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Case Report

# A Case Study on Mental and Behavioural Disorders Due to Multiple Drug Use and Use of Other Psychoactive Substances (Icd F19)

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**Abstract:**

Psychosis is associated with schizophrenia, which is primarily associated with severe impairments. And it has an impact on how other aspects of our lives, including work, family, friends, and education, operate (WHO, 2022). A person's behavior and brain are both affected by substance use disorder. It results in an inability to manage the use of a drug or medication, whether it is legal or illicit. The patient, who was diagnosed with a substance use disorder similar to schizophrenia, was the subject of this qualitative investigation. This study adopted a single-case study design. The data were collected by using a mental status examination questionnaire, and the data were analyzed by content analysis. The study participant was a 22-year-old male who has been educated in logistics management and is self-employed. The participant was an inpatient at a private mental health center. This study found that mental and behavioural disorders due to multiple drug use or other psychoactive substances can be managed through cognitive-behavioural therapy, aversion therapy, family therapy, outpatient rehabilitation, inpatient rehabilitation, and pharmacotherapy. This study also provides an insight into how schizophrenia compares to substance use disorder in terms of symptoms, causal factors, and management plans.

**Key words:** schizophrenia; substance use; multiple drug use; use of psychoactive substances

## Introduction

Schizophrenia is a psychotic condition marked by problems in behavior, emotional reactivity, and thinking (cognition) (DSM-5, 2022). Schizophrenia is a serious condition that causes significant functional difficulties (Hooley et al., 2016). Schizophrenia is a serious condition that causes significant functional difficulties. The disease is characterized by a wide range of symptoms, including significant abnormalities in perception, thought, behavior, sense of self, and interpersonal mannerisms. However, a severe loss of reality awareness, or psychosis, is what is known as the defining feature of schizophrenia.

While remaining dementia praecox and schizophrenia (meaning mental splitting) (Bleuler, 1911). Kraepelin said that schizophrenia is a group of disorders rather than a distinct entity. So, Kraepelin used the term "a group of schizophrenias." Bleuler described characteristic symptoms (fundamental symptoms), which were then thought to be diagnostic of schizophrenia. He also described accessory symptoms of schizophrenia (thought to be secondary to fundamental symptoms). These accessory symptoms include such things as delusions, hallucinations, and negativism. Symptoms, though not specific to schizophrenia, were of great help in making a clinical diagnosis of schizophrenia (Schneider, 1959). These are popularly called Schneider's first-rank symptoms of schizophrenia (FRS or SFRS). He also described the second-rank symptoms of schizophrenia (which were considered by him to be less important for the diagnosis of schizophrenia), such as other forms of hallucinations, perplexity, and affect disturbances.

Worldwide, about 24 million people suffer from schizophrenia. The prevalence of schizophrenia is about 0.5–1% (World Health Report, 2001). Schizophrenia is prevalent across racial, sociocultural, and national boundaries, with a few exceptions in the prevalence rates in some isolated communities. The ratio of schizophrenia is believed to be about 0.5 per 1000. The onset of schizophrenia occurs usually later in women

and often runs a relatively gentle course compared with men. The very great majority of cases of schizophrenia start in late adolescence and early adulthood, between 18 and 30 years of age. It's the peak time for the onset of the illness (Tandon et al., 2009). Schizophrenia is rarely found in children; such cases are rare (Green et al., 1992; McKenna et al., 1994). Schizophrenia can also have its initial onset in middle age or later, but again, this is not typical. In addition to being more likely to have an early age of onset, males also tend to have a more severe form of schizophrenia (Leung & Chue, 2000). Brain-imaging studies show that schizophrenia-related anomalies of brain structure are more severe in male patients than they are in female patients (Nopoulos et al., 1997). Gender-related differences in illness severity may also explain why schizophrenia is more common in males than it is in females. The male-to-female sex ratio is 1.4:1. So for every three men who develop the disorder, only two women do so (Aleman et al., 2003; Kirkbridge et al., 2006). If women have a less severe form of schizophrenia and if they also have more symptoms of depression (Leung & Chue, 2000), they may either not be diagnosed at all or else be diagnosed with other disorders, thus giving rise to the sex ratio imbalance.

One of the most recognizable characteristics of schizophrenia is autistic thinking. Here, secret, irrational rules dominate thought. Due to the identical properties or qualities of two objects, the patient may view them as being the same. A pattern of spontaneous speech known as "loosening of associations" occurs when words that are juxtaposed do not have a common meaning or when there is idiosyncratic switching between frames of reference. Though it can also be observed in complicated partial seizures, thought blockage is a defining trait. Neologisms are newly created words or phrases with obscure etymologies. A person suffering from schizophrenia may be completely mute, have poor speech, have poor ideation, have echolalia, persist, or have verbiage. These are speech and verbal behavior disorders. Delusions are dishonest, steady theories that are not in accordance with the patient's socio-enlightening and instructional environment. Delusions are common in schizophrenia, including delusions of persecution, delusions of reference, delusions of grandeur, and delusions of control. Hallucinations are common in schizophrenia. Hallucinations caused by sound are by far the most common. There are a variety of hallucinations that can occur in people with auditory processing disorders. These can include elementary auditory hallucinations, thought echoes, third-person hallucinations, and voices commenting on one's actions. A number of disorders of affect can be seen, including apathy, emotional blunting, emotional shallowness, and anhedonia. There can be either a decrease or an increase in the number of muscle movements. Schizophrenia can cause negative symptoms, which include a decrease in emotional expression, difficulty concentrating, and a lack of interest in activities. Suicide can occur in schizophrenia due to a variety of reasons.

The DSM-IV-TR recognizes several subtypes of schizophrenia. There are three types of schizophrenia, each with its own unique set of symptoms. The first type, paranoid schizophrenia, is characterized by absurd and illogical beliefs that are often highly elaborated and organized into a coherent, though delusional, framework. The second type, disorganized schizophrenia, is characterized by disorganized speech, disorganized behavior, and flat or inappropriate affect. The third type, catatonic schizophrenia, involves pronounced motor signs that reflect great excitement or stupor.

Genetic factors play a very important role in the development of schizophrenia. There are many factors that can contribute to an episode of depression, including environmental factors and stress. Schizophrenia is currently thought to be caused by a functional increase in dopamine at the postsynaptic receptor. However, other neurotransmitters such as serotonin, GABA, and acetylcholine are also likely involved. Schizophrenia is more common in lower socioeconomic status groups, although the prevalence is generally the same across cultures. This has been explained due to a downward social drift, which is a result of schizophrenia developing rather than being caused. There seems to be a correlation between schizophrenia rates and migration status, with higher rates being found among some migrants but also among their second-generation descendants.

Schizophrenia can be discussed in terms of its causes, symptoms, and treatments. The most commonly used pharmacological treatment for schizophrenia is atypical antipsychotic drugs, such as risperidone, olanzapine, quetiapine, and ziprasidone. These drugs are more effective than older typical antipsychotics, such as trifluoperazine and haloperidol, in the acute stage of the disease. There is not a lot of evidence that psychosurgery is an effective treatment for schizophrenia, and it may not be the best option for most people. The use of this treatment is very rare in clinical practice. One of the most crucial aspects of treating schizophrenia is psychosocial therapy. These include psycho-education, family therapy, milieu therapy, group therapy, and individual treatment.

## Relevance Of the Study

This particular study raises awareness about schizophrenia among the general public. Human rights abuses frequently occur to people with schizophrenia, both inside mental health facilities and in public places. People with this disorder are subjected to severe and pervasive stigma, which makes them socially excluded and negatively affects their connections with others, especially those with family and friends.

## Review Of Literature

Khoshgoftar, M., Koolaee, A.K., & Sheikhi, M.R. (2022) conducted a study on The analysis of the early mother-child relationship in schizophrenic patients. This is a qualitative study with a descriptive-phenomenological approach. The sample consisted of males with schizophrenia who were hospitalized from March 2020 to September 2020, with an average age of over 18 years old. The data were collected using semi-structured interviews. The participants were selected using the purposive sampling method. The analysis of the data revealed four main themes, including ambivalent attachment to the mother, feelings of constant fear and worry, a sense of constant care for the mother, and a cold and emotionless relationship with the child.

Catalan, A., Aymerich, C., et al. (2022) conducted a study on How psychosis and substance abuse increase the COVID-19 mortality risk. The CDC used electronic health records to retrospectively identify people infected by COVID-19. Univariate and multivariate logistic regression models and multilevel analyses with generalized estimated equations were used. The findings of the study were that the COVID-19 mortality rate was increased for patients with psychotic disorders and patients with substance abuse.

Zengin, G., & Huri, M. (2022) conducted a study on the sensory processing patterns of individuals with schizophrenia and comorbid substance use disorder. The study included 62 patients with schizophrenia who had substance use disorders and 57 patients with schizophrenia who didn't use substances. The sensory processing patterns of the participants were evaluated using the self-diagnostic adolescent/adult sensory profile. The participants' symptoms of schizophrenia were evaluated using the positive and negative symptom scales. The findings of the study are that in substance-using groups, sensory processing patterns were significantly different from those in schizophrenia without substance use. There was a correlation between the sensory processing patterns of individuals with schizophrenia and substance use and positive symptoms.

Shah, N., & Nakamura, Y. (2021) conducted a study on Case Report: Schizophrenia Discovered During the Patient Interview in a Man with Shoulder Pain Referred for Physical Therapy. This was a qualitative study. Sample is a 19-year-old male patient with schizophrenia. The major findings were that the therapist identified a disorder requiring medical referral and the patient was demonstrating signs suggestive of a psychiatric disorder

Mensah, J. (2020) conducted a study on A case of schizophrenia in a young male adult with no history of substance abuse. Impact of clinicians' and pharmacists' intervention on patient outcome. This is a qualitative study using a case study. Interventions by the clinical pharmacists contributed to improvement in the patient's symptoms prior to hospital discharge. The case proves that it is critical for clinical pharmacists to be involved in the multidisciplinary team during the management of patients with psychosis.

Khokar, A., & Sadeeqa, S. (2017) conducted a study on Schizophrenia: a case study. This was a qualitative study. The sample is a 22-year-old girl with schizophrenia. The major findings are: treatment achieving life milestones; feeling safe; improved physical activity; employment; a positive sense of self; and psychosocial outcomes. Quality of life gets better, and safety from harmful behaviors is achieved.

Kashyap, V. (2015) conducted a Case study of a young patient with paranoid schizophrenia. This was a qualitative study. Sample was a 25-year-old male who was diagnosed with paranoid schizophrenia. The outcome of the study was that the drug therapy was helpful for the patient, but his non-complaint behavior was a major hindrance in the maintenance of his normal functioning at home and in society. Instructional therapy was effective when the patient complied and was on medication.

Koola, M. M., McMahon, R. P., & Kelly, D. L. (2012) conducted a study on Alcohol and cannabis use and mortality in people with schizophrenia and related psychotic disorders. This was a qualitative study. The sample consisted of the 762 people with psychotic disorders with the highest rate of substance use and the highest risk of mortality from substance use over a 4- to 10-year period. The findings were that 77% of the patients in this study reported a lifetime history of substance or alcohol use. The two most commonly used substances were alcohol and cannabis.

Philips, L.J., Mcgorry, P.D., et al. (2005) conducted a study on the pre-psychotic phase of schizophrenia and related disorders: recent progress and future opportunities. This was a qualitative study. The method of the study is to describe strategies to identify young people at heightened risk of a psychotic disorder. The major findings are that well-validated criteria for identifying young people at heightened risk of psychosis have been developed, evidence of the efficacy of various psychological and pharmacological interventions in preventing progression has accumulated, and progress has been made towards the identification of clinical and neurobiological predictors of the transition to acute psychosis.

Larry J. Siever and Kenneth L. Davis (2004) conducted a study on "The Pathology of Schizophrenia Disorders: Perspectives from the Spectrum." The authors provide a selective review of major findings regarding the pathophysiology of schizotypal personality disorder and integrate these results, in conjunction with preclinical studies, into a model of the pathophysiology of the spectrum. The result is that people with schizotypal personality disorder share phenomenological, genetic, and cognitive abnormalities with people with chronic schizophrenia.

## Method and Research Design

A case study is a type of research methodology that produces a thorough, multifaceted understanding of a complex problem in its actual setting. It is a well-known research strategy that is widely applied across numerous academic fields. Unfortunately, case studies can involve a great deal of subjectivity, making it challenging to extrapolate findings to a wider audience (Cherry, 2022).

The present study adopted the case study research design. It is consisted with combined form of exploratory, cumulative and critical instance case studies. A case study is an intensive study about a person or a group of people that is aimed at generalizing several times. It allows us to explore the characteristics, meanings, and implications of the particular study. As a case study is an in-depth investigation of a person, a group of individuals, or a unit with the intension of generalizing it on several occasions. It allows us to explore the characteristics, meanings, and implications of the particular case. Exploratory case study involves detailed research of the subject aimed at providing an in-depth understanding of the study. Cumulative case study involves generalizing a phenomenon after collecting information from different sources. Critical instance case study aims in determining the cause and consequences of an event.

In this case study, a case history and mental status examination have been obtained from the client and informants. The information collected was cross-checked, and reliability and adequacy were also assured.

### Sample Description

The study was conducted on a 22-year-old male, educated in logistics management, who is self-employed and from a middle-class family. His marital status was single. His family consists of a father, a mother, and a brother. The individual was an inpatient at a private mental health centre. This study was conducted at a private mental health center. The patient was attentive and conscious during the session. Also, he was alert. The case was taken from one of the private mental health establishments in Kerala to which the patient was admitted. The patient was admitted to the hospital for one month; from there the data were collected by the researcher.

### Tools

The current study uses a mental status examination (MSE) and a case history. The mental status examination is a methodical evaluation of the patient's cognitive and behavioural abilities. It covers descriptions of the patient's outward appearance and general behavior, level of awareness and alertness, motor and linguistic activity, mood and affect, thought and perception, attitude and insight, the examiner's reaction, and, lastly, higher cognitive capacities. The clinically most pertinent cognitive processes are those related to attention, language, memory, constructional ability, and abstract reasoning (Martin, 2022). In essence, a case history is a file that contains important information on a specific client or group of clients. Case histories are kept by many different professional groups, including those in the fields of social work, psychology, medicine, and psychiatry. The following details two formal definitions of case histories, their fundamental components, and the process by which the data for initial case history files is gathered (Writers, 2021).

## Data Analysis

Content analysis was used for data analysis. A research technique called content analysis is used to identify the existence of specific words, topics, or concepts in a given set of qualitative data (i.e., text). Researchers can quantify and examine the occurrence, significance, and connections of such specific words, themes, or concepts using content analysis.

### Ethical Concerns

The research participants are not harmed in any way whatsoever. Full consent from the participant is obtained. The protection of the privacy of the participant is ensured. An adequate level of confidentiality of the research data is ensured. The anonymity of individuals was ensured.

## Result & Discussion

### Case History

**Socio-Demographic Data:** Mr. S.K. is a 22-year-old male, educated in logistics management, and he is self-employed. He comes from a middle-class family. He was single. The informants were a father and brother. The information was reliable and adequate.

**Presenting Complaints and their duration:** According to the patient: "increased consumption of substances such as Hans, nicotine, and marijuana since one and a half years; increased use of mobile since one and a half years; someone was trying to harm him since one and a half years; repeated thoughts about hacking phones since one and a half years."

**According to informant:** Problems created at home due to the stopping of medicine became violent, and repeated thoughts about hacking phones have been present for four months.

**Nature of illness:** There was a gradual onset. The course was continuous. There was no progress, and it was stable. Substance use was the precipitating factor.

**History of Present Illness:** The patient was apparently maintaining normal before seven years. The patient started using cigarettes at the age of 10 due to peer influence. The cigarettes are taken occasionally, and by his twelfth grade, he started to use Hans, and the use of cigarettes and Hans gradually started to increase. He takes two cigarettes per day and one packet of Hans for three days. Then, after the 12th grade, he starts to use weed (marijuana), and he uses it occasionally. also starts to take alcohol (occasionally). The use of cigarettes, hans, and weed increased to more than two cigarettes per day. And it continued till admission. But before one and a half years, the alcohol use had stopped. From one and a half years ago, the patient got into beliefs about someone hacking his phone. Many countries are conducting war for him and for his future plans. Many people from social media (share chat) are also fighting each other for his future. A girl from Germany loved him, so she came to see him, but they didn't meet, and someday that girl was killed. This was noticed on his phone. (The patient found a news story on YouTube.) Also, the patient believes that he already knows everything that is going to happen. The patient then informed his father, but his father says that it's just his thoughts and didn't take it as a serious matter. But the patient repeatedly informed his family about his phone hacking, but there was no response from them. Then, before one year, the patient was taken to the Pvt. Mental Health Center because of increased cigarette use—more than three per day. From that hospital, a consultation and therapy were done, and the nicotine craving decreased. But it returned to previous conditions after approximately one month. Then his thoughts start to impair his social functioning. He cannot use social media or his phone without fear, and the fear of being threatened by others leads to social withdrawal. Then his family took him to the private mental health center. Then the patient took medication for eight months, but he stopped because of side effects. When he was taking the medication, the symptoms slightly improved. Because of stopping medication, the patient's beliefs increased, such as someone hacking his phone and people from social media fighting for him and his future. And then the family consulted him at the Pvt. Mental Health Center. and took medicines for three months, but he stopped the medicine because of his fear of side effects. Then he was consulted at the Pvt. Mental Health Center as an OP. And then the patient was brought to this hospital as an IP.

**Negative History:** No history of head injury, trauma, epilepsy, or any neurological conditions no history of feeling excessively happy or sad for long periods of time. There is no history of the patient seeing or hearing things that others cannot see or hear. There is no history of obsessive thought or compulsive behaviors.

**Treatment History:** The patient received treatment from a private Mental Health Centre since 2021 (Exact Date not available). No medications were provided. Treatment taken from another Pvt. Mental Health Center as of June 20, 2021. Medicines were provided. Treatment was taken from another private mental health center as of January 20, 2022. Medications were provided.

**Family History**: The consanguinity is missing. The patient belongs to a middle-class family. Were father, mother, brother, and patient are the earning members. The patient maintained a normal relationship with the family. General interaction within the family is good. The patient's brother has a special attachment to the family. The family members are aware of the patient's illness. The father is the major decision-maker in the family. The patient's brother had hyperthyroidism, but with medication it became normal.

**Personal History**: In birth and development, there are no complications during delivery. The delivery was full-term and normal. The delivery was at the hospital. There are no significant abnormalities in prenatal development. The developmental milestones were age-appropriate. In behavior during childhood, there is no maternal deprivation observed. There is no history of neurotic traits such as nail biting, body rocking, night terrors, phobias, and stammering. In educational history, it started at the age of four and ended with logistics management at the age of twenty-one. The medium was Malayalam. The relationship with peers was good, and he had a lot of friends. The relationship with the teachers were also good. and involved in co-curricular activities from school, mainly chess. In his occupational history, the patient started his occupation before four months, after his studies in logistics. He is very accurate and punctual in his job. This is an interesting job for him. patient didn't maintain a good relationship with colleagues. He used to withdraw from others at his company. Marital status is not applicable. In sexual history, the mode of gaining sexual knowledge is through the phone and through friends. The patient has had no sexual experiences. He used to do masturbatory practices, and while talking about masturbation, the patient didn't have any guilt feelings. Substance use history: there is a history of substance use. The patient started using cigarettes at the age of 10 due to peer influence. The cigarettes are taken occasionally, and by his twelfth grade, he started to use Hans and the usage of cigarettes. Hans gradually started to increase. He takes two cigarettes per day and one pack of Hans for three days. Then, after the 12th grade, he started to use weed (marijuana), and he used it occasionally. Also, started to take alcohol (occasionally). The use of cigarettes, Hans, and weed increased to more than two cigarettes per day and one pack of Hans for two days and it continued till admission. But before one and a half years, the alcohol use had stopped.

**Premorbid Personality**: Attitude toward self: the patient is a confident person. and was able to make decisions and maintain a high level of self-esteem. Attitude toward others, the patient was an ambivert. The patient was unable to maintain relationships. He is an optimistic, cheerful person, and he is concerned about others. work and responsibility; he is a hardworking person. responsible and punctual in his work. Also, he is dedicated to his work. The predominant mood is happy. Moral standards: the patient is a religious person; he always follows his religious rituals. In reaction to stress, the patient smokes when he is unable to deal with stress. Habitually, the patient sleeps normally. There weren't any disturbances during sleep, used to sleep for eight hours. Food patterns were also normal. Fantasy life is not elicited. Other personality traits are absent, such as OCD, ADHD, ODD, an emotionally unstable personality, impulsivity, and a narcissistic personality.

## Mental status examination (MSE)

**General appearance and behavior:** The patient was attentive and conscious during the session. Also, he was alert. Dressing was appropriate; she established and maintained eye contact. The rapport was adequate. The examiner's attitude toward her was adequate. Reality contact was absent. Any tics or mannerisms were absent. Catatonic phenomena were absent.

**Psychomotor activity:** Normal psychomotor activity

**Speech:** The speech was relevant and coherent. Reaction time was decreasing as normal. The amount of speech was adequate. The volume and tone were normal and maintained the prosody of the speech.

**Mood and Effect:** The mood was sad. The effect was shallow. The mood was inappropriate for the situation and congruent with the thought.

**Thought:** In streams, there is a presence of tangentiality. In form, there is no presence of transitory, driveling, desultory thinking, loosening of association, or thought derailing. In possession, there is no presence of obsession or compulsion due to alienation.

**Content:** There is no presence of delusions of persecution, grandiose thinking, or love. "There are persons who are trying to threaten me by hacking my phone"—the delusion of persecution "Many countries are in a war for me and my dreams"—a delusion of grandeur. "A girl from Germany loves me, and she came to meet me, but it doesn't happen." - delusion of love.

**Perception:** There is no presence of hallucinations, and there is no presence of illusions in the patient.

**Other psychotic phenomena:** There is no presence of somatic passivity or made phenomena. Other phenomena: There is no presence of derealization, depersonalization, dejavu vu, etc.

**Cognitive functions:** In attention and concentration, the digit span test and serial subtraction are given. In backward, the digit span is 4, and in forward, the digit span is 5. In the serial subtraction, the patient correctly answered the full series within one minute. So, the client's attention and concentration are aroused and sustained. In orientation, time, place, and person-related questions were given. The patient was oriented toward time, place, and people. In memory, the patient's immediate memory, recent memory, and remote memory were tested, and his immediate memory, remote memory, and recent memory were intact.

**Intelligence:** The participant's general information is adequate. Comprehension is adequate, arithmetic ability is adequate, and the abstract ability of the patient is at the abstract level. So, the global impression of the client's intelligence shows that the patient has average intellectual ability.

**Judgment:** The patient's judgment is found to be intact.

**Insight:** The patient has level one insight. Since the patient is denying all his minor and major symptoms.

**Provisional Diagnosis**: F19 (ICD-10 CLASSIFICATION) Mental and behavioral disorders due to multiple drug use of other psychoactive substances.

## Diagnostic guidelines

**Diagnostic Criteria of Substance Use:** Identification of the psychoactive substance may be made on the basis of self-report data, objective analysis of specimens of urine, blood, etc., or other evidence (the presence of drug samples in the patient's possession, clinical signs and symptoms, or reports from informed third parties). It is always advisable to seek corroboration from more than one source of evidence relating to substance use.

Objective analysis provides the most compelling evidence of present or recent use, though these data have limitations with regard to past use and current levels of use.

Many drug users take more than one type of drug, but the diagnosis of the disorder should be classified, whenever possible, according to the most important single substance (or class of substance) used. This may usually be done with regard to the particular drug or type of drug causing the presenting disorder. When in doubt, code the drug or type of drug that is most frequently misused, particularly in those cases involving continuous or daily use.

Only in cases in which patterns of psychoactive substance use are chaotic and indiscriminate, or in which the contributions of different drugs are inextricably mixed (disorders resulting from multiple drug use).

Misuse of other than psychoactive substances, such as laxatives or aspirin, should be coded by means of F55- (abuse of non-dependence-producing substances), with a fourth character to specify the type of substance involved.

Cases in which mental disorders (particularly delirium in the elderly) are due to psychoactive substances, but without the presence of one of the disorders in this block (e.g., harmful use or dependence syndrome) should be coded in F00 – F09. Where a state of delirium is superimposed upon such a disorder in this block, it should be coded by means of F1x. 3 or F1X. 4.

**Diagnostic Criteria Psychotic Disorder**: A cluster of psychotic phenomena that occur during or follow the use of psychoactive substances but are not explained on the basis of acute intoxication alone and do not form part of a withdrawal state the disorder is characterized by:

- Hallucinations (typically auditory, but often in more than one sensory modality)
- Perceptual distortions, delusions (often of a paranoid or persecutory nature)
- Psychomotor disturbances (excitement or stupor), and an abnormal effect, which may range from intense fear to ecstasy.

The sensorium is usually clear, but some degree of clouding of consciousness, though not severe confusion, may be present.

**Alcoholic:**

- Hallucinations
- Jealousy
- Paranoia
- Psychosis NOS

The patient had multiple substance use disorders for more than five years. So, it meets the criteria for mental and behavioural disorders due to multiple drug use and the use of other psychoactive substances. The patient has delusions of grandiosity, persecution, and love, which cannot be included in the symptoms related to withdrawal and delirium, even if they meet the criteria for psychotic disorders. So, it can be provisionally diagnosed as substance-induced psychosis.

### Interventions And Management Plan

A medical doctor or trained psychologist determines an intervention and management plan for any mental disturbances.

**Cognitive-Behavioral Therapy-** A brief talk therapy method is cognitive-behavioral therapy. As part of a therapeutic strategy, this kind of therapy is frequently used in conjunction with drugs for schizophrenia. Cognitive-behavioral therapy may help people with schizophrenia manage their symptoms. (Silver, 2021)

**Family Therapy-** The early theories on the role of family effects in the onset of schizophrenia have been examined. The empirical studies that these ideas inspired have mostly failed to support many of these assumptions, but they have shown that there are real and significant disparities between the families of schizophrenics and those of patients and non-patient controls. The author suggests that evaluation of schizophrenics and their families, in particular family therapy with families of schizophrenics, can be based on empirical research on family influences in schizophrenia, particularly those factors that precipitate and perpetuate schizophrenic symptomatology. The author also suggests that evaluative research on the effectiveness of family therapy in schizophrenia will be necessary for family therapy to become more than a highly effective treatment for schizophrenia (Waring, 1978).

**Pharmacotherapy-** A severe mental disorder called schizophrenia has an impact on your thoughts, feelings, relationships, and ability to make decisions. The greatest method to increase chances of controlling the sickness is to start receiving the right treatment as soon as possible because there is no known cure. The treatment for schizophrenia will focus on controlling your symptoms. Sometimes have to take prescription for a very long time, or even the rest of life. The approach to assist you in comprehending and managing symptoms will probably also include a significant amount of psychotherapy, a type of talk therapy. Loved ones' emotional and practical support, coupled with the appropriate treatments, will go a long way toward assisting in navigating life (Schizophrenia Treatment: Types of Therapy and Medications, 2016).

## Conclusion

This study discusses a case of Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances. Here the study concentrates on the characteristics, symptoms and features of mental and behavioural disorders due to use of multiple drugs and psychoactive substances and also the interventions used for this case. Schizophrenia is a psychotic condition marked by problems in behavior, emotional reactivity, and thinking. One of the most recognizable characteristics of schizophrenia is autistic thinking. Genetic factors play a very important role in the development of schizophrenia. There are many factors that can contribute to an episode of depression, including environmental factors and stress. Detoxification is normally the important step in treatment. This involves clearing a substance from the body and limiting withdrawal reactions.

## Limitations

This study lacks scientific rigors because here we used is a case study and provides little basis for generalizing the results to a wider population. The study was time-consuming and expensive. It is difficult to replicate

## Declarations

### Funding

This article's completion was not supported by any money.

### Conflicts of interest/Competing interests

The authors have no financial or non-financial interests to report.

### Data Availability Statement

Only datasets produced during and/or analyzed during the current investigation are available upon reasonable request from the corresponding author.

### Author's contribution

The two writers have each made a meaningful contribution and agree that they should both be given authorship credit.

### Ethical approval

The Departmental Research Committee granted ethical approval.

### Consent for participate

Informed consent was taken from the informant and also from the institution.

### Consent for publication

All authors of this research study consent to the work being used for publication.

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The article, A case study on of mental and behavioural disorders due to multiple drug use and use of other psychoactive substances (ICD F19), is a record of original research effort, we therefore declare. We attest to the work's originality and the absence of any instances of plagiarism across the whole manuscript.

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