

SCHIZOPHRENIA, SOCIAL PHOBIA AND SOCIAL THERAPEUTIC CARE OF PATIENTS IN PSYCHIATRIC HOSPITAL IN RUMUIGBO, RIVERS STATE, NIGERIA**Orij, Christian Chigozi****Department of Sociology, Faculty of Social Sciences,****University of Port Harcourt, P.M.B. 5323, Port Harcourt, Choba, Rivers State, Nigeria***E-mail: christianchigozoriji@gmail.com***ABSTRACT**

The main focus of this study was the investigation of the schizophrenia, social phobia and social therapeutic care of patients in Rumuigbo in Rivers State, Nigeria. Two objectives and two research questions were generated for the study. Descriptive design was adopted for the study. The population of the study consisted of patients with schizophrenia and social phobia in psychiatric hospital in Rumuigbo in Rivers State, Nigeria. It consisted of population figure of 1000 visiting patients in the foregoing hospital. A sample of 200 was used for the study. Furthermore, simple random sampling technique was used to select psychiatric hospital in Rumuigbo out of similar hospitals in Rivers State. Accidental sampling technique was used to reach 200 patients with schizophrenia and social phobia, which the researcher and his supportive staff had suddenly, ran into. Questionnaire was formulated for data collection, and this instrument was content validated by professionals in the Department of Sociology, Faculty of Social Sciences, University of Port Harcourt, Choba. Also, a reliability value of 0.75 Correlation Coefficient was obtained for the study. The statistical analysis involving percentage and frequency tables were used to analyze personal data and responses collated from research questions. The results of the analyses revealed that schizophrenia and social phobia among patients were treated by using therapeutic care in order to improve on their mental health. Based on the findings, the study recommended among others, that the Federal Government in conjunction with State Government should sensitize the public on the dangers of social factors such as negative interactions, drug abuse, family conflicts, etc., and physical environmental factors such as noise pollution, exposure to toxins, overcrowded urban living conditions, etc. on the persistence of schizophrenia and social phobia in the study area.

Keywords: Schizophrenia, Social Phobia, Social Therapeutic Care, Patients**INTRODUCTION**

Schizophrenia and social phobia are debilitating mental health disorders that significantly impair an individual's ability to function in social situations. The use of social therapeutic care has gained increasing attention as a potential intervention for managing symptoms and improving the overall well-being of patients with these conditions. Schizophrenia is a chronic mental disorder characterized by disturbances in thoughts, perceptions, emotions and behaviour (Kim, 2020). It typically emerges in late adolescence or early adulthood and can have a profound impact on an individual's ability to engage in social interactions. Symptoms may include hallucinations, delusions, disorganized speech, and social withdrawal (Ahmed, 2019).

Therapeutic care involves working closely with psychiatrists or medical professionals to ensure the effective use and management of antipsychotic medications. Therapists can educate patients about their medications, monitor their side effects, and help them adhere to their prescribed treatment plans (Hoertnaglet, 2020). Therapeutic care often involves exposure therapy, which gradually exposes individuals to fear social situations in a controlled manner (Abel, 2018). Through repeated exposure, patients learn to manage and overcome their anxiety, reduce avoidance behaviours, and build confidence in social settings (Abdel, 2019). According to Altamura (2014), social therapeutic care refers to a holistic approach to treatment that focuses on enhancing social functioning, reducing symptoms, and improving the overall quality of life for individuals with mental health disorders. It

involves various therapeutic modalities and interventions aimed at fostering social skills, self-confidence and emotional well-being.

Social phobia, also known as social anxiety disorder (SAD) is an anxiety disorder characterized by an intense fear of social situations. Individuals with social phobia experience excessive self-consciousness and fear of being adjudged or humiliated by others. This fear often leads to avoidance of social situations and can significantly impair personal and professional relationships.

Therapeutic care plays a crucial role in helping patients with schizophrenia and social phobia by providing support, guidance, and treatment strategies to manage their symptoms and improve their overall well-being. Schizophrenia and social phobia are both mental health conditions that can significantly impact a person's ability to socialize and engage in everyday activities (Altamura, 2014). Social therapeutic care plays a crucial role in supporting individuals with these conditions and helping them improve their social functioning. Social therapeutic care for schizophrenia focuses on enhancing social skills, improving social cognition (the ability to understand and interpret social cues), and promoting community integration.

Cognitive Behavioural Therapy (CBT) is an evidence-based approach that helps individuals identify and challenge negative thoughts and beliefs associated with social situations. It also incorporates exposure therapy, where individuals gradually face feared social situations in a controlled and supportive manner (Hoertnagel, 2020). Today, schizophrenia and SAD are major health conditions that require care attention in the world, of which is a focal concern of this study.

Statement of the Problem

In the pre-colonial Nigeria, schizophrenia and social phobia were not known as medical conditions. They were rather known as afflictions caused by gods, goddesses and/or astral powers. Persons with these medical conditions lived their lives among mentally healthy people in Nigeria. For them, there was no medically therapeutic care from orthodox health system. In this instance, the option to care for schizophrenia and social phobia was through consultations from spiritual heads of deities as well as the use of herbs and culturally endowed materials, besides the use of all forms of medication. From the early post colonial era to date, the causes of schizophrenia and social phobia were traced to lifestyles and later to genetic factors. As such, treatment was more of social support than medical drugs. These illnesses persisted because there was no specific therapeutic care for patients.

Based on the persistence of schizophrenia and social phobia, studies were carried out by scholars, among them were Smith *et.al.* (2024, P.15) in their study, "Schizophrenia Treatment and Self-Help", argued that the treatment and self-help tips could help one to manage symptoms, live and work independently while building satisfying relationships and enjoying a rewarding life. Kamboj *et.al.* (2011, P.141) in their article, "Paediatric Psychopharmacology in the 21st Century in Bulgaria", argued that risperidone and apiprazole are the two medications from this group that are approved for the treatment of schizophrenia in children and adolescents. They are also useful for the irritability and behavioural issues associated with autistic spectrum disorders. Apart from these studies on schizophrenia, Veale (2003,P.1) in his study, "Treatment of Social Phobia" found that behavioural treatments were through self-exposure and cognitive restructuring and that attention shifting towards imagery safety behaviours and post-mortem analyses play a key role in symptom maintenance of the social disorder. In furtherance, Dugyale & Poyrazli (2021, P.1) in their article, "Social Anxiety, Depression, Coping Self-Efficacy, and Coping Strategies among College Students in United Kingdom" found that:

There were no significant race-ethnicity differences in social anxiety, depressive symptom severity, psychosocial impairment, and quality of life. They found that gender and self-blame significantly predicted social anxiety; substance use

behavioural disengagement, and self-blame significantly predicted depressive symptom severity; and social support coping self-efficacy (CSE) significantly predicted psychosocial impairment. Their findings also revealed that gender, dysfunctional coping strategies and social support CES were significantly associated with social anxiety and depression among college students.

Of all these studies, none really covered patients in the study location and/or addressed the problems of schizophrenia, social phobia as well as their therapeutic care, a gap which this study seeks to fill.

Objectives of the Study

The following objectives are delineated for the study:

1. To explore how patients with schizophrenia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State.
2. To ascertain how patients with social phobia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State.

Research Questions

The following research questions were formulated for this research work:

1. How can patients with schizophrenia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State?
2. How can patients with social phobia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State?

Literature Review

Schizophrenia and Social Therapeutic Care

Schizophrenia usually first appears in people between ages 15 and 25 years, although it can appear later in life. It affects approximately one per cent of the population. About 25 per cent of people who have schizophrenia experience a complete recovery, 40 per cent experience recurrent episodes of acute illness and 35 per cent remain chronically disabled (Birhanu, 2019).

The onset of the foregoing illness may be rapid, with acute symptoms developing over several weeks, or it may be slow, developing over months or even years. At the onset, the person often withdraws from others, may become depressed and anxious and may develop unusual ideas or extreme fears. The noticing of these early signs is important for early access to treatment. Early recognition and effective early treatment are vital to the future well-being of people with schizophrenia (Monshed, 2020).

The treatment of schizophrenia usually involves a combination of antipsychotic medications, psychosocial interventions, and support services (Baharuddin, 2017). Antipsychotic medications can help manage the symptoms of schizophrenia by reducing the intensity of hallucinations and delusions. Psychosocial interventions such as individual or group therapy, family education and support, and vocational rehabilitation, can help individuals with schizophrenia manage their symptoms, improve their social and occupational functioning, and enhance their overall quality of life (Calafell, 2015). It is important to note that while schizophrenia is a chronic condition, with appropriate treatment and support, many individuals with the disorder can lead fulfilling and productive lives. Ongoing care, including medication management and therapy, is often necessary to manage symptoms and prevent relapses.

The treatment of schizophrenia typically involves a combination of medication, therapy, and psychosocial support. The goal is to reduce symptoms, prevent relapses, improve functioning, and enhance the individual's overall quality of life. Antipsychotic medications are the primary treatment for schizophrenia. They work by targeting the neurotransmitter dopamine, which is believed to be

involved in the development of symptoms (Hafer, 2020). Antipsychotics help reduce the intensity and frequency of hallucinations, delusions, and disorganized thinking. There are two main types of antipsychotics namely: typical (first-generation) and atypical (second-generation). Typical antipsychotics include medications such as haloperidol and chlorpromazine. They are effective in treating positive symptoms but may have more side effects, such as movement disorders.

Atypical antipsychotics, such as risperidone, olanzapine, and quetiapine, are commonly prescribed. They not only target positive symptoms but also have a positive impact on negative symptoms and cognitive impairments. They tend to have a lower risk of movement disorders but may have other side effects, such as weight gain and metabolic changes (Hafer, 2020). The choice of medication depends on the individual's symptoms, tolerability, and preferences.

Asmaa (2021, P.204) studied "Social Support among Patients with Schizophrenia in Mansoura University" and the results revealed that:

Majority of the studied subjects (89.5%) had low and moderate social support. There was a statistically significant positive correlation between social support and social relationship. It was concluded that social support plays an important role in the prognosis and recovery of schizophrenia.

Asmaa (2021, P.204) achieved the foregoing findings by using the following methodological procedures:

The study was carried out using a descriptive research design on a convenience sample of 200 patients diagnosed with schizophrenia disorder at the in-patient and out-patient psychiatric Department of Mansoura University Hospital. Data were collected by socio-demographic and clinical characteristics sheet and multidimensional scale of perceived social support.

Hafiz (2020, P.21) investigated "Social Support and Willingness for the Treatment of Patients with Schizophrenia in United States of America (USA)" and found that social support plays an essential role in the improvement of patients with schizophrenia.

Hafiz (2020, P.21) achieved these results by using the following methodological procedures:

The qualitative research approach was used to solicit and capture more in-depth information from participants. The research design was phenomenological in nature. A cross-sectional survey method was employed. The sample consisted of twenty female patients diagnosed with schizophrenia, seven psychiatrists and seven psychologists. A semi-structured interview guide was developed to collect the data. The interview guide covered three themes. The first theme included four questions for patients with schizophrenia. The second theme consisted of six questions for the psychiatrists and the third theme included two questions for the psychologists. Interview data were analyzed through framework analysis.

Lisa (2019, P.8) studied the "Therapeutic Needs of Psychiatric In-patients with Psychosis in Cambridge University U.S.A" and found that:

There were gaps between staff and patient perspectives on important priorities for in-patient care that may help explain persistent patient dissatisfaction with in-patient care. Findings suggest the need for coproduced work to develop and test interventions that address broader therapeutic priorities. Psychotherapy, specifically CBT, can be beneficial for individuals

with schizophrenia. CBT helps individuals identify and challenge distorted thoughts, develop coping strategies for managing symptoms, improve problem-solving skills, and enhance social functioning. It can also address co-occurring conditions like depression or anxiety.

Lisa (2019, P.8) achieved these results by using the following methodological procedures:

Twelve (12) in-patients with psychosis and 12 multidisciplinary team staff were used for the study. All participants undertook a semi-structured interview examining their perspectives on the therapeutic needs of people with psychosis during admission. Interviews were transcribed verbatim and thematic analysis conducted.

Other types of therapy, such as family therapy and supportive therapy can help improve communication, reduce stress within the family, and provide a supportive environment for the individual with schizophrenia (Hasan, 2019). The therapeutic care for schizophrenia covers:

- I. Psychosocial Support: Psychosocial support services are an integral part of schizophrenia treatment. They aim to assist individuals in various aspects of their lives and promote recovery. Some key psychosocial interventions include:
 - a. Vocational Rehabilitation: These are programmes that help individuals with schizophrenia develop job skills, find employment, and maintain meaningful work. Supported employment programmes provide ongoing support and assistance in job placement and retention (Hafer, 2020).
 - b. Education and Psycho - education: Providing information and education about schizophrenia to individuals and their families. Psycho - education helps individuals and families understand the nature of the disorder, manage symptoms, adhere to treatment, and make informed decisions (Kohenders & Mooij, 2019).
 - c. Social Skills Training: Teaching individuals with schizophrenia effective communication, problem-solving, and social interaction skills to improve their relationships and overall social functioning (Kohenders, & Mooij, 2019).
 - d. Housing Support: This is providing assistance with funding, maintaining suitable housing options, such as supportive housing or group homes, for individuals who may have difficulty living independently (Hwang, 2018).
 - e. Peer Support Groups: These are support groups where individuals with schizophrenia can connect with others who have similar experiences, share strategies for coping with symptoms, and receive support and encouragement (Kikkert, 2017).
 - f. Lifestyle Considerations: Individuals with schizophrenia can benefit from adopting a healthy lifestyle. Regular physical exercise, a balanced diet, adequate sleep, and avoiding substance abuse can contribute to overall well-being and symptom management of schizophrenia (Kim, 2020).

Efforts are being made in Nigeria to improve mental health services and raise awareness about mental illnesses, including schizophrenia (Toumi, 2014). The Nigerian government, non-governmental organizations, and mental health professionals are working together to enhance mental health care infrastructure, increase access to treatment, and reduce the stigma associated with mental disorders. Schizophrenia can have a significant impact on individuals, families, and society as a whole (Kim, 2020). Some of the impacts of schizophrenia in Nigeria include:

i. Impacts on Individuals and Families: Schizophrenia can cause distressing symptoms, such as hallucinations, delusions, disorganized thinking, and cognitive impairments among individuals. These symptoms can significantly disrupt daily functions, social relationships, and occupational or educational pursuits. Individuals with schizophrenia may experience stigma, discrimination, and social isolation, affecting their overall quality of life. Families often bear the burden of care giving, which can be emotionally, physically, and financially challenging.

ii. Impacts on Healthcare System: Schizophrenia places a burden on the healthcare system in Nigeria. Adequate mental health resources, including specialized psychiatric services, trained professionals, and appropriate medications, may be limited or unevenly distributed across the country. The demand for mental health services may exceed the available resources, resulting in challenges in accessing timely and comprehensive care (Mohammed, 2019).

iii. Impacts on Economy: Schizophrenia can have economic consequences for individuals, families, and the society. The condition may lead to unemployment or underemployment, reducing individuals' ability to contribute to the workforce and economic productivity. Families may face financial strain due to treatment costs, including medication, therapy, and hospitalization (Toumi, 2014).

iv. Impacts of Stigma and Discrimination on patients: Stigma and discrimination surrounding mental illness, including schizophrenia, are prevalent in many societies, of which Nigeria is not an exception. Negative attitudes and misconceptions about schizophrenia can lead to social exclusion, hinder help-seeking behaviours, and impede the integration of individuals with schizophrenia into society (Toumi, 2014).

Social Phobia and Social Therapeutic Care

Social therapeutic care is an important aspect of the treatment and support for individuals with social phobia, also known as SAD. It focuses on helping individuals develop coping strategies, improve social skills, reduce anxiety in social situations, and enhance their overall well-being. CBT is a widely recognized and effective therapeutic approach for social phobia. It helps individuals identify and challenge negative thoughts and beliefs related to social situations. Through cognitive restructuring, individuals learn to replace irrational thoughts with more realistic and balanced ones. CBT also incorporates exposure therapy, which involves gradually and safely exposing individuals to feared social situations to reduce anxiety and build confidence.

Mindfulness-based therapies, such as Acceptance and Commitment Therapy (ACT) for Anxiety or Mindfulness-Based Stress Reduction (MBSR), can be beneficial for social phobia patients. These approaches help individuals develop mindfulness skills to observe their anxious thoughts and emotions without judgment. By cultivating acceptance and focusing on the present moment, individuals can reduce their reactivity to social anxiety triggers. Providing information and psycho-education about SAD can be an essential component of social therapeutic care. Educating individuals about the nature of their condition, the underlying processes involved, and effective coping strategies can empower them to better manage their symptoms. Supportive interventions involve validating their experiences, providing reassurance and offering emotional support throughout the treatment process are helpful to patients with SAD.

Gradual exposure is a central component of many therapeutic approaches for social phobia. It involves systematically and gradually confronting feared social situations in a controlled manner. The exposure hierarchy is created, starting with less anxiety-provoking situations and progressing towards more challenging ones. This approach allows individuals to build tolerance to anxiety and gain confidence in managing social situations. Virtual reality (VR) therapy is an emerging treatment option for social phobia. It involves using virtual environments to simulate social situations and provide a safe and controlled setting for exposure therapy. VR therapy allows individuals to practice facing their fears and develop coping skills in a realistic yet controlled environment. Kristyna (2017, P.18) studied "Comorbidity of Schizophrenia and Social Phobia Impact on Quality of Life, Hope and Personality Traits in the USA" and found that the patients with comorbid social phobia showed significantly lower quality of life compared to the patients without this comorbidity.

Ramak (2019, P.18) studied the "Effect of Cognitive Behavioural Techniques Training on Reducing Social Phobia among Nursing Students in Iran" and found that:

The mean scores of social phobia in the experimental group was 38.486 before the test which reduced to 26.062 in posttest and to 25.911 in follow up ($p < 0.004$). It was concluded that

cognitive-behavioural group therapy has a significant effect on reducing social phobia of students.

Ramak (2019, P.18) achieved the foregoing results by employing the following methodological procedures:

This study was quasi experimental with pretest-posttest design and control group. The statistical population was all nursing students of Baboi City between 2018 and 2019. Using simple random sampling, 60 individuals with social phobia were selected according to the cutoff point of the Liebowitz questionnaire. The groups were tested in three time points including before and after interventions as well as in follow-up. Univariate analysis of covariance and dependent t-test were used for data analysis.

Also, Balcu (2018, P.8) conducted a study on "Social Functioning (social phobia) in Schizophrenia Clinical Correlations in Morocco" and found that:

Patients are able to challenge and modify negative thinking patterns and gradually confront their feared social situations through cognitive restructuring and exposure therapy. Social therapeutic care assists people with social phobia in the growth and improvement of their social abilities, such as assertiveness, active listening, and effective communication. Individuals have the opportunity to enhance their social abilities and overall social performance by participating in group therapy or social skills training, where they can practice these skills in a supportive setting.

Balcu (2018, P.8) achieved the foregoing results by using the following methodological procedures:

The research was conducted using a descriptive research approach/method. All 980 patients in South Africa were included in the study's population. The study involved 200 participants who were selected through a combination of stratified and simple random sampling techniques. The tool used to collect data was a questionnaire. The reliability coefficient of 0.80 was determined using the Pearson Product Moment Correlation method; specifically the test-retest reliability approach was used. The study utilized mean and standard deviation to address the research inquiries, and a z-test was employed to evaluate the null hypotheses at a significance level of 0.05.

Amr (2020, P.3) conducted a study on the "Association between Perceived Social Support and Recovery among Patients with social phobia in France", found that Group therapy helps individuals with social phobia overcome their fears and enhanced their ability to handle difficult situations in a more effective manner. Amr (2020, P.3) achieved the foregoing results by using the following methodological procedures:

Four research inquiries were addressed, alongside four null hypotheses being examined with a significance level of 0.05 alpha. The study included a total of 750 patients in its population. 145 patients were selected using stratified sampling method as the sample size. Data were collected by means of a survey. Experts in the relevant fields conducted assessments to determine the face and content validity of the tool. A reliability score of 0.85 was confirmed. The data collection process relied on the use of a questionnaire utilizing the Pearson Product Moment Correlation. In order to address the research questions, the mean and standard deviation were employed. Additionally, the null hypotheses were tested using a t-test at a significance level of 0.05.

METHODOLOGY

Descriptive design is used for the study. The population of the study covered patients with schizophrenia and SAD in psychiatric hospital in Rumuigbo in Rivers State, Nigeria. It consisted of 1000 patients in Psychiatric hospital in Rumuigbo, Rivers State (Federal Ministry of Health [FMoH], 2023). Sample of 342 was determined through the use of simple random sampling technique. After the distribution of the copies of questionnaire a total of 200 patients were drawn from the psychiatric hospital in the study area. Accidental sampling technique was used to select the respondents who visited the hospital with schizophrenia and social phobia.

For the purpose of this study, a well constructed research instrument (questionnaire) was used for the study. The research instrument was organized using the modified Likert scale. The questionnaire is of two sections (Section 'A' and Section 'B'). The Section 'A' is on personal data of the respondents; it contains data like sex, age, educational qualifications and marital status. The Section 'B' is on information relating to the research questions of the study. It was organized in a Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) format to enable the respondents supply the needed information.

The content validity was used to confirm whether the research is in line with the subject matters of the study. The instrument was validated by two experts from the Department of Sociology, Faculty of Social Sciences, University of Port Harcourt, Choba. They assessed the instrument in line with the objectives of the study to confirm its appropriateness in providing accurate responses needed for the study. The content validity conforms to the research objectives of the study. Reliability of the instrument was determined through the test- retest reliability method. The instrument was administered on 20 respondents who were not part of the group under study, twice within an interval of two weeks. The two sets of scores were correlated using Pearson Moment Product Correlation to obtain the reliability index of 0.75 which was high enough for this study. The researcher obtained information by making use of the primary source of data collection. The copies of questionnaire were personally administered and retrieved by the researcher to obtain 200 respondents in the psychiatric hospital in Rumuigbo in Rivers State. This was done to ensure efficiency in the distribution process. The responses of data collated were analyzed using percentage and frequency tables.

Data Presentation and Analysis

The results of all relevant data obtained from the research are presented and analyzed in this study using percentage and frequency tables. The aim is to achieve an in-depth analysis of data for the study.

Table 1: Questionnaire Administration and Response Rate

S/N	Questionnaire Distributed	Frequency	Percentage
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1	Total Distributed	342	100%
2	Number Correctly Completed	200	58%
3	Number not used (percentage of returned)	142	42%

Source: Orijj (2024), Field Survey

The questionnaire was distributed to 342 respondent patients in the study area. Three hundred and forty two (342) of the distributed copies of questionnaire were returned while 200(58%) were adjudged as being correctly completed and thus fit for analyses; while 142(42%) returned copies were not used due to incorrect fillings. In this instance, all subsequent analyses were based on 200 respondents.

Table 2: Personal Data of Respondents

Personal Data		Percentage
Sex		
Males	140	70
Females	60	30
Total	200	100
Age		
15-19 years	40	20
20-24 years	40	20
25- 29 years	50	25
30-34 years	40	20
35 and above	30	15
Total	200	100
Education Qualifications		
First School Leaving Certificates (FSLCs)	42	21
West African Senior School Certificates (WASSCs)	40	20
Bachelor of Sciences (B.Sc) Certificates	60	30
Master of Science (M.Sc) Certificates	58	29
Doctor of Philosophy (Ph.D) Certificates	0	0
Total	200	100
Marital Status		
Married	80	40
Single	120	60
Divorced	0	0
Total	200	100

Source: Orij (2024), Field Survey

Table 2 above shows the information on personal data of respondents. The results in Table 2 reveal that 140 (70%) were males while 60 (30%) were females. This implies that male respondents were of the majority. The results on age brackets of the respondents in Table 2 above show that 40 respondents (20%) were within 15 – 19 years, 40 respondents (20%) were within 20 – 24 years, 50 respondents (25%) were within 25 – 29 years, 40 respondents (20%) were within 30-34 years, while 30 respondents (15%) were within 35 years and above.

The results in Table 2 above also show information on the respondents' educational qualifications. They were represented as follows: FSLCs 42 (21%), WASSCs 40 (20%), B.Sc certificates 60 (30%), M.Sc certificates 58 (29%) and PhD certificates 0 (0%). Also, the results in Table 2 show the marital status of respondents. Eighty (80) respondents, representing (40%) were married, 120 respondents (60%) were single. These results show that single respondents were of the majority.

Research Question One: How would patients with schizophrenia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State?

Table 3: Patients with Schizophrenia and the Improvement on Their Mental Health after Social Therapeutic Care in Psychiatric Hospital in Rumuigbo, Rivers State

S/N	Statement Items	SA	A	D	SD
1.	Supportive environment helps patients with schizophrenia to improve on their mental health	100 50%	40 20%	34 17%	26 13%
2.	Supportive social skills enable patients with schizophrenia to improve on their mental health	50 25%	88 44%	30 15%	32 16%
3.	Effective coping mechanism helps patients to manage symptoms and challenges associated with schizophrenia	60 30%	80 40%	20 10%	40 20%
4.	Engaging in creative activities such as art therapy or music therapy enables patients with schizophrenia to improve on their mental health	80 40%	74 37%	20 10%	26 13%

Source: Orij (2024), Field Survey

The results in Table 3 illustrate 100 respondents, representing 50% of the study respondents SA to item 1 that supportive environment helps patients with schizophrenia to improve on their mental health, 40 (20%) A, 34 (17%) D while 26 (13%) SD. Also in this same table, results of item 2 indicate that 50 respondents, representing 25% of the study respondents SA that support social skills enable patients with schizophrenia to improve on their mental health, while 88 (44%) A, 30 (15%) D and 32 (16%) SD.

Again, the results in Table 3, item 3 indicate that 60 respondents, representing 30% of the study respondents SA that effective coping mechanism helps patients to manage symptoms and challenges associated with schizophrenia, while 80 (40%) A, 20(10%) D and 40 (20%) SD. Furthermore, the results in the same table, item 4 indicate that 80 respondents, representing 40% of the study respondents SA that engaging in creative activities such as art therapy or music therapy enables patients with schizophrenia to improve on their mental health, while 74(37%) A, 20(10%) D and 26(13%) SD.

Research Question Two: How would patients with social phobia improve on their mental health after social therapeutic care in psychiatric hospital in Rumuigbo, Rivers State?

Table 4: Patients with Social Phobia and the Improvement on Their Mental Health after Social Therapeutic Care in Psychiatric Hospital in Rumuigbo, Rivers State

S/N	Statement Items	SA	A	D	SD
1.	Exposure therapy helps patients with social phobia to improve on their mental health	70 35%	70 35%	26 13%	34 17%
2.	Adherence to problem solving skills helps patients with social phobia to improve on their mental health	50 25%	90 45%	30 15%	30 15%
3.	Cognitive restructuring techniques enable patients to identify negative thoughts and beliefs related to social situations to improve on their mental health	80 40%	60 30%	40 20%	20 10%
4.	Mindfulness and relaxation techniques allow patients manage anxiety symptoms in order to improve on their mental health	80 40%	70 35%	20 10%	30 15%

Source: Orij (2024), Field Survey

The results in Table 4 illustrate that 70 respondents, representing 35% of the study respondents SA to item 1 that exposure therapy helps patients with social phobia to improve on their mental health, while 70 (35%) A, 26 (13%) D and 34 (17%) SD. Also, from the results in Table 4, item 2 indicate that 50 respondents, representing 25% of the study respondents SA that adherence to problem solving skills helps patients with social phobia to improve on their mental health, while 90(45%) A, 30 (15%) D and 30 (15%) SD.

The results in Table 4, item 3 indicate that 80 respondents, representing 40% of the study respondents SA that cognitive restructuring techniques enable patients to identify negative thoughts and beliefs related to social situations to improve on their mental health, while 60(30%) A, 40(20%) D and 20 (10%) SD. Furthermore, the results of item 4 of the same table indicate that 80 respondents, representing 40% of the study respondents SA that mindfulness and relaxation techniques allow patients manage anxiety symptoms in order to improve on their mental health, while 70(35%) A, 20(10%) D and 30(15%) SD.

Discussion of Findings

In the research question one, the findings of the study reveal that supportive environment, supportive social skills, effective coping mechanism and engaging in creative activities such as art therapy or music therapy enable patients with schizophrenia to improve on their mental health. These findings are in consonance with Hafiz (2020) who investigated "Social Support and Willingness for the Treatment of Patients with Schizophrenia in USA", found that social support plays an essential role in the improvement of patients with schizophrenia.

For the research question two, the findings of the study show that exposure therapy, adherence to problem solving skills, cognitive restructuring techniques, and mindfulness and relaxation techniques allow patients manage anxiety symptoms in order to improve on their mental health. These findings agree with Amr (2020, P. 3) who conducted a study on the "Association between Perceived Social Support and Recovery among Patients with Social Phobia in France" and findings discovered that group therapy helps individuals with social phobia overcome their fears and enhance their ability to handle difficult situations in a more effective manner.

CONCLUSION

Based on the findings and in the light of literature reviewed, the study establishes that schizophrenia and social phobia among patients are treated by using therapeutic care in order to improve on their mental health. The study establishes that self-care practice allows patients with schizophrenia and social phobia to experience success and reinforcement of positive changes in their social interactions. Therefore, if the recommendations suggested in this research are adequately followed, they will yield positive results and help patients suffering from schizophrenia and social phobia to gain appropriate mental health in the study area. In order to further halt the persistence of schizophrenia and social phobia, the study urges for precise study on the causes of schizophrenia and social phobia; as well as the relationship between level of therapeutic care of schizophrenia and its coping strategies in the study area.

RECOMMENDATIONS

The following recommendations are made based on the findings of this study:

1. The Federal Government in conjunction with State Government should sensitize the public on the dangers of social factors such as negative interactions, drug abuse, family conflicts, etc., and physical environmental factors such as noise pollution, exposure to toxins, overcrowded urban living conditions, etc. on the persistence of schizophrenia and social phobia in society.
2. Federal Government in conjunction with State Government should provide supportive environment as well as support social skills that enable patients with schizophrenia and social phobia to improve on their mental health. They should also encourage family members and caregivers to create a nurturing and understanding home environment for the patient with schizophrenia and social phobia.
3. Healthcare professionals should encourage patients with schizophrenia and social phobia to adhere to problem-solving skills in order to improve on their mental health. By teaching and practicing problem-solving strategies, patients can learn to better navigate the challenges

they face in their daily lives, such as managing symptoms, medication adherence, and interpersonal relationships.

4. Families of those with schizophrenia and social phobia should insist on early tests and detections of the illnesses; in order to manage cases before they are worsen in society. With this, the prevalence of the illnesses will be reduced in the study area.

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