Schizophrenia is among the top ten causes of disability in developed countries worldwide.

It affects approximately 1 in 100 people and symptoms typically start to appear between the ages of 18 and 25 for males and may be later for females. Symptoms include:

- delusions – also known as false beliefs
- hallucinations - altered perceptions of things that do not exist, e.g. hearing voices
- confused or unusual thinking and behaviour
- difficulty in feeling appropriate emotions
- loss of motivation and withdrawal from usual activities or friends, family and others.

More subtle signs that may develop over time include the slow decline in social relationships and mental function which lead to social isolation, occupational disability and noticeable changes in personality.

Schizophrenia is a major cause of suicide with 30% of people with the illness attempting suicide and 5% completing suicide. People with schizophrenia have 2.5 times the death rate of the general population and their life expectancy is reduced by an average of 10 years.

The illness costs the Australian community approximately $2.6 billion each year in direct health costs and loss of productivity. There is also an extreme emotional cost to the families of people diagnosed with schizophrenia.

Causes

While the causes of schizophrenia are not completely understood, they are believed to be a combination of hereditary and other factors. Some research indicates that it may be a developmental disorder that results from changes in the usual maturing process of the nervous system. It is likely that some people are born with a predisposition to develop the illness. People may become vulnerable to psychosis if a variety of biological, emotional and social factors are involved.

It is estimated that genetic factors contribute 80% to the cause(s) of schizophrenia. Indeed a child of a parent with schizophrenia has a 10% greater chance than other children of developing the illness.

Traumatic life events are also significantly linked to the experience of psychosis.

Treatment

Treatment for schizophrenia can include a combination of psychological treatment, community support and medication. The aim is to minimise symptoms and maximise functioning and quality of life.

Psychological treatment will assist the person to work towards wellness and usually includes addressing some of the underlying issues (e.g. trauma).

Community support programs that aim to treat people with schizophrenia include:

- accommodation
- help with finding suitable work
- psychosocial rehabilitation
- information
- training and education
- mutual support groups.

Medications can be used, either in the short term or over the longer term. However, antipsychotic medications do have side effects, so it is very important for consumers to be supported by health professionals who can monitor both effects and side effects. These treatments aim to alleviate the symptoms of the illness rather than treat the cause.

Research suggests that the earlier a person’s treatment starts, the better the outcomes will be.

Stigma

Acceptance and understanding by the broader community is important in the treatment and understanding of schizophrenia. Unfortunately, the illness has a long history of misunderstanding, prejudice, confusion and neglect. Today, it doesn’t receive the levels of research funding and public attention warranted by the number of individuals and families on which it impacts. It is common for affected families to hide the illness from friends, relatives and colleagues, again reducing its public awareness.

Stigma associated with mental illness can be eradicated if all people play a role in actively challenging it by educating, talking and thinking about mental illness just like talk about other illnesses.

References

