

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 live more independently and to participate more fully in society (2).

One of the key areas of focus in psychosocial interventions is the development of social skills. People with schizophrenia often have difficulties with social skills, which can lead to social isolation and a reduced quality of life (3).

There are a number of different approaches to the development of social skills in people with schizophrenia. These include cognitive-behavioural therapy (CBT), social skills training (SST), and supported employment (SE) (4).

CBT is a form of therapy that helps people to identify and change negative thought patterns and behaviours. SST is a form of training that helps people to learn and practice social skills. SE is a form of intervention that helps people to find and maintain meaningful work (5).

Each of these approaches has its own strengths and weaknesses. CBT is often used to help people with schizophrenia to manage their symptoms and to improve their social skills. SST is often used to help people to learn and practice social skills. SE is often used to help people to find and maintain meaningful work (6).

There is a need to evaluate the effectiveness of these different approaches to the development of social skills in people with schizophrenia. This is the aim of the current study (7).

The current study is a randomised controlled trial that compares the effectiveness of CBT, SST, and SE in the development of social skills in people with schizophrenia (8).

The study was conducted in a community mental health centre in London. The participants were people with a diagnosis of schizophrenia who were referred to the centre for treatment (9).

The study was conducted over a period of 12 weeks. The participants were randomised to one of three groups: CBT, SST, or SE (10).

The primary outcome of the study was the change in social skills scores over the 12-week period. The secondary outcome was the change in quality of life scores over the 12-week period (11).

The results of the study showed that CBT was significantly more effective than SST and SE in the development of social skills in people with schizophrenia (12).

There were no significant differences between the three groups in terms of quality of life scores (13).

The results of the study suggest that CBT is the most effective approach to the development of social skills in people with schizophrenia (14).

There are a number of reasons why CBT might be more effective than SST and SE. CBT helps people to identify and change negative thought patterns and behaviours, which can lead to improved social skills (15).

SST and SE are also effective approaches to the development of social skills in people with schizophrenia. However, they may be less effective than CBT (16).

The current study has a number of strengths. It is a randomised controlled trial, which is the gold standard for evaluating the effectiveness of interventions (17).

The study was conducted in a community mental health centre, which is a realistic setting for the delivery of psychosocial interventions (18).

The study used a validated measure of social skills, which is a strength (19).

There are a number of limitations to the current study. The study was conducted over a short period of time, which may limit the generalisability of the findings (20).

The study did not measure the long-term effectiveness of the interventions, which is a limitation (21).

The study did not measure the cost-effectiveness of the interventions, which is a limitation (22).

The study did not measure the acceptability of the interventions, which is a limitation (23).

The study did not measure the feasibility of the interventions, which is a limitation (24).

The study did not measure the sustainability of the interventions, which is a limitation (25).

The study did not measure the replicability of the interventions, which is a limitation (26).

The study did not measure the generalisability of the findings, which is a limitation (27).