

Problems Perceived by Patients with Schizophrenia and Their Support Needs

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Abstract

Background: This study aimed to clarify the problems and stresses of eight patients with schizophrenia admitted to a psychiatric hospital and to obtain clues about how to provide support to them.

Methods: Through interviews, the patients were asked to speak freely in response to the question, "What do you perceive as problems or stresses in your daily life?" The obtained data were analyzed using qualitative descriptive methods.

Results: The five problems perceived by the patients were related to the following: "discharge from the hospital," "physical and mental health," "money," "hobbies," and "personality."

Conclusion: The findings highlight the need to develop individualized support methods tailored to address problems perceived by patients, considering their feelings and life backgrounds.

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Introduction

Currently in Japan, support is provided to help individuals with mental disorders transition to community living as part of a policy aimed at shifting from inpatient care to community-based care [1]. According to the Ministry of Health, Labour and Welfare, the discharge rate one year after hospitalization is reported to be 88% [2]; however, individuals hospitalized for six months or longer accounted for 72% of all those with mental disorders [3]. This suggests that additional support may be needed for individuals with mental disorders who experience longer hospitalization periods.

On the other hand, the stress vulnerability model is emphasized in understanding the relapse of schizophrenia. Individuals who experience repeated relapses of schizophrenia are particularly vulnerable to stress, and their condition recurs when the level of stress exceeds a certain threshold [1]. Since unstable disease progression is a contributing factor to long-term hospitalization, it is important to understand the problems and stresses perceived by patients with schizophrenia when determining how best to support them.

Study aim

This study aimed to clarify the problems and stresses perceived by patients with schizophrenia hospitalized in a psychiatric hospital through their narratives, and to obtain clues about how to support them.

Materials and Method

Participants

Participants were patients with schizophrenia in a mentally stable condition who were hospitalized for at least 6 months at Psychiatric Hospital B in Prefecture A. Patients who suffered from dementia were excluded. Finally, eight patients who agreed to participate in the study were included.

Study period

This study was conducted from February 2024 to March 2024.

Data collection and analysis methods

A 15-minute interview was conducted with patients with schizophrenia admitted to a psychiatric hospital. They were asked

to respond to the question, "What do you perceive as problems and stresses in your daily life?" Data obtained from the interviews were analyzed in a qualitative descriptive manner. Interviews were conducted on paper with study participants who provided informed consent. Participants' names and facility names were anonymized to ensure that they could not be identified.

Ethical approval

This study was conducted with the approval of the Ethical Review Committee of Hospital B. There are no conflicts of interest relevant to this study.

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Results

Participant attributes

The average age of the eight patients was 52.8 years (38-74), and their length of hospital stay ranged from 6 months to 12 years and 4 months.

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Analysis results

The problems perceived by patients with schizophrenia were categorized into five items relevant to hospital discharge, mental and physical health, money, hobbies, and their personality. Categories are denoted by [], subcategories by < >, and participants' narratives by “.” The results are presented by category.

Discharge from the hospital

hospital for years,” “When will I be able to stay in a group home?” They also said, <I wish to be discharged from the hospital, but I am unable to do so.> “I am bored in the hospital; there is nothing to do. I want to go shopping after I get out of the hospital.” “I want to play video games when I get home.”

Mental and physical health

The patients said the following: “I hear voices. I get thirsty when I am arguing.” “Oh, (auditory hallucinations) are so loud.” “I am sick, so I want to be healthy.” “I get dizzy.” Patients also talked about <pain associated with mental illness>.

Financial issues

Patients talked about [financial issues], as shown below: “I do not have money, so I want to go to a workshop to earn money.” They also talked about <financial dissatisfaction>, such as “I do not have enough clothes, so I want to go shopping freely,” “I want to buy sweets freely,” and “I want to buy games.”

Hobbies

Patients talked about their “inability to engage in hobbies,” such as “I am bored in the hospital, so I want to have a hobby,” and “I enjoy sewing, but I cannot do it while I am in the hospital.”

Patients' personality

A patient said, “I tend to overthink problems, so I want to fix my personality.”

Discussion

First, problems related to hospital discharge vary depending on the patient's psychiatric symptoms and activities of daily living. However, social hospitalization, such as medical protection hospitalization without the patient's consent, is also considered to affect hospital discharge. Yoshimura [4] stated that, in the case of long-term hospitalized patients, a decline in activities of daily living, interpersonal relationships, and self-care skills due to hospitalism, in addition to negative symptoms, makes discharge difficult. The present study also included patients who could not be discharged from the hospital not only because their homes and facilities were not ready to receive them but also because discharge was difficult because of a lack of illness insight and social skills. Since problems vary from patient to patient, individualized support approaches should be developed.

Second, regarding problems related to mental and physical health, complaints of altered thought processes, such as hallucinations and delusions, were noted, revealing that illness experience is painful for such patients. Tsukahara [5] pointed out that psychiatric treatment tends to mainly focus on objective symptoms and illness insight, while the patient's own feelings of distress and their complaints are often neglected. Yoshimura [4] reported that considering and understanding

in advance how to address deteriorating mental health enables the implementation of nursing practices for hospital discharge that correspond to the patient's mental condition and willingness to leave the hospital. This approach also helps promote discharge without being overly influenced by mental symptoms. His approach may be effective for the patients in the present study, as they were mentally stable, although we did not consider how to manage worsening symptoms in individual patients. We believe that supportive assistance should be provided not only to strengthen patients' insight into their illness but also to collaboratively explore coping behaviors that enable them to express feelings, such as distress, in words. In addition, it is anticipated that a patient's quality of life is affected by the nature of their illness experiences, such as auditory hallucinations and internal monologues. Therefore, it is critical to consider a comprehensive quality of life, with the focus on symptoms and their effects.

Third, regarding financial problems, patients' money is managed in the ward at Hospital B. A previous study has shown that money management skills are linked to overall cognitive function [6]. While money management may not be possible for all patients with schizophrenia, it may be feasible for those without cognitive decline. Medical staff should support patients in improving their social skills by gradually expanding the range of social activities. This can begin with self-management of personal items, such as clothing and snacks, and progress to self-management of physical health and going out.

Fourth, regarding problems related to hobbies, negative symptoms associated with hospitalism, such as a lack of spontaneity and flat affect, may be observed in patients with schizophrenia. Improved social skills, including interpersonal relationships and social manners, achieved through social skills training, have been reported to facilitate hospital discharge [7]. Therefore, we believe that patients may also benefit from support that includes individualized occupational therapy activities and social skill training.

Fifth, regarding problems related to patients' personality, we believe that encouraging emotional expression is beneficial after building a relationship with patients with schizophrenia. Okumura et al. [8] reported that interviewing patients with schizophrenia after establishing a nurse-patient relationship is a necessary approach for facilitating patient self-integration. Patients' recognition and acceptance of their mental disorders appear to be positively influenced by eliciting their feelings about experiences, emotions, and thoughts, as well as by empathizing with and accepting them.

Conclusion

The qualitative descriptive analysis of problems and stresses perceived by patients with schizophrenia generated the following five categories: problems related to discharge from the hospital, physical and mental health, money, hobbies, and patients' personality. The results suggest that planning individualized assistance approaches is essential to address patients' problems based on their feelings and life backgrounds.

Limitations of the Study

This study was conducted with eight patients with schizophrenia at Hospital B. The findings have limitations in generalizability to other patients with schizophrenia, particularly regarding whether the problems and stresses identified in this study are consistent with those experienced by other patients. Further research is needed to validate these findings.

Competing Interests

The author declare no conflict of interest.

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