



RESEARCH ARTICLE

IMPORTANCE OF HIGHER EDUCATION IN PERSON WITH SCHIZOPHRENIA - A STUDY IN ASSAM

*¹Krishnakhi Choudhury and ²Karabi Deka

¹Teaching Assistant, Department of Rural Development, University of Science & Technology Meghalaya
²Senior Counselor, Ayushman Institute of Psycho-Behavioural Management and Mental Health Research

ARTICLE INFO

Article History:

Received 19th August, 2017
Received in revised form
16th September, 2017
Accepted 20th October, 2017
Published online 30th November, 2017

Key words:

Schizophrenia,
Access to Education,
Treatment,
Higher Education.

ABSTRACT

The present study is undertaken in the state of Assam. The study is based on Primary and Secondary data. Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. Educating Individuals with Schizophrenia, to this point we have discussed what people diagnosed with schizophrenia can do to help themselves, and even what family and other relatives can do to help; but there is still the issue of how to educate these individuals in our classrooms. People with schizophrenia have difficulty retrieving associations within a context, and this creates a pervasive loss of memory that makes everyday life a challenge. In this paper an attempt is made to study the role of higher education because children and people over 45 rarely get schizophrenia. Despite the widespread misconception that people with schizophrenia have no chance of recovery or improvement, the reality is much more hopeful. Although currently there is no cure for schizophrenia, you can treat and manage it with education, medication, self-help strategies, and supportive therapies. Successful schizophrenia treatment depends on a combination of factors. Medication alone is not enough. It's important to also Educate them about their illness. With the help of education, most people with schizophrenia are able to have satisfying relationships, work or pursue other meaningful activities, be part of the community, and enjoy life.

Copyright © 2017, Krishnakhi Choudhury and Karabi Deka. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Krishnakhi Choudhury and Karabi Deka, 2017. "Importance of higher education in person with schizophrenia - a study in Assam", *International Journal of Current Research*, 9, (11), 60877-60882.

INTRODUCTION

Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. It is a mental disorder that usually appears in late adolescence or early adulthood. Characterized by delusions, hallucinations, and other cognitive difficulties, schizophrenia can often be a lifelong struggle. Person with Schizophrenia is estimated 1 percent of the total population in the world. Diagnosing schizophrenia comes only after other disease has been ruled out. Schizophrenia most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females. In many cases, the disorder develops so slowly that the individual does not know that they have had it for many years. However, in other cases, it can strike suddenly and develop quickly. (Nordqvist, 2017) Treatment helps relieve many symptoms of schizophrenia, but most people who have the disorder cope with symptoms throughout their lives. Researchers are developing more

effective medications and using new research tools to understand the causes of schizophrenia. People with schizophrenia have difficulty retrieving associations within a context, and this creates a pervasive loss of memory that makes everyday life a challenge. J. Daniel Ragland, professor of psychiatry in the UC Davis School of Medicine, says "You can't work if you can't remember the next step in what your boss told you to do." Around 13.7 per cent of India's general population has various mental disorders; 10.6 per cent of them require immediate interventions. While nearly 10 per cent of the population has common mental disorders, 1.9 per cent of the population suffers from severe mental disorders. These are some of the findings of a National Mental Health Survey held recently and conducted by the National Institute of Mental Health and Neurosciences (NIMHANS). Only educators can address the problems faced with teaching students with schizophrenia. The first and foremost important issue for the educator placed in this position is to be well educated about the illness. Beware of available treatments, causes, and symptoms so that you can discuss intelligently with parents or students issues concerning education. Reduce stress in the room as much as possible. Work with the student with schizophrenia to

*Corresponding author: Krishnakhi Choudhury,
Teaching Assistant, Department of Rural Development, University of Science & Technology Meghalaya

help them set realistic academic and social goals. Establish regular meetings with the family or student to discuss issues, problems, or successes. As much as possible, encourage participation and interaction between the student with the illness and other students. Research have said that overall current prevalence estimate of mental disorders is 10.6 per cent in the total surveyed population from 12 districts of India, significant variations in overall morbidity ranged from 5.8 per cent in Assam to 14.1 per cent in Manipur. Assam, Uttar Pradesh and Gujarat reported prevalence rates less than 10 per cent. In eight of the 12 States, the prevalence varied between 10.7 per cent and 14.1 per cent.

Symptoms of Schizophrenia

- **Positive symptoms** - also known as psychotic symptoms. For example, delusions and hallucinations.
- **Negative symptoms** - these refer to elements that are taken away from the individual. For example, absence of facial expressions or lack of motivation.
- **Cognitive symptoms** - these affect the person's thought processes. They may be positive or negative symptoms, for example, poor concentration is a negative symptom.
- **Emotional symptoms** - these are usually negative symptoms, such as blunted emotions.

Other symptoms may include

- Lack of motivation (avolition) - the patient loses their determination. Everyday actions, such as washing and cooking, are ignored.
- Poor expression of emotions - responses to happy or sad occasions may be lacking, or inappropriate, unsocial behaviour.
- Social withdrawal - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them mostly it can be said as fear of life.
- Unawareness of illness - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example.
- Cognitive difficulties - the patient's ability to concentrate, recall things, plan ahead, and to organize their life are affected. Interaction with others becomes more difficult.

Schizophrenia changes, how a people think, feel, and act. No one has all the symptoms at all of the time. Often times there is a gradual worsening before symptoms start. This is sometimes called the prodrome phase. This happens less often as they get older. People with the condition usually aren't aware that they have it until a doctor or counselor tells them. They won't even realize that something is seriously wrong.

Education and person with Schizophrenia

Social skills training helps schizophrenic get along better with other people in daily life, at work, and in social situations. These classes also help schizophrenic develop skills for their personal relationships. These programs are created to help people with schizophrenic disorder regain skills or learn new ones through training in a group setting or a one on one setting.

Occupational therapist play a large role in skills building since it looks at incorporating valuable occupations into people's lives in order to give them more independence and freedom in their lives. Schizophrenia affects many occupations that we encounter in our everyday lives (see occupational performance issues) and these programs address many of them in day therapy, community and hospital settings.

Life skills that clinicians can work on include

- How to manage money safely.
- How to manage house hold tasks.
- Self-care activities

Schizophrenia also affects the ability do develop social relationships with others. Their symptoms directly impact how others perceive them and how they interact with peers. When implementing social skills interventions many clinicians draw on learning theories that direct the focus of teaching their clients on how to interact others with role playing, having insight in verbal and nonverbal actions, modeling behaviours, and helpful and positive feedback from the clinician.

Social skills/education includes

- How to start and maintain a conversation.
- How to meet new people and find relationships.
- How to interact with others in a social setting.
- Research on life skills and social skills training

Social skill or education class topics may include

- What is right and wrong behavior in public places.
- What skills you need to talk successfully with others, including groups of people.
- How to find hobbies or other spare-time activities.
- What skills you need to make decisions and be responsible for your decisions.
- How to use public services, including public transportation.
- How to cope with frustration.
- How to praise others.
- What skills you need to deal with criticism.

Social skills training also can include specific types of education, such as classes on how to

- Raise your children.
- Deal with anger.
- Tell others what you want (assertiveness).
- Take care of your basic needs, such as bathing, grooming, and hygiene.
- Handle your money.

In all classes, you'll become aware of and try to change symptoms of schizophrenia that may make it hard to interact with other people.

Social skill training may help them:

- Make better eye contact.
- Respond more quickly to others.
- Smile, frown, or use facial expressions that fit the situation.

- Talk as loudly or softly as needed. They'll also learn skills that will help them with their treatment. These may include:
 1. How to manage their medicines.
 2. How to tell if their medicine is causing side effects and what to do.
 3. How to know if their having a relapse and what to do.
 4. How to find the help they need.

To help them with these skills, their teachers may model them and then ask them to do the same with others in their class (role-playing). For example, they may role-play asking for help or interviewing for a job.

Some of the facts related with Schizophrenia

- 25% of people have experienced recovery
- 25% are much improved and living independently
- 25% are improved but require constant support
- Children and people over 45 rarely get schizophrenia
- 15% are hospitalized
- 10% are dead, mostly of suicide

Social Support and Recovery

1. Day centres - offer classes, advice about education and employment, and a place to spend time with other people.
2. Work projects - they will support you in getting back to work.
3. Art therapies - to help you express yourself.
4. Supported accommodation – staff on-site or visiting, it can help you gain confidence in living independently.
5. Occupational therapy -OT are primed healthcare work in dealing with life skills development. Their approach to help their clients succeed with valued occupations means that their clients are able to live full lives and gain skills to form relationships with others and remain independent as much as possible.
6. A community mental health team or key-worker can support you, both with practical advice and with treatment. Occupational therapists can help you develop skills for living, working and getting on with other people (Timms, 2014).

Review of Literature

Lawrie (2017) suggests that work can help people feel useful and valued, while also helping others to appreciate the difficulties facing people with schizophrenia and their strength in the face of adversity. He says that there are many benefits to employing people with schizophrenia. In general, if anything, people with schizophrenia are more kind, caring and considerate than the general population. Hounsell (2017) observed about academic staffs are facing increasing working hours, with fewer resources, and more demands – which is taking a toll for those working in higher education. Our training seeks to support staff as well as students, because we recognise that both communities are facing unique challenges.” Swanson *et al.* (1998) Education is an important indicator of premorbid function and is related to the clinical presentation of schizophrenia.

Objective

1. To study the role of skill based education in favour of person with Schizophrenic;

2. To study the methods of education for the person with Schizophrenic in classroom.

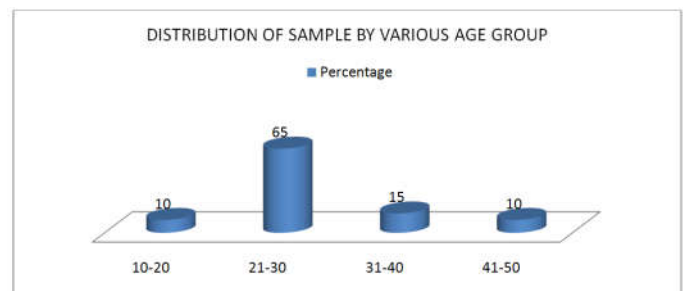
Methodology

The present study was mainly comprised from primary data. From the state Assam 20 (twenty) respondents belonging to the particular group of people were selected for the study. At the second stage of sampling, twenty people with schizophrenia were divided into four groups on the basis of their age, in the first group 10 – 20, in second group 21 – 30, in third group 31-40 and in the fourth group 41-50. In this study researchers have selected respondents whose age is from 10 to 50. All the groups were compared on education, symptomatology, functioning, and subsamples on neuropsychological profile after getting skill education.

RESULTS AND DISCUSSION

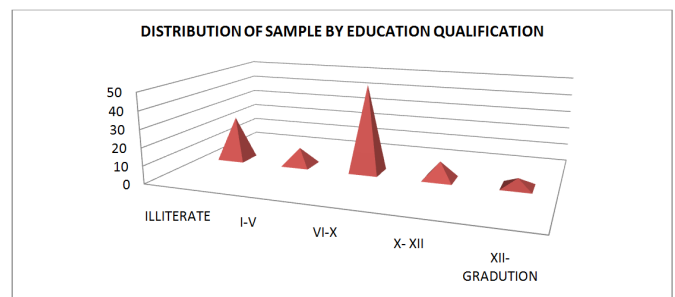
Primary data's were collected from the field and presented here through the various diagrams after taking the simple percentage.

Table 1. Distribution of Sample by Various Age Groups



From the above table it is clear that highest respondents 65 percent were from the age group of 21-30. And lowest respondents 10 percent were seen in two age groups from 10 – 20 and 41 -50.

Table 2. Distribution of Sample by Education Qualification



From the above table: 2 it is cleared that 50 percent of respondent having their education qualification from class VI to X, on the other hand only 5 percent of the respondents having their education is from XII to Graduation.

The above table indicates that before getting social skill education highest 70 percent respondents from the age group of 10 – 20 who don't have any kind of awareness on self-care on the other hand in only 5 percent respondents was found in the category of Yoga under age group of 31 – 40, again in Meditation also 5 percent respondents was found under 31 – 40, and 41 – 50 respectively.

Table 3. Awareness of Respondents before Getting Social Skill Education

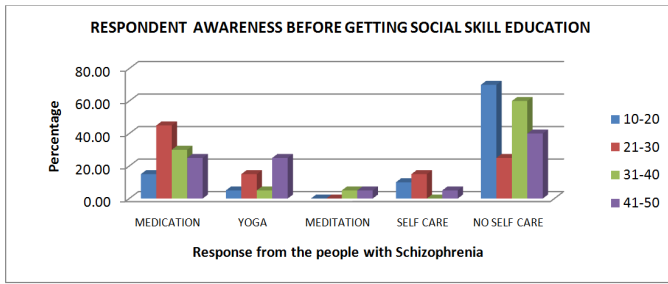


Table 4. Respondents Awareness after Getting Social Skill Education

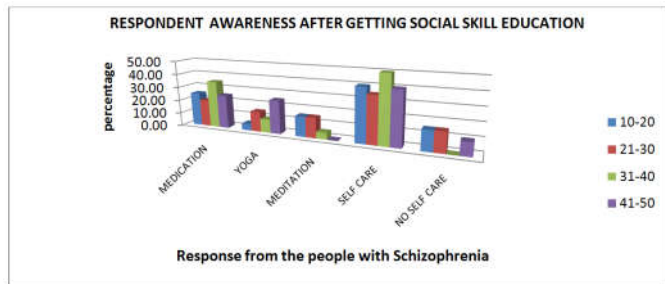


Table no 4 indicates awareness of the respondents after getting social skill education the rate of self-care was increased in compared to table 3, here highest 50 percent of respondents were seen from the age group of 31 – 40, 40 percent of respondents from the age group of 10 – 20 and 41 – 50, and 35 percent respondents was found in 21 -30 respectively. Even in all the category i.e. Medication, yoga, and meditation percentage of respondents were found to be high after getting the social skill education.

Table 5. Respondents Behaviour before Getting Skill Based Education

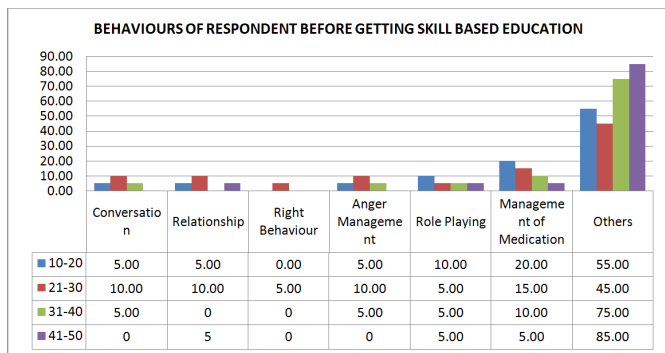


Table no 5 indicates the Respondents Behaviour before Getting Skill Based Education the highest 20 percent was found in management of medication under the age group of 10 -20, here one more category included i.e. Others, in this category those respondents included who does not know or they cannot identify exactly what the situation is going on. Because of this reason it seems to be very high in the age group of 41 -50 which is 85 percent, and less is 45 percent under the age group of 21 – 30.

Above table no 6, representing the Behaviour of the respondents after Getting Skill Based Education which is far better than the table 5, which proves after getting the skill

based education the respondents can really improve their behaviour. Basically people with Schizophrenia from the age group of 21 -30 they improved a lot. From the above the table it is cleared that highest 30 percent respondents was found under the age group of 21 – 30 who can manage their medication in their day to day life. And lowest 5 percent respondents was to be found in conversation, relationship from the age group of 31 -40, and 41- 50 respectively.

Table 6. Respondents Behaviour after Getting Skill Based Education

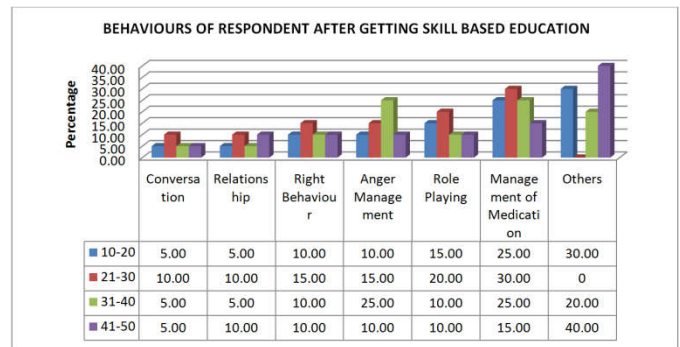


Table 7. Respondents Behaviour before Getting Skill Based Education

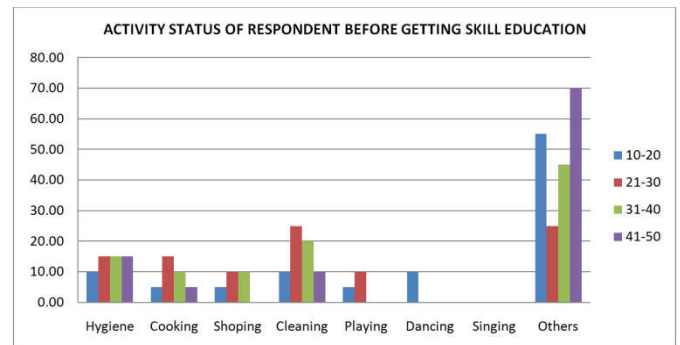


Table no 7 indicates the Behaviour of Respondents before Getting Skill Based Education where highest 70 percent respondents from the age group of 41 -50 were found in others category that means they are not aware of anything, on the other hand 45 percent respondent was found to be less in this category from the age group of 21 -30 respectively. From the table one more thing is cleared that people under the age group of 21 -30 they found to be more active in cleaning , hygiene, cooking, shopping and playing, which is comparatively less among the age group of 41 -50 and 10 -20.

Table 8. Respondents Behaviour after Getting Skill Based Education

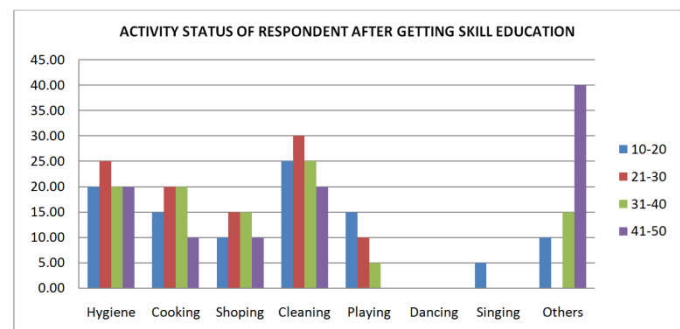


Table no 8 indicates the Behaviour of Respondents after Getting Skill Based Education where highest 40 percent respondents from the age group of 41 -50 were found in others category which indicates they are not aware of anything, on the other hand 10 percent respondent was found to be less in this category from the age group of 10 20 respectively. Most importantly no respondents were found in others category from the age group of 21 -30. From the table it is cleared that people under the age group of 21 -30 they found to be more active in cleaning , hygiene, cooking, shopping and playing, which is comparatively less among the age group of 41 -50 and 10 -20.

Table 9. Body Gestures & Posture of Respondent before Getting Social Skill Education

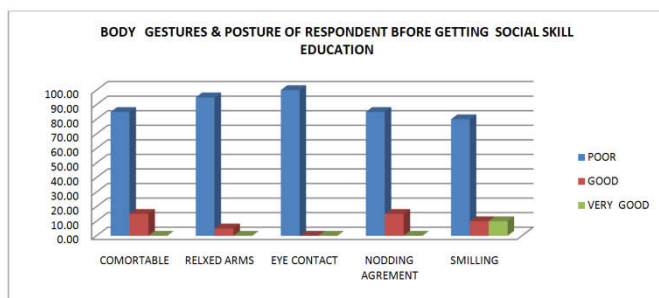
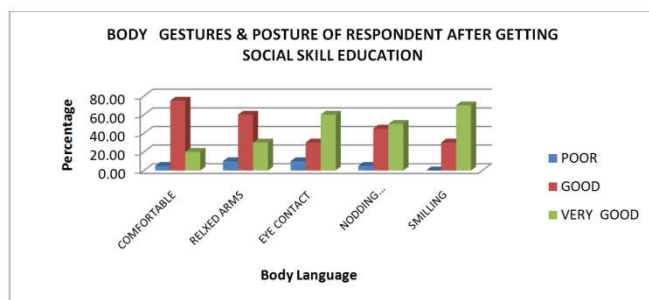


Table 9 shows the overall body gestures & posture of respondent before getting social skill education, from the table itself it is cleared that in each and every category like eye contact, relaxed arms, comfortableness, nodding agreement and even in Smiling also they found to be very Poor. Most importantly 100 percent respondents were found to be poor in making eye contact with others.

Table 10. Body Gestures & Posture of Respondent after Getting Social Skill Education



The above table no 10, clearly indicates that body gestures & posture of respondent improved a lot after getting social skill education, especially smiling and eye contact which was found to be poor before getting social skill education. Highest 75 percent respondents feel comfortable with others which can be categorised as good after getting the social skill education. On the other hand 70 percent respondents were found to be very good in smiling after getting the social skill education.

Conclusion

Schizophrenia is a mental health disorder that causes a person to think and act abnormally. Schizophrenics need to learn about their illness and how to deal with it. Education parameters include the illness itself, treatments, medications and side effects and what is available in terms of community programs that can assist in their recovery. With any long-term illness, such as schizophrenia, the client must depend on the

support of family, friends and the community at large in order to maintain as normal a life as possible. By educating the schizophrenic about this illness, you empower the individual. Education is the key to empower, to begin, to give control back to the individual. Families and friends are also in need of education about schizophrenia. People with schizophrenia, friends and families can be thrust into the role of primary care giver. Initially, when the illness is first diagnosed, almost no family is equipped to cope. Over time, with proper education about schizophrenia, it is hoped that the family will learn how to care for the individual suffering from schizophrenia. Person with schizophrenia are unable to distinguish between reality and imaginative events. Activities of daily living are a part of everyday life to most people. Activities like daily hygiene, cooking, shopping, cleaning, conversation and transportation issues are second nature to most, but to the schizophrenic, they become uncomfortable, if not difficult. People with schizophrenia may have to learn or relearn many or all of these things in order to return to an optimum level of competent and confident functioning. A major goal of skill education is to assist the person to develop independent living skills. Initially, an assessment must be made to determine what new skills are needed, and then from there a program could be developed and individualized for that client.

Recommendations

1. Get them treatment and encourage them to stay in treatment,
2. Remember that their beliefs or hallucinations seem very real to them,
3. Tell them that you acknowledge that everyone has the right to see things their own way,
4. Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior.

REFERENCES

- Devlin, R. and Dianne, P., 2006. "Introduction: Toward a Critical Theory of dis-Citizenship," *Critical Disability Theory, Essays in Philosophy, Politics, Policy, and Law*. Vancouver, BC: UBC Press.
- Gallucci, A. 2012. Schizophrenia program teaches life skills, puts patients on path to success. Medill. Retrieved July 24, 2014, from:
- Hounsell, C. 2017. Why schizophrenia need not rob us of a life in academia, *Mental Health First Aid England*;
- Kopelowicz, A., Liberman, R. and Zarate, R. 2006. Recent Advances in Social Skills Training for Schizophrenia. *Schizophrenia Bulletin*, 32(1), 12–23.
- Lawrie, S. 2017. Why schizophrenia need not rob us of a life in academia, professor of psychiatry at the University of Edinburgh;
- Liberman, R. and Fuller, T. 2000. Generalization of Social Skills Training in Schizophrenia. *Rehabilitation of Patients with Schizophrenia*, 7–14.
- Mairs, H. and Bradshaw, T. 2004. Life Skills Training in Schizophrenia. *The British Journal of Occupational Therapy*, 67(5), 217–224.
- National Institute of Mental Health, Schizophrenia; <http://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml>
- Swanson, C.L., Gur, R.C., Bilker, W., Petty, R.G. and Gur, R.E., 1998. Premorbid educational attainment in schizophrenia: association with symptoms, functioning,

and neurobehavioral measures, *Biol Psychiatry*, 15;44 (8):739-47.

Timms, P. 2014. Article on Problems & Disorders, published by Royal College of Psychiatrists, UK.

Websites:

<http://news.medill.northwestern.edu/chicago/news.aspx?id=203365>

<http://www.medicalnewstoday.com/articles/36942.php>

<http://www.schizophrenia.ca/docs/CPAGuidelinesFinalE.pdf>

<http://www.whiteswanfoundation.org/disorder/schizophrenia/>

[https://www.healthyplace.com/thought-](https://www.healthyplace.com/thought-disorders/schizophrenia-information/schizophrenia-facts-schizophrenia-statistics/)

[disorders/schizophrenia-information/schizophrenia-facts-schizophrenia-statistics/](https://www.healthyplace.com/thought-disorders/schizophrenia-information/schizophrenia-facts-schizophrenia-statistics/)

<https://www.ncbi.nlm.nih.gov/pubmed/9798078>

[https://www.theguardian.com/higher-education-](https://www.theguardian.com/higher-education-network/2017/feb/01/schizophrenia-successful-academic-career-mental-health)

[network/2017/feb/01/schizophrenia-successful-academic-career-mental-health](https://www.theguardian.com/higher-education-network/2017/feb/01/schizophrenia-successful-academic-career-mental-health)

[https://www.theguardian.com/higher-education-](https://www.theguardian.com/higher-education-network/2017/feb/01/schizophrenia-successful-academic-career-mental-health)

[network/2017/feb/01/schizophrenia-successful-academic-career-mental-health](https://www.theguardian.com/higher-education-network/2017/feb/01/schizophrenia-successful-academic-career-mental-health)
