



### learn about

## schizophrenia

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The changes in the brain are thought to cause something like a short in the brain's circuit, which leads to symptoms of schizophrenia.

Schizophrenia can be a frightening experience on its own. Unfortunately, it's often misunderstood, in part due to sensational stories in the news and other media. Some people assume that people who experience schizophrenia are dangerous or believe that people who experience schizophrenia should be treated without respect for their rights and dignity. These public perceptions can leave people scared to talk about their experiences and seek help. The truth is that many people learn how to manage schizophrenia with the right tools and supports. It's time to learn the facts about schizophrenia and see it for what it is: a treatable illness.

### What is it?

Schizophrenia is a mental illness. It causes people to lose touch with reality and sometimes makes it difficult for them to think and speak in an organized way. (This loss of touch with reality is called psychosis. Psychosis is a part of schizophrenia, but may also be seen on its own. For more on psychosis, see the box on page 3.) It isn't known exactly what causes schizophrenia, but it's likely a combination of several

factors, such as the way your body works, your family history, your environment, and your life experiences.

### Who does it affect?

Schizophrenia affects about 1% of Canadians—that's about 40,000 people in British Columbia. While scientists are still working hard to figure out what causes schizophrenia, we do know that it affects:

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### could I have schizophrenia?

While schizophrenia looks different from person to person, it always causes changes in your abilities and personality. Because it is so different in each person, you may experience some or all of the symptoms below.

- □ I'm hearing voices other people tell me they can't hear
- ☐ I'm seeing things that other people tell me they can't see
- ☐ My thoughts take a long time to form, come too fast together, or don't form at all
- □ I'm convinced I'm being followed
- ☐ I feel immune to any kind of danger; I believe I can save the world
- ☐ I sometimes feel like I'm not actually in my body, that I'm floating
- ☐ I used to like being around other people, but now I'd rather just be by myself
- □ I want to end my life or harm myself
- ☐ I'm having trouble remembering things, concentrating and making decisions
- I'm getting confused easily

If you are experiencing any of these symptoms it's important to talk to your doctor. People who experience schizophrenia often experience symptoms of anxiety and depression, too.

- Young people: Schizophrenia usually first shows up between the ages of 18 and 25 in men and between 25 and 35 in women.
- Men and women: Schizophrenia affects men and women equally as often. Men usually start to experience symptoms at an earlier age than women.
- Families: Schizophrenia seems to run in families. If a close family member (like a parent or sibling) experiences schizophrenia, you may experience an increased risk of schizophrenia. However, it's important to remember that there is much more to schizophrenia than your genes—genes are one of several risk factors.

### What can I do about it?

Schizophrenia is treatable. While there is no cure, you can learn how to effectively manage schizophrenia. An important part of recovery is seeking help early. Many people are scared to tell others about their experiences because they worry about what others will think or do. However, early treatment can help you recovery faster and more completely. As schizophrenia usually starts when you're a teen or young adult, it can interfere in your development and interrupt your goals in school or work. Early treatment can help you get back on track with fewer delays. Of course, it's also never too late to seek help. There are many different things you can try—talk with your doctor to see what might be right for you.

- Medication: Most people with schizophrenia can be treated with medications called antipsychotics. New types of antipsychotics (also called atypical antipsychotics) may have fewer side effects than older types, but the important part is finding a strategy that works best for you. It may take time to find the right medication and the right dose, so it's important to be patient during this process. Whenever you start a new medication, it's a good idea to talk to your doctor about what to expect and what you can do to reduce side effects.
- **Counselling:** Counselling is a very important part of treatment for schizophrenia. A counsellor can help you learn new skills, cope with challenges you experience, and support you on your own path to recovery. Extra supports around job skills, financial management and social skills may also be helpful. You often find these supports in local mental health teams. A type of talk therapy called cognitive-behavioural therapy can help with symptoms like confused thinking, and a type called metacognitive training (MCT) teaches you about thought patterns involved in psychosis.

Counselling is also important for families and loved ones because it can help them learn more about schizophrenia, what to expect, navigating the system, and supporting someone. They can learn what they can do to help their loved one, especially during relapses or crisis.



Support groups, for both people with the illness and loved ones, are a great way to share your experiences and learn from the experiences of others.

- Hospitalization and follow-up: If you become extremely ill with schizophrenia, you may need to go the hospital. Once you are out of the hospital, regular check-ups with your doctor and/or community mental health team are a good idea. The Schizophrenia Society of your province has helpful worksheets to help you plan your release from hospital and transition back into your regular routine.
- **Support groups:** You are not alone. Support groups, for both people with the illness and loved ones, are a great way to share your experiences and learn from the experiences of others.
- **Self-help:** During and after treatment, there are some things you can do on your own to help keep you feeling better. Regular exercise, eating well, managing stress, spending time with friends and family, keeping in touch with your spirituality, and minimizing the use of alcohol and other drugs can help keep your symptoms from getting worse or coming back. Talking to your doctor, asking questions, and feeling in charge of your own health are also very important. Always talk to your doctor about what you're doing on your own.

### schizophrenia myths and facts

- Schizophrenia is not caused by bad parenting, childhood trauma, poverty, street drugs or alcohol
- Schizophrenia is not contagious
- Schizophrenia is very different from dissociative disorder (what used to be called split or multiple personality disorder)
- Schizophrenia is no one's fault
- People who experience schizophrenia have a higher risk of suicide. In one study, 20-40% of people with schizophrenia attempted suicide and 5% of people with schizophrenia completed suicide, so all talk of suicide should be taken seriously

### a look at the terms

Below are the definitions of a few words that you might hear associated with schizophrenia.

- Psychosis: A group of symptoms related to the way you understand the world around you. It includes hallucinations, delusions, and confusing thinking. Hallucinations are things you sense that aren't real. The most common hallucination is hearing voices. Delusions are strong beliefs that can't be true. Common delusions include believing that someone is following you or watching you, or believing that you have special powers. Confused thinking can make it difficult to speak in ways that others understand, concentrate, or complete daily tasks. Psychosis is a major part of schizophrenia. It can be caused by other health problems, too: another mental illness, substance use or substance withdrawal, brain injury, and other health problems. To learn more about psychosis, see our "Psychosis" info sheet.
- Schizoaffective disorder: A mental illness that includes symptoms of both schizophrenia and a mood disorder.
- Negative symptoms: Symptoms that "take away." With schizophrenia, this may be loss of interest in things you used to enjoy, loss of emotions, or loss of concentration.
- Positive symptoms: Symptoms that "add." With schizophrenia, this may be hallucination, delusions, or strange thoughts.

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## where do I go from here?

In addition to talking to your family doctor, check out the resources below for more information on Schizophrenia.

### **QC Schizophrenia Society**

Visit <a href="http://sante.gouv.qc.ca/en/problemes-de-sante/schizophrenie/#aide-et-ressources">https://saniquebec.org/schizophrenia</a> or call 1-866-888- 2323 or 514-251-4125 for resources and information on schizophrenia and psychosis. These information includes family support groups, respite care, support for children with a parent with a mental illness, and education courses for persons with schizophrenia and their families.

### HealthLink QC

Call 811 or visit <a href="https://amiquebec.org">https://amiquebec.org</a>
to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk to a pharmacist about medication questions.

#### **Your Local Crisis Line**

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 1 866 APPELLE or 1 866 277-3553, 24 hours a day to connect to a QC crisis line, without a wait or busy signal. The crisis lines linked in through this number have received advanced training in mental health issues and services.

## Suicide Prevention center https://suicideprevention.ca/quebec-

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The integrated health and social services centre (CISSS) and the integrated university health and social services centre (CIUSSS):

To find contact information for your family medicine clinic, your CISSS or your CIUSSS, go to Finding a Resource. http://sante.gouv.qc.ca/en/problemesde-sante/sante-mentale/

## The Ordre des psychologues du Québec

To find a psychologists or a psychotherapists who speak different languages, visit the <u>Ordre des psychologues du Québec</u> website.

### **Ami Quebec**

Visit <a href="https://amiquebec.org">https://amiquebec.org</a> or call (514) - 486- 1448 for information and resources regarding mental health or any kind of mental health disorders.

### **ACCÉSSS**

ACCÉSSS (https://accesss.net/) is a provincial group of community organizations whose goal is to represent the interests of ethnocultural communities in health and social services decision-making bodies. It is a non-profit organization (NPO). ACCÉSSS is a meeting place for the community, the health network and the university community. Due to the management philosophy of ACCÉSSS which is to work in consultation with its various partners, as well as the nature of the files treated, ACCÉSSS is more and more involved in the networks of consultation.

Telephone: 1-866-774-1106 (toll-free)

and (514)-287-1106 Fax: (514)-287-7443

email: accesss@accesss.net



Resource Centre (MMHRC)
For information regarding the availability of mental health services in Quebec or other provinces of Canada visit <a href="http://www.multiculturalmentalhealth.ca/">http://www.multiculturalmentalhealth.ca/</a> to access information in different languages such



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as Farsi. This website is working under the supervision of Division of Social and Transcultural Psychiatry of McGill University.

### More resources available for getting help or further information on mental health:

- Canadian Mental Health Association
- Mouvement Santé mentale Québec (in French only)
- Association des groupes d'intervention en défense des droits en santé mentale du Québec (in French only)
- Regroupement des ressources alternatives en santé mentale du Québec (in French only)
- Les porte-voix du rétablissement L'association québécoise des personnes vivant (ou ayant vécu) un trouble mental (in French only)
- Association des médecins psychiatres du Québec

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.

