

RECOVERING FROM SCHIZOPHRENIA

Myth: Rehabilitation can be provided only after stabilization.

Reality: Rehabilitation should begin on Day One.

-Dr Courtenay Harding, University of Colorado School of Medicine

Some of the most recent and hopeful news in schizophrenia research is emerging from studies in the fields of psychosocial "rehab".

These studies challenge several long-held myths in psychiatry about the inability of people with schizophrenia to recover from their illness. It now appears that such myths, by maintaining an overall pessimism about outcomes, may significantly reduce patients' opportunities for improvement and/or recovery.

In fact, the long-term perspective on schizophrenia should give everyone a renewed sense of hope and optimism. According to Dr. G. Gross, author of a 22-year study of 508 patients with schizophrenia:

"... schizophrenia does not seem to be a disease of slow, progressive deterioration. Even in the second and third decades of illness, there is still potential for full or partial recovery."

Clinicians who have spent their careers investigating the long-term course and prognosis of schizophrenia are now presenting a very different picture of the illness from the gloomy scenario painted just a few years ago.

After two decades of empirical study, it is now clear that good rehabilitation programs, used in conjunction with medications, are an important part of treatment strategy for people with schizophrenia. Furthermore, the value of (i) family input for treatment: and (ii) appropriate relations between clinicians and families are also now well established.

The importance of including families as part of the treatment "team" cannot be overemphasized.

Family members of people with schizophrenia need and want education, information, coping and communication skills, emotional support, and to be considered as collaborators.

For this reason, knowledgeable clinicians always try to solicit involvement of family members. Sometimes this is not easy, because many families were previously hurt by being "blamed" for the illness. It may mean a clinician has to make a special effort to entice some families into collaboration by acknowledging the difficulties they experienced in the past, and apologizing for the way they were treated by the mental health system.

Once a relationship is established, however, clinician, patient and family can work together to identify needs and appropriate interventions. Everyone should be able to have realistic yet optimistic expectations about improvement and possible recovery.