

## Schizophrenia

Schizophrenia is a type of psychotic illness. People who suffer from it cannot distinguish real from unreal. They may hear voices when no one is around or believe that people can read or control their thoughts. Their thoughts might be jumbled up. They may not be able to differentiate what is relevant or irrelevant to the situation and at times their speech makes little sense to other people.

### Symptoms

The first signs of the illness occur in the late teens or early twenties. (Peak incidence of onset is between 15-25 years in men and 25-35 years in women. Incidence is equal in males and females). People with schizophrenia often drop out from college, isolate themselves, lack initiative, and are unable to show normal emotions towards family and friends. They develop preoccupations or strongly held beliefs, which seem irrational to other people. These beliefs can be about being persecuted by others, getting messages from TV or may take religious, scientific or mystical themes.

### Cause

There is no known single cause of schizophrenia. Like heart disease or diabetes, which are caused by interaction between multiple factors like life style, genetics etc., schizophrenia is also thought to be caused by multiple factors. Those destined to develop schizophrenia appear to inherit genes, which cause subtle changes in brain during its development. Chemicals, which carry messages between brain cells are also affected. People with these changes when faced with life stresses (immigration etc.), substance abuse, emotional and social problems develop the illness.

### Risk of violence

There is no evidence to show that people suffering from schizophrenia are more prone to violence. Often they are troubled and distressed from the derogatory content of the voices and because of their persecutory delusional beliefs want to be left alone. (Risk of suicide is 10%).

### Medication

Patients are treated with medication, which belong to the group of medicines called antipsychotics, which correct the chemical imbalance. This is the mainstay of the treatment. There is evidence that a delay in initiating treatment can lead to adverse outcome.

Other treatment modalities include cognitive behaviour therapy, family education, day hospitals; self help groups and hospital admissions in case of relapse.

### Talking therapies

CBT involves regular talks between patients and mental health professionals. An average session lasts around 50 minutes and concentrates on thoughts, feelings and other distressing experiences. By talking to psychologist or nurses, patients with schizophrenia gradually come to sort out real from the unreal.

### Management in hospital and in the community

Through family education families learn to identify signs of relapse, coping strategies and can then help their loved ones deal with their illness in a better way. In self-help

groups patients meet others suffering from similar illness and can then share and learn from each other's experiences. Hospital admission offers the patients a safe environment in which to recover. They have access to trained nurses and doctors who can help them in periods of crisis. During an admission if it is warranted medication can be changed and side effects can be monitored. Depending upon their needs they can get help from social workers, community psychiatric nurses and support workers.

Prior to discharge a care programme meeting is arranged in which all the professional involved in the patient's care along with patient formulate a strategy to enable the patient lead an independent life. Some people find it difficult to talk about their problems in front of a group of people. The ward can arrange for them to see an advocate who can then speak on the patient's behalf to the mental health professionals. Support workers can see patients on a weekly basis and help with every day activities like shopping, visit to the library or the park. Social worker can sort out benefits like DLA, income support and housing benefits. They can also arrange voluntary or part time work and find out about courses at local colleges. This can in the long run help build up social contacts and improve the patient's self esteem.

Social workers can also help arrange accommodation. Different types of accommodations are available. They range from independent accommodation in a housing association, council flats/houses to supported accommodation and hostels.

Patients often become ill during the critical career forming years of life and miss out on crucial training and required to lead a productive and fulfilling life. This is where the rehabilitation part of the psychiatric services can help. Non-medication interventions like vocational training, problem solving and money management skills can make patients equipped to live independently.

It is estimated that around one third of the people diagnosed with schizophrenia experience only one episode, one third have occasional episodes, which are short lived and one third live with schizophrenia as an ongoing problem.

#### First rank symptoms

1. Thought insertion
2. Thought withdrawal
3. Thought broadcast
4. Thought echo
5. 3<sup>rd</sup> Person AH
6. Running commentary
7. Made actions, made impulses, made feelings
8. Somatic passivity
9. Delusional perception

#### Organizations

National schizophrenia fellowship  
Mind: National organization for mental health  
Hearing voices network  
Rethink