

Exploration of the Prognosis of Occupational and Recreational Therapy Combined with Psychosocial Intervention for Long-Term Hospitalized Patients with Chronic Schizophrenia

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Abstract: Chronic schizophrenia is a mental illness characterized by long duration and severe functional impairment. Long-term hospitalized patients often exhibit social function deterioration, exacerbation of negative symptoms, and decreased quality of life due to isolation from the social environment and monotonous life. While medication alone can effectively improve positive symptoms, it fails to enhance social function and long-term prognosis. Occupational and recreational therapy promotes the maintenance of cognitive and behavioral abilities through structured activity training, while psychosocial intervention focuses on social adaptation and role function reshaping. The combination of these two approaches offers a new practical direction for comprehensive rehabilitation of long-term hospitalized patients with chronic schizophrenia, holding significant importance for optimizing rehabilitation strategies and improving patients' quality of life.

Keywords: Occupational and recreational therapy; Psychosocial intervention; Long-term hospitalization; Chronic schizophrenia

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1. Introduction

The long-term hospitalization environment has a dual impact on patients with chronic schizophrenia, providing a stable care environment on one hand, but potentially accelerating functional decline due to social isolation on the other. The core objective of rehabilitation intervention is to delay functional deterioration, activate residual abilities, and restore social participation willingness. Occupational and recreational therapy primarily maintains patients' basic cognitive and physical coordination abilities through participation in labor skills and recreational activities^[1-2]. Psychosocial intervention focuses on three main aspects: communication

skills, emotion management, and social role cognition. These two intervention methods complement each other in their dimensions of action, and their combined implementation is expected to produce a synergistic effect, providing a more systematic support framework for the overall rehabilitation of long-term hospitalized patients.

2. Prognostic dilemmas and intervention needs of long-term hospitalized patients with chronic schizophrenia

2.1. Core prognostic dilemmas

The prognostic dilemmas faced by long-term hospitalized patients with chronic schizophrenia are multifaceted, with four core aspects. Among them, the persistent presence of negative symptoms is the most prominent issue, manifesting as emotional indifference, lack of motivation, social withdrawal, and poverty of speech, directly affecting patients' initiative in rehabilitation and becoming a major obstacle to rehabilitation treatment^[3]. Social function deficits are mainly manifested in decreased self-care abilities, impaired social communication, loss of vocational skills, weakened social roles, and complete isolation from the social environment due to long-term hospitalization, further exacerbating social skill decline and social adaptation disorders.

2.2. Core intervention needs

In response to the aforementioned dilemmas, clinical intervention needs to transcend the control of single symptoms and form a comprehensive rehabilitation goal of "symptom improvement-function reshaping-psychological adjustment-social reintegration"^[4]. Intervention needs to focus on four core directions: (1) effectively improving patients' negative emotions and stimulating their intrinsic motivation and behavioral initiative. (2) Reversing cognitive decline, repairing impaired cognitive function, and improving thinking and executive abilities; (3) Reconstructing social functions, mainly including the restoration of self-care and social communication abilities; (4) Adjusting mindset, correcting patients' cognitive biases about the disease, reducing negative emotions, and establishing a stable social support system^[5]. Occupational and recreational therapy can improve patients' emotions and behaviors, enhancing their emotions and motivation, while psychosocial intervention can provide precise support from multiple dimensions such as cognition-emotion-society, synergistically improving patients' physiological, psychological, and social functions, meeting the needs of comprehensive rehabilitation for long-term hospitalized patients with schizophrenia.

3. Theoretical basis for the combined application of occupational and recreational therapy and psychosocial intervention

3.1. Rehabilitation mechanism of occupational and recreational therapy

Occupational and recreational therapy is a novel rehabilitation approach based on behavioral activation, environmental adaptation, and potential development, aiming to provide multidimensional rehabilitation effects for patients. In terms of behavioral activation, regular participation in handicrafts, calligraphy and painting training, sewing training, and agricultural therapy activities can stimulate patients' nervous systems, improve neurotransmitter balance, enhance behavioral initiative and execution, and alleviate negative symptoms such as emotional indifference and lack of motivation. In terms of environmental adaptation, work and leisure activities simulate social situations, helping patients overcome the negative impact of the

hospitalization environment, gradually adapt to group activity patterns and interpersonal interaction methods, thereby reducing social withdrawal behaviors.

In terms of potential development, occupational and recreational therapy focuses on exploring patients' interests and strengths, enhancing their sense of accomplishment and self-worth through painting, calligraphy, handicrafts, and simple agricultural labor, and stimulating patients' intrinsic rehabilitation motivation. Meanwhile, occupational and recreational therapy can also promote patients' physical activities, enhance blood circulation and metabolism, alleviate physiological discomfort caused by long-term bed rest, and provide a physiological basis for patients' physical and mental rehabilitation.

3.2. Rehabilitation Mechanism of Psychosocial Intervention

Cognitive correction intervention helps patients establish objective cognition of the disease, self, and society, correcting negative cognitive biases, thereby reducing negative emotions such as inferiority and despair, and improving treatment compliance. Through methods such as mindfulness-based stress reduction, emotion expression training, and supportive psychotherapy, patients are helped to identify, accept, and adjust negative emotions, improving emotional stability.

Social skill training can improve patients' language expression, interpersonal communication, and conflict resolution abilities through role-playing, group interaction, and communication simulation, reducing social avoidance behaviors. Social support intervention connects families, communities, and medical institutions to establish a "trinity" support system composed of families, peers, and communities, reducing patients' sense of social isolation and enhancing rehabilitation confidence.

3.3. Synergistic mechanism of combined intervention

The comprehensive application of occupational and recreational therapy and psychosocial intervention is not a simple superposition, but achieves a "1+1>2" effect through mechanism and effect complementarity. Occupational and recreational therapy provides behavioral carriers and practical scenarios for psychosocial intervention, breaking patients' behavioral avoidance states and creating conditions for psychological interventions such as cognitive correction and social training. Psychosocial intervention provides psychological support and motivation assurance for occupational and recreational therapy, improving patients' emotional states, enhancing self-efficacy, correcting cognitive biases, and increasing patients' enthusiasm and persistence in participating in occupational and recreational training, preventing activities from becoming mere formalities.

The combination of the two can form a closed-loop rehabilitation model of "behavioral activation-psychological adjustment-function enhancement": occupational and recreational training activates patients' behaviors, improving their physical and emotional states; psychological intervention effectively alleviates patients' negative emotions, corrects their cognitive biases, and enhances their rehabilitation motivation; a good psychological state and motivation further increase participation in occupational and recreational training, thereby consolidating behavioral and functional improvements and forming a virtuous cycle, comprehensively promoting patients' prognosis^[6].

4. The impact of combined intervention on core prognostic indicators in long-term hospitalized patients with chronic schizophrenia

4.1. Improvement of negative symptoms

Negative symptoms represent core manifestations in long-term hospitalized patients with chronic schizophrenia and are significant factors influencing their prognosis. Multiple clinical studies have confirmed that the integration of occupational and recreational therapy with psychosocial interventions can markedly ameliorate negative symptoms, exhibiting superior efficacy compared to single-intervention approaches. Occupational and recreational therapy, through regular activities, enhances patients' behavioral initiative and alleviates demotivation and behavioral withdrawal. Psychosocial interventions and motivational interviewing address negative cognitions such as feelings of worthlessness and hopelessness, stimulate intrinsic rehabilitation motivation, and improve emotional indifference and poverty of speech ^[7]. Clinical data reveal that after 12 weeks of intervention, patients' scores on the Scale for the Assessment of Negative Symptoms (SANS) significantly decreased, with notable improvements in dimensions such as emotional indifference, demotivation, and social withdrawal. These improvements persisted for six months and were significantly superior to those achieved with monotherapy or occupational and recreational therapy alone ^[8]. This suggests that combined intervention can improve negative symptoms, potentially through enhanced prefrontal activity and increased dopamine receptor sensitivity, indicating its role in modulating circuit function.

4.2. Restoration of cognitive function

Cognitive dysfunction is a core impairment in the long-term hospitalization treatment of chronic schizophrenia, directly affecting patients' quality of life and social adaptability. Clinical studies indicate that the combination of occupational and recreational therapy with psychosocial interventions can repair cognitive function across multiple dimensions ^[9]. In occupational and recreational therapy, activities such as handicrafts, board games, and physical exercise stimulate patients' attention and memory, enhancing their information processing capabilities. Research employs a combination of cognitive remediation therapy, group cognitive training, and social cognitive training to correct cognitive biases. Randomized controlled studies have found significant improvements in scores on the Wisconsin Card Sorting Test (WCST) and the Mini-Mental State Examination (MMSE), suggesting shared neural regulatory mechanisms between these interventions ^[10]. Additionally, combined intervention enhances patients' social cognitive abilities, improving emotional recognition and psychological reasoning, thereby providing a cognitive foundation for social function recovery.

4.3. Reconstruction of social function

Social dysfunction is the most prominent symptom in long-term hospitalized patients with chronic schizophrenia and a critical factor hindering their reintegration into society. The integration of occupational and recreational therapy with psychosocial interventions effectively reconstructs patients' social function ^[11]. Occupational and recreational therapy improve patients' self-care and vocational skills through life skills and vocational training. Social skills training and group interaction training enhance social interaction abilities, while family and community support interventions provide environmental support for the application of social functions.

Clinical data show that after 12 weeks of treatment, patients' scores on the Social Disability Screening Schedule (SDSS) and the Nurses' Observation Scale for Inpatient Evaluation (NOSIE) significantly

improved, with marked enhancements in self-care, social communication, and vocational skills. Some patients were able to engage in basic household chores and work ^[12]. Follow-up studies indicate that comprehensive intervention sustains social function recovery for over one year, significantly reduces relapse rates, and improves quality of life ^[13].

4.4. Enhancement of psychological state and quality of life

Long-term hospitalized patients with chronic schizophrenia commonly experience negative emotions such as low self-esteem, anxiety, depression, and hopelessness, leading to low self-identity and poor quality of life. The combination of occupational and recreational therapy with psychosocial interventions improves patients' psychological state and quality of life through emotional regulation, self-cognition enhancement, and social support. Occupational and recreational therapy generate pleasurable activity experiences, reducing anxiety and depression while enhancing achievement and self-worth. Mindfulness-based stress reduction, psychotherapy, and cognitive reconstruction correct negative self-cognitions, alleviate negative emotions, and improve psychological resilience ^[14].

Clinical studies demonstrate significant reductions in Hamilton Anxiety Scale (HAMA) and Hamilton Depression Scale (HAMD) scores, along with notable increases in self-esteem and quality of life scale scores. Patients' negative emotions are significantly relieved, with marked improvements in self-identity and life satisfaction ^[15]. Improving psychological state enhances treatment adherence and rehabilitation initiative, forming a virtuous cycle of "psychological improvement-functional enhancement-quality of life improvement", thereby optimizing long-term prognosis.

5. Conclusion

In summary, exploring the integration of occupational and recreational therapy with psychosocial interventions can enhance the prognosis of hospitalized patients with chronic schizophrenia, providing a vital theoretical basis for expanding psychiatric rehabilitation practices and improving patients' quality of life. Deepening the understanding of the mechanisms and applicability of combined interventions, along with continuous refinement of treatment models and evaluation systems, facilitates the establishment of more scientific and personalized chronic disease rehabilitation plans. In the future, with the cross-fusion of rehabilitation medicine and psychiatry and the enrichment of community rehabilitation resources, rehabilitation pathways for long-term hospitalized patients will become more diversified, and intervention methods more precise, ultimately improving long-term prognosis, promoting social function recovery, and steadily enhancing the level of psychiatric rehabilitation services.

Disclosure statement

The authors declare no conflict of interest.

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