

C. How Is Schizophrenia Treated?

The proper treatment of schizophrenia involves the patient, the family and the community.

Using a combination of treatments works best:

Medication – Most patients with schizophrenia have to take medication to keep their illness under control. These medications often have unpleasant side effects.

Education – Patients and their families should learn all they can about schizophrenia. They should also be included in planning treatment.

Hospitalization and Regular Follow-up –

A person who is acutely ill with schizophrenia will probably need to be hospitalized. This allows the patient to be monitored and put on medication under the supervision of trained staff. Once the patient is discharged, regular follow-up care will reduce the chances of relapse. Other treatment options include family counselling, social skills training, self-help groups for families, and proper attention to nutrition, rest and exercise.

REMEMBER - Early treatment is the key to a positive outcome!

You can also help by seeking advice. If you think you or someone you know is suffering from schizophrenia, contact:

- Mission Mental Health Centre
604.814.5600
- Abbotsford Mental Health Centre
604.870.7800
- Chilliwack Mental Health Centre
604.702.4860
- Hope Mental Health Centre
604.860.7733

Mental Health centres are open Monday through Friday 8:30 a.m to 4:30 p.m.

- Emergency Mental Health Services
604.820.1166 or 1.877.820.7444
- Aboriginal Mental Health Liaison Program, Sto:lo Nation Health Services
1.877.411.3200
(Serves Tsawwassen to Boston Bar)
- BC Mental Health Information Line
1.800.661.2121 | www.heretohelp.bc.ca
- Mood Disorders Association of BC
604.873.0103 | www.mdabc.net
- BC Schizophrenia Society (BCSS)
1.888.888.0029 | www.bcscs.org
- BCSS Abbotsford Branch
604.859.0105

There is no cost to you for the above mentioned services

The content of this brochure was developed by the:

First Nations Mental Health Program

Strathcona Mental Health Team
330 Heatley Street
Vancouver, BC V6A 3G3
Tel: 604.253.4401

SCHIZOPHRENIA



A Guide for the First Nations Community

This guide will answer some of the commonly asked questions about schizophrenia.

A. What is Schizophrenia?

Schizophrenia is a disease that affects a person's thinking, emotions and sensory perception (e.g., vision or hearing). These symptoms make it difficult for the person to tell what is real from what is not real. Schizophrenia most often strikes young people between the ages of 16 and 30. There is no known cure for schizophrenia, but it can be managed with medication and support.

As an aboriginal person, do I have a greater chance of getting schizophrenia?

No. Schizophrenia is found all over the world – in all races, all cultures and in all social classes. It affects 1 in every 100 people worldwide and occurs in men and women with equal frequency.

What causes Schizophrenia?

The causes of schizophrenia are not yet completely understood. Research has shown that people with schizophrenia have an imbalance in their neurotransmitters – the chemicals that allow brain cells to communicate. Most medications for schizophrenia work through balancing these neurotransmitters. Schizophrenia is NOT caused by bad parenting or by poverty. Use of street drugs and alcohol CAN make the symptoms of schizophrenia worse.

B. What are the Symptoms of Schizophrenia?

Like other diseases, schizophrenia has signs or symptoms. Symptoms are not the same for everyone. Schizophrenia always involves a change in the person's abilities and personality. Family members and friends notice that the person is "not the same." A decline is usually noticed in:

- Work or school activities
- Relationships with others
- Personal care and cleanliness

What are the most common changes seen in a person with schizophrenia?

Personality Change – At first, these changes may be minor and go unnoticed. Eventually, they become more obvious to family and friends. There is a loss of emotion, interest and motivation. An outgoing person may become withdrawn, quiet or moody. Emotions may be inappropriate (e.g., the person may laugh at a sad situation) or the person may not be able to show any emotion at all.

Thought Disorder – Thoughts may be slow to form, come extra fast or not at all. The person may jump from topic to topic, seem confused or have difficulty making simple decisions. Thinking may be clouded by delusions – false

beliefs that have no basis in reality. The person may think that they are being persecuted (i.e., being spied on or plotted against). They may think that they have special powers or that they have a personal mission to save the world.

Perceptual Changes – The person may see, hear, smell or feel sensations that are not real. These are called hallucinations. People with schizophrenia will often hear voices. Sometimes, the voices are threatening or condemning; they may give direct orders such as, "kill yourself." *There is always a danger that such commands will be obeyed.*

People who are ill may also have visual hallucinations – colours, shapes and faces may change before the person's eyes. A door may appear where no door exists; a wild animal or long-dead relative may suddenly appear.

Sounds, tastes and smells may be distorted. A ringing telephone might sound as loud as a fire alarm or a loved one's voice as threatening as a barking dog. The person experiencing these frightening changes may try to hide what is going on.

People with schizophrenia need understanding and reassurance that family and friends will not abandon them.

