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An overview of schizophrenia

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Abstract

Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling.

People with schizophrenia require lifelong treatment. Early treatment may help get symptoms under control before serious complications develop and may help improve the long-term outlook.

Keywords: Mental health, hallucinations, delusions, FDA, WHO, Assertive Community Treatment (ACT), Coordinated Specialty Care (CSC)

Introduction

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships.

Schizophrenia causes psychosis and is associated with considerable disability and may affect all areas of life including personal, family, social, educational, and occupational functioning. Stigma, discrimination, and violation of human rights of people with schizophrenia are common. More than two out of three people with psychosis in the world do not receive specialist mental health care. A range of effective care options for people with schizophrenia exist and at least one in three people with schizophrenia will be able to fully recover.

Magnitude and impact

Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. This rate is 1 in 222 people (0.45%) among adults. It is not as common as many other mental disorders. Onset is most often during late adolescence and the twenties, and onset tends to happen earlier among men than among women.

Schizophrenia is frequently associated with significant distress and impairment in personal, family, social, educational, occupational, and other important areas of life. People with schizophrenia are 2 to 3 times more likely to die early than the general population. This is often due to physical illnesses, such as cardiovascular, metabolic, and infectious diseases.

People with schizophrenia often experience human rights violations both inside mental health institutions and in community settings. Stigma against people with this condition is intense and widespread, causing social exclusion, and impacting their relationships with others, including family and friends. This contributes to discrimination, which in turn can limit access to general health care, education, housing, and employment.

During humanitarian and public health emergencies, extreme stress and fear, breakdown of social supports, isolation and disruption of health-care services and supply of medication can occur. These changes can have an impact on the lives of people with schizophrenia, such as exacerbation of existing symptoms. During emergencies, people with schizophrenia are more vulnerable than others to various human rights violations, including neglect, abandonment, homelessness, abuse and exclusion.

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Causes of schizophrenia

Research has not identified one single cause of schizophrenia. It is thought that an interaction between genes and a range of environmental factors may cause schizophrenia. Psychosocial factors may also affect the onset and course of schizophrenia. Heavy use of cannabis is associated with an elevated risk of the disorder.

Symptoms of Schizophrenia

It's important to recognize the symptoms of schizophrenia and seek help as early as possible. People with schizophrenia are usually diagnosed between the ages of 16 and 30, after the first episode of psychosis. Starting treatment as soon as possible following the first episode of psychosis is an important step toward recovery. However, research shows that gradual changes in thinking, mood, and social functioning often appear before the first episode of psychosis. Schizophrenia is rare in younger children.

Symptoms of Schizophrenia

Schizophrenia is characterized by significant impairments in the way reality is perceived and changes in behaviour related to:

- **Persistent delusions:** The person has fixed beliefs that something is true, despite evidence to the contrary;
- **Persistent hallucinations:** The person may hear, smell, see, touch, or feel things that are not there;
- Experiences of influence, control or passivity: the experience that one's feelings, impulses, actions, or thoughts are not generated by oneself, are being placed in one's mind or withdrawn from one's mind by others, or that one's thoughts are being broadcast to others;
- Disorganized thinking, which is often observed as jumbled or irrelevant speech;
- Highly disorganized behaviour e.g. the person does things that appear bizarre or purposeless, or the person has unpredictable or inappropriate emotional responses that interfere with their ability to organize their behaviour;
- "Negative symptoms" such as very limited speech, restricted experience and expression of emotions, inability to experience interest or pleasure, and social withdrawal; and/or
- Extreme agitation or slowing of movements, maintenance of unusual postures.

People with schizophrenia often also experience persistent difficulties with their cognitive or thinking skills, such as memory, attention, and problem-solving.

At least one third of people with schizophrenia experiences complete remission of symptoms. Some people with schizophrenia experience worsening and remission of symptoms periodically throughout their lives, others a gradual worsening of symptoms over time.

Risk of Violence

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the illness to be harmed by others. For people with schizophrenia, the risk of self-harm and of violence to others is greatest when the illness is untreated. It is important to help people who are showing symptoms to get treatment as quickly as possible.

Schizophrenia vs. Dissociative Identity Disorder

Although some of the signs may seem similar on the surface, schizophrenia is not dissociative identity disorder (which used to be called multiple personality disorder or split personality). People with dissociative identity disorder have two or more *distinct identities* that are present and that alternately take control of them.

Treatments and Therapies

Current treatments for schizophrenia focus on helping individuals manage their symptoms, improve day-to-day functioning, and achieve personal life goals, such as completing education, pursuing a career, and having fulfilling relationships.

Antipsychotic Medications

Antipsychotic medications can help make psychotic symptoms less intense and less frequent. These medications are usually taken every day in a pill or liquid forms. Some antipsychotic medications are given as injections once or twice a month.

If a person's symptoms do not improve with usual antipsychotic medications, they may be prescribed clozapine. People who take clozapine must have regular blood tests to check for a potentially dangerous side effect that occurs in 1-2% of patients.

People respond to antipsychotic medications in different ways. It is important to report any side effects to a health care provider. Many people taking antipsychotic medications experience side effects such as weight gain, dry mouth, restlessness, and drowsiness when they start taking these medications. Some of these side effects may go away over time, while others may last.

Shared decision making between doctors and patients is the recommended strategy for determining the best type of medication or medication combination and the right dose. You can find the latest information on warnings, patient medication guides, or newly approved medications on the U.S. Food and Drug Administration (FDA) website.

Psychosocial Treatments

Psychosocial treatments help people find solutions to everyday challenges and manage symptoms while attending school, working, and forming relationships. These treatments are often used together with antipsychotic medication. People who participate in regular psychosocial treatment are less likely to have symptoms reoccur or to be hospitalized.

Family Education and Support

Educational programs can help family and friends learn about symptoms of schizophrenia, treatment options, and strategies for helping loved ones with the illness. These programs can help friends and family manage their distress, boost their own coping skills, and strengthen their ability to provide support.

Coordinated Specialty Care

Coordinated specialty care (CSC) programs are recovery-focused programs for people with first episode psychosis, an early stage of schizophrenia. Health professionals and specialists work together as a team to provide CSC, which includes psychotherapy, medication, case management,

employment and education support, and family education and support. The treatment team works collaboratively with the individual to make treatment decisions, involving family members as much as possible.

Compared with typical care, CSC is more effective at reducing symptoms, improving quality of life, and increasing involvement in work or school.

Assertive Community Treatment

Assertive Community Treatment (ACT) is designed especially for individuals with schizophrenia who are likely to experience multiple hospitalizations or homelessness. ACT is usually delivered by a team of health professionals who work together to provide care to patients in the community.

Response of WHO towards Schizophrenia

WHO's Comprehensive Mental Health Action Plan 2013-2030 highlights the steps required to provide appropriate services for people with mental disorders including schizophrenia. A key recommendation of the Action Plan is to shift services from institutions to the community. The WHO Special Initiative for Mental Health aims to further progress towards objectives of the Comprehensive Mental Health Action Plan 2013-2030 by ensuring 100 million more people have access to quality and affordable care for mental health conditions.

WHO's Mental Health Gap Action Programme (mhGAP) uses evidence-based technical guidance, tools and training packages to expand service in countries, especially in resource-poor settings. It focuses on a prioritized set of conditions, including psychosis, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care. Currently mhGAP is being implemented in more than 100 WHO Member States.

The WHO Quality Rights Project involves improving the quality of care and human rights conditions in mental health and social care facilities and to empower organizations to advocate for the health of people with mental health conditions and psychosocial disabilities.

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