



Enhancing Quality of Life among schizophrenic patients

Literature review

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Abstract

Schizophrenia is a chronic, debilitating mental illness often resulting in incapacitation. It affects the general health, normal functioning, personal autonomy, subjective wellbeing, personal life, social functioning, and the overall life satisfaction of those who are affected by this disorder. This descriptive literature review attempts to assess the level of life satisfaction of schizophrenic patients on different areas of patient's life with the use of QOL questionnaires. The relationship of QOL is looked through the perceived satisfaction and relationship with quality of life in relation to adherence to antipsychotics medicine, social domain, non-adherence to antipsychotic medicine/ social and integrative impact in maximizing the quality of diagnosed schizophrenic patients. The research question justifying this study is Q1. What are the factors related to the QOL in diagnosed Schizophrenic patient? Q2. What treatment method when combined with antipsychotic treatment can go parallel in treating schizophrenic patients? A descriptive literature review was conducted on the published literature after 2005 with the search tool as EBSCO, PubMed, CINAHL etc. Result: Employment, marital status non-institutionalization with a use of a few drugs along with community support has a better quality of life. Conclusion: The study concludes individualized care with multidimensional approach is the best intervention model for schizophrenic patients.

Keywords: Schizophrenia, Quality of Life, Mental Health Treatment

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Abbreviation

QOL-Quality of Living

ICD-10 - International Classification of Disease 10th version

WHO-World Health Organization

GAS-The Global Assessment Scale

WHOQOL-Bref: World Health Organization Quality of Life measure abbreviated version

SWLS -Satisfaction with Life Scale

BPRS Brief Psychiatric Rating Scale

SF-3636-Item Short Form Health Survey

EQ-5D The EuroQoL-5 Dimensions

QoLI- Lehman Quality of Life Interview

S-QoL-The Quality-of-Life Questionnaire in Schizophrenia

CDS-Calgary depression Scale

PANSS-Positive and negative syndrome Scale

Forward

Mental illness is a worldwide pandemic issue, and it affects in all levels of society. According to the estimation from Global Health 2016, mental ill is one of the leading causes of non-fatal disease burden. Issues of mental instability are prominent by psychological impairment or through psychiatric disorders. The effects of mental disease impact the sufferer the most, as the struggle to accomplish simple tasks becomes undeniably overwhelming. They suffer in isolation and may feel alienated and apathetic. Not only the affected individual but the family, society will also have to carry the burden in many ways.

The untreated and undiagnosed schizophrenic people may have a low quality of life but if we think about schizophrenic patient who are treated with antipsychotic medicines and are ongoing treatment basis are they enjoying life like a normal individual despite the treatment given? What about the burden of health care cost with a long-term schizophrenic treatment if the quality of life of schizophrenic patients is not evaluated and treatment and rehabilitation program are not carried according to the need of schizophrenic patients that promotes a quality of life. Also, in the past two decades the trend from the management of schizophrenia has shifted from hospitals towards community care has given up most priority to community health services.

The subjective variables for quality of life differs individually and it can be also affected by persons unique socio demographic backgrounds including the way of treating and approaching mental ill individual. The wider concept of treating mental ill in hospital based and using antipsychotic therapy for a longer run does not work as effectively as treating antimicrobial with antibiotics. Therefore, the management of schizophrenia has shifted from hospitals towards community care. How does the shift regarding the concept of recovery of patients with schizophrenic patients with the focus to integrate a more personal form of recovery, along with traditional concept of symptoms alleviation and restoration of social and occupational functioning. Can a schizophrenic individual restore balance of life in their own subjective judgment? If yes, then what may be the variables that restore for the optimization of increased quality of life.

1.Introduction

Schizophrenia is a major psychiatric disorder that leads to significant impairment in social, cognition, global function and quality of life including the ability to adapt to a changing environment (K. R, Jaiprakash 2021). It is a chronic, refractory, and severe psychiatric condition with high incidence, recurrence, and disability rates and is associated with the most severe stigma of all mental illnesses (Tang M-W, Cheng Y, et al., 2023). Schizophrenia affects over 21 million people worldwide with approximately 1% of the population in the world is affected by this pandemic disease (Cechnicki A, et al.,2011). It is manifested by positive and negative symptoms, including disability, the onset of which usually begins during adolescence or early adulthood for which treatment can be carried focusing on the community-based treatment module (Ercan F et al.,2019) and concomitant poor social adaptive functioning (Kundu S and Shinde VR, 2022).

The past two decades that is from 1960s, the concept of Quality of life (QoL) has become an important outcome measure mental health mainly in schizophrenia as it has been manifested as a chronic disease (Lehner RK et al.,2007). There exists no definite definition of QoL as it is defined by the World Health Organization as “Individuals perceptions of their position in life in the context of culture and value system in which they live, and in relation to their goals, expectations, and concern. QoL is a broad concept that considers the person’s life holistically, emphasizing the importance of living a meaningful and satisfying life despite the negative effects of the disease (Arat celyk et al.,2022) and lies on subjectivity in terms of patient’s self-appraisal of their own satisfaction. QoL measurement is taken as important tool also for researchers and clinicians and they are in favor to measure as it helps to measure/evaluate the cost and benefits of the medical interventions as well as to improve treatment and rehabilitation (Fisher, I & Ziviani, J 2004).

The factors associated with QoL of schizophrenic patients includes sociodemographic factors, type of psychopathology, severity of psychiatric symptoms, duration of untreated illness, duration of treatment, social support, individual educational status, patient income level, employment and substance use disorder (Bobes et al., 2021). Identifying and evaluating QOL among individuals with psychiatric disorders is extreme importance in

providing appropriate treatment as well it is hypothesized that therapeutic approaches based on QOL can increase adherence to treatment which triggers to a satisfactory life (Arat celyk et al.,2022). Due to extensive effort going for enhancing the QoL among mental ill mainly schizophrenia there is also parallel concern regarding the way of treating mental illness focusing and treating merely psychopathological symptoms which has not able to give satisfactory QOL (Anna Galuppi et al., 2010) and studies supporting the fact that patients with schizophrenia despite the continuous treatment have a poorer standard of living (Rayan A et al.,2017).

Likewise, studies suggest there is low quality of life in patient diagnosed with schizophrenia. A study done among 160 Jordanian outpatient with schizophrenia with a self-report measure to examine subjective QoL shows poor QoL in all the measured 36 domains and so as even with the pharmacological treatment there is a relatively poor QoL for schizophrenics in comparison to normal controls (Mohandas, A. A. 2017).

Therefore, wider use of new antipsychotic drugs, its efficiency, extrapyramidal effects of antipsychotic drugs, as well a rising trend for community-based care has emphasized on improving QoL in their plans and policies also the demands for outcome measurement. (Bobes, J et al., 2007). The goal of treatment from alleviation of symptoms to emphasis of patient need with social activities also shows the importance of measurement of quality of life (WHO/MNH/MHP/98.4. Rev.1)

1.1 Aim and research Question.

The aim of this study is to review and discuss perceived quality of life defining influence of clinical factors and socio-demographic variables on QOL of schizophrenic patients.

The research questions justifying this study is;

Q1. What are the factors related to the QOL in diagnosed Schizophrenic patients?

Q2. How to combine these identified factors when caring for patients with schizophrenia?

2. Schizophrenia and QoL research

Many studies discuss that study in relation to satisfaction of life study in psychiatry is still in its infancy phase, though there is lot of effort in recent years and attempts have been made to generate measures of QoL in context with schizophrenia (Tang M-W, Cheng Y, 2023 et al.). Schizophrenia and QoL relations measurement and its value took a long run due to factors as universally unaccepted acceptable definition, lack of valid consensus, contrary in relation to subjective verses objective tools of measurement, cultural differences with multiethnic and multicultural societies (Solanki, R. K et al.,2008). Due to this factor literaure shows a great variability in terms with symptoms, QoL mostly due to the fact in measurement strategies coupled with difference in defination of QL(Anna Galuppi et al., 2020). QoL assessment in schizophrenic experience a range of cognitive deficits particularly in memory, attention, verbal fluency, and executive functions with the association between cognitive deficits and functional abilities in people with schizophrenia (Savilla K et al.,2008) also the nature of disease needs a long-term treatment span. A better thing has unfolded in the past two decades as the concept and significance of quality of life has been taken a special significance in primarily mental health because of two factors as progressive movement towards high technology medicine and secondly de-institutionalization movement in psychiatry in 1960s (Solanki, R. K. Singh et al., 2008).That is to say deinstitutionalization goal in psychiatry is to foster an independent lifestyle and autonomous dealing with the illness, as a result a schizophrenic can leave a quality of life by being fully empowered with the support of the community (The World Health Report,2001).

2.1 QoL and community based mental health care

According to the WHO, community mental health aims to provide (Mental Health Atlas, WHO., 2020) Community based mental health care has a very impressive result with a rise in insight, life quality, and general and social functioning, and a decrease in disease symptoms (Ruggeri, M et al.,2001).Community based mental health care services includes services as mental education, family education, social skill education, and

cognitive-behavioral therapies relieve the mental deterioration symptoms and improve functioning (Yalçinkaya, A., & Orak, O. S. 2022). Community based mental health treatment is generally carried by vivo treatment that is contacting clients in their homes and on their own initiative, attention to practical life problems, advocacy, smaller caseloads, a team approach and long-term commitment to clients (Lehner RK et al.,2007). To enhance community participation in treating mental illness Turkey has adopted community oriented mental health services vigorously in 2008 which has shown a very impressive findings in related as several studies done with the affected individuals in the same community has shown to enhance the quality of life, reduce the loss of abilities, and increase functioning (Tang M-W, Cheng Y, 2023 et al.,). Although many studies support the fact that severe psychiatric disease during severe psychiatric illness stage need a urgent medical support , and a different view is also presented by the researchers like Chan and Mak in which they have the view that the recovery process in mental illness is to finally adopt to communities, and create personal and meaningful identities and roles in life (Chan & Mak, 2014) focusing future research to look beyond the medical model.

2.2 QoL and the use of antipsychotic drugs

The wide use of the atypical antipsychotic drugs with known and unknown side-effect profiles, has promoted a greater interest in assessing the quality of life of schizophrenic patients. Quality of life is defined by the World Health Organization as “Individuals perceptions of their position in life in the context of culture and value system in which they live, and in relation to their goals, expectations, and concerns” (The WHOQOL Group: WHO/MNH/MHP/98.4.Rev.1) The majority of concepts of QOL is evaluated in terms of objective QOL is measured in two different measures: Objective QOL which is carried by : interviewer rated questionnaire assessment and subjective components which includes self-reported Ruggieri, M et al.,2001. Objective measures of QOL consist of indicators that involve humans’ living conditions, objective attributes of the environment, and social functioning and role fulfilment (Kitching, H. 2006). So as subjective measures of QoL includes indicators of life satisfaction i.e., physical, psychological, and social (Ruggieri, M et al.,2001).

Although anti-psychotic drugs assume to reduce psychopathological symptoms to inpatient as well as outpatient however, they do not act sufficiently effectively to be the method for restoring these patients' chances to fully exist in society (Dziwota, E et al.,2018). As the reforms in mental health care is taking place there is equal concern that the method of treatment that is given to schizophrenic patient, primarily address mainly positive symptoms, which are often in control by antipsychotic medication so negative symptoms as cognitive decline, reduced social drive, symptoms that lead to functional impairment and low quality of life is not looked for (Aleman, A Lincoln et al.,2017). The negative symptoms can be due to extensive intake of antipsychotic medicine, socio demographic factors and prolong social isolation and these positive symptoms and negative symptoms are associated with significant impairment in the social and occupational functioning (Turola, M. C. et al., 2012). In addition there is a rising voice as antipsychotic medicines, which is widely used as a first-line treatment of schizophrenia, do not improve cognitive deficits, negative symptoms and concomitant poor social adaptive functioning (Bobes, J et al.,2007).Moreover earliest assessments of QoL has been suggested as earliest improvement of functional status is achievable on a long-term basis only if improvement in QOL is included as an outcome measure in the early part of treatment (Chugh, P. K.2013).Therefore treating schizophrenia has to be looked beyond symptom reduction strategies and should be integrated with personal and social functioning elements to improve QoL in schizophrenic patients.

There is a need to be aware in regarding use of antipsychotic medication as schizophrenic cluster has a close correlation with antipsychotic medication and it needs to address to improve patients QoL claiming that improving adherence to antipsychotic medication would be essential to improve the quality of life of patients (Caqueo -Urizar A et al., 2020). Likewise other study done by Fallissard and the team in the year 2016 claims that antipsychotic medications is not only effective in treating acute psychosis but equally is equally effective in reducing the risk of future psychotic episodes (Fallissard B et al., 2016).

Similarly, another study concludes that medication non-adherence might affect patients QoL because of the heightened symptomatology and side effects of prescribed medicines (Puschner B et al.,2009). To add up comparative study from India concludes that there is

a poor QoL for schizophrenics when compared to normal individuals although with a extensive period of pharmacological treatment (Kundu S and Shinde VR. 2022).

A comparative study among schizophrenic patients treated with or without depot preparation had a surprising finding as a significant difference was determined with the symptoms such as hallucinations, which were more frequent in patients treated with depot preparations. (Simić Medojević, I & Burgić-Radmanović, M. 2015). Likewise many studies highlights the fact that a small dose of antipsychotic drugs in a low dose will be effective whereas other studies add up that antipsychotics medicine as olanzapine has resulted in significant improvement in QoL among schizophrenia. Thus, antipsychotic drug with the name olanzapine was choice of drug (Gasquet I et al.,2005) (Wehmeier P .M et al.,2007) Similarly meta-analysis highlights that the balance of risk and benefit of antipsychotics appears less favorable than in adults' population in comparing to other group of population (Stafford, M. R et al.,2015). To put it another way there is a doubt that adds up does only antipsychotic use of medicines really makes the difference in the quality of life among schizophrenic patients.

2.3 Schizophrenia and QoL in relation to Social Determinants

The findings from P singh A Midha highlight many patients who have not never married, were unemployed and had difficulty in interacting and coping with their human, social and physical environment (Solanki, R. K et al.,2008). Similar findings has been shown in Jordanian population as such divorced patients with low levels of education were found to be in poor QoL (Rayan, A et al., 2017).Similarly a study conducted in Finland concludes that female and having good psychosocial functioning, confidants, good physical health, and living arrangements in are important factors of life satisfaction among patients with schizophrenia (Salokangas, R. K et al., 2006).

To add up a study in African countries also finds that employment and married individual enjoyed a satisfied life (Caqueo-Urizar et al.,2020) (Desalegn, D 2021et al.,) In addition to other studies, it also concludes that being employed was associated with higher quality of life. (Desalegn, D 2021et al.,) (Guedes de Pinho et al.,2018). Similar findings are observed from the study of India that occupation had a significant relationship with the

social relationship domain (Mohandoss, A. A,2017).Likewise divorced and widowed patients with schizophrenia had low QoL then married patients (El-Bahy, M., & Mohamed 2013)Similarly the study from Lara Manuela Guedes de Pinho adds that degradation of quality of life among schizophrenic is due to unemployed and having been hospitalized within the last five years(Guedes de Pinho 2018 et al).To add up it is high time to also look for patient treatment pathways/choices rather than looking only for the standard treatment pattern.

Likewise, a case control study highlights a lower level of life quality of life in schizophrenic when compared to the healthy controls in the areas such as feeling, leisure and in general aspect (Sidlova M, Prasko J, Jelenova D, et al., 2011).Similarly, a surprising finding has been shown from the study from Latin American countries done on two hundred fifty three patients with the use of SQoL-18 measurement tool that awareness of the disease was associated with lower levels of QoL (Caqueo-Urizar, A et al.,2020). This may be the stigma attached to the mental illness within the socio cultural level.

2.4 Schizophrenia and hospital-based treatment modalities

The relationship between the number of times hospital visit has a correlation with QOL scale. A meta-analysis of cohort studies from Finland concluded that only small cluster of people were recovered i.e.one in seven patients with schizophrenia even though with a major change in treatment rendered. (Jääskeläinen, E et al.,2013). Similarly, the study from China reveals the fact first time visit patients in a hospital with severe symptoms of depression were significantly lower QoL than the patient who have never been treated for schizophrenia (Zeng et al., 2013). In addition, the more the severity of psychotic symptoms the more is the association with low quality of life patients with schizophrenia (Tang M-W, Cheng Y, et al., 2023).Likewise, a study done among fifty patients from the outpatient department highlights that the more the number of hospitalizations in psychiatric units, there is a decrease in the of the quality of life of schizophrenic patients (Solanki, R. K et al.,2008).

To add up reducing the number of hospitalizations has increased level QoL and those who those who had been admitted within 5 years had worse results in the environmental

and general domains as well (Guedes de Pinho et al.,2018).Likewise, a convincing result has been shown from a large sample study from the homeland i.e. from Finland that schizophrenic patient who were living in the community had greater life satisfaction and reported more positive changes than currently hospitalized patients(Siegrist, K et al., 2015). In contrast due to the scarce mental health resources and decrease number of hospital visit plus with the high stigma in relation to mental illness in Arab world the schizophrenic patients shows a negative association with QoL (Mohandas A.A.2017).

Likewise, study among first episodic outpatient schizophrenic furthermore highlights the need for management of the patient's illness (El-Bahy, M. & Mohamed, W. M. 2013). A very convincing treatment has been early started in Australia for the first time for primarily treatment in first episodic psychiatric treatment which includes individualized treatment by multidisciplinary team then provides intensive, home-based case management with the focus is on community services, spending some time in hospital during an episode of psychosis with the treatment with antipsychotic medicines for a short term before continuing with home-based treatment (Mental Health Atlas ,WHO., 2020).

3. Method

For to answer the research question, a descriptive literature review was conducted on the recent scientific literature that includes published literature after 2005. This study has taken only article that has conducted study with individuals who has been diagnosed with Schizophrenia.

The topic of Quality of Life along with different perceived factors for quality-of-life modalities with the healthcare context provides actual research question that to my knowledge was not fully understood to this day, when article was written. Quality of life (QoL) in individuals with schizophrenia has been assessed from subjective way in the studied articles. Several valid and reliable multidimensional instruments are used to assess QoL with the most used tool in analyzing Quality of WHO-QoL-brief version (BREF).

3.1 Conducting literature review

To find the related literature for the most perceived Quality of life among schizophrenic, article studied only in English, between 2005 till 2022 was included also address the key terms as “quality of life” AND “Schizophrenic patients” was used. The searched databases were Pubmed, Sage EBSCO (Academic Search complete and Spring Link) and ABI/INFORM global. The article was about the mental health treatment way that enhances the quality of life filtered to peer-reviewed articles in English language.

In this study the basis of PICO framework is used to know whether specific literature could be included which is shown in Table 1. The criteria are narrative reviews, non-peer reviewed articles, theses, books or chapters, abstracts and editorials were excluded from the search. The criteria set for the selection of literature is included in table number 1.

Table 1: Criteria included for selection of literature review.

Table 1: Literature review

Patient or problem to be addressed	Diagnosed Schizophrenic patient treated as inpatient and outpatient
Literature included	Literature from 2005 - 2022
Language of literature	Only English
Outcomes of interest	Any outcomes
P.Publication	Peer reviewed/expert reviewed original research publication
Exclusion	Narrative reviews, non-peer reviewed articles, theses, books or chapters, abstracts, and editorials

Table 2. Flowchart of the literature search

Identification of articles through data bases		
Identifica- tion	Records identified. Total-140 (Pubmed 7, Sage 24, ABI/Inform-20, SpringerLink-4 ScienceDirect-3Emerald- 42, EBSCO Academic search Complete- 7	Records removed before screening: Duplicates-14 Not being scholarly articles-7
Screening	Records screened-133	Records excluded based on title and abstract-107
	Reports sought for retrieval-26. Reports assessed for eligibility-23	Reports not retrieved -3
Included	Study included in review via database search -10	Reports excluded-18
Identification of articles via snowball method:		
Eligible articles found through database articles reference lists-7		
Total amount of articles included in literature review-10		

3.2 Method for analyzing article.

The principle of deductive content analysis is applied in the analysis process. Deductive content analysis is a research method that begins their study with concepts and hypothesis with the hope that conceptual material will add up their thinking in terms of insight they provide as well as the direction of inquiry they suggest (Fisher & Ziviani 2004).

For analyzing the literature, I'm using a deductive content analysis based on the theoretical prepositions that are derived from a review of the literature and applies these to the collection and analysis of data. Deductive analysis is particularly relevant for explanatory case studies and has the potential to address some short of shortcomings of inductive approaches, including a more systematic development of a body of knowledge of behavioural and social processes (Stazovsky, A & Hadjez, J. 2004). The first step as preparation

phase, is to select the unit of analysis, which in my case does antipsychotic medicines really help. The second step is to make sense of the data and be familiarized with the data. My familiarization with the data started already in the literature conduction phase, where I thoroughly read through the 140 articles assessed for eligibility. After my final number of articles, 23 was chosen as eligible articles. I read through all the articles once more before starting the content analysis. In the organizing phase, the first step is to create a categorization matrix. The second step is to review the data for content and code it in correspondence with the categories. The third step contains two options: a structured or an unconstrained analysis matrix. In this literature I am using the structured approach, which explains by choosing only the content that fits the matrix of analysis. The third phase is to report the analyzing process and the results. The results are shown in tables in the form of outcome. In practice, I copied relevant information from the articles, categorized it and saved it in a separate table and included its outcome too. Here the data has been compared and compressed into sub-categories which have been shown in the flow chart. These sub-categories are reported in the result section. Also, here right under see an example of the abstraction process in figure 1.

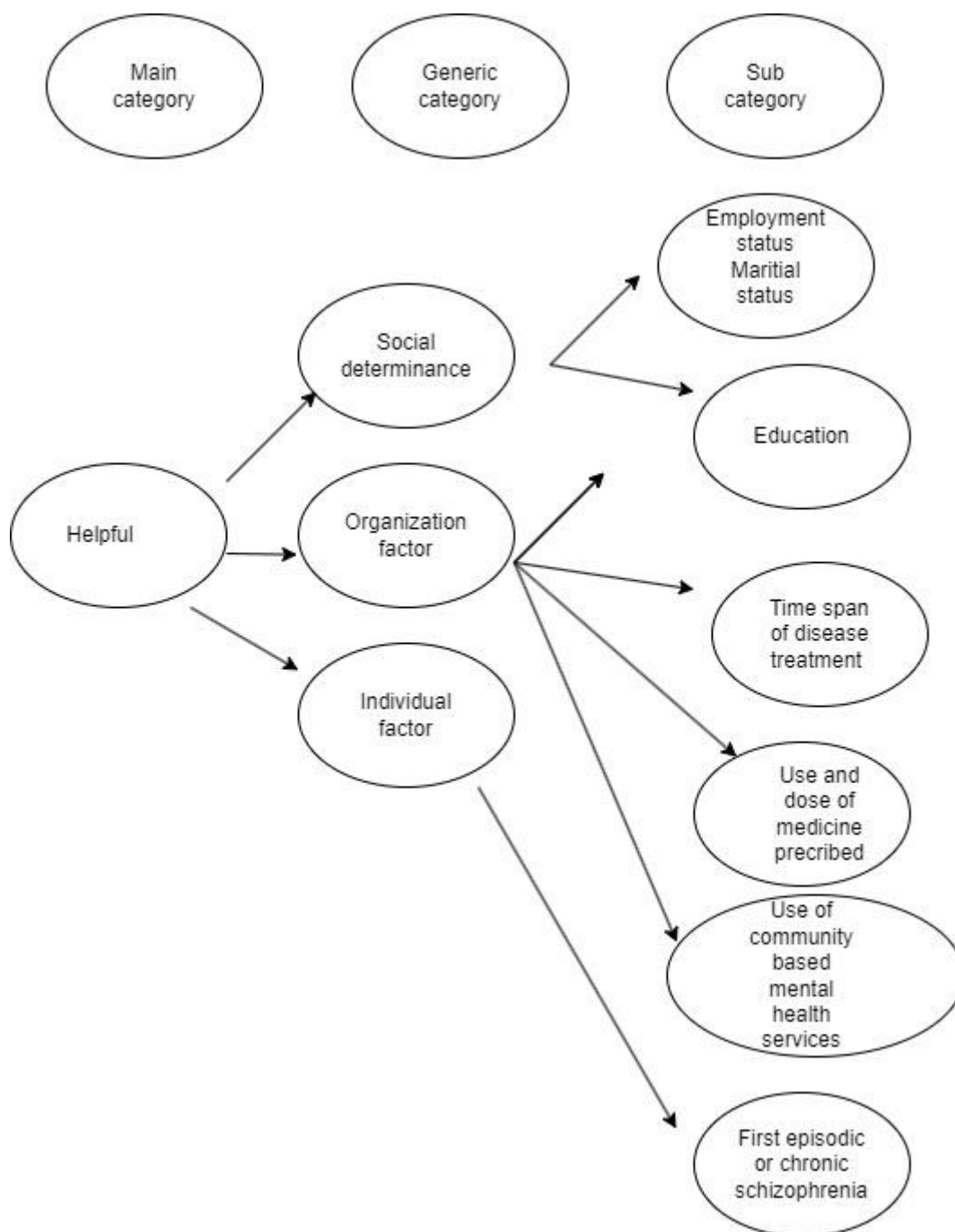


Figure 1 An example of abstraction process (own picture)

3.3 Limitation and ethics in literature review

This study is merely descriptive study in a small scale regardless of the length of disease diagnosed, the use antipsychotic region, with a variety of tool used to assess QOL thus the findings may not reflect the full perspective on the quality of life of schizophrenic

individual. Also, this study lacks direct observational assessment, and the study depends merely on subjective findings of the published literature. To gain a more accurate generalization I would recommend Qualitative study which may yield in depth assessment of the concerned sector. The limitation of the study is also not to do comparative study in relation to QOL in patients with the different variables.

This review follows the Responsible Conduct of Research (RCR) guideline set by Finnish Advisory Board on Research Integrity (TENK) with the coordination with Arcada. Other research papers and achievement are taken care of by citing their publication including name of the authors planning, conducting research and reporting research results follow the standard of scientific knowledge. This research is not motivated by any conflicts of interest in any research project.

3.4 Literature selection process

The selection process of literature is described in above table no 1. Table number 1 inclusion and exclusion criteria has been in the selection process of the relevant articles. After the keywords as well as limitations have been put into electronic database, the total number of literatures found is 140 articles (Pubmed 7,Sage 24,ABI/Inform 20,Springlink 7 Emerald 42, EBSCO 40 Academic Search Complete).From that amount 133 articles remained after excluding 7 articles that after excluding samples not being scholarly articles.107 articles were excluded ,giving the number of 26 left.3 article were not in a full text form therefore 23 article were left .After reading 23 article 12 were excluded resulting in number 10 articles. Article searching was performed electronically to locate peer review articles using the following search terms "quality of life", restricted to the title, "in schizophrenic patients" and "mental health treatment."

Finally, the full text of literature would be scanned whether it complies with the inclusion criteria, validity appraisal and ethical considerations. Literature satisfies these factors as (Stafford, M. R et al.,2015)

Snowball sampling method was included for the search of articles with 7 articles that were eligible for the literature review. These 7 articles are searched according to the

inclusion and exclusion criteria mentioned in table no 1. Snowball sampling is a gradual process, and time influences the selection of samples with sampling that continues until data saturation (Puschner B et al.,2009).

3.5 Instruments used in the articles.

This literature review includes several valid and reliable multidimensional instruments tools used to assess QOL (El-Bahy, M. & Mohamed, W. M. 2013). The most used tool in this literature review is WHO-QoL-brief version (BREF), an instrument developed by WHO.

WHO Quality of Life Measure (BREF)used instrument as WHO-QoL-brief version (BREF), which is described as a structured, self-reported, interview is based on 26 items designed to assess an individual's QoL. Self-reported, interview is based on 26 items designed to assess an individual's QoL. It assesses patients under four domains: Physical, psychological, social, and environmental. The psychometric properties of WHO-QoL-BREF have been demonstrated to be consistent with that of the WHO-QoL-100 tool. (Rayan, A et al., 2017)

Satisfaction With Life Scale (SWLS) -The SWLS is a 5-item instrument to measure global cognitive judgments of satisfaction with one's life. (Voruganti, L. N & Awad, A. G 2002)

The Global Assessment Scale (GAS) is a tool to design and understand how a person can do daily activities on a scale of 0-100 on the basis of how much a person's symptoms affect their day-to-day life. Through this scale assessment how much is the need of the individual on the daily basis is assessed (Anna Galuppi et al., 2020).

Brief Psychiatric Rating Scale (BPRS) The Brief Psychiatric Rating Scale (BPRS) is a tool that is basically used for individuals with moderate to severe psychoses It is designed to assesses the level of 18 symptom constructs such as hostility, suspiciousness, hallucination, and grandiosity.

36-Item Short Form Health Survey (SF-36) The 36-Item Short Form Survey questionnaire with physical component summary and a mental component summary. It consists of 36 questions well-researched, self-reported measure of health in a 8 domain questionnaire. It is used for individuals as well as to survey a cluster of populations health.

The EuroQoL-5 Dimensions (EQ-5D) This is a vertical analogue scale used from the best such as from the no problems, slight problems, moderate problems, severe problems, and extreme problems to the worst level and consists of 5 domains: mobility, self-care, usual activities, pain/discomfort and anxiety/depression (Gasquet I et al.,2005).

Lehman Quality of Life Interview (QoLI)- The Heinrichs–Carpenter Quality of Life Scale (QLS) is a clinician-rated scale designed to assess deficit symptoms of schizophrenia and functioning during the preceding 4 weeks. It consists of 21 items in four subscales: interpersonal relations (household, friends, acquaintances, social activity, social network, social initiative, withdrawal, and sociosexual behaviour), instrumental role (occupational role, work functioning, work level, and work satisfaction) intrapsychic foundations (sense of purpose, motivation, curiosity, anhedonia, aimless inactivity, empathy, and emotional interaction), and commonplace objects and activities.

Quality of Life Questionnaire in Schizophrenia is an 18-item scale designed to assess quality of life in patients diagnosed with schizophrenia across 8 dimensions: psychological well-being (PsW), self-esteem (SE), family relationships (RFa), relationships with friends (RFR), resilience (RE), physical well-being (PhW), autonomy (AU), and sentimental life (SL)

Positive and negative syndrome scale (PANSS) This 30-item, 7-point rating instrument was conceived as a carefully defined and operationalized method that evaluates positive, negative, or other symptom dimensions on the basis of a formal semi-structured clinical. Interview and other informational sources ((El-Bahy, M., & Mohamed, W. M. 2013)

4. Result

In this part of the paper, I will review my results. I will start by discussing what are the helpful ways that can be seen as helpful for mental healthcare. After that, I point out the possibly harmful factors that may not favor the treatment of schizophrenic patients. In each of these, I start by going through the social determinants, followed by organizational factors and finally individual factors. Although some of the factors are intercorrelated but in the result section I have explained in different variables i.e either in social determinants, followed by organizational factors and finally individual factors.

Here I have also included in a table no 3: A table of represented 10 articles from different databases showing the outcome.

Table no 3: Represented units /tool used/ outcome.

Authors/Date	Name of literature	Instrument used to assess QOL	Outcome
Ahmad Rayan and Khaldoon Obiedate(2017)	The Correlates of Quality of Life Among Jordanian Patients with Schizophrenia	-SF-36 -The Center for Epidemiologic Studies Depression Scale -The Devaluation– Discrimination Scale	age, marital status, relapse, education level, stigma against mental illness, and severity of depression were significantly associated with QOL
Alejandra Caqueo Urizar Alfonso Urzúa Patricio Mena Chamorro GuillaumeFond Laurent Boyer(2020)	Adherence to Anti-psychotic Medication and Quality of Life in Latin-American Patients Diagnosed with Schizophrenia	-The Schizophrenia Quality of Life short-version questionnaire (SQoL-18),	severity of psychotic symptoms, awareness of the disease, gender, age, and ethnicity were found to be associated with a lower level of QoL
Ram Kumar Solanki, Paramjeet Singh, Aarti Midha, and Karan Chugh(2008)	Schizophrenia: Impact on quality of life	-Positive and negative syndrome scale (PANSS) -Quality of Life Instrument (WHO QOL - BREF)	confirms poor QOL despite significant improvement with pharmacological treatment.
Lara Manuela Guedes de Pinho, Anabela Maria de Sousa Pereira, Cláudia Margarida Correia Balula Chaves(2018)	Quality of life in schizophrenic patients: the influence of sociodemographic and clinical characteristics and satisfaction with social support	Quality of Life Instrument (WHO QOL - BREF) Social Support Satisfaction Scale (SSSS)	being employed, no hospitalization within the last 5 years were positively correlated with QOL
Anusa Arunachalam Mohandoss(2017)	Quality of life in schizophrenic patients: Comparative study from South India	Quality of Life Instrument (WHO QOL - BREF)	relatively poor QoL for schizophrenics as compared to normal individuals in spite of the long term of pharmacological treatment.
Raimo K. R. Salokangas, M.D., Ph.D. Teija Honkonen, M.D., Ph.D. Eija Stengård, Ph.D. Anna-Maija Koivisto, M.S	Subjective Life Satisfaction and Living Situations of Persons in Finland with Long-Term Schizophrenia	history and socio-demographic data, blood pressure body weight and quality of life questionnaire (a combination of Lancashire and Mansa questionnaire)	female and having good psychosocial functioning, good physical health, and living arrangement had significant correlation
Ivana Simić Medojević1, Marija BurgićRadmanović(2015)	Quality of Life of Schizophrenic Patients with or without Depot Neuroleptic	Quality of Life Questionnaire and BPRS	Does not significantly differ, regardless of whether depot preparations are used or not.
Pretty Kaur Chugh, Harmeet S. Rehan, K.E.S. Unni, Ravinder K. Sah (2013)	Predictive value of symptoms for quality of life in first-episode schizophrenia	WHOQOL-BrefPANSS(clinically)	Negative symptoms show greater influence than on subjective QOL
Anna Galuppi1*, Maria Cristina Turolo3, Maria Giulia Nanni2, Paola Mazzoni4, Luigi Grassi(2010)	Schizophrenia and quality of life: how important are symptoms and functioning	WHOQOL-Bref	Personal and social functioning are important elements to determine QoL

Social determinants

Social determinants are factors in a person's lived environment that impact their health and quality of life as societal factors place certain groups at a higher risk of experiencing adverse mental health outcomes, it is important to understand what impacts specific social determinants can have on society.

Helpful factors: Employment and married individual enjoyed a satisfied life (Caqueo-Urizar et al., 2020; Desalegn, D 2021 et al.,) (Desalegn, D 2021 et al.,) (Mohandoss, A. A, 2017) Similarly personal and social functioning are also a helpful factor to enhance satisfactory life (Anna Galuppi et al., 2010)

Harmful factors: Never married, unemployed and divorced individual had a poor QoL (Solanki, R. K 2008 et al.) (Rayan, A et al., 2017) so as hospitalized within last 5 years (Lara Manuela Guedes de Pinho). Similarly, awareness of the disease was associated with lower levels of QoL (Caqueo-Urizar, A et al 2020).

Organization factors

Helpful factors: Community treatment approach as Psychological treatment has a good effect that has leads to enjoy good QoL (WHO: World Mental Health Report) ((Yalçinkaya, A., & Orak, O. S. 2022). (Ensari et al., 2013; Na et al., 2016; Tabo et al., 2017). A small dose of antipsychotic for a short period if improvement in QOL is included as an outcome measure in the early part of treatment (Chugh, P. K. 2013) (Puschner B et al., 2009) has been found to be a useful factor.

Harmful factors: These days due to many factors as primary mental treatment taken as a business motive lead to extensive use of pharmacological treatment there is a relatively poor QoL for schizophrenics and enjoy poor quality of life (Mohandas, A. A. 2017) (Anna Galuppi et al., 2010) (Rayan A et al., 2017) (Kundu S and Shinde VR. 2022). (Dziwota, E et al., 2018)

Individual Factors

Individual factors influence people's behavior in various and significant ways and may be strengths or weaknesses depending on the circumstances. Although every individual factor is not in control of a person and may affect physical and mental health. Since the organization and societal determinants are already discussed and many variables in relation to individual factors are also interrelated.

Helpful factors: A female schizophrenic patient have enjoyed a good satisfactory life (Salokangas, R. K et al.,2006).

Harmful factors: If the schizophrenia symptoms is severe then the Qol is poor (Zeng et al., 2013) (Caqueo -Urizar A et al., 2020). Although individual has taken a long term antipsychotic medicine, they have enjoyed a poor health (Mohandas, A. A. 2017)

5. Discussion

Now further on discussion portion. I will start by giving my thoughts in regarding method and strength followed by weakness. After that I will discuss and reflect on the individual, organization and social factors respectively. Then ending my research work with concluding remark.

5.1 Method Discussion

This descriptive literature review includes selected literature after 2005 examined by peers and experts from reliable databases. The selection method is conducted thoroughly by applying inclusion and exclusion criteria, the papers are scanned carefully to extract information, validity criteria and ethical issues are considered properly. Additionally, the selected literature in this descriptive review is established systematically, which have: a research question, a method section, a result section and a discussion and conclusion, as well as abstract and summary. Snowball sampling is a sampling method included to go through the related articles. However, this review still has several limitations because of

a student researcher, as well as the approach to the identification, analysis and bringing the studies together might not be as well as time for performing is timid. Also due to the small sample used for many studies in the studied research it may be possible that the connection in social domain and life satisfaction was not found. (Salokangas, R. K et al.,2006).

Although the articles are taken with the several different types of measurement tools to assess QOL(Stazovsky, A & Hadjez, J. 2004) (Mohandas, A. A. 2017)with most used tool in most of the articles in this literature review is WHO-QoL-brief version (BREF), an instrument developed by WHO. The number of articles that has been included in this study is obviously higher as I yielded and searched in seven databases and did study on 140 published article abstracts of which I found only 23 to be eligible and 10 studies include in review through the database. After going through these seven databases, I found study on QOL in schizophrenic patient with the use of minimal drugs with the community services was very few and the studies in relation to life satisfaction with schizophrenia was limited to small sample. May be due to the time constraint a detail study was not possible but still hope an extensive result on the same title directly approaching the sample would yield a promising result.

6. Result discussion

The questions this paper sought answers for are: Q1. What are the factors related to the QOL in diagnosed Schizophrenic patients? Q2. How to combine these identified factors when caring for patients with schizophrenia?

The outcomes of this study have implications for psychiatric and mental health professionals and for the people who formulate plans and policies. These study results can be used to suggest areas for further research. While in one hand there is a growing pharmaceutical manufacturing industries who advocate largely in the favor of antipsychotic drugs but at the same time this study may add up that beyond antipsychotic drugs a direction towards subjective patient satisfaction and it may add up to focus on

individualized care. Based on the conducted literature review here we can conclude that the results of our study agree with the results of other studies too and have a vast contrast to many other studies because psychiatric disease should not be only treated with a use of only anti psychiatric medicine, but subjective factors should also be taken care of.

Likewise, study among first episodic outpatient schizophrenic furthermore highlights the need for management of the patient's illness. (El-Bahy, M., & Mohamed, W. M. 2013). A very convincing treatment has been early started in Australia for the first time for primarily treatment in first episodic psychiatric treatment which includes individualized treatment by multi-disciplinary team then provides intensive, home-based case management with the focus is on community services, spending some time in hospital during an episode of psychosis with the treatment with antipsychotic medicines for a short term before continuing with home-based treatment(Mental Health Atlas ,WHO.,2020) Therefore I strongly believe that public health policy makes and implementers should take in consideration regarding that subjective wellbeing and satisfaction when planning interventions to improve the overall health of persons with schizophrenia.

7. Conclusion

The importance of quality of life as an tool in mental illness is nowadays taken as a crucial step for to understand the social and economic well-being and the health state of the community and also is equip enough to address individual autonomy, choice in the way of treating and accepting the form of treatment , life satisfaction, as well as self-actualization . Though the variations among the measurement tools among studies appear to exist due to differences in the definition and measurement of QoL given the complexity of the concept of quality of life. Adding additional conclusion from combined treatment would be rehabilitation facilities with active integration with social life while in the treatment would significantly improve quality of life of people. Therefore, schizophrenia treatment framework is also to work about regaining hope, working within oneself about proper attitudes towards the stereo type as negative connotations related with the disease, about the effect on one's own life, feeling of subjectivity, independence, and responsibility. Therefore, existing standard care services for schizophrenia comprising of only

antipsychotic therapy does not yield a promising result therefore extensive study regarding the absolute treatment integration plan for improving QOL among schizophrenic patients is must.

If we are not serious about solely using antipsychotic drug treatment for schizophrenia patients, then we need to be aware we are creating a community that may not be favorable for humankind. Therefore, its high time to give emphasis to theory-driven and empirically sound programmatic research and should address treatment adherence mental illness treatment that improves QoL with the involvement of community driven services. As community mental health enhances QoL this needs to be explained to the near and dear ones of the patient so that psychosocial interventions can be carried out for enhancing QoL as the community and family support the recovery of schizophrenic individuals.

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