

What is Schizophrenia ?



What is schizophrenia?

Schizophrenia is a mental illness which affects one person in every hundred.

Schizophrenia interferes with the mental functioning of a person and, in the long term, may cause changes to a person's personality.

First onset is usually in adolescence or early adulthood. It can develop in older people, but this is not nearly as common.

Some people may experience only one or more brief episodes in their lives. For others, it may remain a recurrent or life-long condition.

The onset of illness may be rapid, with acute symptoms developing over several weeks, or it may be slow, developing over months or even years.

During onset, the person often withdraws from others, gets depressed and anxious and develops extreme fears or obsessions.

What are the symptoms of schizophrenia?

Major symptoms of schizophrenia include:

Delusions - false beliefs of persecution, guilt or grandeur or being under outside control. People with schizophrenia may describe plots against them or think they have special powers and gifts. Sometimes they withdraw from people or hide to avoid imagined persecution.

Hallucinations - most commonly involving hearing voices. Other less common experiences can include seeing, feeling, tasting or smelling things which to the person are real but which are not actually there.

Thought disorder - where the speech may be difficult to follow; for example, jumping from one subject to another with no logical connection. Thoughts and speech may be jumbled and disjointed. The person may think someone is interfering with their mind.

Other symptoms of schizophrenia include:

Loss of drive - where often the ability to engage in everyday activities such as washing and cooking is lost. This lack of drive, initiative or motivation is part of the illness and is not laziness.

Blunted expression of emotions - where the ability to express emotion is greatly reduced and is often accompanied by a lack of response or an inappropriate response to external events such as happy or sad occasions.

Social withdrawal - this may be caused by a number of factors including the fear that someone is going to harm them, or a fear of interacting with others because of a loss of social skills.

Lack of insight or awareness of other conditions - because some experiences such as delusions and hallucinations are so real, it is common for people with schizophrenia to be unaware they are ill. For this and other reasons, such as medication side-effects, they may refuse to accept treatment which could be essential for their well-being.

Thinking difficulties - a person's concentration, memory, and ability to plan and organise may be affected, making it more difficult to reason, communicate, and complete daily tasks.

What causes schizophrenia?

No single cause has been identified, but several factors are believed to contribute to the onset of schizophrenia in some people:

Genetic factors

A predisposition to schizophrenia can run in families. In the general population, only 1 per cent of people develop it over their lifetime. If one parent suffers from schizophrenia, the children have a 10 per cent chance of developing the condition - and a 90 per cent chance of not developing it.

Biochemical factors

Certain biochemical substances in the brain are believed to be involved in this condition, especially a neurotransmitter called dopamine. One likely cause of this chemical imbalance is the person's genetic predisposition to the illness.

Family relationships

No evidence has been found to support the suggestion that family relationships cause the illness.

However, some people with schizophrenia are sensitive to any family tension which, for them, may be associated with relapses.

Environment

It is well recognised that stressful incidents often precede the onset of schizophrenia. They often act as precipitating events in vulnerable people. People with schizophrenia often become anxious, irritable and unable to concentrate before any acute symptoms are evident. This can cause relationships to deteriorate, possibly leading to divorce or unemployment. Often these factors are then blamed for the onset of the illness when, in fact, the illness itself has caused the crisis. It is not, therefore, always clear whether stress is a cause or a result of illness.

Drug use

The use of some drugs, especially cannabis and LSD, is likely to cause a relapse in schizophrenia.

Myths, misunderstanding and facts

Myths, misunderstanding, negative stereotypes and attitudes surround the issue of mental illness and, in particular, schizophrenia. They result in stigma, isolation and discrimination.

Do people with schizophrenia have a split personality?

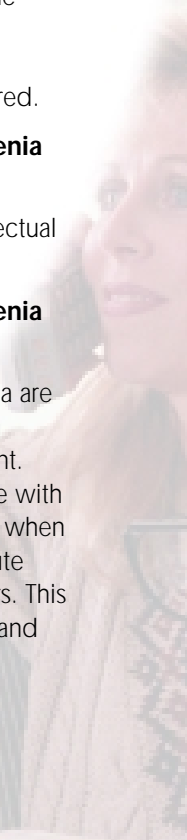
No. Schizophrenia refers to the change in the person's mental function, where thoughts and perceptions become disordered.

Are people with schizophrenia intellectually disabled?

No. The illness is not an intellectual disability.

Are people with schizophrenia dangerous?

No. People with schizophrenia are generally not dangerous when receiving appropriate treatment. However, a minority of people with the illness become aggressive when experiencing an untreated acute episode, because of their fears. This is usually expressed to family and friends, rarely to strangers.



Are people on medication for schizophrenia addicted to the medication?

No. The medication helps to reduce the severity of the symptoms. The specific medications for treatment of schizophrenia are not addictive.

Is schizophrenia a lifelong mental disorder?

Not necessarily. Most people, with professional help and social support, learn to manage their symptoms and have a satisfactory quality of life. It is also a fact that about 20-30 per cent of people with schizophrenia have only one or two psychotic episodes in their lives.

What treatment is available?

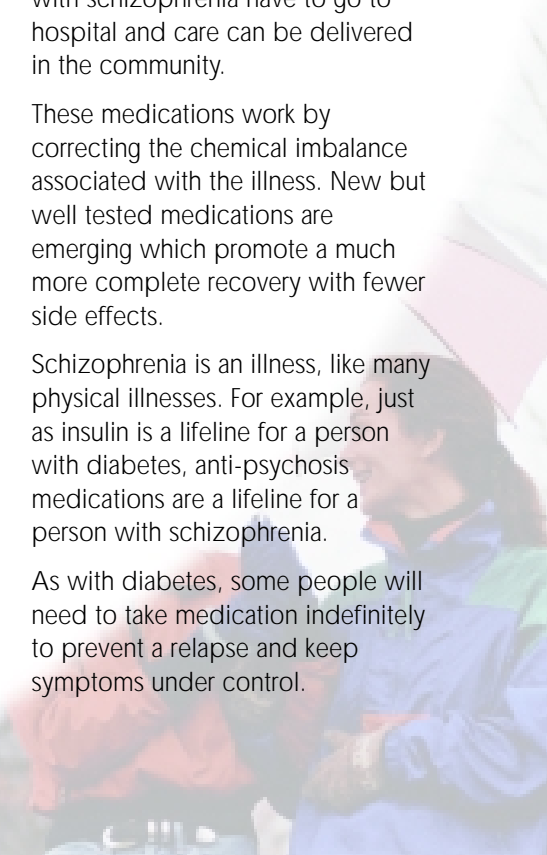
The most effective treatment for schizophrenia involves medication, psychological counselling and help with managing its impact on everyday life.

The development of anti-psychosis medications has revolutionised the treatment of schizophrenia. Now, most people can leave hospital and live in the community. Not all people with schizophrenia have to go to hospital and care can be delivered in the community.

These medications work by correcting the chemical imbalance associated with the illness. New but well tested medications are emerging which promote a much more complete recovery with fewer side effects.

Schizophrenia is an illness, like many physical illnesses. For example, just as insulin is a lifeline for a person with diabetes, anti-psychosis medications are a lifeline for a person with schizophrenia.

As with diabetes, some people will need to take medication indefinitely to prevent a relapse and keep symptoms under control.

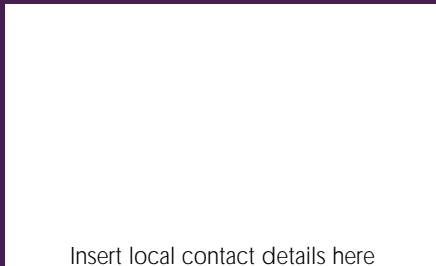


Though there is no known cure for schizophrenia, regular contact with a doctor or psychiatrist and possibly a multidisciplinary team of mental health nurses, social workers, occupational therapists and psychologists can help a person with schizophrenia organise and do the important things in life.

Sometimes, specific therapies directed towards symptoms such as delusions may also be useful.

Counselling and support can be helpful for problems with finances, accommodation, work, interaction with others and loneliness.

Effective treatment can assist the person in leading a productive life.



Where to go for help

- Your general practitioner.
- Your school or university counsellor
- Your community mental health centre.

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on **13 1114**. Lifeline can supply you with contacts, further information and help.

Copies of this and related brochures, which include:

Mental illness: the facts

What is bipolar mood disorder?

What is depression?

What are eating disorders?

What are anxiety disorders?

are available from the Mental Health Branch of the Department of Health and Aged Care:

GPO Box 9848
CANBERRA ACT 2601

Phone: 1800 066 247
Fax: 1800 634 400

www.health.gov.au/hsdd/mentalhe