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Addressing Self-Harm in Paranoid Schizophrenia: The Role of Supportive Psychotherapy in Primary Health Care

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ABSTRACT: Self-harm represents a serious psychiatric emergency frequently observed in individuals with schizophrenia, especially the paranoid subtype, where hallucinations, delusions, and comorbid depression play crucial roles. Although antipsychotic medications remain the cornerstone of treatment for symptom stabilization, they are often insufficient to address underlying psychosocial vulnerabilities that heighten self-harm risk. Supportive psychotherapy (SPT) has emerged as a cost-effective adjunctive intervention that can be integrated within primary health care to complement pharmacological treatment. This literature review synthesizes studies published between 2011 and 2025, retrieved from PubMed, ScienceDirect, and Google Scholar using the keywords paranoid schizophrenia, supportive psychotherapy, and self-harm. Findings reveal that SPT, when implemented after acute psychotic symptoms have subsided, enables patients to express emotions, receive reassurance, and modify maladaptive thoughts through supportive persuasion. Evidence indicates that SPT effectively reduces suicidal ideation and self-harm severity, commonly assessed using the Suicidal Intention Rating Scale (SIRS). Additionally, involving families and providing psychoeducation improve treatment adherence, reduce relapse rates, and create a more supportive home environment. Compared to structured psychotherapies such as cognitive behavioral therapy (CBT) or family-focused therapy (FFT), SPT is simpler, more flexible, and feasible in low-resource settings since it can be delivered by general practitioners with basic training. Overall, this review concludes that SPT offers significant potential to mitigate psychiatric emergencies and enhance the quality of life in paranoid schizophrenia patients at risk of self-harm. It recommends training primary care providers in SPT, integrating family psychoeducation, and implementing a stepped-care model that positions SPT as an initial stabilization phase before advancing to structured therapies.

Keywords: Supportive Psychotherapy, Paranoid Schizophrenia, Self-Harm, Primary Health Care.

INTRODUCTION

Schizophrenia is a chronic, severe, and disabling psychiatric disorder that affects more than 20 million people worldwide, representing one of the top ten causes of disability globally (Owen et al., 2016). The paranoid subtype, in particular, is distinguished by persistent delusions, auditory hallucinations, and thought disturbances, which collectively erode insight, interpersonal

relationships, and social functioning. Beyond its well-known cognitive and perceptual symptoms, schizophrenia is strongly associated with increased vulnerability to self-harm and suicide, posing major challenges for clinical management (García-Portilla et al., 2020; Hawton & Townsend, 2016).

Self-harm among individuals with schizophrenia reflects a complex interaction of biological, psychological, and social factors. The act often emerges as a maladaptive coping mechanism to manage overwhelming psychotic experiences or unbearable internal distress. Globally, self-harm and suicidal behavior account for a significant proportion of premature deaths in schizophrenia; approximately 30% of patients engage in at least one self-harm episode during the course of illness, and nearly 10% die by suicide (Miller et al., 2020). The presence of auditory command hallucinations, persecutory delusions, hopelessness, comorbid depression, and social isolation are among the strongest predictors of self-harm risk in this population (Popovic et al., 2019).

In developing nations such as Indonesia, the issue is even more concerning. Access to specialized psychiatric care is limited, especially outside major urban centers. Many patients with schizophrenia are treated in primary health care (Puskesmas), where psychiatrists are rarely available. Consequently, primary care physicians, nurses, and community health workers often become the first and sometimes the only point of contact for people living with psychosis. Despite their central role, these providers frequently lack adequate training in managing complex psychiatric crises such as self-harm. Thus, interventions that are feasible, effective, and adaptable to primary care settings are urgently needed (Chen et al., 2019; Zhang et al., 2018).

While pharmacotherapy remains the foundation of schizophrenia treatment, relying solely on medication is insufficient to address the multidimensional nature of self-harm. Antipsychotics effectively reduce hallucinations and delusions but do not alleviate the emotional pain, hopelessness, or existential emptiness that often precipitate self-destructive behaviors (Leucht et al., 2017). The absence of psychosocial support and the presence of stigma can further aggravate feelings of isolation and despair, contributing to treatment non-adherence and relapse (Yates et al., 2019). Therefore, integrated psychosocial approaches are essential components of comprehensive care.

Among various psychosocial interventions, supportive psychotherapy (SPT) has gained renewed attention for its practicality and therapeutic depth. Supportive psychotherapy focuses on maintaining or restoring the patient's adaptive functioning by reinforcing healthy defenses, improving coping skills, and fostering a sense of safety through the therapeutic relationship (Novalis et al., 1993). It does not aim to uncover unconscious conflicts, as in psychodynamic therapy, nor does it impose structured cognitive tasks as in cognitive behavioral therapy (CBT). Instead, it emphasizes empathic listening, emotional validation, and realistic encouragement tailored to the individual's capacity and insight level.

This flexibility makes SPT particularly suitable for patients with schizophrenia, who may experience cognitive deficits and limited introspection. By establishing a secure and trusting therapeutic relationship, supportive psychotherapy provides a "holding environment" that allows patients to externalize fears, regulate emotions, and reframe maladaptive beliefs (Hansen et al.,

2012; Yildiz et al., 2014). In this sense, SPT addresses the existential dimension of self-harm — restoring hope, dignity, and a sense of self-coherence.

The therapeutic value of SPT also extends beyond symptom reduction. A growing body of evidence suggests that the quality of the therapeutic alliance is one of the most robust predictors of treatment adherence and clinical improvement in schizophrenia, independent of specific techniques used (Lecomte et al., 2015). Supportive psychotherapy prioritizes this alliance, helping patients to rebuild trust in others and, ultimately, in themselves. It provides a relational corrective experience for individuals who often perceive the world as threatening, judgmental, or dismissive.

Comparatively, structured therapies such as CBT and dialectical behavior therapy (DBT) have demonstrated efficacy in reducing self-harm and suicidal ideation across various psychiatric conditions (Sauvé, Brodeur, Shah, & Lepage, 2020; BMC Psychiatry, 2025). CBT focuses on identifying and modifying cognitive distortions, while DBT integrates mindfulness and emotion regulation strategies. However, both approaches require significant cognitive engagement and therapist expertise, which may not be feasible in low-resource or community-based settings (Sommer et al., 2009; Witt & Åsberg, 2021). In contrast, SPT can be administered by general practitioners, nurses, or trained lay counselors after relatively brief training, making it an accessible intervention for primary care systems (Buckley et al., 2015; Turner & Priebe, 2017).

From a health systems perspective, implementing supportive psychotherapy in primary care represents a cost-effective and scalable strategy for improving mental health outcomes. SPT requires minimal infrastructure and can be integrated into existing health programs, such as chronic disease management and community outreach. Evidence from Asian countries supports this approach; for example, community-based supportive therapy in China improved medication adherence and quality of life, while reducing relapse rates among schizophrenia patients (Zink et al., 2014). Such findings are highly relevant to Indonesia and other countries with similar healthcare structures.

Furthermore, supportive psychotherapy aligns with contemporary principles of person-centered and recovery-oriented care. Instead of viewing patients solely through a medical lens, SPT acknowledges their subjective experiences and personal strengths. It empowers patients to define meaningful life goals, even within the constraints of chronic illness. In the context of self-harm, this empowerment can be transformative, shifting the focus from crisis intervention to long-term recovery and self-agency.

The integration of SPT within a stepped-care framework offers additional advantages. In this model, patients receive the least intensive yet most effective intervention appropriate to their needs. SPT can serve as the first-line psychosocial intervention during acute stabilization, followed by more specialized modalities such as CBT, DBT, or family-focused therapy (FFT) when patients achieve greater insight and emotional control (Firth et al., 2015). This progression ensures that care is both efficient and personalized, optimizing limited mental health resources.

Supportive psychotherapy also provides a bridge between biological treatment and human experience. It acknowledges that beyond neurochemical imbalances, schizophrenia involves

profound disruptions in identity, agency, and connection. By restoring these elements through empathy and collaboration, SPT fulfills a critical therapeutic role that medication alone cannot achieve. In this sense, it resonates with the broader movement in psychiatry toward integrative, relational, and recovery-based models of care (Song et al., 2019; Stubbs et al., 2016).

Despite its promise, supportive psychotherapy has received comparatively less research attention than structured therapies. Many clinicians underestimate its empirical grounding, perhaps due to its flexible and intuitive nature. However, meta-analyses and controlled studies consistently affirm its effectiveness, especially when applied by skilled therapists who can balance empathy with gentle confrontation and realistic guidance (Haw et al., 2023; Vancampfort et al., 2016). As the evidence base grows, SPT is being reappraised as a scientifically valid and clinically indispensable modality.

In summary, self-harm in paranoid schizophrenia presents a multifaceted challenge requiring interventions that address not only symptoms but also the underlying human experience of despair, disconnection, and loss of meaning. Supportive psychotherapy offers a pragmatic and compassionate framework to meet these needs, particularly in primary health care contexts where specialized psychiatric resources are limited. Through its focus on the therapeutic alliance, emotional validation, and adaptive coping, SPT has the potential to reduce self-harm, enhance recovery, and improve the overall quality of life for individuals living with schizophrenia.

METHOD

Search Strategy

A systematic search was performed in PubMed, ScienceDirect, and Google Scholar up to June 2025 using the terms paranoid schizophrenia, supportive psychotherapy, and self-harm. Manual searches from textbooks, clinical guidelines, and cross-referenced articles were also conducted.

Eligibility Criteria

Studies were included if they:

- Reported on supportive psychotherapy in schizophrenia, especially paranoid subtype.
- Examined outcomes related to self-harm, suicidal ideation, relapse prevention, or psychosocial functioning.
- Were published in peer-reviewed journals between 2011 and 2025.
- Were available in English or Indonesian.

Exclusion criteria:

- Studies focusing only on pharmacological treatment.

- Case reports with insufficient clinical detail.
- Conference abstracts without full text.
- Articles unrelated to self-harm in schizophrenia.

Study Selection

Of 265 records identified through database searches and 18 through manual searches, 242 remained after removing duplicates. Screening excluded 177 articles. Sixty-five full-text articles were assessed, of which 43 were excluded (irrelevant = 18, no psychotherapy = 15, insufficient data = 10). Twenty-two studies met inclusion criteria.

PRISMA Flow Diagram

Figure 1. Prisma Flow Diagram

Data Extraction and Synthesis

Data on study design, participants, interventions, and outcomes were extracted. A narrative synthesis identified recurring themes regarding SPT's role in reducing self-harm and improving functioning.

RESULT AND DISCUSSION

Supportive Psychotherapy in Paranoid Schizophrenia

Supportive psychotherapy is typically introduced once acute psychotic symptoms stabilize. It strengthens coping mechanisms without attempting personality reconstruction. Its three key elements—emotional ventilation, reassurance, and persuasion—enable patients to articulate emotions, find hope, and restructure maladaptive beliefs.

Summary of Reviewed Studies

Table 1. Summary of Reviewed Studies on Supportive Psychotherapy in Schizophrenia.

Author/Year	Country	Population / Design	Intervention / Focus	Main Findings
Buckley et al., 2015	UK	Schizophrenia (mixed types) / RCT	Supportive therapy vs. usual care	Improved social functioning; reduced relapse risk
Jakhar et al., 2017	India	Schizophrenia (n=200) / Observational	Self-harm prevalence study	22.6% engaged in self-harm; 10% suicide attempts; depression key predictor
Hasti et al., 2020	Indonesia	Schizophrenia / Intervention study	Supportive psychotherapy techniques	Significant reduction in self-harm behaviors
Pardede, 2017	Indonesia	Paranoid schizophrenia / Clinical trial	Guided supportive therapy	Decreased suicidal drive; prolonged remission
Jiang et al., 2021	China	Paranoid schizophrenia / Family involvement	Supportive therapy + family support	Reduced relapse; improved psychosocial functioning
Mutiara, 2017	Indonesia	Families with schizophrenic partners	Emotional management program	Improved patient and family emotional regulation
Fitriani, 2018	Indonesia	Hebephrenic schizophrenia / Case series	Supportive psychotherapy	Stabilized acute symptoms; improved adherence
Bornheimer & Jaccard, 2017	USA	Adults with schizophrenia / Secondary data	Analysis of depression, psychosis, suicidality	Depression and positive symptoms predicted suicidal ideation

Interpretation:

- Indonesian studies highlight family involvement and emotional regulation as central.
- International studies stress depression and psychotic symptoms as predictors of suicidality.
- Across settings, SPT consistently reduced self-harm and improved functioning.

Clinical Benefits

Multiple studies confirm SPT reduces suicidal ideation and self-harm severity. For example, Hasti et al. (2020) demonstrated measurable reductions in self-harm, while Pardede (2017) showed decreases in suicidal drive and longer remission periods. Improvements are frequently captured through the Suicidal Intention Rating Scale (SIRS), showing consistent benefit across sessions.

Role of Family Involvement

Family engagement strengthens outcomes. Jiang et al. (2021) found family involvement reduced relapse and improved functioning. Mutiara (2017) showed that psychoeducation enhanced both patient and caregiver emotional regulation. These findings emphasize that family psychoeducation should be integrated into treatment models.

Comparison with Other Psychotherapies

Table 2. Comparison of Supportive Psychotherapy (SPT), Cognitive Behavioral Therapy (CBT), and Family-Focused Therapy (FFT) in Schizophrenia

Aspect	Supportive Psychotherapy (SPT)	Cognitive Behavioral Therapy (CBT)	Family-Focused Therapy (FFT)
Structure	Flexible, less structured	Highly structured, manual-based	Semi-structured, family-based sessions
Focus	Emotional ventilation, reassurance, persuasion	Cognitive restructuring, behavioral modification	Psychoeducation, communication, relapse prevention
Patient Engagement	Moderate; suitable for severe cases	High; requires insight and participation	Collaborative (patient + family)
Therapist Expertise	Can be delivered by GPs with training	Requires specialized therapists	Requires trained mental health professionals
Feasibility in Primary Care	High; adaptable in low-resource settings	Low–moderate; resource-intensive	Moderate; depends on family availability
Effectiveness	Reduces self-harm, improves adherence	Reduces delusions, hallucinations, relapse	Reduces relapse, strengthens family support

Limitations	Less impact on core psychotic symptoms	Limited feasibility in resource-poor areas	Requires willing and available family

Interpretation:

- SPT: most feasible for primary care and early stabilization.
- CBT: strong evidence for psychotic symptoms but requires specialized training.
- FFT: effective for relapse prevention but dependent on family dynamics.

Comparative Synthesis

The comparative analysis of SPT, CBT, and FFT highlights the unique strengths and limitations of each approach. Supportive psychotherapy stands out for its flexibility and feasibility in primary health care settings, as it can be delivered by general practitioners using simple techniques such as emotional ventilation, reassurance, and persuasion. This makes it particularly valuable in low-resource environments where access to specialized psychotherapy is limited. By contrast, CBT is a highly-structured intervention with strong evidence for reducing delusions, hallucinations, and relapse rates (Sauvé et al., 2020; Thompson et al., 2013). However, it requires specialized training and a high level of patient engagement, which can be challenging during acute psychotic episodes. Family-focused therapy, on the other hand, emphasizes psychoeducation, communication training, and relapse prevention, with evidence showing significant improvements in family dynamics and reduced relapse risk (Jiang et al., 2021). However, its feasibility depends heavily on the availability and willingness of family members to participate, which may not always be practical in all cultural or socioeconomic contexts.

Taken together, these findings suggest that supportive psychotherapy provides an essential foundation for stabilization, particularly in primary care and resource-limited contexts. Once patients achieve greater stability and cognitive readiness, CBT and FFT can be incorporated as complementary strategies to enhance outcomes. This layered approach aligns with stepped-care models of mental health, ensuring that patients receive interventions tailored to their clinical stage and care setting. To translate these comparative insights into practice, it is also necessary to consider the implementation challenges and opportunities specific to primary health care systems, particularly in Indonesia.

This systematic review explored the effectiveness and clinical relevance of supportive psychotherapy (SPT) for self-harm behavior in individuals with paranoid schizophrenia, with a particular emphasis on implementation in primary health care settings. The synthesized findings consistently demonstrate that SPT provides significant benefits in reducing self-harm tendencies, improving emotional regulation, and enhancing treatment adherence among patients with psychosis. The discussion below interprets these findings in light of prior research, comparing SPT with other psychotherapeutic modalities and highlighting implications for clinical practice and future research.

The therapeutic mechanisms of supportive psychotherapy

Supportive psychotherapy operates through fundamental therapeutic principles—empathy, validation, reassurance, and strengthening of the therapeutic alliance. These mechanisms address core vulnerabilities in schizophrenia such as impaired self-coherence, cognitive fragmentation, and low self-esteem. By fostering a sense of safety and continuity, SPT mitigates anxiety, reduces disorganized thinking, and helps patients reconstruct meaning in their experiences.

A strong therapeutic alliance is particularly crucial in paranoid schizophrenia, where mistrust and suspiciousness often undermine engagement. Research indicates that the quality of the alliance is a robust predictor of positive outcomes, sometimes exceeding the effect size of specific therapeutic techniques (Hansen, Lambert, & Forman, 2012). SPT's emphasis on alliance-building distinguishes it from directive therapies such as CBT or DBT, making it more suitable for patients with limited insight or cognitive flexibility.

Comparative efficacy: SPT versus CBT, DBT, and other modalities

Cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) are well-established interventions for self-harm and mood regulation. CBT has shown moderate-to-strong efficacy in reducing psychotic symptoms and self-injurious thoughts through cognitive restructuring and behavioral activation (Preti et al., 2014; Rummel-Kluge et al., 2011). However, CBT's effectiveness relies heavily on metacognitive capacity and verbal reasoning—abilities that may be compromised in individuals with severe psychosis. Consequently, a large proportion of patients either fail to benefit or disengage early from CBT-based programs (Sommer, de Boer, Begemann, Heringa, & Kahn, 2009).

DBT, initially developed for borderline personality disorder, integrates mindfulness and distress tolerance techniques to manage self-destructive impulses (Psychiatry, 2025). Though DBT's emotion regulation focus is conceptually relevant to schizophrenia, its structured nature and session intensity may exceed the cognitive and motivational capacity of patients with chronic psychosis. In contrast, SPT offers a more flexible, supportive approach that meets patients "where they are," emphasizing stabilization rather than insight-oriented change.

Family-focused therapy (FFT) and psychoeducation have also demonstrated efficacy in preventing relapse and improving adherence (Chien & Leung, 2013). While these modalities target family systems and social environments, they often neglect the patient's immediate emotional needs during crises. SPT, when integrated with family-based approaches, can create a synergistic effect by reinforcing interpersonal trust and emotional containment.

Meta-analytic evidence supports the notion that no single psychotherapy is universally superior; rather, therapeutic success depends on the match between intervention structure and patient readiness (Moritz et al., 2014). SPT's nondirective stance allows gradual engagement of severely ill individuals, providing a necessary foundation before introducing more cognitively demanding interventions such as CBT. This stepped-care integration aligns with contemporary recovery-oriented psychiatry, emphasizing personalization and continuity of care (Turner & Priebe, 2017).

The role of SPT in managing self-harm within schizophrenia

Self-harm in schizophrenia arises from a constellation of psychological factors—command hallucinations, guilt, hopelessness, and emotional numbness. Traditional interventions often prioritize risk assessment and pharmacological control, overlooking the emotional meaning of self-harm. SPT's empathic validation allows therapists to explore self-destructive impulses without judgment, transforming them into communicative acts that express unmet emotional needs.

By providing a consistent therapeutic presence, SPT enables patients to internalize supportive relational models. Over time, this reduces dissociative tendencies and impulsivity. Longitudinal studies have shown that patients receiving regular supportive sessions report fewer self-harm incidents and improved adherence to medication (Buckley, Maayan, Soares-Weiser, & Adams, 2015; Yildiz, Yazici, & Oral, 2014). Moreover, the collaborative nature of SPT empowers patients to regain agency over their treatment, counteracting the passivity often observed in chronic psychosis.

Integration into primary health care systems

One of the most significant implications of this review is the potential for integrating SPT into primary health care. In low- and middle-income countries, psychiatrists are scarce, and mental health care is frequently delivered by general practitioners and nurses. Given its low structural demands, SPT can be implemented through short-term training and supervision. Primary care workers can learn to apply core supportive techniques—active listening, emotional validation, and crisis containment—during routine consultations.

Evidence from community-based programs in China and Southeast Asia demonstrates that incorporating psychosocial components like SPT into primary care significantly enhances treatment outcomes for schizophrenia (Zhang, He, & Yang, 2018; Song, Shi, & Liu, 2019). Patients show better medication adherence, reduced relapse rates, and improved social integration. These results underscore the importance of viewing supportive psychotherapy not merely as an adjunct, but as an essential part of integrated care within community health frameworks.

Additionally, SPT aligns with the World Health Organization's mental health gap action program (mhGAP), which advocates for task-shifting strategies that train non-specialist health workers to deliver evidence-based psychological care. Its adaptability makes it particularly suited to culturally diverse and resource-limited settings, where formal psychotherapy infrastructure is lacking.

SPT and the therapeutic relationship as a protective factor

The protective function of the therapeutic relationship cannot be overstated. In patients with paranoid schizophrenia, mistrust and fear of persecution often extend to medical professionals,

leading to avoidance or hostility. Establishing a consistent, nonjudgmental therapeutic environment helps to dismantle this mistrust. Repeated positive encounters with empathic clinicians promote attachment repair and reduce interpersonal paranoia.

Over time, this relationship fosters resilience and adaptive coping strategies. Patients learn to articulate distress rather than act upon it through self-harm. In this sense, supportive psychotherapy functions not only as a treatment but also as a psychological prophylaxis against relapse and emotional crises. The continuity of care between patient and provider in primary health settings further strengthens this protective dynamic, making SPT a sustainable model for long-term management.

Comparative cost-effectiveness and sustainability

A crucial consideration for health policy is cost-effectiveness. Intensive psychotherapies like CBT or DBT require specialized training, supervision, and structured protocols, which limit scalability. Conversely, SPT's simplicity and low cost make it highly adaptable to primary health care environments. It can be delivered individually or in groups, face-to-face or via telehealth, without compromising its relational core.

A pragmatic trial comparing CBT and SPT found comparable symptom improvements but greater treatment adherence in the SPT group due to its flexible format and reduced cognitive burden (Sommer et al., 2009). From a public health perspective, implementing SPT within primary care can yield high returns in terms of improved outcomes, reduced hospitalization rates, and better utilization of limited mental health resources.

Moreover, SPT can serve as a gateway intervention—identifying high-risk patients who require referral to specialist care. Its focus on establishing rapport and assessing emotional stability positions primary care providers to act as effective gatekeepers within a stepped-care mental health system.

Limitations of existing evidence and future research directions

Although this review highlights promising findings, several limitations must be acknowledged. First, most studies on supportive psychotherapy involve heterogeneous samples or lack standardized protocols, making cross-comparison difficult. Second, few randomized controlled trials directly evaluate SPT for self-harm outcomes, as most focus on general symptom reduction or relapse prevention (Buckley et al., 2015). Third, cultural factors influencing therapeutic relationships remain underexplored; the concept of "support" may differ significantly across societies, affecting the generalizability of findings (Song et al., 2019).

Future research should address these gaps by developing clear operational definitions of SPT components, standardized treatment manuals, and culturally sensitive outcome measures. Mixed-methods designs combining quantitative and qualitative data could provide deeper insight into

patient experiences and mechanisms of change. Longitudinal studies are also needed to assess sustainability and long-term recovery beyond symptom remission.

Additionally, the potential integration of digital technology into supportive psychotherapy warrants exploration. Telepsychotherapy and smartphone-based interventions may expand access, particularly in rural or underserved regions. Training primary care clinicians through online modules could further scale the delivery of SPT, promoting equitable access to psychological care.

Clinical implications and conceptual synthesis

From a clinical standpoint, supportive psychotherapy embodies the core of humanistic psychiatry. It does not seek to "cure" schizophrenia but to help individuals live meaningfully within the context of chronic illness. This approach resonates with recovery-oriented models emphasizing empowerment, self-determination, and social inclusion (Vázquez et al., 2019).

For clinicians, SPT serves as both a mindset and a method. It invites a shift from symptom eradication to relational healing—meeting patients as persons rather than as pathologies. For patients with self-harm tendencies, this relational attunement can restore a sense of belonging and counteract existential isolation. When embedded within primary health care, supportive psychotherapy ensures that compassion becomes a structural, not incidental, component of care.

In conceptual terms, SPT can be seen as the "therapeutic glue" that binds pharmacological and psychosocial interventions together. It stabilizes patients sufficiently to benefit from medications and prepares them to engage in more cognitively demanding therapies later in treatment. As such, SPT fulfills a bridging role between crisis management and recovery.

CONCLUSION

Supportive psychotherapy is a practical and effective adjunctive intervention for managing self-harm in paranoid schizophrenia. By facilitating emotional expression, providing reassurance, and reshaping maladaptive beliefs, SPT reduces suicidal ideation, mitigates self-harm, and enhances psychosocial functioning.

Compared with structured therapies such as CBT or FFT, SPT is more accessible, cost-effective, and feasible in primary care. While not a substitute for specialized therapy, it provides a vital foundation for stabilization and long-term recovery.

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