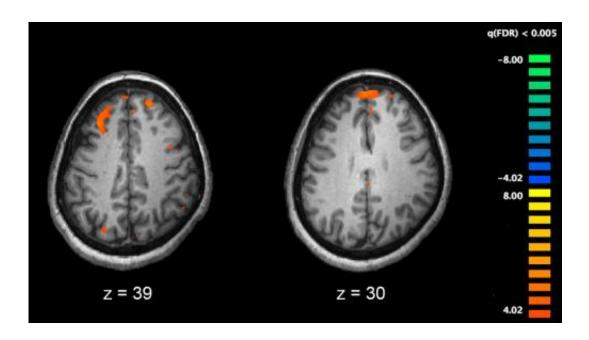


Home care can help with the recovery of people with schizophrenia in low-income countries

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Functional magnetic resonance imaging (fMRI) and other brain imaging technologies allow for the study of differences in brain activity in people diagnosed with schizophrenia. The image shows two levels of the brain, with areas that were more active in healthy controls than in schizophrenia patients shown in orange, during an fMRI study of working memory. Credit: Kim J, Matthews NL, Park S./PLoS One.

Community-based rehabilitation can help the recovery of people with schizophrenia in low-income countries, according to new research from



experts at the University of Nottingham and Addis Ababa University, Ethiopia.

In a new study, experts showed that after a one-year community-based rehabilitation program in Ethiopia, people with schizophrenia were shown to be less disabled; were more likely to use local health centers and had fewer symptoms, compared to those who had not taken part.

The findings, which are published in *The Lancet Global Health*, suggest that when delivered with medication, the program can help people in recovering from schizophrenia. The study was led by Dr. Laura Asher from the Academic Unit of Lifespan and Population Health in the School of Medicine at the University of Nottingham and colleagues at Addis Ababa University and Kings College London.

Schizophrenia is a severe and disabling mental illness, which can lead to problems with work and relationships, being the victim of discrimination and violence, and early death. In low-income countries, such as Ethiopia, up to 90% of people with schizophrenia do not access any treatment. One of the main reasons for this is the severe shortage of mental health professionals.

To understand the best way to support people with schizophrenia in rural Ethiopia, experts designed and tested a program known as community-based rehabilitation. Community-based rehabilitation involved lay people, with no experience in mental health care, supporting people with schizophrenia and their families in their homes.

Support was given in the form of providing—information; help to get back to work, community and <u>family life</u>; making preparations for a crisis; and help to access medication at the local health center.

Community-based rehabilitation workers also tried to change negative attitudes about mental illness in the <u>local community</u>, and asked



individual community members to provide <u>social support</u>, food and help with medication costs.

Seventy-nine people with schizophrenia, in 27 villages in Ethiopia, were randomly allocated to take part in community-based rehabilitation for one year, in addition to receiving treatment from nurses at the health center. Eighty-seven people with schizophrenia in 27 villages were allocated to only receive treatment at the health center. The study was funded by the Wellcome Trust and builds on ground-breaking research by Ethiopian colleagues which showed that mental healthcare for people with schizophrenia can be delivered effectively by nurses in local health centers (primary care).

Dr. Asher says that they "found that after one year, people with schizophrenia who took part in community-based rehabilitation were less disabled, were more likely to use the health center and had fewer symptoms compared to those who had not. However, there were no differences in employment or discrimination rates between the two groups.

"To our knowledge, this study is the first of its kind globally. Our findings suggest that in low-income countries community-based rehabilitation can help with the recovery of people with <u>schizophrenia</u>, when delivered alongside medication from a local health center. As community-based <u>rehabilitation</u> can be delivered by lay people, these findings are particularly relevant for places where there are few mental health professionals."

More information: Community-based rehabilitation intervention for people with schizophrenia in Ethiopia (RISE): results of a 12-month cluster-randomised controlled trial, *The Lancet Global Health*, <u>DOI:</u> 10.1016/PIIS2214-109X2200027-4



Provided by University of Nottingham

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