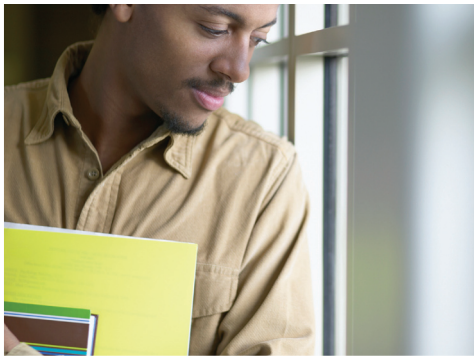
Recognizing and Understanding Schizophrenia in Young Adults



WORLD FEDERATION FOR MENTAL HEALTH
FEDERATION MONDIALE POUR LA SANTE MENTALE

The World Federation for Mental Health is pleased to provide you with the *Recognizing and Understanding Schizophrenia in Young Adults* awareness CD.

This CD was designed for ease of use with overviews and fact sheets that can be copied and distributed without additional permission. We encourage you to make full use of these materials and resources included in this CD throughout your college campuses and communities with the goal of creating a better understanding and awareness of the mental health needs of young adults.

The WFMH believes it is vitally important to inform and educate all relevant stakeholders about the mental health needs of young adults. As you will note in the attached materials, the onset of schizophrenia is usually in this age group. The materials in this toolkit will assist you in promoting better health monitoring and diagnosis and treatment for young adults who are living with schizophrenia. These fact sheets are especially designed for key audiences — young adults/students, mental health centers, educators and family/peer groups.

The World Federation for Mental Health is the only international, multidisciplinary, grassroots advocacy and education organization concerned with all aspects of mental health. We are pleased to provide this international information and awareness packet on *Recognizing and Understanding Schizophrenia in Young Adults* and hope that it will be of use in helping young people and those around them to know the facts, the warning signs, options for treatment, co-morbid disorders of schizophrenia in an effort for early diagnosis and treatment. Schizophrenia is not curable but it is treatable and it is important that it be diagnosed and treated as soon as the first symptoms occur.

This packet will be available for free download on our website: www.wfmh.org. We invite you to visit the website for membership information, our upcoming meetings and other mental health materials available. If you need further information, please do not hesitate to contact us at info@wfmh.com.

The Federation appreciates your support of our educational programs. We hope this material will increase your awareness of the important topic of schizophrenia in young adults.

Thanks

The World Federation for Mental Health extends its appreciation and gratitude to those who have been influential in helping produce this material.

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INTRODUCTION

This international information and awareness packet is designed for the benefit and understanding of specific audiences: there are fact sheets for counselors, educators, students and families of individuals who experience schizophrenia. The goals are to highlight how college-aged young adults view schizophrenia, the incidence of the disorder in this age group, and factors that serve as barriers to effective recognition, treatment, and rehabilitation. The ultimate goal is to promote early diagnosis and intervention.

It is estimated that 45 million people around the world suffer from schizophrenia; it is among the top ten leading causes of disability. There is no country where schizophrenia does not exist. Mental illnesses as a whole, including schizophrenia, contribute more to the global burden of disorders than all cancers combined.

> *The transition from high school to college, from adolescence to legal adulthood, can be challenging for any teenager, but for the increasing number of young people who arrive on campus with diagnoses of serious mental disorders — and for their parents — the passage can be particularly difficult.*

Schizophrenia affects people from all walks of life, with the onset of the disorder occurring most often in young people between the ages of 15 and 30, although onset can be as late as age 40. Factors such as stress and drug use may make the symptoms worse although there is no evidence that there is a direct line between the origins of the disorder and environmental conditions. It is particularly important that college students and those who serve as support systems for them learn as much as possible about the disorder; since schizophrenia affects awareness and, thus, the young adult may not realize that anything is wrong. With the importance of early diagnosis and treatment, it is vital that the disorder be detected at its onset.

Studies in Australia show that more than 75% of people who develop a serious mental illness have their first episode before the age of 25, with the highest prevalence being in the 18-24 year age group. Such disorders can have a profound effect on the lives of young adults. It is important to highlight the importance of proper diagnosis and treatment — and the sooner, the better. Globally, schizophrenia reduces a person's lifespan by an average of ten years.

> *Early intervention at the onset of disorder in the earliest detectable stages aims to prevent the progression of the illness and to minimize 'collateral damage' to social, educational, and vocational functioning (McGorry & Yung, 2003).*

An increasing number of universities around the world are focusing on educating students about mental illness and the need to seek early treatment, often offering incentives for students who respond to surveys. The United States government provided $82 million in federal funding in 2004 for programs to prevent youth suicide, including $15 million in grants for university mental health programs.

Oxford University (UK) has a mental health policy aimed at helping students adjust to university life and the changes therein, to meet the mental health challenges that they may face and to ensure that students receive the assistance they need to meet their academic potential. These aims are implemented in the following ways:

- providing a range of support services, both medical and non-medical, at college and university levels, including the college network of pastoral care, college doctors, college nurses and the Student Counseling Service;
- encouraging students with mental health difficulties to seek help;
- supporting a culture in which mental health problems are recognized, not stigmatized;
- referring students with serious mental health problems, through college doctors, to National Health Service (NHS) services and liaising with the NHS to ensure an appropriate division of responsibility;

- meeting the support and study needs of students with mental health disabilities;
- ensuring that the availability of support is accurately and widely publicized to both prospective and current students;
- establishing consistent procedures across the collegiate University for helping students with mental health difficulties;
- providing guidance and training to people involved in the support and care of students;
- respecting the confidentiality of personal information provided by students with mental health difficulties; and
- referring students with mental health problems to the University Occupational Health Service where it is considered that the problem might affect their health and safety in the workplace.

The University of Toronto (Canada) held a conference in April 2006 for Canadian university staff and faculty and included registrars, residence staff, counseling and health services staff, senior student affairs administrators, staff from accessibility and disability services, student peer educators and activists, and members of community mental health agencies. The goal of the conference was to share best practices and research in order to best meet the mental health needs of students as part of the Student Crisis Response Programs sponsored by the University.

The American College Health Association, in a 2004 survey of 47,202 students, found that more than 40% of U.S. students have trouble functioning because of serious mental disorders. This annual survey found that one in ten college students had seriously considered suicide, the second leading cause of death among college students. The main challenge, according to Richard Kadison, M.D., Chief of Harvard's Mental Health Services, is overcoming stigma and getting students to treatment.

As the following fact sheets will show, early detection and treatment are the keys to managing the disorder throughout one's life. While schizophrenia is not curable, it is treatable. It is possible for students to continue their studies and is useful if long-term goals include employment, which has a positive effect on outcomes as it relates to high self-esteem, reduction of symptoms, more independence and better family relations. It is critical that individuals with mental disorders have access to employment, but such access is often problematic. There are excellent community and governmental programs in many countries that help individuals with supported employment and training that can lead to future open employment. Ongoing advocacy is needed to insure a comprehensive system of care for all young people with a mental illness as this population can fall through the cracks in a fragmented system of care between childhood and adulthood.

It is the hope of the World Federation for Mental Health that this material will help young people who are experiencing the symptoms of schizophrenia, a serious, potentially debilitating — yet treatable — mental disorder. The fact sheets are designed for students, caregivers and families, mental health centers, as well as educators, with the goal of affording timely identification, diagnosis, and treatment to help overcome and manage this disorder. Early detection and treatment is vitally important to long-term outcomes.

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Fact Sheets for Health & Mental Health Centers

Facts You Should Know about Schizophrenia

Schizophrenia is a severe disturbance in the functioning of the brain: something goes wrong in the communication system of the nerve cells. When a person is experiencing schizophrenia, friends and family often notice that something is different without a clear explanation. It is important that help is sought no matter what the outcome: the good news is that the earlier one seeks help, the better. If schizophrenia is left untreated, the consequences are severe.

Rates of schizophrenia are very similar in many parts of the world and this disorder ranks among the top ten causes of disability in developed countries worldwide. Studies report that a person with a parent or sibling with schizophrenia has approximately a 10% risk of developing the disorder compared to a 1% risk for individuals without a family history. However, in identical twins, if one twin has schizophrenia, there is only a 50% chance that both twins will be affected by the disorder. This leads to the conclusion that environmental factors, such as stress, are also likely risk factors.

Ironically, developing countries generally have a rate of schizophrenia lower than that of developed countries. Since the rate of occurrence of new cases in the developed and developing world is similar, the difference in the total number of cases may be due to difficulties in locating cases, higher death rates or lower availability of health services in developing countries. There is speculation that another reason for this difference relates to acceptance of the disorder in the developing world as well as strong social and environmental support systems.

Research shows that women develop symptoms of schizophrenia at a later age than men, with nearly 60 studies all over the world reporting that the age of onset in women is 3-6 years later than in men. The onset of the disorder in men is usually in the late teens or early twenties, whereas it often appears most frequently in women in their twenties to the early thirties. There are, however, no consistent gender differences in the frequency of the occurrence of the disorder. A number of studies show that female patients have a better outcome than males. All people with schizophrenia are at higher risk of suicide than the general population with an increased risk of death immediately after discharge from hospital.

Migration to a new environment and culture, be it through immigration to another country or entering a new environment, such as the university setting, has been associated with increased risk of schizophrenia. Research studies in the Caribbean have reported incidence rates of schizophrenia in Afro-Caribbeans living in the United Kingdom six to sixteen times higher than that of the native British population. Similar studies of the same population in Holland show rates three to five times higher than the native Dutch population. Culture shock, assuming a minority role, and the stresses of separation from family and friends may account for some of these rates.

With the introduction of modern medicines, better community care and increasing awareness about the disorder, the outcome of schizophrenia has greatly improved. The World Health Organization reports the following statistics:

- About 45% recover after one or more episodes
- About 20% show constant symptoms and increasing disability
- About 35% display a mixed pattern, with varying degrees of improvement or deterioration.

It is sometimes difficult to distinguish other mental disorders from schizophrenia but it is important to do so. Bipolar Disorder (sometimes referred to as manic-depression) is characterized by episodes of elevated

mood and increased activity, often alternating with periods of depression. Some people have repeated episodes of either hypomania or depression and it can be difficult clinically to distinguish this from schizophrenia. Sometimes people believe that schizophrenia means that an individual has a "split personality," while this is not the case in reality.

> *Mental illnesses are a curse upon human kind. Just as only the blind know what it is to live in perpetual darkness, only those with mental disorders truly understand the pain, the stigma, the frustration, rejection, the feeling of utter loss, the loneliness and sadness that mental illness brings.*
>
> – A Mental Health Consumer in Sri Lanka

Individuals with schizophrenia also experience a greater degree of co-morbidity with conditions such as alcohol abuse, abuse of stimulant drugs, caffeine, tobacco, and others. People with schizophrenia may engage in risky behavior, putting them at risk for other mental disorders which can further complicate the condition, or at risk of suicide, or exposure to HIV/AIDS. Psychosis may be the result of drug use or could be a brief psychotic episode. Providers of mental health services should be careful not to diagnosis schizophrenia after one appointment but, rather, after some assessment in the absence of drugs or a month of exhibiting symptoms.

The challenge for university health centers is to find ways to ensure that students seek the help and treatment they need. Stigma and fear of failure are major factors in preventing students from coming forward for help, but it is extremely important that intervention take place as early as possible.

> *"What we really need to do is change the culture of college campuses. Counseling Centers need to become more visible on campuses and less embarrassing for students to utilize. Somehow, we need to help students admit if something is bothering them or if something doesn't feel right."*
>
> – Donna Satow, co-founder of the Jed Foundation
> after her college-student son died by suicide.

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Fact Sheets for Health & Mental Health Centers

Warning Signs and Symptoms of Schizophrenia

Adolescence is a time of major changes in a person's life. There are signs of serious mental illnesses that people may assume are part of normal adolescence. This makes diagnosis more difficult. Kay Redfield Jamison, Ph.D., a psychiatric researcher who has bipolar disorder and attempted suicide at age 28, believes that the availability of mental health services should be part of information packets of any university and that parents and students should be informed as to the signs and symptoms of illness. It is always best to be prepared.

A surprising number of students arrive on campus with a diagnosed mental illness, such as schizophrenia. Thanks to advances in medication and therapy, students can often attend college in spite of such disorders. Many students can and do thrive but others are particularly vulnerable to the special stressors of university life.

Schizophrenia has many of the same symptoms as depression and care should be taken to differentiate between the two. Häfner and Maurer conducted research showing the ten most frequent initial symptoms in patients with a first admission for schizophrenia or a depressive episode matched by age and sex. In both disorders, onset was often marked by depressive symptoms and both were followed by a large number of negative behaviors. The difference, however, became visible only after the onset of, and a steep increase in, psychotic symptoms approximately one year before the first admission to hospital. In severe depression, the few psychotic symptoms do not increase over time. They concluded that early intervention at the pre-psychotic stage of schizophrenia should alleviate negative symptoms (those which are not present and should be in a healthy individual) and functional impairment by cognitive-behavioral therapy and social skills training, rather than medication at this stage.

Others have indicated that if comorbid symptoms are treated with medications, such as SSRIs for depression, at times individuals show improvement. If depression is treated, stress is decreased which could be a variable at the onset of symptoms.

So called "prodromal" symptoms relate to the pre-psychotic or early psychosis period before the onset of schizophrenia or before a relapse: the period of time from the first change in an individual until the development of clear symptoms, as described above. McGorry stresses that there are many problems in trying to initiate treatment in this phase since an incorrect diagnosis at this early stage could be harmful. Furthermore, he states that young people in this vulnerable pre-psychotic phase are subject to a higher than normal risk of substance abuse, deliberate self-harm, and suicide. Key features that may indicate the presence of psychosis or its prodromal state include:

- Sleep disturbance
- Appetite disturbance
- Marked unusual behavior
- Feelings that are blunted or seem incongruous to others
- 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

McGorry further indicates that it is important to provide a clinical environment acceptable to young people such as home visits from a family doctor, at school clinics, or by mobile youth mental health workers backed by mental health professionals. Psychosocial treatments are preferred during this phase and the use of antipsychotic or other medication should usually be avoided at this stage. Prevention strategies include education of parents, teachers, school counselors, general practitioners and health professionals in early recognition of symptoms and warning signs and knowledge as to how to access services. Education and support activities with at-risk groups are also important. If early signs of psychosis are suspected, the person should be assessed and monitored for the precursor symptoms and other risk factors identified. If detection and treatment of emerging psychosis is early enough, full schizophrenia may be avoided.

The symptoms of schizophrenia are categorized as "positive" or "negative," designations which can be confusing. In this case, "positive" symptoms denote symptoms which *are* present and shouldn't be; "negative" symptoms are those that are *not* present and should be. Positive symptoms are easily noticeable, more disruptive to the family, more distressing to the patient and make the patient more responsive to medications. Negative symptoms are not as disruptive as positive symptoms but can be more disabling since patients with these symptoms are often less responsive to medications.

Symptoms categorized 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.

- *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. This is characterized as "paranoid schizophrenia." It is not effective to argue against the delusions as they are very real to the person, no matter what others may say.

- *Thought disorder:* The way a person with schizophrenia may process thoughts is very different from the way others do. Thinking is disorganized and fragmented and the person's speech is often illogical or incoherent. The person may find that his/her thoughts are racing through the mind and find it 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.

- *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 non-existent as a person.

- *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.

Symptoms categorized 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 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 are 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 and caught up on feelings that keep the individual from being in the company of others. It is difficult to show an interest in socializing of any type.

> *"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

It is always important to take into account the cultural considerations associated with the stated warning signs for schizophrenia. 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.

Problems arise when the dominant provider system lacks an adequate understanding of the unique ethnocultural view of illness, as well as of the fear of stigma and distrust of public services. This is especially true when working with indigenous people and/or refugees who often don't receive the care that is needed even though they may be at greater risk than the general population. It is important that multilingual providers and literature are available as well as "cultural brokers" where designated representatives mediate between mainstream services and ethnic consumers.

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Fact Sheets for Health & Mental Health Centers

Treatment and Outcomes for Schizophrenia

Research around the world concludes that early intervention can enhance long-term outcome after the first changes appear in a person with schizophrenia. Treatment is needed to protect and stabilize the individual, to minimize the psychosocial consequences, and to minimize the adverse effects. The person may be at risk of harming him/herself or others and may require hospitalization. There should be a supportive environment with minimal stimulation. As improvement progresses, the individual will need help with coping skills and problem-solving techniques and the individual, family, and peer group should be educated about the disorder and how to best help the person. Fortunately, treatment is available and university medical services should help the individual and family through the process.

> *Schizophrenia is not the dreaded disorder it was about 30 years ago. Now, with early diagnosis, speedy initiation of treatment, careful monitoring of medication, regular follow-up, and with proper residential, vocational and rehabilitative support systems in place, the long-term outcome is quite favorable.*

Schizophrenia is a serious illness and *must* involve well-qualified mental health professionals who are interested in the disorder, have empathy for those with the illness, and are good at working with other members of a treatment team. There is no easy solution for the treatment of schizophrenia and getting the right help as early as possible is vital to the long term outcome. Treatment should involve a well trained professional who:

- Treats schizophrenia as a medical disorder
- Takes a detailed history
- Screens for problems that might be related to other illnesses
- Is knowledgeable about antipsychotic medications
- Follows up thoroughly
- Adjusts the course of treatment when necessary
- Reviews medications regularly
- Is interested in the patient's entire welfare, and makes appropriate referrals for aftercare, housing, social support, and financial aid as well as his/her overall physical health
- Explains clearly what is going on in a way that the individual and family/peer group can understand
- Involves the family and/or peer group, as appropriate, in the treatment process

Schizophrenia is not *curable* but it is *treatable*. Treatment should involve the following:

- *Medication:* Most individuals with schizophrenia must take medication regularly to control the illness. There will likely be a period of trial and error until the right medication is found with, hopefully, with minimum side effects. It is important to choose a medication that is acceptable to the person in order to improve compliance and reduce relapse rates. Hopefully, therefore, the quality of life for this patient group can be enhanced.

- *Education*: Families and other support groups should learn all they can about the disorder, including what assistance is available in their respective communities, such as day programs, self-help groups, and work and recreation programs.

- *Family counseling:* Schizophrenia usually causes enormous emotional strain on the individual and family. Family counseling with a mental health professional knowledgeable about the disorder can be extremely helpful.

- *Hospitalization and regular follow-up:* It is likely that an individual with acute schizophrenia will require hospitalization and regular follow-up upon release from the hospital. It is essential that the individual be observed, assessed, diagnosed, and started on medication under the close supervision of highly qualified staff.

- *Residential and rehabilitation programs:* Social skills training combined with residential, recreational, and vocational opportunities especially designed for people with mental illness can result in improved outcomes for even the most severely ill individuals.

- *Self-help groups:* There are family/peer and patient groups in many countries around the world that can be extremely important in helping the individual and family/peers through this illness. Others going through similar experiences can be vital resources for education and support.

- *Nutrition, rest and exercise:* Recovery from schizophrenia requires patience. As with many recovery processes, it is important that the individual 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.

- *Electroconvulsive therapy (ECT):* This therapy is normally not used for individuals with schizophrenia unless they also suffer from extreme depression, are suicidal, and/or are non-responsive to other treatments.

Remarkably, the World Health Organization's Regional Office in Southeast Asia has found that individuals with schizophrenia seem to have a better outcome in developing countries than in developed countries. This was based on the fact that more patients in the developing world remained symptom-free for longer periods after the initial episode. This stresses the importance of psychosocial factors in contrast to medications, since the latter are often not in abundance in the developing world. Better extended family and community support and more favorable job opportunities have been noted as possible reasons for these statistics.

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Fact Sheet for Educators and Faculty

Warning Signs and Symptoms of Schizophrenia

Educators and lecturers at universities are often the first to become aware that something is "wrong" with a student; if he/she starts being absent from class more often, work starts to suffer, and/or assignments are not completed or completed in a way that would make the instructor note something different. Examples of this would be if there is rambling prose, odd doodling in the margins, and/or assignments that are very tangential. If an educator notices such differences, it would be best to follow up with the student and to alert the campus mental health/health center, if deemed appropriate.

> *The notion — if a disease is serious and that effective treatments exist, then the diagnosis should be made at the earliest point possible—is compelling.*
>
> – Prof. Patrick McGorry

The symptoms of schizophrenia are categorized as "positive" or "negative," designations which can be confusing. In this case, "positive" symptoms denote symptoms that *are* present and shouldn't be; "negative" symptoms are those that are *not* present and should be. Positive symptoms are easily noticeable, more disruptive to the family, more distressing to the patient and make the patient more responsive to medications. Negative symptoms are not as disruptive as positive symptoms but can be more disabling since patients with these symptoms are often less responsive to medications.

Symptoms categorized as "positive" include:

- Hallucinations: hearing voices or seeing visions
- Delusions: having strange beliefs despite evidence to the contrary
- Thought disorder: thoughts are processed very differently from others: disorganized, fragmented, with illogical or incoherent speech
- Altered sense of self: feelings that the body is separated from the inner self, causing feelings of being non-existent as a person
- Memory impairment: recalling an event but unable to remember any specifics about the event

Symptoms categorized as "negative" are as follows:

- Lack of motivation or apathy: inability to do more than sleep and eat sparingly
- Blunted feelings or affect: a "flat" persona and non-existent facial expressions
- Depression: feeling helpless, hopeless, unlovable
- Social withdrawal: withdrawing from friends and surroundings; feeling safer alone

If educators notice any of these symptoms in a student, it is best to take some appropriate action since all evidence shows that early diagnosis and treatment leads to the best outcomes.

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Fact Sheets for Students, Family and Peer Groups

Facts You Should Know about Schizophrenia

A good education is important to a successful and fulfilling life. Good mental health is also important to accomplishing one's goals in life. There is no shame in seeking help if there are symptoms of mental disorders; they are more prevalent than is often realized.

- Did you know? Increasing numbers of universities around the world are focusing on educating students about mental illness and the need to seek treatment.
- Did you know? In a survey of over 47,000 students, more than 40% had trouble functioning because of serious depression.
- Did you know? One in ten college students seriously considers suicide.
- Did you know? 75% of people who develop a serious mental illness have their first episode before the age of 25.
- 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 degree of other conditions, such as alcohol abuse, abuse of stimulant drugs, caffeine, and tobacco.
- Did you know? Migration 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 in a way different from "normal" behavior, do you know what to do about it?

> *"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

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 fellow students come forth to urge the individual to seek treatment through the university health and mental health center. It is a strong person who gets treatment.

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Fact Sheets for Students, Family and Peer Groups

Warning Signs and Symptoms of Schizophrenia

Adolescence is a time of major changes in a person's life. There are signs of serious mental illnesses that people may assume are part of normal adolescence. This makes diagnosis more difficult.

A surprising number of students arrive on campus with a diagnosed mental illness, such as schizophrenia. Thanks to advances in medication and therapy, students can often attend college in spite of such disorders. Many students can and do thrive but others are particularly vulnerable to the special stressors of university life. There is no shame in having a mental disorder; the important thing is that it be recognized, diagnosed, and treated as early as possible. Since treatment is available, young people can often complete their educational goals and enter the work force. One would insure that a family member or friend seek and adhere to treatment for diabetes; one should also insure that a family member or friend seek and adhere to treatment for mental disorders. The following warning signs are to help in that process.

Schizophrenia has many of the same symptoms as depression and care should be taken to differentiate between the two. In both disorders, onset is often marked by depressive symptoms and both followed by a large number of negative behaviors. The difference, however, becomes visible only after the onset of, and a steep increase in, psychotic symptoms approximately one year before the first admission to hospital. Early intervention at the pre-psychotic stage should alleviate negative symptoms and functional impairment by cognitive-behavioral therapy and social skills training, rather than medication at this stage.

So called "prodromal" symptoms relate to the pre-psychotic or early psychosis period before the onset of the illness or before a relapse. This period of time is from the first change in an individual until the development of clear symptoms, as described above. There are many problems in trying to initiate treatment in this phase since an incorrect diagnosis at this early stage could be harmful. Furthermore, young people in this vulnerable pre-psychotic phase are subject to higher than normal risk of substance abuse, deliberate self-harm, and suicide. Key features that may indicate the presence of psychosis or its prodromal state include:

- Sleep disturbance
- Appetite disturbance
- Marked unusual behavior
- Feelings that are blunted or seem incongruous to others
- 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

It is important to provide a clinical environment acceptable to young people such as home visits from a family doctor, at school clinics, or by mobile youth mental health workers backed by mental health professionals. Psychosocial treatments are preferred during this phase and the use of antipsychotic or other medication should usually be avoided during these very early stages. This is a time for education of parents, teachers, school counselors, general practitioners and health professionals in early recognition of symptoms and warning signs and knowledge as to how to access services. Education and support activities with at-risk groups are also important. If early signs of psychosis are suspected, the person should be assessed and monitored for the precursor symptoms and other risk factors identified. If detection and treatment of emerging psychosis is early enough, full schizophrenia may be avoided.

The symptoms of schizophrenia are categorized as "positive" or "negative," designations which can be confusing. In this case, "positive" symptoms denote symptoms which *are* present and shouldn't be; "negative" symptoms are those that are *not* present and should be. Positive symptoms are easily noticeable, more disruptive to the family, more distressing to the patient and make the patient more responsive to medications. Negative symptoms are not as disruptive as positive symptoms but can be more disabling since patients with these symptoms are often less responsive to medications.

Symptoms categorized 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.

- *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. This is characterized as "paranoid schizophrenia." It is not effective to argue against the delusions as they are very real to the person, no matter what others may say.

- *Thought disorder:* The way a person with schizophrenia may process thoughts is very different from the way others do. Thinking is disorganized and fragmented and the person's speech is often illogical or incoherent. The person may find that his/her thoughts are racing through the mind and find it 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.

- *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 non-existent as a person.

- *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.

Symptoms categorized 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 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 are 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 and caught up on feelings that keep the individual from being in the company of others. It is difficult to show an interest in socializing of any type.

"So many people [with schizophrenia] feel isolated. It's hard getting back your motivation and getting back into the workforce."

– Bill MacPhee, founder of *Schizophenia Digest*
and a person living with schizophrenia

It is always important to take into account the cultural considerations associated with the stated warning signs for schizophrenia. 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.

Problems arise when the dominant provider system lacks an adequate understanding of the unique ethnocultural view of illness, as well as fear of stigma and distrust of public services. This is especially true when working with indigenous people and/or refugees who often don't receive the care that is needed even though they may be at greater risk than the general population. It is important that multilingual providers and literature are available as well as "cultural brokers" where designated representatives mediate between mainstream services and ethnic consumers.

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Fact Sheets for Students

Treatment and Outcomes for Schizophrenia

The good news is that schizophrenia is treatable. One can live a productive and fulfilling life in spite of a diagnosis of schizophrenia. In order to do so, however, appropriate help must be obtained from a well-qualified medical and mental health team as soon as possible after noticing the warning signs of the disorder. The outcome is far better if treatment begins as soon as possible after an early episode.

Once symptoms of schizophrenia appear, it is vital that the university medical and mental health center be consulted as soon as possible. The staff there will understand the importance of providing help immediately. There may be a need to go to the hospital for observation, assessment, diagnosis, and a treatment plan and it is important that such instructions be followed as soon as possible. Outcomes will be far better if steps are taken immediately.

These are the possibilities for treatment of schizophrenia:

- *Medication:* There are a number of medications especially designed to treat schizophrenia. It may take some "trial and error" to find the right one with minimum side effects but it is important to follow instructions of your mental health team exactly and take your medications consistently as directed. The large majority of people with schizophrenia show dramatic improvement; the outcomes are as varied as the people who have schizophrenia. A few people, in fact, don't need medication at all. It is very important to find out what is right for you! These anti-psychotic medications are not addictive and they do not take away your free will. The medications will help you deal with the world around you more rationally. It is important that individuals taking such medications comply with the instructions provided and have regular monitoring to manage any side effects that may occur.

  > *"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.

- *Counseling:* It is often extremely helpful to have counseling from a qualified expert, knowledgeable about schizophrenia. It is helpful to go with your family or close friends who will serve as your support system throughout your treatment. Such counseling could come from a psychiatrist, psychologist, psychiatric social worker, or nurse. This will help you understand more about yourself and your problems.

- *Education:* You and your family and friends should become educated about schizophrenia. It is not your or anyone else's fault that you have this disorder: it is a brain disorder that is not affected by the environment or anything that you or others have done to cause it.

- *Residential and rehabilitation programs:* It can be extremely helpful to enter into rehabilitation after leaving the hospital. You will need to take advantage of social skills training as well as vocational and recreational opportunities to regain many of the aspects of your life that you have had in the past.

- *Self-help groups:* You and your family and friends might want to join support groups to help you through the illness. Others going through similar experiences, sharing their knowledge and advice, can be extremely important. As time goes on, you will be able to offer as much to the group as you gain. These groups provide opportunities to share without feeling embarrassed or reluctant. It can be a very "freeing" experience.

- *Nutrition, rest and exercise:* You and your family and friends should prepare to be patient during the treatment process. As with many recovery processes, it is important that the individual 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.

> *…I stand before you as an advocate and torchbearer for mental health and the role of psychosocial rehabilitation with the family at the core of the intervention….In my case, a sister, a professional who suffered the pain of psychosis and not unlike Rip Van Winkle woke up to our world after sleeping and not remembering what happened and why.*
>
> – a family member from the Philippines

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

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Fact Sheets for Family and Peer Groups

Treatment and Outcomes for Schizophrenia

Learning that a loved one has been diagnosed with schizophrenia can be devastating news. It is, however, important to remember that this disorder *is* treatable, even though it is not *yet* curable. It is possible for a person with schizophrenia to go into a remission of positive and negative symptoms, although this happens in only a small percentage of people with the disorder. Education on ways to manage the illness is key.

The World Health Organization conducted two long-term studies of 2,000 people suffering from schizophrenia in different countries. The findings were that patients have a better long-term outcome in poor countries (India, Colombia, and Nigeria) than in wealthy countries (USA, UK, Ireland, Denmark, Czechoslovakia, Japan, and Russia.) These findings were not anticipated since antipsychotic medications are not as available in developing countries. The results may well come from the fact that people in poorer countries may have better extended family and community support and more favorable job opportunities.

> *A true story*
> *Gajraj is a young man of 25 living in Chansa, a village 50 km from New Delhi, India. Some months ago, he started hearing 'voices' which began to control his behavior. His family members and neighbors thought he had "gone mad." They took him to a faith healer who gave him large doses of laxatives to purge out evil spirits from his body. Gajraj was almost on his death bed. Somehow, Gajraj's father felt something was not right and took him to the community health centre 15 km away. The doctor at the health centre first gave Gajraj intravenous fluids to replace what had been lost due to laxatives. After taking a history, the doctor diagnosed Gajraj's condition as schizophrenia. He spent almost one hour explaining to the family about the disorder, about the need for medication and that Gajraj could benefit from treatment. He also advised that Gajraj should continue to perform routine agricultural work under supervision. He even offered to send his field health worker for periodic follow-up. Gajraj is now well adjusted, lives happily with his family and works in the field. He takes his medications daily.*
>
> – As reported by Gajraj's father

Thus, there is hope. Support for the person with schizophrenia is extremely important and this support can come from family, friends, professional residential or day program providers, professional case managers, religious and faith institutions, and others. There are numerous times when the person with schizophrenia may need help from people in his/her family, peer group, and/or community:

- The person may resist treatment and the support people must step in to ensure that the person gets the needed help.
- Sometimes only those closest to the person notice the symptoms before others and even before the person admits to "strange behavior and experiences."
- Hallucinations are real to the person experiencing them. Don't dispute that what the person is experiencing is real to him/her but explain that you don't see things in the same way.
- Help the person keep a record of symptoms, dosages of medication, and the effects of the medication so that it can be shared with the treating mental health team.
- It is important for family and friends to emphasize and reinforce that the individual on medication appears much improved when taking the medication. This could be a major help with compliance issues.
- Everyone who interacts with the person should be positive, encouraging, supportive, and have patience.

Specifically, the support team, consisting of family, friends, and others, plays a very important role in the treatment of someone living with schizophrenia:

- Help the person write a list of attainable goals, including steps needed to reach the goals.
- Review the list on a weekly basis, or whatever is comfortable, and make note of successes and areas where improvement is needed. Highlight the successes and what the person is doing right.
- Encourage the person to maintain a daily schedule, to eat nutritious meals, exercise, and get enough sleep.
- Take care of yourself while caring for the person with schizophrenia. It may be draining at times to care for a person with schizophrenia so you must care for yourself along the way. Any one person should not take on all of the responsibility. Organize the team so that there is enough help and each person can take much-needed breaks.

Specific steps for de-stressing, handling schizophrenia paranoia, helping the person with schizophrenia stay positive, how to establish a crisis plan, and other helpful tips can be found in the references listed below.

> *Remember...*
> *While many families do far more than expected (e.g. they listen, advise, encourage, support, entertain, nurse, and facilitate living and working), they need to set certain limits. Otherwise, they may fall into the habit of continually overextending themselves, thinking that if they give even more love and care, the patient will get better. While the importance of care and love cannot be overstressed, it must not be seen as a miraculous cure-all. The end result of nurturing unrealistic hopes is that they are often dashed sooner or later, leaving the helper angry, disappointed and frustrated, or at times, hopeless and deeply depressed. Expecting too much of oneself, in addition to being unrealistic, actually makes the task of helping the patient more difficult.*

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Educational Information for Everyone

The Question of Co-morbidity; Potential Related Psychotic Symptoms

Diagnosis of schizophrenia may take some time because of the similarity of symptoms with other conditions, such as a stroke, head trauma, a tumor, or infection. One might suspect that the individual has a bipolar disorder or another type of psychotic disorder.

People with schizophrenia may have related disorders for reasons that are yet unclear. Studies show, however, that such individuals have a lower physical health status in general. They are often beset by vision and dental problems, as well as high blood pressure, diabetes and sexually transmitted disorders.

- People with schizophrenia die prematurely by an average of 10 years
- More than 60% of premature deaths are not directly related to suicide
- 50% of psychiatric patients have a co-morbid medical illness
- Many illnesses go undiagnosed as this patient group does not volunteer complaints readily

While there may not be a causal relationship, *per se,* between schizophrenia and substance abuse, there is strong evidence that using certain drugs can trigger an onset or relapse in some people. Individuals with schizophrenia may also use substances such as alcohol and drugs to "self medicate" by trying to eliminate unpleasant symptoms or side effects of medication. In fact, one study shows that 60% of people with schizophrenia used substances of one kind or another, with 37% having a diagnosable substance abuse disorder. Amphetamines and hallucinogenic drugs may worsen schizophrenia symptoms.

There is evidence that cannabis (known in its herbal form as marijuana or ganja, or as hash in its resinous form) use can contribute to schizophrenia and, in fact, may be a significant causal factor. Some studies indicate that cannabis actually doubles the risk of developing schizophrenia as compared to those who have not used cannabis.

In addition, people with schizophrenia have been shown to smoke significantly more tobacco than the general population, especially those who are institutionalized or homeless. Ironically, these individuals have a much lower than average chance of developing and dying from lung cancer. Speculation is that there may be some genetic resistance to cancer or there may be some protection from medication.

Related to disease	**Health behaviors**	**Related to treatment**	**Related to system of care**
• Symptoms	• Alcohol and substance abuse	• Neurologic effects	• Fragmentation
• Direct risk of diabetes?	• HIV and hepatitis C	• Weight gain	• Poor access
	• Smoking	• Diabetes	
	• Inactivity	• Hyperlipidaemia	
	• Poor nutrition	• Hyperprolactinaemia	
		• Cardiovascular disease	

Both disorders — schizophrenia and substance abuse — must be treated at the same time. If they are treated together, there is a major decrease in suicide attempts and psychotic episodes. It is useful for special peer groups to be established within communities; positive social networking and healthy recreational activities are of great help to young people with schizophrenia.

In addition, there can be links between schizophrenia and other serious mental disorders with physical illnesses. As WFMH's 2005 World Mental Health Day packet shows in detail, significantly increased attention over the past few years has been directed to the relationships between physical and mental disorders and to the linkage between the two. All too often, however, these linkages are not taken into account when diagnosing either the physical or mental aspects of one's life.

> *Mental health is now recognized as an essential and inseparable part of health. We know that:*
> - *mental health issues can have a significant impact on the outcomes of a number of medical problems;*
> - *the burden is great in medical, social, and economic terms*
> - *effective treatments exist for many mental disorders, and these treatments come in many forms, including medications, psychotherapy, psychosocial services, and rehabilitation;*
> - *people experiencing even the most serious mental disorders can participate in the full range of human endeavor; and*
> - *special needs exist among groups such as children, elderly people, women, minorities, and others.*
>
> *What we have also learned is that the stigma associated with mental illness persists and leads to discrimination for those experiencing these disorders.*
>
> – Dr. David Satcher, former US Surgeon General

Recent research shows that people with mental illness have an increased risk of cardiovascular morbidity and mortality, the so-called "metabolic syndrome." This is defined as a group of risk factors for cardiovascular disease, including obesity, hypertension, impaired glucose tolerance and dyslipidemia. People with mental illness should be encouraged to take an interest in their physical health. While someone with schizophrenia may find it hard to believe that a healthy lifestyle can help them, they should be encouraged to try it and see if it makes a difference.

Individuals with schizophrenia have personal goals similar to the general population: decreasing symptoms of illness, increasing independent living, and improving relationships. A healthy living plan may well show results and empower these individuals to take control of those aspects of life by doing the following:

- Set reasonable expectations
- Include activities that are meaningful to that person
- Make the most of supportive relationships
- Avoid situations where people might criticize them
- Create a plan that suits their talents and strengths.

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Educational Information for Everyone

Reducing the Stigma of Schizophrenia through Education and Awareness

Stigma and discrimination towards people with schizophrenia and other mental illnesses, and even towards their families, is a huge problem. But until we can define what we are dealing with when we talk of stigma and discrimination we may not be able to do anything very much.

Stereotyping

1. Grouping or categorizing persons under one heading and attributing characteristics to all the individuals under that heading
2. Making generalizations about groups of people
3. Making judgments based on how people look
4. Being unable to see people as individuals with individual characteristics
5. Using stereotypes on which to base film or TV suspense movie plots

Reinforcing the Stereotype

1. Untreated people who are visible on our streets present an image that people respond to with fear and avoidance
2. In some societies eccentricity is well accepted, in others people must conform for acceptance

Historical Associations

1. The idea that psychiatric disorders have to do with the supernatural
2. An almost innate feeling of fear among many members of society
3. A fear of associating with anyone who has a mind disorder
4. Society's recollection of the "madhouse" as demonstrated in films like "The Snake Pit" back in the 1940s
5. A human being's distrust of the unpredictable

Ignorance

1. The lack of knowledge and the public unawareness of how these disorders affect people
2. Attributing logical and reasoned thought to the actions of people in psychosis
3. A susceptibility to make fun of mental illness
4. Government and societal discrimination against people with these disorders in matters of employment, travel (visas), etc.

Abuse

1. Persons recovering from or unstable with illnesses of the mind are very vulnerable to unscrupulous individuals who would dupe or otherwise abuse them.
2. Persons angered by the behavior of people with illness may physically abuse them.
3. Vulnerability to coercion by religious cults, drug users and dealers and others

Language

1. Using words that have unpleasant connotations
2. Using words which are downright offensive: e.g., schizo; psycho. (Extraordinarily enough a group of consumers have adopted for themselves the term "the crazies.")
3. Describing disorders using vivid adjectives: e.g., "horrific; incurable"
4. Finding suitable terms to describe experiences
5. Using judgmental language

6. The pejorative connotation of words that were originally ways to describe people's conditions: e.g., mental illness
7. Discounting anything someone with experience of schizophrenia says as delusional thinking or not to be considered

The Benefits of Language

1. Finding more suitable expressions which put the hope back: e.g., "treatable"
2. Being able to ask those who have experience of mind disorders whether they can suggest better ways of using language
3. Thinking before you speak. Putting yourself in the other person's position.
4. Listening to and conversing with persons with experience of schizophrenia

Valuing People with Disorders

1. People should not be characterized by the disorders they suffer. There is more to a person than this.
2. Searching out people's abilities is of more value than reinforcing notions about their disabilities.

Changing the Expectations

1. Better medications and better management indicate that today recovery is a very real hope.
2. Better income provision for those with such disabilities may make them less vulnerable to discrimination.

Educational Information for Everyone

Let's Not Reinforce Stigma

From The World Schizophrenia Fellowship Newsletter,
3rd Quarter, 1995

Every day in our lives we reinforce stigma. In our circle of friends, when someone forgets something, does something wrong, states an unacceptable opinion or even just misplaces an article, how do we respond? We respond with jokes which denigrate their behavior: "They'll be taking you to the funny farm soon," we say, laughing. And have we ever analyzed why we do this? Is it to cover embarrassment at something happening that is perceived as slightly out of the normal, correct behavior? And why should our expectation be that everyone has to conform to some sort of "normal." When we laugh at our friends it is a way of making some sort of excuse for their action, a way of reducing their embarrassment at having said or done something unacceptable. What we should work on is accepting the imperfections that we all have, to a greater or lesser extent — encouraging acceptance and tolerance in all spheres of daily living.

It is no surprise that people who have a mental illness face the prospect of jokes and comments like those mentioned above, but these often have an edge to them which indicates ill will or insensitivity. The laughter can be derisive and difficult for a vulnerable person to handle.

It is small wonder that people with schizophrenia tend to deny or try to ignore their diagnosis, given the fact that they are frequently verbally abused, derided or treated shabbily by society. This denial even extends to groups of people with mental illness who themselves deride professionals for treating mental illness as a medical condition. These people have bought into being stigmatized rather than buying into rejection of shame and blame in favor of recognition of a real medical condition.

Recognition of the real medical condition that is schizophrenia, with real etiology and real symptoms, as in any other disorder, will begin to bring understanding and eventually compassion. But attitudes are hard to change and, first of all, we have to change our own. Let's promote tolerance in our everyday life. Let's be slow to anger, slow to criticize; eager to learn; slow to blame; eager to listen and ready to accept.

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http://www.world-schizophrenia.org/stigma/reinforcing_stigma.html.

Educational Information for Everyone

Common Misconceptions about Schizophrenia: Debunking Myths

Myth: *Rehabilitation can be provided only after stabilization.*
Reality: *Rehabilitation should begin on Day One.*

– Dr. Courtenay Harding, Univ. of Colorado

There are many misperceptions and myths about schizophrenia. There is evidence that such myths help to maintain an overall pessimism about outcomes and may reduce the patient's opportunities for improvement and/or recovery. Some common misconceptions are as follows:

- *Schizophrenia refers to a "split personality" or multiple personalities.* Actually, the term 'schizophrenia' refers to the split between the individual's personality or perception of reality and objective reality. Fragmented thinking processes are characteristic of the disorder. Disassociative identity disorder is a different and much less common disorder than schizophrenia.

- *People with schizophrenia are violent criminals.* This is not automatically the case, although the delusional thoughts of schizophrenia sometimes lead to violent behavior. Although schizophrenia is sometimes associated with violence in the media, only a small minority of people with schizophrenia become violent and only a minority of people who commit criminal violence have been diagnosed with schizophrenia.

- *Schizophrenia is a rare condition.* Schizophrenia is not rare; estimates are that approximately 1% of the world's population will develop the disorder.

- *A person with schizophrenia should not have children.* 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.

- *Children cannot develop schizophrenia.* In rare instances, children as young as five years old have been diagnosed with the illness. Most people with schizophrenia, however, do not show signs until adolescence or young adulthood.

- *Street drugs can cause schizophrenia.* While there is some research, mentioned earlier, indicating that cannabis may have a causal effect on schizophrenia, in general, street drugs do not cause schizophrenia. There are similar symptoms with the disorder and substance abuse, but one does not cause the other. Street drugs are risky for anyone but particularly so with people with schizophrenia since the drugs may trigger relapses or make the illness worse.

References:
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Educational Information for Everyone

Schizophrenia Quiz

The following quiz may be a useful tool in educational and training sessions

How much do you know about schizophrenia?
Try this True or False Quiz that mixes myth and fact about the mental illness.

T F 1. People with Schizophrenia tend to be reclusive and often shun company because of their disorder.

T F 2. Schizophrenia has nothing to do with multiple or split personality.

T F 3. People with schizophrenia sometimes get their thoughts jumbled.

T F 4. Schizophrenia is caused by poor social conditions.

T F 5. People with schizophrenia who hear voices sometimes enjoy listening to them.

T F 6. Some types of schizophrenia run in families.

T F 7. Some people with schizophrenia hold down jobs and live a relatively normal life.

T F 8. When you have schizophrenia it is usually necessary to take medication in order to stay well.

T F 9. People with schizophrenia are likely to be more violent than those who do not have the disorder.

T F 10. Medications reduce all the symptoms of schizophrenia.

T F 11. Schizophrenia is much more common in men than in women.

T F 12. Psychosis means out of touch with reality.

T F 13. People with schizophrenia come from all walks of life and from all levels of society.

T F 14. Schizophrenia is only found in developed countries.

Answers to Schizophrenia Quiz

1. **T** — The impulses coming into the brain are so overwhelming for people with schizophrenia that they tend to try and escape them. It has been said that when you have schizophrenia the filter mechanism which allows most people to hold a conversation while tuning out background noise and other conversations is somehow disabled.

2. **T** — The term schizophrenia means split mind and is indicative of the disruption of thoughts and feelings that this disorder brings about.

3. **T** — Difficulty in thinking and concentrating is a symptom of schizophrenia. You hear people say "I just cannot get my thoughts straight." Some people are unable to make even the smallest decisions.

4. **F** — Poor social conditions do not cause schizophrenia. It is a disorder that can affect anyone.

5. **T** — Voices are not always of a derogatory kind. They can be pleasant and say nice things.

6. **T** — Schizophrenia is a syndrome (a group of symptoms) and the symptoms may turn out to have several causes. In some cases it runs in families.

7. **T** — Although this is not true for the majority of people suffering from this disorder, maybe 25% continue to live a normal life with the aid of medications and a stable environment.

8. **T** — Like diabetes or heart conditions, people with schizophrenia need to take medication to stay well.

9. **F** — People with schizophrenia are no more likely to be violent than members of the general population. However, a small percentage act out violently as a response to their voices, either committing suicide or attacking someone, most usually a member of their family. People with schizophrenia who abuse alcohol or drugs may also be more prone to violent activity.

10. **F** — Medications are imperfect at present. They may reduce some of the symptoms for some people. There is no one medication which is the medication of choice for doctors to prescribe. Some medications are better at reducing some types of symptoms than others.

11. **F** — Men and women are almost equally affected by this disorder.

12. **T** — Not only are people out of touch with reality, they form their own reality, often believing that they are living a completely different life to the one they are living. They may believe they are rich and famous, or they believe they have exceptional powers, etc.

13. **T** — Rich, poor, of any race, schizophrenia may strike anyone. It has a life prevalence of 1 in 100 and usually strikes people in their teens and twenties.

14. **F** — While some epidemiological studies have suggested that outcomes for schizophrenia may be better in developing countries, the incidence is the same. Our contact with members in developing countries indicates that this disorder can be just as disruptive whoever it affects.