) is **Cognitive Behavior Therapy**

## True or False

1. Schizophrenia is acute condition which is curable- T/ **F**

2. Schizophrenia occurs for about 1 in 100 people- **T**/F

3. Patient should never be involved in decision making in treatment-T/**F**







# Thank You

