

Information for Doctors and Health Workers

Hints for Health Workers Caring for People with Schizophrenia

1. Accept that schizophrenia is simply an illness caused by changes in the brain and which is treatable in most cases.
2. Know your subject and be aware that schizophrenia is still not perfectly understood. Our understanding of this complex condition has gone through many twist and turns over the years and it still seems beset by many obsolete theories and outright myths so be guided by the evidence in the literature and do not be distracted by the mythology no matter how popular it may be.
3. Spend time with the patient and try to gain their confidence. This may be difficult if your case load is very heavy but you will be appreciated by the patient and will gain a better insight into their condition.
4. Have sympathy for the patient. Remember that no one would choose to suffer from this illness and the experiences they will endure at the hands of their psychotic thinking will often be unbearable.
5. Don't blame the patient for the illness. Even if the patient is uncooperative, hostile or even aggressive don't blame them for it. Remember it is not their fault. This is precisely the time when their thinking is most disturbed and when their suffering is greatest and it is therefore the time they most need your help but paradoxically it will also be the time when it is most difficult for you to help them.
6. Communicate with the patient. Ask questions and gently probe. Try to find out what is going on in their life. But remember that their psychotic thinking may not allow them to always tell you the truth. This is not their fault. It is simply another cruel feature of this illness.
7. When the patient is in crisis try to explain that things will get better for them in time and that their crisis will pass. At this stage not only will they have lost all insight into their condition but they will also have lost hope that things will ever improve. It is important to try to restore that hope.
8. Listen to the relatives and take note of what they say. Relatives don't make it up. If they say the patient's behaviour has been disturbed lately then believe them.
9. Learn how to cope with delusions. Don't ridicule the patient's beliefs no matter how bizarre they may be. Do not challenge unusual beliefs aggressively but similarly do not collude with psychotic thinking by trying to humour them. Try to develop techniques for gently challenging unusual beliefs in order to help the patient test the reality of their thoughts.
10. Take time to explain to the patient what is happening to them. That is, that they are poorly but that they will get better. Try to explain the roles of the doctors and other staff involved in their care and the role of the medication and other forms of treatment. Remember that few people have any knowledge of the mental health system and for most people their first contact with services will be bewildering and frightening.
11. Take time to explain to the patient's family what is happening. Explain what we know about schizophrenia. Remember the family will only know about schizophrenia what they have read in the news media, which is predominantly negative. Try to allay their fears and help them to develop knowledge about this subject by researching on the internet and at their local library.
12. When the patient starts to recover and return to a reasonable level of functioning start to talk with them about the future and encourage them to start to set some goals in their life. Living "one day at a

time” is good advice when they are in crisis but later they will benefit from setting and trying to achieve goals. This is a good time to talk about a recovery strategy.

13. When the patient has returned to a high level of functioning encourage them to take responsibility for their recovery and to become their own “case manager”. It is important that the patient has ownership of their recovery. Schizophrenia is a ruthless destroyer of self-esteem and it is of enormous benefit if the patient can play a key role in overcoming it themselves and thus help to re-build their appreciation of their own self-worth and capabilities. This will lead to a recovery which is more robust and has greater prospect of enduring in the long term.

References

1. The content of this information sheet is based on the author’s personal experiences.