

Strategies to Enhance Quality of Life through Psychosocial Interventions in Patients with Schizophrenia Spectrum Disorders

Sasidhar Gunturu^{1*}, Sanobar Jaka², Briana M Silva³, Laura Jimenez-Parrado⁴, Kanuja Sood⁵ and Mallikarjuna B Ellur⁶

¹Department of Psychiatry, BronxCare Health System, Bronx, NY, United States

²Department of Population Health, New York University Grossman School of Medicine, New York, United States

³Department of Psychiatry, Richmond University, Medical Center, SI, NY, United States

⁴Department of Medicine, Albert Einstein College of Medicine, New York, United States

⁵Department of Psychiatry, S.G.T. Medical College, Hospital and Research Institute, Delhi NCR, India

⁶Department of Population, Trident Health System, Charleston, South Carolina

Abstract

Schizophrenia spectrum disorders are a group of complex and severe mental disorders, marked by significant morbidity and mortality. It manifests through a spectrum of psychotic symptoms, including delusions and hallucinations, negative symptoms, including anhedonia and apathy, and cognitive dysfunction. The hallmark cognitive impairment seen in schizophrenia, both in the prodromal period of psychosis and throughout the course of the illness itself, can act as a prominent obstacle to recovery and contributes to overall functional decline. People diagnosed with schizophrenia often face human rights violations in both healthcare and communities, as well as stigma, which can lead to social exclusion, strained relationships, and limited access to healthcare, education, housing, and jobs. Although the course of schizophrenia varies for each individual, the disease remains persistent and can be disabling throughout the course of life. Despite the well-established importance of psychotropic medication, psychosocial interventions play an equally crucial and more cost-effective role in the comprehensive treatment plan for schizophrenia to aid in the patient's overall functioning, quality of life, adherence to prescribed therapies, reduction in core illness symptoms, and reduced relapse frequency. This review will highlight several effective psychosocial rehabilitation and management practices for those with schizophrenia spectrum disorders.

Keywords: Schizophrenia spectrum disorder • Psychosocial interventions • Social skills training • Family psychoeducation • Cognitive behavioral therapy • Cognitive remediation • Family intervention

Introduction

Schizophrenia Spectrum Disorders (SSD) are severe, chronic mental illnesses that profoundly disrupt an individual's ability to function in multiple areas of life. It's debilitating effects extend far beyond the well-known symptoms of hallucinations and delusions, permeating personal, familial, social, educational, and occupational spheres [1,2]. Individuals with SSD face an increased risk of premature mortality compared to the general population. This is often due to various physical illnesses, including cardiovascular and infectious diseases, as well as factors like sedentary lifestyles, low physical activity, obesity, and metabolic syndrome [3].

Pharmacological treatment is the cornerstone of managing SSD, with extensive evidence demonstrating that antipsychotic medications are highly effective in alleviating psychotic symptoms, preventing relapses, and even extending the life expectancy of individuals with SSD. In addition to psychotropic medication, patients with schizophrenia need specifically tailored psychosocial treatments [4], including family psychoeducation [5], vocational rehabilitation [6], educational opportunities, crisis counseling accessibility, easily accessible inpatient psychiatric care, and supervised residential living with coordinated case management. It is important to acknowledge the limitations of antipsychotic medication, and adverse side effects, which greatly influence compliance and adherence,

*Address for Correspondence: Sasidhar Gunturu, Department of Psychiatry, BronxCare Health System, Bronx, NY, United States; E-mail: SGuntur1@bronxcare.org

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including fatigue, tremors, weight gain, sedation, acute extrapyramidal symptoms, and metabolic syndrome [7]. Furthermore, antipsychotics have limited efficacy in alleviating negative symptoms, as current literature indicates that a significant portion of patients can still experience psychotic symptoms despite being prescribed an effective antipsychotic dose [8].

However, medication alone does not sufficiently improve various clinical and functional outcomes, such as cognitive abilities, social skills, and quality of life in SSD patients [9]. It also falls short in enhancing real-world outcomes, like securing employment or maintaining meaningful relationships. As a result, many people with SSD only see minor improvements in these areas and do not achieve full functional and personal recovery.

This is where psychosocial interventions become crucial. By complementing and enhancing the effects of medication, these interventions address areas not improved by antipsychotics. Various psychosocial approaches have consistently proven effective in improving a range of outcomes and are now recommended as evidence-based treatments for SSD in numerous national and international guidelines.

Literature Review

A range of psychosocial treatments have been developed for schizophrenia treatment, aimed at offering a holistic approach to recovery. The following subsections of this review will describe the most important features of some of these psychosocial interventions.

Assertive Community Treatment (ACT)

This method enhances the accessibility of mental health care for individuals within their communities. Assertive Community Treatment (ACT) teams, which consist of psychiatrists, nurses, and specialists from various fields, offer increased staff support to assist the community, thereby minimizing professional burnout and enabling caseload sharing. These teams provide round-the-clock emergency services, medication management, daily living support, such as housing arrangements and bill payments, as well as recovery assistance to patients with mental health issues within the community.

The ACCESS integrated care model, tested in Germany, which included assertive ACT, appeared to be an effective long-term treatment approach for patients with severe schizophrenia spectrum disorders and bipolar I disorder with psychotic features. The key findings from this 4-year follow-up study were a low service disengagement rate of only 8.7% over 4 years, indicating excellent engagement with the program. Significant improvements from baseline in psychopathology, severity of illness, level of functioning, and quality of life that were sustained over the 4-year period.

By providing continuous, open-ended, recovery-oriented integrated care with ACT can lead to long-term stabilization and improvements in severely ill psychotic patients. The high treatment intensity with several outpatient contacts per week, psychotherapeutic approach, family involvement, and low caseloads are cited as potential factors contributing to the beneficial outcomes.

Cognitive Remediation Therapy (CRT)

Cognitive Remediation Therapy (CRT) is a behavioral training-based intervention that targets cognitive techniques to produce sustained changes in cognitive skills that generalize to functioning. Cognitive impairment greatly affects functional outcomes in schizophrenia. Despite CRT being recommended and effective, its key components and ideal candidates are still debated. A recent systematic review assessed CRT's effectiveness, identifying crucial elements and patient characteristics for its success. CRT significantly enhanced cognition and functioning in schizophrenia, supporting its inclusion in clinical practice. Optimal results were achieved when CRT incorporates core elements and is integrated with structured psychiatric rehabilitation. CRT's effectiveness across various patient profiles suggests it should be a standard care element, essential for achieving functional recovery beyond what pharmacological treatments provide.

CRT in schizophrenia is enhanced when conducted by trained therapists in group settings or embedded within rehabilitation programs, facilitating the transfer of cognitive skills to daily life. Ongoing inquiries include the durability of CRT benefits, the transfer of cognitive gains to real-world function, and the integration of CRT into routine clinical practice. A promising avenue is the combination of pro-cognitive medications with CRT interventions. CRT, defined as a training-based intervention targeting cognitive processes, varies in domains trained, sensory modalities utilized, and delivery formats. Recent comprehensive meta-analyses and reviews demonstrate small to moderate effects of CRT on cognition and functioning in schizophrenia, with certain core elements, such as therapist involvement and structured cognitive strategies, contributing significantly to its effectiveness. Studies in early-course schizophrenia and clinical high-risk populations show promising results, though challenges in acceptability and feasibility warrant further investigation. Neuroimaging studies suggest potential neural mechanisms underlying CRT response, highlighting the importance of early intervention and individualized treatment approaches.

Cognitive Behavior Therapy (CBT)

CBT for schizophrenia is under scrutiny. Despite being recommended in treatment guidelines, recent meta-analyses and high-quality trials suggest that CBT provides only small benefits for overall and positive symptoms, with negligible effects on negative symptoms and relapse prevention. However, CBT might be more promising for addressing specific non-psychotic symptoms like worry and harmful compliance with hallucinations, though evidence here remains limited and not fully conclusive. Cognitive models link genetic predisposition and environmental stressors to symptoms, providing a basis for CBT approaches that challenge and modify maladaptive beliefs and behaviors to manage both positive and negative symptoms, aiming to improve patients' psychosocial functioning and quality of life.

However, a recent meta-analysis concluded that when it comes to preventing relapses at 12 months, psychosocial and psychological treatments such as family interventions, family psychoeducation, CBT, patient psychoeducation, integrated interventions, and relapse prevention programs are far better than standard care alone. According to the same study, family interventions and psychoeducation began to work after a year, CBT starts to work at 12 months, and ACT starts to work at 6 months. Although further research is needed to identify the precise elements that contributed to integrated therapies' performance, they consistently demonstrated efficacy across a range of outcomes.

Family interventions

When it comes to managing schizophrenia, family interventions are essential. Their efficacy in lowering relapse rates, hospital readmissions, and enhancing social functioning and medication adherence in individuals with schizophrenia has been shown in numerous trials.

Psychoeducation, communication training, problem-solving techniques, and emotional support for patients and their caregivers are common components of family therapies.

In order to provide a supportive environment for the patient's rehabilitation, these interventions seek to establish a cooperative relationship between the family and the treatment team. When compared to standard therapy alone, meta-analyses have repeatedly demonstrated that family interventions significantly lower hospital admissions, relapse rates, and symptom severity.

All families of people with psychosis who live with or have close contact with the patient are strongly advised by the National Institute for Health and Care Excellence (NICE) guidelines to provide family treatments in addition to antipsychotic medication. At least fifty randomized controlled trials have shown the effectiveness of family interventions in a variety of cultural contexts.

Family involvement in the treatment of schizophrenia is still underrepresented in mental health care settings, despite strong evidence and guidelines. To promote the general well-being and recovery of schizophrenia patients and their caregivers, efforts must be made to better implement and disseminate these evidence-based family treatments.

Psychoeducation

A crucial part of treatment for people with schizophrenia is psychoeducation. It includes teaching patients and their families about the disease, its symptoms, available treatments, and coping mechanisms. Increasing awareness, understanding, and treatment compliance is the main objective, which will eventually improve results and lower relapse rates.

Numerous studies have shown that psychoeducation is beneficial for people with schizophrenia. When compared to standard care alone, psychoeducation lowers relapse and readmission rates and promotes medication compliance, according to a Cochrane review by Merinder, et al. It also enhances quality of life, fosters improved social and global functioning, and raises satisfaction with mental health treatments. Over the course of an 18-month follow-up period, Chien, et al. found that a mindfulness-based psychoeducation program for early-stage schizophrenia reduced psychotic symptoms, enhanced insight, and improved emotion regulation.

There are several ways to provide psychoeducation, such as group programs, family interventions, or individual sessions. It is frequently used in conjunction with other therapeutic modalities like motivational interviewing or cognitive-behavioral therapy. Psychoeducation programs can vary in length and intensity, although research indicates that even short-term interventions may be helpful.

Social skills training

The goal of social skills training, an evidence-based psychosocial intervention, is to help people with schizophrenia become more adept at interacting with others and living independently. It teaches particular skills relating to communication, assertiveness, problem-solving, and illness management through behavioral strategies such as instruction, modeling, role-playing, feedback, and homework assignments. According to a review by Liu et al., social skills training significantly improves psychosocial functioning, relapse rates, and social skills when compared to standard care alone. Furthermore, SST is especially helpful when combined with opportunity and support for community-based practice.

Enhancing protective factors against stress and relapse, compensating for cognitive deficiencies, encouraging medication adherence, and facilitating recovery are some of the justifications for SST. According to Kopelowicz, et al., social skills training focuses on certain deficiencies that are frequently observed in schizophrenia, including negative symptoms, decreased social cognition, and skill degradation brought on by understimulating situations. In order to address neurocognitive deficiencies, SST has recently been integrated with CRT. It has also been modified for use in a variety of settings and demographics, including inpatient facilities, dual diagnosis, and minority groups. Globally, there are continuous attempts to promote the use of social skills training by mental health institutions and physicians.

Discussion

Non-adherence to antipsychotic medication in schizophrenia stems from both intentional and unintentional factors. Intentional non-adherence occurs when patients choose to stop medication due to

perceived disadvantages, while unintentional non-adherence includes forgetting, misunderstanding instructions, or access issues. Factors contributing to non-adherence include poor insight, cognitive impairment, psychotic symptoms, substance abuse, medication side effects, high costs, complex regimens, negative attitudes, and a history of non-adherence. Other barriers include poor relationships with healthcare providers and practical issues like inconvenient appointment times. Addressing non-adherence requires interventions targeting these diverse factors.

Psychosocial interventions for schizophrenia vary widely in their approach and effectiveness. Psychoeducation, aimed at increasing patient knowledge, is commonly used but shows limited effectiveness unless it includes practical exercises and cognitive modifications. Behavioral interventions, such as skills-building and reinforcement strategies, have been successful in improving medication adherence, particularly when personalized and combined with psychoeducation. While the combination of different psychosocial treatments showed promise, the results varied, and the study highlighted the need for more robust trials and follow-up assessments to better understand the long-term benefits and optimal combinations of psychosocial interventions for SSDs.

Cognitive approaches, including cognitive adaptation training, also show positive outcomes, particularly when addressing multiple aspects of community adaptation and functional improvement, though benefits may decrease after interventions cease. Overall, the most effective strategies are those that combine psychoeducational, cognitive, and behavioral techniques, focusing on enhancing therapeutic relationships, understanding patient beliefs, and employing concrete problem-solving methods.

Literature supports and advocates for expanding community-based mental health services and emphasizes the need for an integrated, patient-centered approach to address the complex needs of individuals with severe mental illness, stressing the importance of early, comprehensive, and customised treatments that improve efficiency and quality of life. However, current challenges include the under-resourced healthcare systems and the gap between the need for and provision of adequate mental healthcare.

Conclusion

This mini review identifies that medication alone does not sufficiently improve cognitive abilities, social skills, or quality of life in SSD individuals. Therefore, it is necessary to include psychosocial interventions including family psychoeducation, Assertive Community

Treatment (ACT), Cognitive Remediation Therapy (CRT), Cognitive Behaviour Therapy (CBT), and social skills training. These interventions enhance the effects of medication, addressing areas that medications do not, and are supported by extensive evidence and guidelines. Despite the literature, the implementation of these interventions is often inadequate, necessitating efforts to improve their adoption in mental health care settings to ensure comprehensive treatment and recovery for individuals with SSD.

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