Learning About Schizophrenia

An International Awareness Packet
from the World Federation for Mental Health

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World Federation for Mental Health (2008)
ISBN 978-0-9763865-5-1
ISBN 0-9763865-5-0

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Learning About Schizophrenia:
An International Mental Health Awareness Packet From The World Federation for Mental Health

Introduction

Worldwide, the burden of mental illness is great, and multiplied in the many countries fraught with famine, civil war, HIV/AIDS and disaster. Schizophrenia is, by far, the most debilitating yet least understood of all of these illnesses. Characterised by a range of symptoms that may make it difficult for those experiencing it to judge reality, it most commonly develops during late adolescence or young adulthood. It affects an estimated 24 million people worldwide, and has an enormous impact on the quality of life. While effective treatments are available, the tragedy of this disorder is that less than 50% of people with schizophrenia receive adequate treatment.

People living with schizophrenia have historically been the target of fear, stigma, discrimination and exclusion. Until recently, most individuals living with schizophrenia were confined in psychiatric hospitals or, all too often, in jails. The impact of the disorder is also deeply personal, affecting almost all facets of an individual's life. In some cases, a diagnosis of the disorder prevents acceptance into society. For most, the disorder negatively impacts relationships with family and friends, and the ability to maintain employment and secure adequate housing. But for all, the chronic nature of the disorder and tendency for multiple relapses means that they and their loved ones must put forth significant effort – on a day-to-day basis – to get and stay well.

For more information about mental illnesses and mental health, including awareness packets on Generalized Anxiety Disorder and Bipolar Disorder, visit the WFMH website at www.wfmh.org

Though there is no cure for the disorder, effective treatments, including both therapy and medication, are now able to ease its symptoms. In many parts of the world where these treatments are unavailable, traditional healers are sought to ease symptoms of the disorder. But millions across the globe are untreated, either lacking access to, or stigmatised by seeking, needed care.

This packet contains information on the diagnosis and treatment of schizophrenia, as well as important information for caregivers on helping someone they love on the road to recovery. It is intended to be used as a mental health awareness toolkit to help inform the general public about the disorder and the people who experience and live with it. A number of fact sheets are included that can easily be reproduced and used as handouts at mental health awareness activities such as health fairs and workshops. Many people experiencing the early symptoms of schizophrenia ignore or suppress the need to seek help and early treatment – and too often, parents, friends, and teachers do not realise what is occurring or how they might help. It is our hope that this educational packet will provide important information for citizens, caregivers, healthcare workers and traditional healers in communities around the globe on the diagnosis and treatment of schizophrenia.

The information contained in this mental health awareness packet draws on the work and effort of many individuals and organisations, all of whom are acknowledged in references and footnotes. WFMH is grateful to those organisations and individuals – researchers, clinicians, educators, advocates, family members, and people living with mental illnesses – who are working to expand and share the knowledge base about schizophrenia and other serious mental illnesses. Their willingness to share their work with others reflects their

continuing commitment to strengthening the global mental health movement. We also recognise and thank those organisations listed in the Resources section of this packet for the work they do in assisting individuals and families in locating useful referral assistance and information.

There are many grassroots patient/service user /consumer and family/caregiver support groups and organisations located in communities around the world that offer assistance and support to people living with mental illnesses such as schizophrenia and to their families and caregivers. WFMH has been fortunate to be able to develop and launch a comprehensive searchable online directory listing nearly 3000 of these groups. **The Online Directory of Mental Health Patient/Service User, Family Member/Carer, and Advocacy Organisations** can be found on the WFMH website at www.wfmh.org.

WFMH is indebted to the science writers and editors that assist WFMH in the research, writing and editing of its mental health awareness packets and materials. The writer of the packet, Gemma Griffin, worked extremely hard to make these materials as accurate and internationally relevant as possible. Special thanks are due Dr. Patt Franciosi, WFMH's Vice-President for Program Development, for her invaluable assistance and advice throughout the project. WFMH staff members, Dr. Elena Berger and Debbie Maguire, assisted in the editing and proofreading of the draft materials and made valuable suggestions.

This international mental health awareness packet was supported through an unrestricted educational grant from AstraZeneca. WFMH expresses appreciation to AstraZeneca for its interest in getting useful, accurate and evidence-based information and awareness materials into the hands of grassroots mental health consumer/patient, family/caregiver and citizen advocacy organisations worldwide. We also express special thanks and appreciation to Louise Marland for her interest in and support for the work of WFMH and for the international mental health patient and family advocacy sector during her tenure at AstraZeneca.

The World Federation for Mental Health is pleased to make this awareness packet available to you, and hopes that you find it of value in your local community-based efforts.

Preston J. Garrison
Secretary-General & CEO
World Federation for Mental Health

Chapter 1

What is Schizophrenia?

Schizophrenia is a serious mental disorder that often develops in adolescence or early adulthood and affects approximately 24 million people worldwide.[1] People with schizophrenia experience a range of symptoms that may make it difficult for them to judge reality. While there is no cure for schizophrenia at the moment, treatments are available which are effective for most people. Unfortunately, more than 50% of people with schizophrenia do not receive appropriate care.[2]

The name schizophrenia comes from the Greek words 'schizo' (meaning split) and 'phrenos' (meaning mind). It was chosen to reflect the poor connection or "split" between the thought processes (cognition) of a person with the disorder, and other functions of the mind such as emotion and behaviour. There is a common misconception that people with schizophrenia have a "split" or "multiple" personality. This is not true and refers to a different and extremely rare mental illness - dissociative identity disorder.

What are the symptoms of schizophrenia?

Not everyone who is diagnosed with schizophrenia has the same symptoms.[3] The definition of the disorder is quite wide, includes many different possible combinations of symptoms, and can vary across countries. Schizophrenia will normally be diagnosed by a psychiatrist, but there are many symptoms which occur in schizophrenia that everyone can be aware of.

For some people, schizophrenia begins with an "early psychosis" or "prodromal" stage. Key features of this stage include:

- Sleep disturbance
- Appetite disturbance
- Marked unusual behaviour
- Feelings that are blunted (flat) or seem incongruous (inconsistent) to others
- Speech that is difficult to follow
- Marked preoccupation with unusual ideas
- Ideas of reference – thinking that unrelated things have a special meaning, for eg, thinking that people on the television are speaking directly to you
- Persistent feelings of unreality
- Changes in the way things appear, sound or smell

Some people may experience early psychosis or a prodromal stage and never develop schizophrenia. Others who develop schizophrenia never show signs of early psychosis/prodrome and therefore have no option for early treatment, while there are people who have symptoms and obtain early treatment but nevertheless go on to develop schizophrenia. Symptoms which may then occur are often grouped in to three categories: positive, negative and cognitive. The terms "positive" and "negative" can be confusing. Essentially, positive symptoms suggest that something is present which should not normally be there. A negative symptom is something that is not present, but should be.

Positive Symptoms

Symptoms categorised as "positive" include:

Hallucinations: The individual with schizophrenia may hear voices or see visions that aren't there or experience unusual sensations on or in his/her body. Sometimes the voices are complimentary and reassuring; sometimes they are threatening and frightening. The voices may also instruct the individual to do things that he/she wouldn't normally do and may be harmful.

Thought disorder: The way a person with schizophrenia processes thoughts can be very different from the way others do. Thinking is often disorganised and fragmented and the person's speech may be illogical or incoherent. The person may feel that his/her thoughts are racing through his/her mind and that it is impossible to catch up. Often inappropriate responses may exist with this disorder: the person may be speaking of something sad or frightening and be laughing at the same time.

Delusions: The individual has strange, unrealistic beliefs that are inappropriate for their culture and persist, despite evidence to the contrary. The person may believe that he/she is getting instructions from space aliens or being watched by others who will inflict harm. It is not effective to argue against the delusions as they are very real to the person, no matter what others may say. Delusions can be primary or secondary. A secondary delusion is an interpretation of an illusion or hallucination. If the person hears the voice of a police agent ("an auditory hallucination") they may form a delusion that they are under police surveillance. A primary delusion is an unrealistic belief that just seems

to appear from nowhere. More than 90% of patients with schizophrenia will experience delusions at some stage.[4]

Altered sense of self: The person may feel that his/her body is separated from the inner self and be unable to tell where the body ends and the rest of the world begins. This causes confusion in the person as to who he/she is and may cause feelings of being nonexistent as a person.

> *"What people with schizophrenia see or hear seems absolutely real to them - no matter how unbelievable or unrealistic others may find it".*[5]

Memory impairment: The individual may recall that an event occurred but be unable to remember the specifics, such as where, when, or how it took place. In addition, a distraction may cause a person to forget a preceding event.

Negative Symptoms

Symptoms categorised as "negative" are as follows:

Lack of motivation or apathy The person may appear to be lazy because he/she has a lack of energy or interest in life. He/she may struggle with seemingly basis tasks like getting out of bed or having a shower, and may be unable to do more than sleep and eat sparingly.

Blunted feelings or affect: The person feels and exhibits a "flat" persona and facial expressions may be non-existent. In fact, the individual can feel emotion and be receptive to kindness and assistance but is unable to express it outwardly. This symptom becomes more apparent as the disorder progresses.

Depression: While depression is not always associated with schizophrenia, it is a symptom of the disorder. The person feels helpless and hopeless and may feel that the problems of life have happened because he/she is unlovable and has destroyed relationships and behaved badly. Such feelings are very painful and, in extreme cases, can lead to suicide.

Social withdrawal: The individual with schizophrenia may withdraw from his/her friends and surroundings for various reasons. He/she may feel safer being alone.

Poverty of speech and thought: When the person speaks they may say very little or forget what they were saying. They may not initiate conversations on their own.

Catatonic behaviour: The person may exhibit unusual postures or mannerisms. They may sit a particular way and not move for a very long time.

Cognitive Symptoms

Cognitive symptoms include problems paying attention, remembering things, and concentrating. The person may get easily distracted. He/she may not be able to read a book or watch a television programme, and may often forget things.

If a person experiences some of the positive, negative or cognitive symptoms described above, he/she may fit the criteria to be diagnosed with schizophrenia.

How is schizophrenia diagnosed?

Diagnosing schizophrenia is very complex, and will normally be done by a psychiatrist The psychiatrist will ask the person about their experiences, how long they have had the symptoms, and what impact the symptoms are having on their life.

In many countries, the psychiatrist will decide if the patient's symptoms meet the requirements for a diagnosis of schizophrenia in the *Diagnostic and Statistical Manual of Mental Disorders*[6] (the current edition is commonly referred to by doctors as the DSM-IV-TR) or the *International Classification of Diseases*[7] (the ICD-10). In Europe it is more likely that the psychiatrist will use the ICD. In the USA, the DSM is commonly used. Other classification systems may be used in some areas, for example China[8] and Latin America.[9]

Other possible causes for the symptoms, such as another mental disorder, drug use, or a physical health problem, will also have to be ruled out. This is called a differential diagnosis.

If the psychiatrist diagnoses the patient with schizophrenia, they may further diagnose them with a particular type of schizophrenia. These subtypes include:

- *Paranoid schizophrenia* - for eg., where a person thinks that they are being plotted against.
- *Disorganised (hebephrenic) schizophrenia* - where a person has very inappropriate emotions, and their personality deteriorates.
- *Catatonic schizophrenia* - this is sometimes described as a "walking coma". A person may withdraw from others, not speak very much if at all, and show unusual body positions.

Not everyone who is diagnosed with schizophrenia will be diagnosed as having a particular subtype of the disorder.

DSM-IV Diagnostic Criteria for Schizophrenia

A **Characteristic symptoms:** Two or more of the following, each present for a significant portion of time during a one-month period:
- delusions
- hallucinations
- disorganised speech (eg, frequent derailment or incoherance)
- grossly disorganised or catatonic behaviour
- negative symptoms (ie, affective flattening, alogia, or avolition)

Note Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behaviour or thoughts, or two or more voices conversing with each other.

B **Social/occupational dysfunction:** Since the onset of the disturbance, one or more major areas of functioning, such as work, interpersonal relations, or self-care, are markedly below the level previously achieved.

C **Duration**: Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less if successfully treated) that meet Criterion A.

D **Exclusion** of schizoaffective disorder and mood disorder with psychotic features.

E **Substance/general medical condition exclusion**: the disturbance is not due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general

F **Relationship to a pervasive developmental disorder**: If there is a history of autistic disorder or another pervasive development disorder, the diagnosis of schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

What causes schizophrenia?

Researchers are still trying to understand the cause of schizophrenia, and are considering many factors including viruses, injuries in early life, lack of oxygen at birth, and genetic factors.[10]

What impact does schizophrenia have on people's lives?

The impact that schizophrenia has on people's lives varies considerably. Some only ever have one "psychotic episode" where they are very unwell, and then manage to maintain their wellness. Others may recover for some time, and then relapse and have another psychotic episode. For some, the symptoms of schizophrenia essentially remain constant for the rest of their life.[11] These symptoms can be strange and frightening for people with schizophrenia, as well as their friends and family. [12]

In many cases, friends and family members provide care for people with schizophrenia. Sometimes this experience can be very challenging and can affect many areas of the caregivers' lives, particularly their ability to keep working.

People with schizophrenia may experience stigma and discrimination, and may have physical health problems related to their mental illness and psychiatric medications. However, people with schizophrenia can recover fully, and even if they continue to experience psychiatric symptoms or medication side effects they lead full and meaningful lives.

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Chapter 2

An International Perspective on Schizophrenia

So far, no society or culture anywhere in the world has been found free from schizophrenia and there is evidence that this puzzling illness represents a serious public health problem.[1]

Schizophrenia can occur anywhere, and affect anyone. However, variations exist in the numbers of people diagnosed in different communities, the symptoms that they experience, how they are diagnosed, and how different communities view and react to someone who has schizophrenia. There is also significant inequity in access to treatment for people with schizophrenia depending on where they live. Fifty percent of people with schizophrenia cannot access adequate treatment, and 90% of those people live in the developing world.[2]

Numbers of People with Schizophrenia: Incidence & Prevalence

Approximately 1 in 100 people around the world has schizophrenia. In many studies it has been found that more males than females are diagnosed with schizophrenia,[3] and high rates of schizophrenia among migrants have been described in various settings.[4] [5] [6] [7] For many years it was believed that people with schizophrenia in developing countries had better treatment outcomes than those in developed countries. However this has recently been challenged[8] and further research is needed.

Symptoms and Diagnosis

In many countries a psychiatrist who is trying to decide if someone has schizophrenia will consider if the patient's symptoms meet the requirements for diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*[9] (the current edition is commonly referred to by doctors as the DSM-IV-TR) or the *International Classification of Diseases*[10] (the ICD-10). In **Europe** it is more likely that the psychiatrist will use the ICD. In **the USA**, the DSM is commonly used. Other classifications may be used in some areas, for example **China**,[11] and **Latin America.**[12]

The psychiatrist will take into consideration the culture of the patient. What is considered delusional in one culture may be accepted as normal in another. In some cultural groups, “visions” or “voices” of religious figures are part of the normal religious experience. “Seeing” or “being visited” by a deceased family member is not unusual in some cultures. A person’s deferential avoidance of direct eye contact can be seen, on the one hand, as a sign of withdrawal or paranoia, while it is the cultural norm in other groups.

Understanding and Reaction

Many different lay explanations for the cause of schizophrenia exist in communities around the world. It is important to consider the different ways that people understand and explain schizophrenia, and the potential impact that this may have on help-seeking, treatment satisfaction and compliance if the treatment suggested is seriously at odds with their understanding of their illness.[13] For example, in **Cape Verde**, local explanations of schizophrenia include cabeça cansada ("tired head") and nervosa ("nervous") as well as a range of explanations which attribute the cause to sorcery or witchcraft.[14] In **the United Kingdom** one study looked at different population groups and considered the relationship between how illness is understood and treatment satisfaction. It found groups that thought schizophrenia had a biological cause were more satisfied with their treatment than those that cited supernatural or social causes. [15]

How people explain schizophrenia may also be important in assessing whether or not they have insight into their illness - that is, whether they realise that they are unwell. Insight is often an important factor in deciding future treatment. If someone believes that schizophrenia is a supernatural experience, they may be less likely to consider the suggestion that they are medically unwell and require treatment. The potential 'western' bias in current models of assessing insight has been considered by researchers in **India**[16] and in **Malawi**[17] but this remains a complex and poorly understood area.

Here in a case study from an article published in the British Journal of Psychiatry, an example is given of the influence that supernatural beliefs can have on the expression of symptoms, and on how people consider their experience.

Mr. M.E. was hospitalised at the age of 18. He was single and lived with his parents. His relatives described that he functioned quite well as a child and that he was well adjusted at school until the age of 11–12. At that age he became preoccupied with strange ideas and for this reason he saw a psychiatrist weekly for about 1 month. This treatment, which did not include any medication, had a positive effect on his worries, but he became more withdrawn and participated in fewer social activities in the months to come. Before hospitalisation he felt that others could hear his thoughts and he also felt that a `satanic' group living in his native place were persecuting him. In a mysterious way he felt that this group did `black magic' against him and that they could influence his body from a long distance. He could feel this as a pain in his stomach. These symptoms lasted for several months. At the time of hospitalisation he felt that his brain was damaged and `empty', and that `someone' was inserting thoughts into his head. He was withdrawn and pre-occupied with the idea -that the `black magic' that they had done might have destroyed his brain tissue.[18]

Different understandings, or - in some cases - lack of understanding, of schizophrenia can be seen in the stigma and discrimination which people with this disorder face worldwide.

In **Ethiopia** one study has reported that 75% of relatives of people with schizophrenia experienced stigma, and that 37% of them wanted to conceal that their relative had a mental illness.[19]

In **India** family members have reported being concerned enough about the effects of stigma on the marital prospects of a relative and the potential for rejection that they have hidden the fact that the relative has schizophrenia.[20] There has also been ethnographic data reported that in Chennai many women with schizophrenia face hostility and negative attitudes from their families, and are ridiculed and ostracised.[21]

Stigma and discrimination are problems that every country in the world needs to address, and the examples drawn here are merely to highlight this pervasive problem. Stigma and discrimination causes immense individual suffering, and can deter people from seeking treatment.

Treatment

Up to one in three people with schizophrenia and non-affective psychoses does not receive any treatment.[22] Treatment coverage varies widely.[23]

If people can access services, exactly what treatment they will receive also varies. Where they exist, schizophrenia treatment guidelines differ considerably, particularly in relation to what psychosocial treatment (if any) is recommended.[24] Approaches to psychiatric medication differ too. For example, the Russian classification and treatment of schizophrenia allows for non-psychotic forms of the illness, and for non-psychotic patients to be treated with neuroleptic drugs.[25] Which drugs are used to treat schizophrenia varies internationally, partly because first-generation antipsychotic medication is cheaper than second-generation or atypical antipsychotic medication.

Not only does treatment vary considerably; variation is also seen in where treatment takes place. In some countries people with schizophrenia are treated almost entirely in psychiatric institutions. In **China** patients generally stay in long-term hospitals, and community-based services have only recently become available.[26] In other countries psychiatric care has been deinstitutionalised and mental health is being, or has been, integrated into primary health care as far as possible. In many other countries, for example in **India**,[27] access to both inpatient and outpatient services can be difficult, and the bulk of care is provided by informal carers such as family members.

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Chapter 3

Better Understanding: A Brief Review of Some Current Research

We do not fully understand schizophrenia, and still have much to learn about this disorder. However, researchers continue to find new information and challenge each other, constantly increasing our understanding and leading to improved treatments and services. In this section we highlight just a few examples of exciting recent research. There is considerable hope that future research in this field will lead to breakthroughs in better understanding the causes of schizophrenia and how to lessen its impact on the lives of those it affects.

- Advances in technology are improving the ability of clinicians to assess neuropsychiatric functioning and the genetic elements of schizophrenia.[1]

- Schizophrenia normally begins in adolescence or early adulthood. In the past some researchers have suggested that if schizophrenia-type symptoms are first seen in middle or old age, they must be due to organic factors. New research is now suggesting that diagnoses of both late-onset schizophrenia (starting after 40 years) and of very-late-onset schizophrenia-like psychosis (after 60 years) are clinically valid and useful.[2]

- More attention is being directed to studying the early detection and prevention of schizophrenia. Directions for urther research are being put forward.[3]

- The influence of environmental factors on the development of schizophrenia is also receiving more attention, largely because of studies that have suggested that there may be higher rates of schizophrenia in urban areas.[4]

- The issue of cannabis use as a risk factor for developing schizophrenia is being studied. Future research could lead to an improved understanding of the relationship between cannabis use and schizophrenia and to better treatment for people with co-morbid schizophrenia and substance use disorders.[5]

- A recent review has considered the latest literature on the role of the cerebellum in schizophrenia.[6]

- Research is continuing to try to identify if there are particular genes that make people more susceptible to developing schizophrenia. There is particularly strong evidence being found for three regions - called 6p24-22, 1q21-22 and 13q32-34.7

- The convergence of research in diverse fields such as molecular genetics, molecular neuropathology, neurophysiology, invivo brain imaging, and psychopharmacology indicates that we may soon fully understand the molecular basis of schizophrenia.[8]

- Second-generation antipsychotic drugs have advanced the psychotherapeutic treatment of schizophrenia. Further drug improvements may be seen soon.[9]

- A systematic review of risk factors for suicide in schizophrenia has suggested that prevention of suicide is likely to result from "treatment of affective symptoms, improving adherence to treatment, and maintaining special vigilance in patients with risk factors, especially after losses."[10]

- A new technology called virtual reality (VR) - essentially meaning interactive immersive computer environments--allows one of the key variables in understanding psychosis, social environments, to be controlled.[11] This will allow for some new types of research to be undertaken, and could potentially lead to improved understanding.

- The research base for many psychosocial interventions is growing,[12] including for vocational rehabilitation,[13] and art therapy.[14]

- Updated guidance for managing schizophrenia in general health is available.[15]

- The relationship between smoking and schizophrenia continues to be considered. One study suggests that switching patients from typical to atypical antipsychotics may assist them to give up smoking.[16]

- The recovery model for people with schizophrenia is being recognised. People are increasingly calling for services to be recovery-focused and it is being noted that "in the majority of cases, people with schizophrenia have the potential to recover.[17]

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CHAPTER 4

TOWARDS RECOVERY: TREATMENT FOR SCHIZOPHRENIA

"It wasn't that long ago that many people considered schizophrenia a chronic, progressive illness that meant people's dreams had to permanently be put on hold. Today, schizophrenia is no longer an automatic life sentence. A growing cadre of consumers, researchers and healthcare providers now say recovery is not only possible, it is a natural right of those diagnosed with the illness." [1]

If you have schizophrenia, you are not alone. For the millions of people worldwide living with this disorder, there are treatments that can help to reduce symptoms and improve the ability to function at home, at work, and at school. For most people, long-term medication is required to treat schizophrenia. A number of other treatment options/services may also be used including talk therapy, self-help groups, vocational rehabilitation, community programs and peer-support.

Early intervention

Researchers have found that some people with schizophrenia showed signs of an early psychosis or prodromal stage before they developed the disorder. If these signs are detected and treated early enough, the development of full schizophrenia may be avoided. Psychosocial treatments are preferred during this phase and the use of antipsychotic or other medication should usually be avoided during these very early stages. If early signs of psychosis are suspected, the person should be assessed and monitored for the precursor symptoms and other risk factors identified.

Treatment for schizophrenia is most effective if it is begun early – as soon as possible after symptoms appear. In most countries, ongoing assessments and tests will be used to monitor the person's health and wellness – just as in treating any other chronic medical condition.[2]

Medication

"Living with schizophrenia means acknowledging having a chronic illness and needing to take medication every day to stay well, just as you would have to do if you had diabetes." [3]

There are a number of medications especially designed to treat schizophrenia. The most commonly used medications are called antipsychotics. The first medications which were developed are called typical (conventional) antipsychotics, and include: Chlorpromazine, Fluphenazine, Flupentixol, Haloperidol, Loxapine, Perphenazine, hiothixene and Thioridazine. Recently a "new generation" of antipsychotics has been developed, and they generally produce fewer side-effects. These second generation (atypical) antipsychotics include: Amisulpride, Aripriprazole, Clozapine, Olanzapine, Quietiapine, Risperidone, Sertindole and Ziprasidone

It may take some "trial and error" to find the medication that works best for you with the least side effects but it is important to follow instructions of your mental health team exactly and take your medications consistently as directed. It may take some time – weeks or even months – before use of the medication has a positive and stable impact on your symptoms.[4] These antipsychotic medications are not addictive and they do not take away your free will. It is particularly important to keep taking your medication, even if your symptoms seem to have gone away, to lower the risk of relapsing.[5]

Sometimes, however, the side effects of antipsychotic medication can be very troubling and can lead people to want to stop taking their medication. It is important to talk to your doctor about the side effects which the medication you are on might cause. These vary between medications and everyone reacts differently. Common side effects include a dry mouth, feeling drowsy, weight gain and spasms/tremors. Some side effects, such as feeling drowsy, may get better once you have been taking the medication for a while.

"There is considerable variation in the therapeutic and side effects of antipsychotic medications. Doctors and patients must carefully evaluate the trade-offs between efficacy and side effects in choosing an appropriate medication. What works for one person may not work for another."

Jeffrey Lieberman, M.D.

Sometimes people may get frustrated with taking their medication if they are still experiencing symptoms, if they do not accept that they are ill, or if they find the medication schedule too complicated.[6] [7] If you are having any problems with your medication you should feel free to discuss this with your doctor, and to ask if there is another option that you can try. We have included a list of questions you might want to ask your doctor, on page 22.

> "Remember, it's your medicine, and you probably won't take it if you're not happy with it. There are plenty of choices out there today. Find the one that works for you. It's your right."[8]

While medication is a vital part of treatment for most people with schizophrenia, it should only be a part of the treatment plan[9] and can be complemented by many of the other options outlined in the remainder of this section.

Psychotherapy/Counselling

It is often extremely helpful to receive counselling from a qualified expert, knowledgeable about schizophrenia. It is helpful to go to sessions with your family or close friends who will serve as your support system throughout your treatment. Such counselling could come from a psychiatrist, psychologist, psychiatric social worker, or nurse. It will help you understand more about yourself and your illness.

There has been considerable progress made in recent years in using psychotherapy to treat schizophrenia. Modern psychotherapy for schizophrenia recognises the biological base of schizophrenia, and aims to help you develop techniques to adapt to and cope with your illness.[10]

One type of psychotherapy you may be able to access is called Cognitive Behavioural Therapy, or CBT. In CBT, the therapist will try to make links between how you feel and how you think, to help you develop healthier thinking patterns. CBT has been shown to lead to long-term and continued improvement for some patients.[11]

Psychodynamic therapy may also be used. This sort of therapy focuses on the relationship between you and your therapist.

Traditional, alternative and lifestyle treatment options

Creative therapies: Although further research is needed, creative therapies that allow a person's inner world to be explored in a non-threatening way and that foster different types of communication may be beneficial. Art therapy may be useful for people with schizophrenia, particularly if they find it difficult to engage in verbal therapy.[12] There is also a suggestion that music[13] and drama[14] therapy may provide some benefits.

Traditional Chinese medicine: Before antipsychotics were invented, traditional Chinese medicine was the main form of treatment for schizophrenia in China. Further studies are needed, but one study has suggested that traditional Chinese herbs may be useful when combined with antipsychotics.[15]

Diet, rest and exercise: You and your family and friends should prepare to be patient during the treatment process. As with any recovery processes, it is important that the person with schizophrenia has a well-balanced diet, adequate sleep, and regular exercise, even if the side effects of medication may make these goals challenging. Supervision of daily routines is often required.

Vocational rehabilitation:. Often the symptoms of schizophrenia impact on the skills that people need to work. Vocational training is sometimes available to help people develop these skills again. Supported employment – such as within a rehabilitation program – may also be available.

> *"So many people [with schizophrenia] feel isolated. It's hard getting back your motivation and getting back into the workforce."*
>
> *Bill MacPhee, founder of Schizophrenia Digest and a person living with schizophrenia*

Community programs and peer support groups

Community-based programs, like peer support groups, may also help those with the disorder. Peer support groups provide those with schizophrenia the chance to see that they are not alone. They also promote social interaction, which lessens the isolation that those with the disorder may feel. Support groups and other educational or assistance programs may be available through community-based mental health agencies, or mental health associations. The local telephone book, newspaper(s), or the internet may also have information about programs available in the community.

Family members and friends as support

Family members and friends can be integral to helping people with schizophrenia toward recovery. Because family members can provide doctors with a different perspective from the patient, they can often be helpful in developing treatment strategies. More importantly, family members can provide people with schizophrenia with a strong support system by listening, empathizing, and recognizing schizophrenia as a real illness. Family support is crucial toward making a quicker recovery.

If you are the person with schizophrenia, let your family and friends help you. If you have a relative, friend or peer who is acting "strangely," be there for him/her. Go with him/her to the medical centre, talk to counsellors, and assure the individual that he/she is not alone. Be a good friend. Schizophrenia can happen to any of us.

Self-management

Coping with schizophrenia in daily life can require patience, and may require you to make some changes to your lifestyle. However, if you have schizophrenia, there are things you can do that might make coping with everyday life easier. Here are some suggestions from RETHINK (a mental health organisation in the United Kingdom) for how you can help yourself to stay well after you have found the best treatment for yourself.

- Think about what sort of support you need from family, friends or perhaps an employer. It is important that you discuss this with others so that they do not try to overprotect you or become too distant. Your care plan should also be reviewed regularly.
- Try to find the right balance between doing too little so that your life becomes a vacuum or doing too much which could put you under too much stress and make you vulnerable to your symptoms.
- Learn to recognise situations that are difficult for you and try to find ways of coping with them, perhaps with the help of others.
- Plan in advance what you want to happen if you experience an acute episode of illness in the future. Make sure that the people who need to know are aware of your wishes. You could make a statement in advance which could be held in your medical records and also given to a relative or friend you trust.[16]

Toward recovery

Schizophrenia is a treatable disorder. For most people, a combination of treatment options will improve their symptoms of schizophrenia and promote recovery. People with schizophrenia should work with their healthcare professionals and families to develop a treatment plan that works for them.

The information provided in this section is not intended as clinical advice. Talk with your health professional about the best treatment options for you.

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FACTSHEET 1

FACTS YOU SHOULD KNOW ABOUT SCHIZOPHRENIA

- Did you know? The rates of schizophrenia are very similar from country to country, and this illness ranks among the top ten causes of disability in developed countries worldwide.

- Did you know? Schizophrenia affects 1 in 100 people worldwide – in all races, in all cultures and in all social classes.

- Did you know? Schizophrenia is a medical illness, like other better known medical illnesses such as diabetes or heart disorder.

- Did you know? Individuals with schizophrenia experience a greater number of other conditions, such as alcohol abuse, abuse of stimulant drugs, reliance on caffeine, and tobacco use.

- Did you know? Moving to a new environment (such as a university setting) may be associated with increased risk of schizophrenia.

- Did you know? While stress does not cause schizophrenia, it has been proven that stress makes symptoms worse when the illness is already present.

- Did you know? Schizophrenia is NOT the result of any action or personal failure by an individual, nor is it caused by childhood trauma, bad parenting, or poverty.

- Did you know? Proper diagnosis and treatment are available.

If you or anyone you know is acting differently from "normal" behaviour, do you know what to do?

Someone who is experiencing profound and frightening changes will often try to keep it a secret. Such individuals need understanding, patience, and reassurance that they will not be abandoned. It is important that individuals not be isolated and that friends and family members come forth to urge the individual to seek treatment from health professionals. It is a strong person who gets treatment.

Good mental health is important to accomplishing one's goals in life. There is no shame in seeking help if you have symptoms of a mental disorder; they are more prevalent than is often realised.

> *"I just couldn't accept the fact that he had an above average I.Q., was good looking, had a good personality — and was so ill."*
>
> *- Parent of a child with schizophrenia*

Further information:
Schizophrenia Society of Canada. Basic Facts About Schizophrenia: Families Helping Families. Ontario (Canada): Schizophrenia Society of Canada; 2002. 27p.

FACTSHEET 2

WARNING SIGNS AND SYMPTOMS

Schizophrenia sometimes begins with an "early psychosis" or "prodromal" stage. Key features that may indicate the presence of psychosis or its prodromal state include:

- Sleep disturbance
- Appetite disturbance
- Marked unusual behaviour
- Speech that is difficult to follow
- Marked preoccupation with unusual ideas
- Ideas of reference – things have special meanings
- Persistent feelings of unreality
- Changes in the way things appear, sound or smell

Intervention can be made at this stage to stop the development of full schizophrenia. If this is not done, is unsuccessful, or if the person never displays evidence of a "prodromal" or "early psychosis" stage, then the following symptoms may be seen:

"Positive" symptoms

- *Hallucinations*: The individual with schizophrenia may hear voices or see visions that aren't there or experience unusual sensations on or in his/her body.
- *Delusions:* The individual has strange beliefs that remain, despite evidence to the contrary. The person may believe that he/she is getting instructions from space aliens or being watched by others who will inflict harm.
- *Thought disorder:* The way a person with schizophrenia may process thoughts is very different from how others do. Thinking is disorganised and fragmented, and the person's speech is often illogical or incoherent. The person may feel that thoughts are racing through his/her mind and it is impossible to catch up. Often inappropriate responses may exist with this disorder; the person may be speaking of something sad and be laughing at the same time.
- *Altered sense of self:* The person may feel that his/her body is separated from the inner self and be unable to tell where the body ends and the rest of the world begins.
- *Memory impairment:* The individual may recall that an event occurred but be unable to remember the specifics such as where, when, or how it took place. In addition, a distraction may cause a person to forget a preceding event.

"Negative" symptoms

- *Lack of motivation or apathy:* The person may appear to be lazy because he/she has a lack of energy or interest in life.
- Blunted feelings or affect: The person exhibits a "flat" persona and facial expressions may be non- existent.
- *Depression:* While depression is not always associated with schizophrenia, it is a symptom of the disorder. The person feels helpless and hopeless and may feel that the problems of life have happened because he/she is unlovable and has destroyed relationships and behaved badly.
- *Social withdrawal:* The individual with schizophrenia may withdraw from his/her friends and surroundings for various reasons.

Family and friends should also be familiar with signs of "relapse". These vary between individuals, but often a person may withdraw from activities and other people, and you may notice that they are taking less care of themselves.

Schizophrenia Society of Canada. Basic Facts About Schizophrenia: Families Helping Families. Ontario (Canada): Schizophrenia Society of Canada; 2002. 27p.

Factsheet 3

Schizophrenia and Physical Health

People with schizophrenia have worse physical health than the general population. They have higher rates of obesity-related illness,[1] dental disease,[2] diabetes, cardiovascular diseases, respiratory disease, Hepatitis C and HIV.[3] As a group they smoke more and are less likely to survive a heart attack than people who do not have schizophrenia.[4] On average they live ten years less than the general population and are nearly three times more likely to die from natural causes.[5] [6]

There are many possible reasons for this. The behaviour and health choices of people with schizophrenia play a part. It has also been suggested that people with schizophrenia face discrimination and access problems in obtaining physical health care. Even if access to physical health care is available, some people with mental illness find it difficult to communicate health concerns to their doctors.[7] Another significant factor is the side-effects of the medication that is often prescribed to people with schizophrenia. One particularly serious complication that may be related to medication side-effects is called metabolic syndrome.

Metabolic syndrome is a name given to a number of conditions that often occur together, including obesity, high blood sugar, high blood pressure and high levels of fat in the bloodstream, which can lead to diseases affecting the heart and blood vessels. Multiple studies around the world have shown that this syndrome is common among people with serious mental illness.[8]

People with mental illnesses, including schizophrenia, have a right to enjoy the highest possible level of physical health. It is extremely important that the physical health of people with schizophrenia is routinely monitored, so that metabolic syndrome as well as other physical health problems are recognised and treated.

If you want to confirm that your doctor is monitoring your physical health, these questions might be helpful:

- What is my Body Mass Index, glucose tolerance, blood pressure and lipid profile?
- When was the last time these were measured?
- Are these results in the healthy, normal range?
- When will they next be measured?
- Does my medication contribute to metabolic syndrome?
- How important is it for me to try and live a more healthy lifestyle?
- Is professional assistance available to help me live a healthier lifestyle?[9]

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FACTSHEET 4

SCHIZOPHRENIA: FOR FAMILIES, FRIENDS AND CAREGIVERS

"For every person with schizophrenia, about 10 others are affected by its consequences".[1]

Are you worried about a friend or family member?
It can be difficult to know if you should seek help or not, but it is best to rely on your instincts.[2] If you think something is wrong, contact a health professional and ask for their advice.

Having a family member or friend diagnosed with schizophrenia can be challenging. You may feel confused if the person is displaying behaviours that seem very strange to you, or if you are unsure how to react to threats and hostility from someone whom you thought you knew well. You may experience any number of negative feelings - guilt, loss, helplessness, fear, vulnerability, defeat, anxiety, resentment, and anger are all commonly reported by caregivers of people with severe mental illness.[3] Many of these feelings can be helped by learning more about schizophrenia. Attending family education is also beneficial for your relative – research has shown that family education about mental illness can significantly reduce the relapse rate for serious mental illnesses such as schizophrenia.[4]

Many family members find it valuable to join a family support group. Often you will be able to find out information about these groups from the health professionals involved in your relative's care. There are also a number of international associations such as WFSAD, EUFAMI and GAMIAN, who may be able to put you in touch with a group in your area. In areas where mental health services do not exist, are insufficient or inaccessible, families may be the sole caregivers for people with schizophrenia. In these situations it may be particularly valuable to form support networks of other families in the same situation, if groups do not already exist. It is important for families and caregivers to take care of their own needs.[5] Your own mental health may well be affected by the stress of caring for someone else[6] and you shouldn't feel guilty for "taking time out".

A particularly difficult issue can arise for families because some people with schizophrenia do not realise or accept that they are unwell - this is generally considered to be a symptom of the illness and is called "lack of insight". In some circumstances, family members may have to be involved with committing a relative for involuntary treatment. This can be an extremely difficult experience for everyone, and you may find that your relative is upset or angry with you afterwards. It may help to acknowledge that the person may feel betrayed, to ask for forgiveness, and to explain why you felt you needed to take such action.[7] If you continue to find the experience distressing, you may also want to discuss this with a health professional.

Friends and family members can play a huge role in supporting people with schizophrenia. Some practical examples of things that might be helpful include:[8]

1.Offering to take care of some of their responsibilities to relieve short-term stress. However, be careful not to encourage them to be dependant on you.
2.If someone with schizophrenia is acutely unwell, it may be difficult to communicate with them. Do something that doesn't require talking - watching TV together, going for a walk, listening to music, or just being there can help.
3.Help maintain a record of medication, side effects and symptoms.

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Factsheet 5

Schizophrenia: For Policy-Makers and Planners

Schizophrenia is a serious mental illness which affects approximately 1 out of every 100 people and is a major cause of disability worldwide.[1] It is often a chronic illness which can cause immense individual suffering for the affected individual, can impact heavily on friends and family members, and can result in significant economic costs.[2]

There are **effective** and **cost-efficient** treatments for schizophrenia. The cost of treatment of a person with chronic schizophrenia is about US$2 per month.[3] Yet over 50% of people around the world do not receive appropriate treatment, and over 90% of these are from developing countries.[4] Nearly 40% of countries do not have a mental health policy[5] and one in three countries does not have a mental health budget.[6] Around the world policy-makers and planners must scale up services for mental health in general, and there is a significant research and technical base to assist in developing these desperately-needed services.

That research base suggests that making treatment available for schizophrenia is cost-efficient, even in low and middle income countries.[7] Research also suggests that services for schizophrenia should be designed to:

- include early intervention services
- include adequate outreach and engagement
- promote human rights
- provide individualised care
- provide flexible health-care and social interventions
- be acceptable to consumers and carers.[8]

> *"Care for these highly prevalent, persistent, and debilitating disorders is not a charity. It is a moral and ethical duty. It is a pro-poor strategy. It makes good economic sense. And it is entirely feasible".*
>
> *Dr Margaret Chan, Director General of the World Health Organisation, speaking at the launch of the WHO Mental Health Gap Action Programme, Geneva, Switzerland, October 2008*

Further resources:

WFMH. World Mental Health Day 2008 - Making Mental Health a Global Priority.
http://www.wfmh.org/00WorldMentalHealthDay.htm

WHO mhGAP (Mental Health Gap Action Programme)
http://www.who.int/mental_health/mhGAP/en/

WHO MIND (Mental Health Improvement in Nations Development), Mental Health Policy & Service Development
http://www.who.int/mental_health/policy/en/

Global Movement for Mental Health
http://www.globalmentalhealth.org/

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FACTSHEET 6

SCHIZOPHRENIA: FOR JOURNALISTS

Stigma and discrimination are huge problems for people with mental disabilities. Widespread stigma and discrimination can make it difficult for people to go about their everyday lives and participate fully in their communities, and may make them less likely to seek health care. But these are problems that journalists can play a big part in solving.

The language that journalists use influences how the public think of schizophrenia, and of people diagnosed with this disorder.[1] If the fact that a person has a mental illness is relevant to the story, then it is best to describe him or her as a person with schizophrenia. "Schizophrenic" isn't appropriate because it suggests that the person is defined by the illness, and has no identity or value beyond it. Suggesting that someone "suffers from schizophrenia" implies that the person should be pitied, which is not true. Terms such as "madman", "nutter", "psycho", "schizo" etc. are simply discriminatory.

The media can challenge public misconceptions about schizophrenia by the way in which they cover mental health issues. For example, if journalists only ever mention schizophrenia when a person with schizophrenia is alleged to have committed a crime, this creates the false impression that people with schizophrenia are especially violent. Extensive research has shown that this is not true. People with schizophrenia are only slightly more likely to be violent than the population as a whole, and often violent behaviour only occurs because the person is experiencing acute symptoms, or has untreated schizophrenia. With treatment, the risk for violence diminishes.[2]

There are many excellent resources for journalists about reporting on mental health issues. A recent publication, the *Lexicon International Media Guide for Mental Health*, is highly recommended and is available from the World Federation for Mental Health website at www.wfmh.org

The Lexicon suggests that journalists particularly consider the following questions when reporting on mental health issues:

1. Are the terms being used in the news report accurate, or will the language cause unnecessary offence?
2. Is the mental health of the person relevant to the event being reported?
3. If mental health is relevant to the story, has the report included informed background comment from a mental healthcare professional, an individual living with mental illness, or an organisation specialising in mental health issues?
4. Have the subject's family been contacted in order to contribute to the story?
5. Could a case study of someone living with a similar condition help to explain and give context?

"Mental illness is itself associated with prejudice and discrimination, and journalists should neither originate nor process material which encourages discrimination on these grounds."[3]

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FACTSHEET 7

PEER SUPPORT AND RECOVERY

"Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations."[1]

The term 'peer support' is used in the mental health sector to describe a wide range of programmes, but at its core is the idea of one mental health consumer giving support to a fellow consumer. Peer support can be both an alternative, and a complement, to traditional mental health services. Programmes vary considerably and will normally be negotiated between the two individuals. Peer support workers commonly assist with understanding and living with mental illness, with emotional support, following goals, and helping to re-establish social networks.

Peer support programmes have been shown to produce better healing outcomes and greater levels of empowerment,[2] increases in social functioning,[3] improvements in quality of life and perceptions of physical and emotional well-being,[4] and increased ability to cope with illness.[5] Through peer support programmes, people are able to meet others who they feel are 'like' them, and they often feel a connection with each other and are able to develop a deep understanding based on their shared experiences.[6]

Programmes involving peer support can assist people with schizophrenia to learn valuable tools to manage and enjoy life whether or not their symptoms are present. In this way, peer support is very recovery focused. Recovery is an overall approach to mental health, based on the fact that people with mental illnesses can have meaningful and purposeful lives.[7]

An international leader in the recovery field, Mary Ellen Copeland, has suggested that there are five key recovery concepts:

Hope - People who experience mental health difficulties get well, stay well and go on to meet their life dreams and goals.

Personal Responsibility - It's up to you, with the assistance of others, to take action and do what needs to be done to keep yourself well.

Education - Learning all you can about what you are experiencing so you can make good decisions about all aspects of your life.

Self Advocacy - Effectively reaching out to others so that you can get what it is that you need, want and deserve to support your wellness and recovery.

Support - While working toward your wellness is up to you, receiving support from others, and giving support to others will help you feel better and enhance the quality of your life.[9]

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. [8]

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FACTSHEET 8

REDUCING STIGMA THROUGH AWARENESS AND EDUCATION

"The stigma attached to mental illness is the greatest obstacle to the improvement of the lives of people with mental illness and their families" [1]

Stigma about mental illness – the negative thoughts and feelings others have about mental health disorders – exists worldwide. In some countries, people with mental illness are constantly faced with negative media stories about mental illness, or have problems getting housing or jobs because of their psychiatric history. In other countries, people with mental illness can be tied up in shackles and sent to the outlying areas of towns. Stigma and discrimination, in any form, is not acceptable. And it is a problem that everyone needs to take responsibility for. You can challenge stigma and discrimination in many ways. If you witness stigmatizing or discriminatory behaviour, take the opportunity to educate people. In all of your own actions, show respect for people with schizophrenia and all mental disorders.

Self-stigma

Because of the widespread stigma and discrimination that surrounds mental illness in all communities, people who are diagnosed with a mental illness such as schizophrenia may internalise this stigma, and think that they are inferior to people who do not have a mental illness. Recent research has suggested it is important for clinicians to consider self-stigma when treating all of their patients.[2]

There are many things that you can do to reduce any stigmatizing feelings you have about your own illness, or about your ability or value as a person. These include:

- Do things you enjoy. This can boost your self esteem.[3]

- Keep a journal and write down things that you like about yourself or are proud of. You can always find something.[4]

- Read about schizophrenia and mental illness. If you can find some, read stories about other people who have schizophrenia. You will see that they can achieve great things, and that they have dreams and challenges, just like everyone else.

- Make sure that you take notice of any symptoms that you are experiencing. Being responsible for monitoring your own mental health will help you recover. But don't focus on your symptoms all the time. And remember that everyone has bad days, and everyone loses things or forgets appointments sometimes! Even your Doctor!

> *"Even if you suffer from schizophrenia or a similar psychosis with disabilities as a result from this, you are still human. You do not become "schizophrenic". You are not your illness or your disabilities. You are a person."* [5]

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Handout

Asking Questions

The better that you can understand your illness (or the illness of your relative), the better you can work towards recovery. You should feel free to ask questions of all health professionals. However sometimes it can be difficult to know what to ask, or how to ask it. Below we have listed some example questions which you could raise. You might want to take this list with you, or create your own list and take that instead. Often health professionals can only offer patients a short consultation, and it also helps to have a list with you if you think you might feel pressured because of this.

Medication

- Why have you prescribed this particular medication for me?
- Why are you changing my medication?
- How will this drug help me?
- Why have you set the dosage at this level?
- What are the most common side effects of this treatment?
- Are there any side effects from long-term use?
- Who should I talk to if I think I am having side effects?
- What are the risks of this drug?
- Would a different drug be less likely to make me tired/cause tremors/increase my weight/etc?
- How does this drug interact with smoking/alcohol/the contraceptive pill/etc?
- In choosing this treatment, have you taken my family history into account (eg. diabetes, etc?)
- When will there be a decision as to whether this is the best treatment for me?
- How often will you be reviewing my medication?
- How often will you measure the effects of medication on my physical health?
- Will you refer me to a psychologist/arrange a course of talking therapy/etc?
- Why are you prescribing more than one antipsychotic for me?
- Are there any financial considerations which affect what you can prescribe?
- Is this medication addictive?
- Can I stop taking this medication if I don't like it?
- Do you have an information leaflet I can take with me?

Therapy

- What kind of therapy do you offer and what is it trying to achieve?
- How long do sessions last?
- How often are they held?
- How many sessions am I likely to need?
- How long before I should expect to feel some benefit from therapy?
- Can I contact you between sessions if I need to?
- What training have you had and how many years have you been practising?
- Do you belong to a professional organisation?
- Have you had previous experience of working with people with schizophrenia?

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Rethink. Only the best - You now have more power to get the medicine that you want. Surrey (England): Rethink; 2003. 30p.

HANDOUT

SCHIZOPHRENIA QUIZ

True	False	Statement
		Schizophrenia is caused by poor parenting
		Using drugs causes schizophrenia
		A person with schizophrenia has a split personality
		Children can be diagnosed with schizophrenia
		About half of people with schizophrenia also have problems with substance abuse/dependence
		It is very expensive to treat schizophrenia
		People with schizophrenia can recover from their illness
		Most people with schizophrenia are violent criminals
		Schizophrenia affects people of all races, cultures and social classes
		People with schizophrenia should not have children
		People with schizophrenia are capable of making their own decisions about treatment and other areas of their lives

True	False	Statement
	F	**Schizophrenia is caused by poor parenting** This is false. Schizophrenia has complex causes, and is not caused by poor parenting.
	F	**Using drugs causes schizophrenia** Drugs may occasionally be considered to have triggered the first psychotic episode of someone with schizophrenia, but they are not the cause. They should however still be avoided as they may worsen symptoms and endanger recovery.
	F	**A person with schizophrenia has a split personality** This is completely false, and relates to a different and rare disorder - Dissociative Identity Disorder.
T		**Children can be diagnosed with schizophrenia** While most people develop schizophrenia in their adolescence or adulthood, children as young as five may be diagnosed.
T		**About half of people with schizophrenia also have problems with substance abuse/dependence** True!
	F	**It is very expensive to treat schizophrenia** Though treating schizophrenia does require adequate resources, there are relatively inexpensive, effective treatments available.
T		**People with schizophrenia can recover from their illness** Some people completely recover from schizophrenia. Others will continue to have symptoms, or will have episodes where they are unwell. However even if they have symptoms, they can have full and meaningful lives.
	F	**Most people with schizophrenia are violent criminals** Extensive research has shown that this is not true. People with schizophrenia are only slightly more likely to be violent than the population as a whole, and often violent behaviour only occurs because the person is experiencing acute symptoms. If these symptoms are treated, the risk for violence for diminishes greatly.
T		**Schizophrenia affects people of all races, cultures and social classes** True! Like all mental illnesses, schizophrenia can affect anyone.
	F	**People with schizophrenia should not have childre**n The chance of the child of a person with schizophrenia inheriting the illness is only 1 in 10; if both parents have the disorder, the chance of the child developing the illness increases to two in five.
T		**People with schizophrenia are capable of making their own decisions about treatment and other areas of their lives.** True!

Organisations

WORLD FEDERATION FOR MENTAL HEALTH
6564 Loisdale Court Suite 301
Springfield VA 22150-1812 USA
Main Phone: 703 313 8680
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Website: www.wfmh.org
Email: info@wfmh.com

ABRE - Associacao Brasiliera de Familiares, Amigos e Portadores de Esquizofrenia
BRAZIL
Email: abre@abreabrasil.org.br
Website: http://www.abrebrasil.org.br

ACAPEF - Association Cordobesa de Ayuda a la Persona Portadora de Esquizofrenia y su Familia
48 Barrio San Salvador (Av. Colon al 3850)
ARGENTINA
Office: 0351 487 6062 / 0810 777 0002
Email: acapef@hotmail.com
Website: http://www.fundacionrecuperar.org

AFAPE - La Asociación de Familiares y Amigos de Pacientes Esquizofrénicos
Tuxpan # 46 - Desp. 302, Col. Roma,
Delegacion Cuauhtemoc,
MEXICO
Tel: 52 55 84 89 10
Fax: 52 55 53 57 09

AGAFAPE - Associacao Gaucha de Familiares de Pacientes Esquizofrenicos e Demais Doencas Mentais
BRAZIL
Website: http://www.agafape.org.br

APEF - Association Argentina de Ayuda a la Persona que Padece de Esquizofrenia y su Familia
Terrada 4267 Ciudad de Buenos Aires
1419 ARGENTINA
Office: 54 1 4571 6297
Email: ayuda@apef.org.ar
Website: http://www.apef.org.ar

ASFAE - Asociación Salvadoreña de Familiares y Amigos de Personas que padecen Esquizofrenia y otros desordenes mentales.
1A Calle Pont.
Entre 85 y 87 Ave. Norte # 4426
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San Salvador C.A.
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Tel: (503) 2260 0719/ 2272-4069
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CATESFAM - Centro de Atencion al Esquizofrenico y Familiares
Av. 10 entre calles 66 y 66 A, No 66-110
Maracaibo Edo, Zulia
VENEZUELA
Tel: 0261 7988498
Fax: 02617989525
Email: shirena1986@hotmail.com
Website: www.catesfam.com

Corp de Ayuda al Paciente Esquizofrenico y Familiares
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European Foundation of Associations of Families of People with Mental Illnesses (EUFAMI)
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Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe)
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Mental Health Society of Ethiopia
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Email: etiomentalhealth@telecom.net.et
Website: http://www.mhse.org

Mental Illness Fellowship of Australia Inc.
PO Box 844
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Email: webmaster@schizophrenia.org.au
Website: www.schizophrenia.org.au

NAMI Schizophrenics In Transition
Vista (San Diego), California
USA
Office: 619 481 7069
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Email: janefyer@myexcel.com

National Schizophrenia Fellowship (Scotland)
Claremont House
130 East Claremont Street
Edinburgh EH7 4LB
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Email: info@nsfscot.org.uk
Website: http://www.ngscot.org.uk

National Schizophrenia Fellowship (USA)
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Website: www.nsfoundation.org

Rethink (Formerly National Schizophrenia Fellowship)
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22-15 Finsbury Square
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Email: info@rethink.org
Website: http://www.rethink.org

Schizophrenia Awareness Association (SAA)
A-14, Siddhant Apts
312, Shaniwar Peth
M.S. Pune 411 030
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Website: http://www.schizophrenia.org.in

Schizophrenia Fellowship National Office
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Email: office@sfnat.org.nz
Website: http://www.sfnat.org.nz
Mailing Address: P.O. Box 12-236 Wellington

Schizophrenia Foundation of Kenya
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Email: sfkanisa@yahoo.com
Website: http://www.sfk.or.ke

Schizophrenia Ireland
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Fax: 01 860 1602
Email: info@sirl.ie
Website: http://www.sirl.ie

Schizophrenia Society of Canada
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Fax: 1 905 415 2337
Email: info@schizophrenia.ca
Website: http://www.schizophrenia.ca

Sudanese Family Self Help Association
Family Studies Centre
Elnifeidi Street
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Email: aabdoam@yahoo.com

Swedish Schizophrenia Fellowship
Schizofreniforbundet Intresseforbundet for personer med schizofreni och liknande psykoser
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Fax: 46 08 545 55 981
Email: office@schizofreniforbundet.se
Website: http://www.schizofreniforbundet.se

Uganda Schizophrenia Fellowship (USF)
P. O. Box 27321
Kampala
UGANDA
Email: thomaswalunguba@yahoo.com
Website: http://www.world-schizophrenia.org

Welfare Society for Schizophrenia
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BANGLADESH
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World Fellowship for Schizophrenia and Allied Disorders
Email: diane@world-schizophrenia.org
Website: http://www.world-schizophrenia.org

World Health Organisation
Department of Mental Health and Substance Abuse
Avenue Appia 20
CH-1211 Geneva 27
SWITZERLAND
Webiste: www.who.int

Resources

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Virginia (USA): World Federation for Mental Health
www.wfmh.org

World Federation for Mental Health.
Keeping Care Complete Factsheet.
Virginia (USA): World Federation for Mental Health.
www.wfmh.org

World Federation for Mental Health
Recognising and Understanding Schizophrenia in Young Adults.
Virginia (USA): World Federation for Mental Health.
www.wfmh.org

About the World Federation for Mental Health

WFMH is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. The Federation, through its members and contacts in more than 100 countries on six continents, has responded to international mental health crises through its role as the only worldwide grassroots advocacy and public education organization in the mental health field. Its organizational and individual membership includes mental health workers of all disciplines, consumers of mental health services, family members, and concerned citizens. The organization's broad and diverse membership makes possible collaboration among governments and non-governmental organizations to advance the cause of mental health services, research, and policy advocacy worldwide.

Vision

The World Federation for Mental Health envisions a world in which mental health is a priority for all people. Public policies and programs reflect the crucial importance of mental health in the lives of individuals.

Mission

The mission of the World Federation for Mental Health is to promote the advancement of mental health awareness, prevention of mental disorders, advocacy, and best practice recovery-focused interventions worldwide.

Goals

To heighten public awareness about the importance of mental health, and to gain understanding and improve attitudes about mental disorders

To promote mental health and prevent mental disorders

To improve the care, treatment and recovery of people with mental disorders

This awareness packet was supported by a grant from AstraZeneca

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"Making Mental Health a Global Priority"

Learning about Schizophrenia
World Federation for Mental Health (2008)
ISBN 978-0-9763865-5-1
ISBN 0-9763865-5-0