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the 1990s, the number of people with a diagnosis of schizophrenia has increased in many countries (1).

There is a growing awareness of the need to improve the quality of life of people with schizophrenia. This has led to a focus on the development of psychosocial interventions, which aim to help people with schizophrenia to manage their symptoms and to improve their social and functional outcomes (2). One of the key areas of focus in psychosocial interventions is the development of self-help strategies, which can help people with schizophrenia to manage their symptoms and to improve their social and functional outcomes (3).

Self-help strategies are interventions that are designed to help people with schizophrenia to manage their symptoms and to improve their social and functional outcomes. These strategies can be delivered in a variety of ways, including through self-help manuals, computer-based programs, and group-based interventions (4). Self-help strategies can be particularly effective for people with schizophrenia who are unable to attend traditional therapy sessions (5).

One of the key challenges in the development of self-help strategies for people with schizophrenia is the need to ensure that the strategies are easy to understand and easy to use. This is particularly important for people with schizophrenia who may have cognitive impairments and who may have difficulty understanding complex information (6). Therefore, self-help strategies for people with schizophrenia should be designed to be simple and straightforward, and should focus on providing practical advice and support (7).

Another key challenge in the development of self-help strategies for people with schizophrenia is the need to ensure that the strategies are culturally appropriate. This is particularly important for people with schizophrenia who are from diverse cultural backgrounds, as different cultures may have different beliefs and attitudes towards mental illness (8). Therefore, self-help strategies for people with schizophrenia should be designed to be culturally sensitive and to take into account the needs and preferences of different cultural groups (9).

Finally, a key challenge in the development of self-help strategies for people with schizophrenia is the need to ensure that the strategies are evidence-based. This means that the strategies should be based on research that has shown them to be effective in helping people with schizophrenia to manage their symptoms and to improve their social and functional outcomes (10). Therefore, self-help strategies for people with schizophrenia should be designed to be based on the best available evidence (11).

In conclusion, self-help strategies are an important area of focus in the development of psychosocial interventions for people with schizophrenia. These strategies can help people with schizophrenia to manage their symptoms and to improve their social and functional outcomes. However, the development of self-help strategies for people with schizophrenia is a complex task, and it is important to ensure that the strategies are easy to understand and easy to use, are culturally appropriate, and are evidence-based (12).

There are a number of key factors that can influence the effectiveness of self-help strategies for people with schizophrenia. These factors include the quality of the self-help materials, the level of support and encouragement provided, and the individual's motivation and ability to use the self-help materials (13). Therefore, self-help strategies for people with schizophrenia should be designed to be high quality, to provide support and encouragement, and to be tailored to the individual's needs and abilities (14).







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Date	Description	Debit	Credit	Balance
1912	Jan 1			100.00
1913	Jan 1			100.00
1914	Jan 1			100.00
1915	Jan 1			100.00
1916	Jan 1			100.00
1917	Jan 1			100.00
1918	Jan 1			100.00
1919	Jan 1			100.00
1920	Jan 1			100.00
1921	Jan 1			100.00
1922	Jan 1			100.00
1923	Jan 1			100.00
1924	Jan 1			100.00
1925	Jan 1			100.00
1926	Jan 1			100.00



100



100



100



100



100



100



100





Year	Number of cases		Number of deaths	
	Number	Rate	Number	Rate
1990	100	1.0	5	0.5
1991	105	1.05	5.5	0.55
1992	110	1.1	6	0.6
1993	115	1.15	6.5	0.65
1994	120	1.2	7	0.7
1995	125	1.25	7.5	0.75
1996	130	1.3	8	0.8
1997	135	1.35	8.5	0.85
1998	140	1.4	9	0.9
1999	145	1.45	9.5	0.95
2000	150	1.5	10	1.0
2001	155	1.55	10.5	1.05
2002	160	1.6	11	1.1
2003	165	1.65	11.5	1.15
2004	170	1.7	12	1.2
2005	175	1.75	12.5	1.25
2006	180	1.8	13	1.3
2007	185	1.85	13.5	1.35
2008	190	1.9	14	1.4
2009	195	1.95	14.5	1.45
2010	200	2.0	15	1.5
2011	205	2.05	15.5	1.55
2012	210	2.1	16	1.6
2013	215	2.15	16.5	1.65
2014	220	2.2	17	1.7
2015	225	2.25	17.5	1.75
2016	230	2.3	18	1.8
2017	235	2.35	18.5	1.85
2018	240	2.4	19	1.9
2019	245	2.45	19.5	1.95
2020	250	2.5	20	2.0