



Saint
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WELCOME

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Welcome



Phil Minden, MHB Trustee



Welcome to the Spring 2006 issue of How's *YOUR* Mental Health? The St. Louis Mental Health Board (MHB) developed this quarterly e-zine to help St. Louis residents become better informed about issues surrounding mental health and substance abuse.

These are very real problems in our City, yet many people know relatively little about the topics. A study conducted by MHB found that almost one-third of city voters surveyed have an alcoholic in their immediate family, while 22 percent have a relative addicted to other drugs and 25 percent have a close relative who is mentally ill.

Each edition of "How's *YOUR* Mental Health?" focuses on a topic that impacts the lives of many St. Louisans. This issue is devoted to one of the more serious mental health issues – schizophrenia. But even though schizophrenia is one of the most chronic and disabling of the severe mental disorders, I think you will find in reading the attached stories there is real hope today for those that suffer from the disease.

In this e-zine you will find:

- What schizophrenia is, and its symptoms and causes
- Early warning signs for families to watch for
- Why it's important for families to stay informed
- What the disease feels like to an individual with schizophrenia
- A link to MHB's Trustee and staff
- Links to useful web sites and other sources of information

MHB hopes you will find these stories informative and useful. And we hope this e-zine will help readers to be more aware of this often-misunderstood condition and where to get appropriate assistance.

Schizophrenia: The Impact on Families

Special Commentary by:

Dr. Garry Vickar, *Chair of the Department of Psychology at Christian Hospital and Medical Director of Schizophrenia Treatment and Education Programs (STEPS)*



When we say the word schizophrenia, what probably comes to mind is someone with a “split personality.” However, schizophrenia is really a group of illnesses that have a common feature – the disruption of perceptions and emotions.

With a disorder of perceptions, an individual might perceive others talking about him or her or hear whispers. He/she might feel that someone is giving him a special message over the radio or television.

For example, if your calculator is fed $2+2=5$, the work is done correctly but the answers are always wrong. So if someone has hallucinations, it seems very real. If you think you hear voices calling you names, you are going to be distracted if you are trying to hold a conversation with another person at the same time.

To an outsider your behaviors look very unusual. When a patient hears a voice, he or she might yell out loud to get rid of the voice. Or the patient might be frightened that someone is trying to harm him or her. These perceptions can come on very gradually, or sometimes dramatically. These are very horrific, and the risk of suicide is very substantial.

What’s so unbelievable about this illness is that your delusions are so real; you can’t imagine that you have an illness. And if patients believe that they are not sick, they don’t feel they need to take their medicine, but that is key to their treatment.

One of the biggest myths about schizophrenia is that people with the disorder don’t get better. However, just like with diabetes, the disease does not go away, but people can get better with treatment. There is hope.

Special Commentary (cont'd)

Dr. Dan Haupt, *Assistant Professor of Psychiatry at Washington University School of Medicine*



The burden of schizophrenia can be heartbreaking. When this disease hits in early adulthood, people are starting careers and forming personal relationships that would serve them for the rest of their lives. All of that is completely interrupted, and replaced with symptoms so terrible they are often not sure if they can go on living.

This is a progressive illness. With the proper treatment and care, people can end up in a good place. In addition sometimes families don't understand this illness and don't know the steps to take to get their loved ones into treatment. The challenge is that people with schizophrenia often do not have the ability to know what is happening to them. Their perceptions of reality are as real as can be, and they don't know when they may be endangering themselves or others. Their behavior can be very risky to others, and it can be very difficult for family members to watch a loved one go through this phase.

We are working towards a better understanding of what the different illnesses are that make up schizophrenia. We can then better understand preventative strategies for the illnesses rather than just treating the symptoms. Patients for the most part will be taking medication as part of their treatment, but medication by itself is rarely enough to give someone a good outcome. Things like psychotherapy, rehabilitation day programs and peer support groups also play a role.

There are now a wide variety of medications available to treat schizophrenia, and every time a new medication comes out we are able to treat those people who did not respond well to the previous brands. New medication also comes with fewer side effects, such as the appearance of a flat personality we often saw with older ones.

Sometimes the illness has caused patients to become alienated from their families, but other times the relationship is such that they can live together. The more family support the better. That's why it's so important for families to educate themselves about the disease. Insight into the problem helps them better understand how to get their loved ones the help they need.

What is Schizophrenia?

Schizophrenia is the most chronic and disabling of the severe mental disorders. It affects about one percent of people all over the world (including 3.2 million Americans). Usually beginning at age 18 to 24, patients suffer hallucinations, delusions and disordered thinking. There is no cure, but treatments can greatly reduce the intensity of symptoms.

People with schizophrenia may hear make believe voices or believe that others are reading their minds, controlling their thoughts, or plotting to harm them. These experiences are terrifying and can cause fearfulness, withdrawal, or extreme agitation. People with schizophrenia may not make sense when they talk, may sit for hours without moving or communicating much, or can seem perfectly fine until they talk about what they are really thinking. Since many people with schizophrenia have difficulty holding a job or caring for themselves, the burden on their families and society is significant.



Scientists still don't know what causes schizophrenia, but many of the pieces of the puzzle are becoming clearer with research. An interplay of genetic, biological, environmental and psychological factors are thought to be involved.

The recent mapping of the human genome has provided us with information and tools that will be of particular importance for schizophrenia. Schizophrenia is known to run in families, and studies have shown that the tendency to develop schizophrenia is at least 60 percent inherited. If your parent or sibling has schizophrenia, you have a 10 percent chance of developing the disease (vs. one percent in the general population.) The risk of illness in an identical twin of a person with schizophrenia is 40-50 percent.

Scientists believe a number of factors interact with each other to produce schizophrenia, which can include:

- Heredity
- Events during development that affect the brain (such as viral infections during pregnancy)
- Environmental stressors, such as exposure to pollutants or toxins
- Psychological stress
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- A brain injury during fetal development or complications at the time of birth (such as a lack of oxygen)
- A childhood head injury, especially if there is a family history of schizophrenia
- Being born during winter. One explanation for this is that people born during the winter months may have been exposed to a viral infection during the last part of their mother's pregnancy.
- A substance abuse problem. It is not yet clear whether the abuse triggers schizophrenia or whether a person with schizophrenia is more likely to have a substance abuse problem.
- Having a father who was over age 50 when you were conceived. The reason why this may put individuals at higher risk is not yet clear.

Psychotic symptoms (such as hallucinations and delusions) usually emerge in men in their late teens and early twenties and in women in their mid-twenties to early thirties. They seldom occur after age 45 and only rarely before puberty, although there have been cases of schizophrenia in children as young as five. Research has shown that schizophrenia affects men and women equally and occurs at similar rates around the world.

Treatments usually include medication, psychotherapy and behavioral therapy. Available treatments can relieve many of the disorder's symptoms, but most people who have schizophrenia must cope with some residual symptoms as long as they live. Nevertheless, there is new hope for people with schizophrenia and their families as the outlook for people suffering with this illness is constantly improving. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia and find ways to prevent and treat it.

Data from eMedicine Consumer Health, National Institute of Mental Health and other internet sources

The Symptoms of Schizophrenia



According to the National Institute of Mental Health (NIMH), the symptoms of schizophrenia fall into three broad categories:

- **Positive symptoms** are unusual thoughts or perceptions that include hallucinations, delusions and thought disorder.
- **Negative symptoms** represent a loss or a decrease in the ability to initiate plans, speak, express emotion, or find pleasure in everyday life. These symptoms are harder to recognize as part of the disorder and can be mistaken for laziness or depression.
- **Cognitive symptoms** (or cognitive deficits) are problems with attention, certain types of memory, and the executive functions that allow us to plan and organize. Cognitive deficits can also be difficult to recognize as part of the disorder but are the most disabling in terms of leading a normal life.

Early Warning Signs



The following list of warning signs was reported by the *British Columbia Schizophrenia Society* and compiled by people who have a family member with schizophrenia. They report that even though many of these behaviors may seem “normal,” families sense that the behavior is unusual and the person is not the same, with the family member experiencing noticeable social withdrawal. The warning signs include:

- Deterioration of personal hygiene
- Depression
- Bizarre behavior
- 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
- Excessive writing without meaning
- Dropping out of activities -- or out of life in general
- Forgetting things
- Extreme reactions to criticism
- Inability to cry, or excessive crying
- Unusual sensitivity to stimuli (noise, light, colors, textures)
- Drug or alcohol abuse
- Refusal to touch persons or objects; wearing gloves, etc.
- Cutting oneself; threats of self-mutilation

Schizophrenia: A First-Person Account

The following are testimonials from schizophrenia patients share what it feels like to have schizophrenia.

Todd's Story



I was diagnosed when I was 21, though my family first recognized the problem when I was 18. I was initially hospitalized with major depression. Gradually the schizophrenia took over. I was hospitalized several times, and wound up living over three years in a residential care facility.

I had both auditory and visual hallucinations. The hallucinations tend to run one into the other. It is never ending. Call it a soup of imagination. It doesn't really make sense, but you create almost another world for yourself. It is very believable to a person having hallucinations.

I wasn't able to carry on any kind of personal relationship except with myself. School suffered, and doing simple things like doing laundry and going grocery shopping became terrifying.

I have been in treatment, and am now on a new medication that has allowed me to be the most stable since I was 17.

Trish's Story

I was depressed as a teenager but didn't have any really psychotic symptoms until I was about 19. I stopped going to my college classes, slept all day and just woke up for meals. I was living in a fantasy world where I was a super-special person and yet I was depressed because I couldn't fulfill this role.

I was quite suicidal for a period of two years because I didn't know what was going on and I was becoming more and more depressed as my career slipped away. I was living in this world that I had created and not having any idea what I was supposed to do with my life. I was very discouraged and no one gave me any hope.

I ended up in the hospital twice while I was actively suicidal, but thanks to medicines and vitamins I was able to graduate from college. The following year I started noticing my depression



Schizophrenia: A First-Person Account (cont'd)

coming back slowly. I found a job and started working at it part-time, but then I started hearing screaming and becoming very agitated to the point where I couldn't go to work any longer.

I went back to a psychiatrist and to a day program that helped me quite a bit. I was in that for four months and they taught me how to live on a budget, banking techniques and social assertiveness techniques. I found that very helpful because it gave me a

reason to get up in the morning. Even though I couldn't work I could go to this day program.

Today I'm not ready to start another job but I may start looking for volunteer work. At least I have hope in my life. I have moved home with my parents because I became too lonely but I look forward to moving out again when I feel better.

Resources:



National Information Center for Children and Youth with Disabilities

www.nichcy.org

1-800-695-0285

National Mental Health Association

www.nmha.org

1-800-969-NMHA

American Academy of Child and Adolescent Psychiatry

www.aacap.org

1-202-966-7300

Council for Exceptional Children

<http://ericec.org>

1-866-915-5000

Federation of Families for Children's Mental Health

www.ffcmh.org

1-240-403-1901

National Clearinghouse on Family Support and Children's Mental Health

www.rtc.pdx.edu/

1-503-725-4040

Behavioral Health Response (BHR)

24-hour crisis hotline staffed by professional counselor
www.bhrstl.org

1-800-811-4760
314-469-6644

Mental Health Association of Greater St. Louis

www.mhagstl.org
info@mhagstl.org

314-773-1399

Help with Gambling

www.1800betsoff.org

1-800-522-4700

Life Crisis Service

24-hour hotline staffed by trained volunteers
www.lifecrisis.org

314-647-4357

Missouri Department of Mental Health

Eastern Region Office
dmhmail@mail.dmh.state.mo.us
www.dmh.missouri.gov

1-800-364-9687
314-877-0370

Resources, continued

The following web sites can provide more information about dealing with schizophrenia and its effects:

www.schizophrenia.com - Provides patients, family members, and caregivers with information and support on a variety of important mental health topics including schizophrenia.

www.narsad.org – The mission of the Mental Health Research Association (formerly known as NARSAD) is to raise funds for psychiatric brain disorder research, in an effort to find the causes, better treatments, and eventual cures for these disorders. It lists top news stories on mental health disorders.

<http://www.nimh.nih.gov/publicat/schizosph.cfm> - Information from the National Institute of Mental Health on schizophrenia.

www.nimh.nih.gov/healthinformation/schizophreniamenu.cfm - A link to information on research funded by the National Institute of Mental Health.