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AGAIN STARTING

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In a situation of imminent discharge with a serious problem such as no adherence, vague and imprecise concept of the concept of psychosis, poor support and family support, poor social relationships and social skills, little emotional resonance and leave the residence, what do we do?
In this case we opted for patient referral to a rehabilitation unit as the TC. This is where targets are raised to make an Individual treatment plan: improving disease awareness and treatment adherence, family information about the disease, extend relationships and use of leisure time, reduction of negative symptoms and residential support.
The patient is 32 years old, daughter of separated parents, diagnosed schizophrenic psychosis with 7 hospital admissions in the last 9 years. The disease is associated with the consumption of toxic. There are changes in the character, family relationship problems, clinical delusional and hallucinatory behavior disorders with numerous leaks of the home and making marginal life. Prior to the TC is trying two leads to Area Rehabilitation Unit with treatment failure after cessation of medication.
After two years of follow up in TC have achieved most of the objectives proposed at the beginning, normalizing, as far as possible, the life of the patient.

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