

Mental Illness: An Overview

EARLY WARNING SIGNS

This list of warning signs was developed by people whose relatives have schizophrenia. Many behaviours are within the range of normal responses to situations. Yet families sense, even when symptoms are mild, that behaviour is “unusual”; that the person is “not the same”. The number and severity of these symptoms differ from person to person, although almost everyone mentions *noticeable social withdrawal*.

- Deterioration of personal hygiene
- Depression
- Bizarre behaviour
- Irrational statements
- Sleeping excessively *or* inability to sleep
- Social withdrawal, isolation, and reclusiveness
- Shift in basic personality
- Unexpected hostility
- Deterioration of social relationships
- Hyperactivity or inactivity—or alternating between the two
- Inability to concentrate or to cope with minor problems
- Extreme preoccupation with religion or with the occult
- Excessive writing without meaning
- Indifference
- Dropping out of activities—or out of life in general
- Decline in academic or athletic interests
- Forgetting things
- Losing possessions
- Extreme reactions to criticism
- Inability to express joy
- Inability to cry, or excessive crying
- Inappropriate laughter
- Unusual sensitivity to stimuli (noise, light, colours, textures)
- Attempts to escape through frequent moves or hitchhiking trips
- Drug or alcohol abuse
- Fainting
- Strange posturing
- Refusal to touch persons or objects; wearing gloves, etc.
- Shaving head or body hair
- Cutting oneself; threats of self mutilation
- Staring without blinking—or blinking incessantly
- Flat, reptile-like gaze
- Rigid stubbornness
- Peculiar use of words or odd language structures
- Sensitivity and irritability when touched by others.

IMPORTANCE OF EARLY INTERVENTION

Psychosis can be very stressful for an individual, as well as for family and friends. Because schizophrenia starts in the teens or early twenties, it often has a serious impact on normal development, affecting the person's sense of identity, relationships, educational goals, and career plans.

Schizophrenia disrupts a young person's life at its most critical stage of development. Serious secondary problems then develop. Psychosis isolates the ill person from others and interferes with peer relationships. Personal and social development is interrupted, and may even regress. The quality of academic and vocational effort declines, and there can be profound loss in terms of social and economic plans for the future. Family relationships may also be strained or broken. The person may start abusing drugs or alcohol. They may become homeless. Their risk for suicide is multiplied.

The longer psychosis is left untreated, the greater the risk that:

- The person's social development will be permanently derailed
- The illness will become more and more entrenched

Evidence indicates that delayed treatment may cause schizophrenia to become more *biologically entrenched* and less responsive to treatment. The theory is that psychosis itself may be toxic and damaging to the brain. Early diagnosis and treatment can lead to more significant recovery and better patient outcomes. By contrast, the longer the illness goes untreated (i) the longer it takes for symptoms to improve; (ii) the less the degree of remission; and (iii) the greater the chance of relapse. Studies show that the duration of untreated schizophrenia (time between first signs of illness and treatment) is approximately three years. They also indicate that the delay between the onset of acute psychosis and the start of appropriate treatment is often a year or more.

MYTHS AND MISCONCEPTIONS

"The worst thing about having schizophrenia is the isolation and the loneliness..."
—Dr. Phillip Long, psychiatrist

Society's knowledge of major mental illness lags way behind the facts. People with schizophrenia are victims of this general ignorance. In truth, they are victims twice over. First, they have an incurable, chronic brain disease that they must learn to live with as best they can. Next, because of their illness, they are discriminated against.

What is the biggest problem for people with mental illness? Most say it's that other people do not accept them. Once patients have learned to manage their symptoms, they still have to face overwhelming difficulties with friends, housing,

and work. They feel the sting of discrimination in almost everything they do. Old friends and even some family members are uncomfortable in their presence. It is easy to become isolated, cut off from society. No wonder so many people with schizophrenia feel they don't belong; that they are "different"; that they are not respected or valued. Widespread, hurtful ignorance leads to the terrible social isolation and loneliness that can become the most disabling feature of the illness.

WHY DO PEOPLE FIND MENTAL ILLNESS SO UNACCEPTABLE?

1. Fear of Violence: Some people fear that individuals who suffer from mental illness are violent. In reality, people with a mental illness are usually anxious, fearful of others, and passive. The myth of danger is largely based on inaccurate and outdated cultural myths that portrayed people with mental illness as aggressive and violent. Problems with aggression can arise for a small minority of people who (i) are not taking medication; (ii) habitually abuse drugs and/or alcohol; and (iii) have a history of violence towards themselves or others. Otherwise, statistics show that people with mental illness are *less* violent than the general population, and tend rather to be the *victims* of violence.

2. Fear of Criminal Intentions: People with psychiatric disorders are no more likely to commit crimes than the general population. However, if mental illness is left untreated and allowed to become progressively more severe, people who are acutely ill may inadvertently end up in jail. Another common confusion has to do with the nature of involuntary hospitalization, which is sometimes necessary to treat and safeguard someone who is very ill. Hospitalization for medical treatment to regain one's health should never be falsely equated with incarceration in the criminal justice system.

3. Fear of the Unknown: People often fear what they do not understand. When they don't understand, they often make wild guesses. Some cultures believe mental illness is the work of evil spirits, while others believe it is caused by bad blood, poisons, or lack of moral integrity. As modern civilizations understand more about the brain and the biological causes of brain disease, these harmful beliefs are quickly fading.

4. Aversion to Illness: After hundreds of years, "mental illness" has finally been identified as a disease just like epilepsy, Parkinsonism, or diabetes. But this change from the realm of the witch doctor to the medical doctor doesn't erase all negative feeling—only lessens it somewhat. The public still has a very strong aversion to hospitals, disease, and doctors.

SCHIZOPHRENIA FACTS

- Schizophrenia is a neurological disorder that strikes young people in their prime
- Schizophrenia distorts the senses and impairs cognition, sometimes making it difficult to tell what is real from what is not real
- The usual age of onset is between 16 and 25
- Schizophrenia is a medical illness. *Period.*
- Treatment works!
- Early diagnosis and modern treatment greatly improve prognosis for the illness.

SCHIZOPHRENIA IS *NOT RARE*: NO ONE IS IMMUNE

- Schizophrenia is found all over the world—in all races, in all cultures and in all social classes
- It affects *1 in 100 people* worldwide. That's about 40,000 of our BC neighbours or 300,000 fellow Canadians

MEN AND WOMEN ARE AFFECTED WITH EQUAL FREQUENCY

- For men, the age of onset for schizophrenia is often ages 16 to 20
- For women, the age of onset is sometimes later—ages 20 to 30

WE ARE *ALL* AFFECTED

- Schizophrenia accounts for one in every 12 hospital beds in Canada – more than for any other medical condition
- The cost to Canadian society due to hospitalization, disability payments, welfare and lost productivity amounts to \$6.85 billion annually
- Other costs—such as personal anguish, the loss of individual potential, and family hardship—are impossible to measure.

WHAT CAUSES SCHIZOPHRENIA?

Researchers now agree that while we do not yet know what “causes” Schizophrenia many pieces of the puzzle are becoming clearer. Areas of study and interest are:

- **BIOCHEMISTRY**- People with schizophrenia appear to have a neurochemical imbalance. Thus, some researchers study the neurotransmitters that allow communication between brain cells. Modern antipsychotic medications now primarily target three different neurotransmitter systems (*dopamine, serotonin, and norepinephrine.*)
- **CEREBRAL BLOOD FLOW**- With modern brain imaging techniques (PET scans), researchers can identify areas that are activated when the brain is engaged in processing information. People with schizophrenia appear to have

difficulty “coordinating” activity between different areas of the brain. For example, when thinking or speaking, most people show increased activity in their frontal lobes, and a *lessening* of activity in the area of the brain used for listening. People with schizophrenia show the same increase in frontal lobe activity—but there is *no decrease of activity* (“dampening” or “filtering”) in the other area. Researchers have also been able to identify specific areas of unusual activity during hallucinations.

- **MOLECULAR BIOLOGY-** People with schizophrenia have an irregular pattern of certain brain cells. Since these cells are formed long before a baby is born, there is speculation that:
 1. This irregular pattern may point towards a possible “cause” of schizophrenia in the prenatal period; or
 2. The pattern indicates a predisposition to acquire the disease at a later date.
- **GENETIC PREDISPOSITION-** Genetic research continues, but has not yet positively identified a hereditary gene for schizophrenia. Schizophrenia *does* appear more regularly in some families. Then again, many people with schizophrenia have no family history of the illness.
- **STRESS-** Stress does not *cause* schizophrenia. However, it has been proven that stress makes symptoms *worse* when the illness is already present.
- **DRUG ABUSE-** Drugs (including alcohol, tobacco, and street drugs) themselves do not cause schizophrenia. However, certain drugs can make symptoms worse or trigger a psychotic episode if a person already has schizophrenia. Drugs can also create schizophrenia-like symptoms in otherwise healthy individuals.

So — while we don’t know the actual cause of schizophrenia, we do know that...

SCHIZOPHRENIA IS:

- A brain disease, with concrete and specific symptoms due to physical and biochemical changes in the brain
- An illness that strikes young people in their prime—age of onset is usually between 16 and 25
- Almost always treatable with medication
- More common than most people think. It affects 1 in 100 people worldwide—that’s about 300,000 Canadians, including over 40,000 of our BC neighbours.

SCHIZOPHRENIA IS NOT:

- A “split personality”
- Caused by childhood trauma, bad parenting, or poverty
- The result of any action or personal failure by the individual