

Reaching Out



Schizophrenia
Society of Canada

Société canadienne
de schizophrénie

Reaching Out:

The Importance of Early Treatment



Foreword

Intolerance and prejudice can only be changed by knowledge, understanding, and compassion.

Schizophrenia affects one in every 100 Canadians. The usual time of onset for this neurobiological illness is between 15 and 25 years of age. Thus, high school students are in the age group that is at risk.

Unusual behaviours often attributed to adolescence may be indicative of the onset of mental illness.

It is important to be aware of the early symptoms of schizophrenia and know when to seek professional help. Early intervention and treatment greatly improve outcomes for the illness.

It is essential for school personnel to provide prompt response to students who may be developing mental illness. These students are at risk for further deterioration, and could be at risk for serious harm. While confidentiality is important, the teacher must act as a judicious parent to help the student get the required medical attention in a timely fashion.

Caution: Teachers should be prepared for potential disclosures. Teachers may be required to provide additional follow up if concerns are raised. Counsellors should be knowledgeable about local protocols and pathways to appropriate medical care.

THE REACHING OUT RESOURCE PACKAGE

- 20-minute video featuring a short drama and five people with schizophrenia talking about their experience with the illness
- Information for the teacher and students about schizophrenia
- Lesson plans for two periods
- Resources and suggestions to extend the learning

If you would like to have a knowledgeable resource person from the Schizophrenia Society in your classroom for the video presentation, contact your local Schizophrenia Society branch or chapter, (check local phone book), or the Schizophrenia Society of Canada 1-888-772-4673.

The Schizophrenia Society of Canada is interested in hearing from you. If you find this resource useful, or if you have suggestions or questions, please let us know. Email messages can be sent to info@schizophrenia.ca, or phone 1-888-772-4673.

This resource may be photocopied for educational purposes.

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Booklet: *Basic Facts About Schizophrenia* (Back sleeve of binder)

Part I – Introduction

- LEARNING OUTCOMES
- SYNOPSIS OF THE VIDEO

Learning Outcomes

- a** Students will understand why it is important for them to know this information now:
 - i) The early symptoms of schizophrenia commonly appear between the ages of 15 and 25 years.
 - ii) Early intervention and treatment enhance the possibility and opportunity for quality of life.

- b** Students will gain understanding about schizophrenia and will be aware of the early warning signs:
 - i) Schizophrenia is a brain disease.
 - ii) Schizophrenia affects 1 in 100 people worldwide.
 - iii) Early warning signs may mimic drug use.
 - iv) Medication plays an important role in the treatment of schizophrenia.
 - v) Stigma and myths are barriers to treatment.
 - vi) Good resources are available to help find information.

- c** Students will understand their role if they suspect a friend or family member may have schizophrenia:
 - i) It is important to make contact with a responsible adult (counsellor, teacher, nurse, doctor, parent).
 - ii) To support peers exhibiting symptoms requires developing the skills of:
 - active listening
 - observation
 - empathy and compassion

- d** Students will understand that there is hope:
 - i) Good treatment is available due to recent advances in brain research and new medications.
 - ii) People with schizophrenia can lead lives of purpose and quality.

Synopsis of Video

Length: 20 minutes

DRAMA STORYLINE

Lisa is a high school student who is worried about her friend, Todd. When she shares her concerns with other friends, they say that Todd is “just a loser”, and that “he’s probably doing drugs”.

Lisa goes to talk to her counsellor, Mr. Cousins. She expresses her worries about Todd – his deteriorating appearance, his lack of interest in life, his puzzling hostility. She notes that “over the last year, he’s really changed”.

After asking about the possibility of drug use, Mr. Cousins wonders if Todd might be becoming ill. He discusses with Lisa what they learned about schizophrenia and other serious brain illnesses. Mr. Cousins gives Lisa some references to look up on the internet, and introduces her to Susan, a woman who has schizophrenia. Susan tells Lisa about her own experience with the illness. She also stresses the fact that if Todd really is ill, “it’s very important that he get help as soon as possible”.

Lisa has known Todd’s family for years, so she decides to go and talk to his mother. As Todd’s mother invites Lisa in, she tells Lisa that Todd’s counsellor has already called with similar concerns.

DOCUMENTARY

At relevant points in the video, the scene shifts and we meet five people who actually have schizophrenia: Emily, Eric, Jamie, Paul, and Tim. They discuss their experiences with the illness. They talk about what it was like to be ill, how they finally got help, the support received from school, family and others, and the fact that good treatment is available, and it works.

REVIEW OF IMPORTANT IDEAS

At the end of the video, the five Major Understandings are reviewed using excerpts from the video to illustrate each idea. These could be used to reinforce the information at the end of the video in Period One and/or to re-introduce the information in Period Two.

Duration: 3 minutes.



NOTES:

Part II – Lesson Plans

- WHY TEACH *Reaching Out*?
- NOTES TO THE TEACHER
- LESSON PLAN OUTLINES
- SUGGESTED PREPARATION
- LESSON PLAN: PERIOD ONE
- LESSON PLAN: PERIOD TWO

Why Teach Reaching Out?

People suffering from schizophrenia or other serious mental illnesses (bipolar disorder, clinical depression, etc.) have typically been viewed as having an illness that precludes living a productive life. The causes of mental illness have often been incorrectly attributed to a poor home environment, which is a heartbreaking message for families witnessing the struggle of one of their family members. People with schizophrenia and their families have suffered from society's fear and ignorance of mental illness. These attitudes are isolating and painful, and discourage public discussion.

Recent brain research has brought increased knowledge and new understanding. We now know:

- Schizophrenia is a medical illness.
- The symptoms of schizophrenia can be present at 15 years of age or even earlier.
- Early intervention and treatment can stem the progress of the illness and improve life opportunities.

Reaching Out presents an up-to-date view of schizophrenia, provides a message of hope, and encourages reflection, discussion and understanding. It discusses the important role of friends and family in providing support, and encourages responsible help-seeking through school services. It also promotes discussion and reflection on the myths and fears surrounding mental illness. The video shows people with schizophrenia who are living productive lives with the help of modern medications. The young people with schizophrenia who are interviewed in the video offer a model of courage and hope.

The information provided is supported by new research and a greater understanding of the brain. It invites a more compassionate and involved role for those whose lives are touched by serious mental illness.

NOTES:

Notes to the Teacher

1. This resource guide was designed to be used over two periods. Using two periods will maximize student learning, allowing group work, role plays and discussion time. However, if there are time constraints, Lesson One is complete in itself. If it is decided to further the study of mental illness, there are additional ideas for extending the learning on page 63.
2. There are five Major Understandings that are emphasized in this resource:
 1. Schizophrenia is a medical illness.
 2. Early intervention and treatment are important.
 3. People developing mental illness require support.
 4. People with schizophrenia can lead productive lives.
 5. The myths and stigma of mental illness are barriers to treatment.

These five Major Understandings are reviewed at the end of the video, using excerpts from the video to illustrate each point. (Duration: 3 minutes)

3. The viewing of the video might cause anxiety in some students due to feelings or symptoms they have observed in themselves or others. Symptoms portrayed in the video could be present for a number of reasons: use of drugs, depression, or another illness. They could also be part of the normal emotional upheavals of adolescence. (See “What is Psychosis?” page 73.)

The main point however, is that a combination of symptoms exhibited over an extended period of time and resulting in marked behaviour or personality change can be linked to the early stages of schizophrenia.

4. Another concern is that students may attempt to diagnose themselves or their classmates. This should be discouraged. It should be emphasized to students how important it is for them to see a counsellor or other responsible adult if they have concerns about early warning signs in themselves or others. The study of schizophrenia is a complex disease and its diagnosis requires the expertise of a highly trained professional, namely, a physician and/or psychiatrist.



Tim

BEFORE SHOWING THE VIDEO:

- 1. Inform the students ahead of time what is going to be shown.** For instance: *"Tomorrow we are going to see a video and have a discussion about schizophrenia. This illness has not been well understood in the past. We will learn about the symptoms. We will learn how to help support a person who might be ill. It is understandable that viewing this material can cause some anxiety. If you do not wish to be present for this session, please let me know."*
- 2. Speak with a counsellor or with other support people in your school.** Let them know what you are doing and ask them to be present if possible or to be available if any student needs to come out of the session and speak with someone.
- 3. If possible, have a second adult present** with you in the room so a concerned student who leaves the class receives support immediately. Be prepared for disclosure. Any student who makes a disclosure must be referred to a counsellor without delay.
- 4. Read information for teachers** on page 31 of the *Basic Facts About Schizophrenia* booklet found at the back of this binder.

Lesson Plan Outlines

PERIOD ONE

This period has been designed to stand alone. It is strongly recommended however, that both Period One and Period Two be used, in order to reinforce the information with additional activities and to provide adequate time for discussion.

1. Introduction and True & False Questions:
What do you know about schizophrenia? *10-15 min

 2. Viewing the Video 20 min

 3. Discussion: Response to the Video
 4. Examining the Facts and Handouts for Students
- } *25-40 min

*Time allotted will depend on your school's scheduling

PERIOD TWO

- | | |
|---|------------|
| 1. Major Understandings Group Work
(with video segments) | *25-35 min |
| 2. Role Plays | *25-35 min |
| 3. Handouts | *5 min |

*Time allotted will depend on your school's scheduling

If you would like to have a knowledgeable resource person from the Schizophrenia Society in your classroom for the video presentation, contact your local branch or chapter (check your phone book), or the Schizophrenia Society of Canada at 1-888-SSC-HOPE (772-4673).

Suggested Preparation

PERIOD ONE

1. Read over **Why Teach Reaching Out?** (page 5)
2. Read over **Lesson One.** (pages 13-16)
3. Read over the **Major Understandings.** (pages 29-48)
4. Read **What is Psychosis?** (page 73) and booklet, *Basic Facts About Schizophrenia* (in back binder sleeve) to augment information in the Major Understandings.
5. Photocopy the **True-False Questions** for each student. (page 17)
6. Photocopy **Summary and Early Warning Signs** (pages 20, 21) if you are teaching Period One only.

Equipment: VCR and Overhead Projector.

PERIOD TWO

1. Read over **Lesson Two.** (pages 23-28)
2. Photocopy the five **Major Understandings** for the students. (pages 29-44)
 - a. The students will be in five groups.
 - b. Each group will be responsible for answering the questions for one Major Understanding.
3. Read over the three suggested **Role Plays** (pages 25-28) and choose those suitable for your class.
4. Photocopy **Summary and Early Warning Signs.** (page 20, 21)

Equipment: VCR and Overhead Projector.

Lesson Plan: Period One

I. INTRODUCTION AND TRUE & FALSE QUESTIONS

PURPOSE:

To motivate students and to focus on the topic.

ACTION

A) Begin with True-False Questions sheet for students to test their knowledge about schizophrenia (see page 17 or overhead, pages 49, 50).

OR

B) Begin by asking students what they know or have heard about schizophrenia. Write their responses on the blackboard so the class can look at them later and see which are true and which can be discarded. There are no judgments made here. If students come up with words like 'loony' and 'schizo', for instance, write them down. They are illustrative of the stigma surrounding this illness that needs to be brought into the open and discussed.

FOLLOW-UP TO EITHER A OR B:

Ask the students what they want to know about schizophrenia.

What are their questions? What do they wonder about in terms of this disease?

Write the questions down so they can be addressed after viewing the video.

2. VIEWING THE VIDEO

Before viewing the video, provide the following introduction to help students distinguish the drama part from the actual interviews with people with schizophrenia:

"The video opens with a scene in a high school classroom. This is the beginning of the drama and the people in that scene are actors. From time to time the drama is interrupted to focus on five people with schizophrenia who speak of their experiences with the illness. The names of these people appear on the screen when they are speaking."

NOTE: A synopsis of the video is included on page 2 of this manual.

Length of video: 20 minutes

3. DISCUSSION: RESPONSE TO THE VIDEO

PURPOSE:

The following open-ended questions give students an opportunity to express their feelings and reactions to the video.

ACTION:

Discuss the following questions with the class. An overhead of these questions is provided on page 53.

1. What is your reaction to the video? Were there any surprises for you?
2. Do any of you have personal experiences with schizophrenia – a friend, a relative? If so, was there new information for you in the video? Did it help you think of schizophrenia differently? (Encourage people to speak of their experiences if they wish.)
3. What do you think was hardest for Lisa as she tried to help Todd? Do you think most people would try to do what she did?

IT IS ESSENTIAL TO EMPHASIZE TO STUDENTS:

- Do not diagnose fellow students (or yourself).
- Be supportive of a friend who is having difficulties.
- Contact a responsible adult (counsellor, teacher, parent) if you feel something is wrong.

4. EXAMINING THE FACTS**PURPOSE:**

To clarify misunderstandings about schizophrenia

ACTION:

1. Review the **True-False Questions sheet**, discussing the correct answers.
See **Answers to True-False Questions on pages 18, 19.**
2. If you are teaching only Period One, distribute copies of **Summary** and **Early Warning Signs**, pages 20, 21, to students now. These handouts provide important facts about schizophrenia, early warning signs of the illness, and recommended web sites for students.

CONCLUDING QUESTIONS

What should you do if you feel a friend is showing early signs of schizophrenia?

Get help from a responsible adult – counsellor, teacher, nurse, doctor, parent – someone who can arrange for proper medical attention. Don't abandon someone because they are ill. Continue to be there for your friend. Be non-demanding and non-confrontational. (See top of page 47, d: "What is your role as a friend?")

Are there questions about schizophrenia that still need to be explored?

(See below, Other Resources.)

The teacher or a counsellor should be available at the end of the lesson for individual contact in case a student has concerns.

OTHER RESOURCES

- Extending the Learning: topics and activities. (page 63)
- Recommended web sites and readings related to schizophrenia and mental illness. (pages 69-71)
- "What is Psychosis?" (page 73)
- *Basic Fact Sheets About Schizophrenia*. (back sleeve of binder)

TRUE & FALSE QUESTIONS HOW MUCH DO YOU KNOW ABOUT SCHIZOPHRENIA?

Directions: Circle or underline your answer

1. Schizophrenia is a rare illness.
True False Don't know
2. Schizophrenia is a brain disease.
True False Don't know
3. Schizophrenia usually strikes older people.
True False Don't know
4. More males than females develop schizophrenia.
True False Don't know
5. Schizophrenia is caused by poor parenting.
True False Don't know
6. Schizophrenia is caused by street drugs.
True False Don't know
7. People who have schizophrenia are usually violent and dangerous.
True False Don't know
8. People with schizophrenia have multiple or split personalities.
True False Don't know
9. Schizophrenia can be successfully treated.
True False Don't know
10. More hospital beds in Canada are occupied by people with schizophrenia than any other medical illness.
True False Don't know

TRUE & FALSE ANSWERS

1. Schizophrenia is a rare illness. **[False]**
Schizophrenia strikes one in one hundred people, worldwide.
2. Schizophrenia is a brain disease. **[True]**
Brain imaging techniques (MRI and PET) show there is a change in structure and functioning of the brain.
3. Schizophrenia generally strikes older people. **[False]**
The age of onset is usually between 15 and 25 years of age.
4. More males than females develop schizophrenia. **[False]**
Males tend to contract the disease at a younger age than females but the illness is distributed equally between the two sexes.
5. Schizophrenia is caused by poor parenting. **[False]**
The cause of schizophrenia is not known. However, it is definitely an organic (physical, biological) disease and is the fault of no one.
6. Schizophrenia is caused by street drugs. **[False]**
Schizophrenia is not caused by street drugs. Some researchers believe, however, that street drugs can precipitate schizophrenia in an individual who has a predisposition to develop the disease.

7. People who have schizophrenia are usually violent and dangerous. **[False]**
People who have schizophrenia tend to be vulnerable, fragile people. If violent, the violence is most often directed towards themselves: suicide.
8. People with schizophrenia have multiple or split personalities. **[False]**
People with schizophrenia are split from reality, rather than having a multiple or split personality.
9. Schizophrenia can be successfully treated. **[True]**
Schizophrenia cannot be cured, but the symptoms can be treated.
10. More hospital beds in Canada are occupied by people with schizophrenia than any other medical illness. **[True]**
Schizophrenia represents 8% of the hospital beds in Canada, more than for any other diagnosis.



Jamie

SCHIZOPHRENIA: SUMMARY

- Schizophrenia is a brain disease – the result of physical and biochemical changes in the brain.
- The age of onset is usually between 15 and 25 years.
- The cause is unknown. More research is needed.
- It is relatively common (1 in 100).
- It is treatable with medication.
- Early intervention and treatment are the keys to reducing symptoms and improving the outcome.
- Schizophrenia can affect a person's judgment and insight, thus making it difficult to help them.
- Students can be supportive of friends who may be showing signs of the illness.

If someone you know is showing early warning signs, it is essential to talk to a counsellor or another responsible adult who will ensure they receive medical attention.

MAJOR MENTAL ILLNESSES

The three major mental illnesses are:

- Schizophrenia
- Major Depression (severe depression)
- Bipolar Disorder (formerly called Manic Depression)

These three illnesses can have similar symptoms in the early stages, thus making it difficult for doctors to make a clear diagnosis in young people.

EARLY WARNING SIGNS

When a combination of symptoms persists over a period of time it is crucial to seek medical attention.

- Withdrawal from activities and social contacts
- Irrational, angry, or fearful responses to friends and family
- Sleep disturbances
- Deterioration in studies or work
- Inappropriate use of language—words do not make sense
- Sudden excesses, such as extreme religiosity, extreme activity
- Deterioration in personal hygiene
- Difficulty controlling thoughts, difficulty concentrating
- Hearing voices or sounds others don't hear
- Seeing people or things others don't see
- A constant feeling of being watched
- Inability to turn off the imagination, delusions, off-the-wall ideas
- Mood swings, increased anxiety
- Somatic symptoms: weakness, pains, bizarre body sensations

WEB SITES

- www.schizophrenia.ca Web site of the Schizophrenia Society of Canada with links to provincial society partners
- www.mentalhealth.com Informative for all areas of mental illness
- www.openthedoors.com A site for teenagers about the stigma of mental illness
- www.nisad.org.au Australia recognizes schizophrenia as a national concern

NOTES:

Lesson Plan: Period Two

I. MAJOR UNDERSTANDINGS GROUP WORK

PURPOSE:

To reinforce the important information.

At the end of the video, five segments from the video have been repeated. These segments highlight the five Major Understandings that have guided this project and are important for the students to know:

1. Schizophrenia is a medical illness.
2. Early intervention and treatment are important.
3. People developing a mental illness require support.
4. People with schizophrenia can lead productive lives.
5. The myths and stigma of mental illness are barriers to treatment.

ACTION:

1. Divide the class into five groups, making each group responsible for one of the major understandings.
2. Play the five segments at the end of the video to the whole class. (Duration: 3 minutes)
3. Provide each group with handouts of one of the Major Understandings with its accompanying questions (pages 29 – 44)
4. Direct each group to read over their material, think about the information they received from the video, then discuss and answer the questions. (Suggested time limit – about 10 minutes). Answers to these questions are on pages 45-48.
5. Have each group present its conclusions to the class.



2. ROLE PLAYS

Choose the role plays that are suitable for your class and have some of them re-enacted in front of the whole class.

ROLE PLAY A

PURPOSE: One of the important activities to develop the courage and skills to take action is to rehearse the action ahead of time. Students are being encouraged, in this guide, to find ways to support peers as Lisa supported Todd in the video in her talk with adults.

ACTION: Ask students to get into groups of four. Instruct them to choose two Mrs. Taylors and two Lisas.

- a) One pair has the conversation: Lisa tells Mrs. Taylor what she thinks may be happening to Todd and Mrs. Taylor listens and responds. Remember that Mrs. Taylor has been resistant to Lisa's advances in the past, but that she is now getting information from Todd's counsellor as well.

Think about:

- How would you begin such a conversation?
 - What would be an approach that makes a person want to listen?
- b) The second pair sits behind Lisa and Mrs. Taylor (in their roles) and listens to the conversation. Try to "be" Lisa or Mrs. Taylor and imagine how it would feel to be receiving the information as Mrs. Taylor or to be giving the information as Lisa.
- c) When the conversation is finished, discuss as a foursome what they experienced, what were strong points of the dialogue, and what might be done differently.
- d) If there is time, try again with the roles reversed.

ROLE PLAY B

PURPOSE: One of the important activities to develop the courage and skills to take action is to rehearse the action ahead of time. Students are being encouraged, in this resource, to find ways to support peers as Lisa supported Todd in the video in her responses to her peers.

ACTION: Organize students into groups of four. Two students will play the role of Lisa and two students will play the role of a friend who knows both Lisa and Todd.

- a) A conversation will be based on the following situation: The friend is saying negative things about Todd to Lisa about his unkempt appearance and his strange behaviour. Lisa, who realizes something is wrong with Todd, tries to help the friend understand what Todd is experiencing.

Think about:

- What changes has the friend noticed?
 - What approach should Lisa take to encourage the friend to listen?
 - How can compassion and tolerance be encouraged?
 - How can support be given to Todd?
- b) The second pair sits behind Lisa and the friend (in their roles) and just listens. Try to “be” Lisa or the friend and imagine how it would feel to be receiving the information as the friend or to be giving the information as Lisa.
- c) When the conversation is finished, discuss as a foursome what they experienced, what were strong points of the dialogue, and what might be done differently.
- d) If there is time, try again with the roles reversed.

ROLE PLAY C

PURPOSE: To experience one of the symptoms of schizophrenia.

One of the pervasive symptoms of schizophrenia is hearing voices. These voices are inside the person's head and are not heard by others. For someone with schizophrenia, the voices are often very negative or degrading. This exhausting distraction can be a persistent companion for someone not on medication. Withdrawing from social contact or taking street drugs may be an attempt to hide or mask this symptom from others.

ACTION: In groups of four, student A (the voice) whispers repetitively in an insistent manner in the ear of student B while students B and C are trying to have an engrossing conversation. Student D observes and records how well student B is able to maintain a logical conversation with student C. Keep this up for about 3 minutes.

Some ideas for student A to whisper:

You need to make plans for the week instead of wasting time.

You should be more involved with sports. Why aren't you?

How come you don't see _____ anymore?

You need to be studying for that test.

You're such a loser.

Possible topics of conversation for B and C:

What's the latest movie you saw?

What will you do on the weekend?

Tell me about... your new girl friend, boy friend, what your parents said about such and such, etcetera.

Debrief the experience with the whole class. Student D should recount how well or poorly student B was able to maintain a logical conversation with student C.

The teacher or a counsellor should be available at the end of the lesson for individual contact in case a student has concerns.

3. HANDOUTS

Distribute copies of **Summary** and **Early Warning Signs** (page 20, 21) at the end of Period Two. These handouts provide important facts about schizophrenia, early warning signs of the illness, and recommended web sites for students.

MAJOR UNDERSTANDINGS

I. SCHIZOPHRENIA IS A MEDICAL ILLNESS

The three major mental illnesses are:

- Schizophrenia
- Major Depression (severe depression)
- Bipolar Disorder (formerly called Manic Depression)

All three of these illnesses may have similar symptoms, especially in the early stages. This can make it difficult for doctors to make a clear diagnosis in young people.

- Schizophrenia is a medical condition that affects 1 in 100 worldwide. There is evidence that schizophrenia is a severe disturbance in the brain's functioning. The cause may be viral, genetic, or be due to birth complications or changes in the chemistry or structure of the brain.
- There is as yet no cure, but good, modern treatment is available – and it works.
- **Early treatment in the course of the illness is crucial.**
It is now believed that the earlier the person receives medical treatment, the better the outcome for the illness.

The Brain and Schizophrenia

a) Changes in Thinking

The brain is the part of the body that we use for thinking, planning, and making decisions. Since it is an organ of the body, it too can become ill. When the brain is not working properly due to injury or disease, life can suddenly become very frightening and confusing.

Consider the following: If you break your arm, it is your brain that tells you, "My arm really hurts. Maybe it's broken. I'd better go to see the doctor..." But when the brain itself isn't working properly, you cannot judge what is happening. For most people in this situation, the result is devastating fear and confusion.

There can also be a marked change in thinking which can affect behaviour and speech. The person may have beliefs or ideas that are not based on reality. For example, the person may believe that a movie star is sending him special messages or that people in his neighbourhood are plotting against him. These beliefs are called delusions.

b) Changes in Perception

Sensory perception is a major function of the brain.

- Sight
- Hearing
- Smell
- Touch
- Taste

In schizophrenia, when the brain is not functioning properly, perceptual changes can turn the ill person's world into chaos. Sensory messages from the eyes, ears, nose, skin, and taste buds may become confused, making the person feel that they cannot "trust" their senses.

There may be hypersensitivity to sounds, tastes, or smells. Vision and sense of touch can also be distorted.

Ordinary faces may seem frightening, or a gentle touch may be unbearable. People may actually hear, see, smell, feel, or taste things that are not real. These symptoms are called hallucinations.

These changes in perception and thinking make it difficult for the person with schizophrenia to interpret reality, to see the world as it really is.

I. SCHIZOPHRENIA IS A MEDICAL ILLNESS

Discussion Questions:

Answer the following questions comprehensively with your group, reviewing written material provided and considering information in the video. Be prepared to give a brief report back to the whole class.

- a** What causes schizophrenia?
- b** Can it be cured?
- c** Explain the changes in thinking and perception that take place in schizophrenia.
- d** What are your chances of getting schizophrenia?



Jamie

NOTES:

MAJOR UNDERSTANDINGS

2. EARLY INTERVENTION AND TREATMENT ARE IMPORTANT

Psychosis is the term used to describe conditions of the brain in which there is a loss of contact with reality. A person's ability to think, respond, feel, remember and communicate is affected. Psychosis appears to cause some brain damage.

Psychosis can usually be controlled by proper medication. Recent evidence shows that early treatment with proper medication improves outcomes for people with schizophrenia.

It is important to note that the brain damage caused by psychotic episodes does not mean that the ill person becomes less intelligent. It does mean that some functions the brain normally performs without effort, such as memorizing, planning and decision-making, may be affected.

New research in schizophrenia shows that with early intervention – stabilization on medication, education about the illness, counselling, and community support – young people have a much greater hope of living lives that have significance and meaning.

When a person is developing schizophrenia, family or friends often sense that the person's behaviour is "unusual"; that the person is "not the same", even though they don't know exactly what the problem is. Below are some of the more common early symptoms. These may develop suddenly or over a period of time.

EARLY WARNING SIGNS

When a combination of symptoms persists over a period of time, it is crucial to seek medical attention.

- Increasing withdrawal from activities and social contacts
- Irrational, angry, or fearful responses to friends and family
- Sleep disturbances
- Inappropriate use of language—words do not make sense
- Sudden excesses, such as extreme religiosity, extreme activity
- Difficulty controlling thoughts, difficulty concentrating
- Deterioration in studies or work
- Hearing voices or sounds others don't hear
- Seeing people or things that others don't see
- A constant feeling of being watched
- Inability to turn off the imagination, delusions, off-the-wall ideas
- Deterioration in personal hygiene
- Mood swings, increased anxiety
- Somatic symptoms: weakness, pain, bizarre body sensations

These symptoms, even in combination, may not be evidence of schizophrenia. They could be the result of injury, drug use, or extreme emotional distress (a death in the family, for example). It is important to consult with a physician or psychiatrist to determine the cause of the symptoms.

2. EARLY INTERVENTION AND TREATMENT ARE IMPORTANT

Discussion Questions:

Answer the following questions comprehensively with your group, reviewing the written material provided as well as reflecting on what you saw in the video. Be prepared to give a brief oral report back to the whole class.

- a** What is the average age of onset for schizophrenia?
- b** Why is it important to get help early?
- c** What happens if proper medical care is not provided?
- d** What are some of the early warning signs of schizophrenia?



NOTES:

MAJOR UNDERSTANDINGS

3. PEOPLE DEVELOPING MENTAL ILLNESS REQUIRE SUPPORT

If someone you know shows many of the symptoms of schizophrenia, they need help. Often our impulse is to shy away from people who are behaving strangely or seem confused. We are alarmed ourselves, perhaps afraid of some strange behaviour. We tend to explain their social withdrawal or unkempt appearance as due to drugs or laziness. This makes it easier to blame them and to dismiss it as their problem, but it is a problem that belongs to all of us.

People suffering from this disease of the brain may not be aware that they are becoming ill. In the state of mind they are experiencing, they may reject anyone who tries to reach out to them, but they still need help. In the video, Todd angrily rejects Lisa's attempt to help. She continues to show her concern for him by seeking help and information. As a friend, she couldn't just abandon him.

Although you may want to help an ill friend by yourself, it is best to share your observations and concerns with an adult you trust – a counsellor, teacher, nurse, doctor, parent – someone who will listen and who will see that your friend receives medical care if needed. Everyone can work together to identify needs and appropriate action.

Medication is the cornerstone of treatment for schizophrenia.

Early intervention and stabilization on medication are of vital importance. Treatment for schizophrenia includes many factors: medication, education about the illness, counselling, and community support. However, without medication, other aspects of treatment are likely to fail.

People with schizophrenia often don't realize they are ill (they lack insight) and may not see the need for medication. The medications may have unpleasant side effects, another reason they may resist taking them. New anti-psychotic medications can help patients regain their health and continue their education and careers.

3. PEOPLE DEVELOPING MENTAL ILLNESS REQUIRE SUPPORT

Discussion Questions:

Answer the following questions comprehensively with your group. Review the paragraphs above and consider carefully what you learned in the video. Be prepared to give a brief oral report back to the whole class.

- a** Why don't people with schizophrenia seek help for themselves?
- b** What is the role of medication? Why is there sometimes resistance to taking medication?
- c** What are the difficulties and challenges of trying to help?
- d** What is your role as a friend? How can you help?
- e** Why is it important to share your concerns with an adult?



MAJOR UNDERSTANDINGS

4. PEOPLE WITH SCHIZOPHRENIA CAN LEAD PRODUCTIVE LIVES

People with schizophrenia are hospitalized only if their symptoms become quite severe. With modern medication and a variety of other supports, many people are now able to regain their health and lead lives of significance and meaning.

At the present time, approximately half of the people who develop schizophrenia will do relatively well in the long run. Some will have a full recovery while others will have persistent difficulties of a moderate nature. The other half of those who develop schizophrenia will experience more severe persistent difficulties, with some being very disabled. However, with ongoing research into schizophrenia, more effective medications and a greater understanding of the illness, people with schizophrenia have a better chance of living fulfilling lives.

In this illness, there is no end point or cure. Learning to live with schizophrenia is a gradual process of re-adaptation, growth and change. It means acknowledging having a chronic illness and needing to take medication every day to stay well, just as you would have to do if you had diabetes. It is necessary also to learn about the limitations of the illness. For example, people with schizophrenia have to organize their activities to minimize stress because stress can make symptoms worse.

Once the facts of their illness are accepted, people are able to gain a better sense of control. They gradually learn to understand their needs and create and identify new purposes in life. And because we are all unique, each person's journey to better health will also be unique.

4. PEOPLE WITH SCHIZOPHRENIA CAN LEAD PRODUCTIVE LIVES

Discussion Questions:

Answer the following questions comprehensively with your group. Review the above paragraphs and consider carefully what you learned in the video. Be prepared to give a brief oral report back to the whole class regarding people with schizophrenia living lives of quality.

- a** Do people with schizophrenia have to spend a lot of time in hospital?
- b** What is needed most to help someone regain their health?
- c** What are some of the challenges in trying to lead a normal life?
- d** In addition to good medical care, what other kinds of support can help someone to recover and to improve their quality of life?



Tim

MAJOR UNDERSTANDINGS

5. MYTHS AND STIGMA OF MENTAL ILLNESS ARE BARRIERS TO TREATMENT

The '90's were dubbed "the decade of the brain" because of the enormous progress in brain research during this period. Despite this fact, there is still much superstition, fear and ignorance about schizophrenia and other mental illnesses.

The word stigma means a blemish on one's reputation, a defect, disgrace, or something to be ashamed of. People with schizophrenia and their family members often suffer from stigma. However, schizophrenia is a medical illness; it is not anyone's fault and no one is to blame. Why, then, does such stigma exist?

- **Ignorance**

Some people are afraid of schizophrenia because they do not understand what happens to the brain when it is affected by illness. They may also fear the behaviours they observe or hear about. It is the unknown that causes fear and rejection.

- **Fear of violence**

Some people think that people with schizophrenia are violent. The truth is, they are usually timid, fearful of others, and quite vulnerable. Overwhelming loneliness is the feeling most often felt by people with schizophrenia.

STIGMA AS A BARRIER TO MEDICAL TREATMENT

The stigma of mental illness can prevent a person from seeking treatment. They may take street drugs to try and get relief or to mask their symptoms, instead of getting medical help. Similarly, lack of education and fear about mental illness may lead parents and other family members to deny the fact that there is something seriously wrong with their son or daughter, brother or sister.

THE MYTHS

MYTH: Schizophrenia is rare.

FACT: Schizophrenia is quite common. It affects 1 in 100 people worldwide.

MYTH: Schizophrenia is a multiple or split personality.

FACT: Split or multiple personality is an extremely rare disorder. People with schizophrenia do not have more than one personality, although their behaviour may vary during the illness.

MYTH: People with schizophrenia are developmentally disabled, i.e. they have a low level of intelligence.

FACT: People with schizophrenia tend to have normal or above-normal intelligence.

MYTH: Schizophrenia is caused by street drugs.

FACT: Schizophrenia is not caused by street drugs. Some street drugs can cause symptoms similar to those associated with schizophrenia. Young people experiencing the early symptoms of schizophrenia may use drugs to mask their symptoms. Street drugs can, however, make the illness worse for someone who already has the disease.

MYTH: Schizophrenia is caused by poor parenting or an unhappy childhood.

FACT: For much of the 20th century, bad mothering or poor family interactions were cited as causes. Neither of these theories has any validity. Schizophrenia is a neurobiological disease involving brain changes. We do not know the exact cause of the illness, but modern research tools are helping to bring the various pieces of the puzzle together.

MYTH: People with schizophrenia could “get over it” if they just tried hard enough. They should be able to “pull themselves together”.

FACT: People with schizophrenia have a serious neurobiological disorder. They should never be blamed for their illness.

MYTH: Mental illness is a sign of weakness.

FACT: Mental illness is a medical illness.

MYTH: People with a mental illness never recover.

FACT: All people who have a mental illness can be treated and most can be helped. Some need long-term treatment; others completely recover.

MYTH: People with schizophrenia are violent and dangerous.

FACT: Most individuals with schizophrenia are not violent. They are much more likely to harm themselves than others. Suicide rates are high – over 10%.

5. MYTHS AND STIGMA OF MENTAL ILLNESS ARE BARRIERS TO TREATMENT

Discussion Questions:

Answer the following questions comprehensively with your group, reviewing the written material provided. Be prepared to give a brief oral report back to the whole class.

- a** How does society's fear and ignorance affect people with schizophrenia?
- b** How are families affected by the illness and by society's fears?
- c** How is society in general affected by the illness?
- d** How can you help dispel the myths and reduce the stigma of schizophrenia and other mental illnesses?



Emily

MAJOR UNDERSTANDINGS

Questions and Answers

1. Schizophrenia is a medical illness.

a. What causes schizophrenia?

Causes are not yet known – possibly genetic, viral, pre-natal trauma. Difficulties occur with chemical imbalances as well as structural and functional abnormalities in the brain that develop as the person matures.

b. Can it be cured?

There is as yet no cure, but there is good and effective treatment.

c. Explain the changes in thinking and perception that take place in schizophrenia.

Changes in thinking and perception can make it difficult for the person to function. Planning and decision making may become difficult. There may be a hypersensitivity to sounds or tastes. What the person sees, hears, feels may be distorted. These symptoms are due to changes in brain structure or functioning.

d. What are your chances of getting schizophrenia?

One in 100, or 1%. Risk is higher if family predisposition to schizophrenia exists.

2. Early intervention and treatment are important.

a. What is the average age of onset for schizophrenia?

Teens and young adults, age 15 to 25.

b. Why is it important to get help early?

The earlier someone is stabilized on medication, the better the outcome for the illness. Early treatment can prevent unnecessary suffering and hospitalization.

c. What happens if proper medical care is not provided?

The illness gets worse. There is the possibility of cognitive damage and derailment of a young person's developing identity, educational goals, career plans.

d. What are some of the early warning signs?

Marked personality and behaviour changes lasting a period of time. For example, lack of interest in personal hygiene, sleep pattern changes, social withdrawal, odd language, illogical thinking. See Early Warning Signs, page 21.

3. People developing mental illness require support.**a. Why don't people with schizophrenia seek help for themselves?**

Lack of insight due to the illness; the brain is not functioning as it should; it cannot "tell" the person what is wrong. Society's prejudices about mental illness discourage people from disclosing their symptoms. There is fear of the stigma of mental illness and subsequent rejection and isolation.

b. What is the role of medication? Why is there resistance to taking medication?

Medication enables the person with schizophrenia to function in the world. The medication reduces the occurrence of hallucinations and delusions. Without medication the person may end up being hospitalized. People with schizophrenia often lack insight into their illness, thus do not see the need for medication. Medication sometimes has unpleasant side effects.

c. What are the difficulties and challenges of trying to help?

The ill person may resist because they're afraid. Or they may believe there is really nothing wrong and be resentful of your "interference". Adults may not take your concerns about your friend seriously.

d. What is your role as a friend? How can you help?

Get help from a responsible adult – counsellor, teacher, nurse, doctor, parent – someone who can arrange for proper medical attention. Don't abandon someone because they are ill. Let them know you're still their friend. Listen to your friend, be non-demanding and non-confrontational. Encourage co-operation with medication and treatment.

e. Why is it important that you share your concerns with an adult?

A student cannot obtain the medical care that is required to help the person who is ill.

4. People with schizophrenia can lead productive lives.**a. Do people with schizophrenia have to spend a lot of time in hospital?**

No. With early treatment, compliance with medication, and a good support system, most people are able to recover and live reasonably normal lives in the community.

b. What is needed most to help people with schizophrenia to regain their health?

Medication is the foundation of treatment. Education about their illness is essential so that they can learn how to manage their symptoms.

c. What are some of the challenges in trying to lead a normal life?

Accepting having to take medication every day; overcoming stigma and prejudice caused by ignorance; avoiding stress; having a social life; continuing going to school; finding a job and a place to live, establishing and maintaining relationships.

- d. **In addition to good medical care, what other kinds of support can help a person recover and improve their quality of life?**

Friends and family who are supportive; acceptance and understanding from society; education (often called rehabilitation) and counselling to help cope with the illness; support to continue education; housing.

5. Myths and stigma of mental illness are barriers to treatment.

- a. **How does society's fear and ignorance affect people with schizophrenia?**

The ill person is often socially isolated and lonely. Prejudice results in lack of funding for good treatment and rehabilitation programs, and lack of funding for research (much less per person than for other, less prevalent illnesses).

- b. **How are families affected by the illness and by society's fears?**

The family is often in chaos. Bewildered by the symptoms, they may be in denial about the seriousness of the changes. They may be exhausted and emotionally drained from trying to get help, especially if there is a lack of appropriate information and resources in the community.

- c. **How is our society in general affected by the illness?**

There are tremendous costs in terms of human suffering and the loss of young peoples' potential. Also very high economic costs – over \$4 billion per year in Canada alone.

- d. **How can you help to dispel the myths and reduce the stigma of mental illness?**

Be tolerant of people who are obviously ill; don't perpetuate old stereotypes; avoid hurtful language; get the real facts about the biological causes of mental illness; access up-to-date books and web sites; help educate others.

Part III – Overheads

- TRUE & FALSE QUESTIONS
- TRUE & FALSE ANSWERS
- DISCUSSION QUESTIONS:
AFTER VIEWING VIDEO
- MAJOR UNDERSTANDINGS
- MAJOR UNDERSTANDINGS:
SUMMARY OF STUDENT QUESTIONS
- SCHIZOPHRENIA: SUMMARY
- EARLY WARNING SIGNS
- WEB SITES
- RELATIVE PREVALENCE
- MRI OF BRAIN

True & False Questions

HOW MUCH DO YOU KNOW ABOUT SCHIZOPHRENIA?

Directions: Circle or underline your answer

1. Schizophrenia is a rare illness.
True False Don't know

2. Schizophrenia is a brain disease.
True False Don't know

3. Schizophrenia usually strikes older people.
True False Don't know

4. More males than females develop schizophrenia.
True False Don't know

5. Schizophrenia is caused by poor parenting.
True False Don't know

6. Schizophrenia is caused by street drugs.
True False Don't know

7. People who have schizophrenia are usually violent and dangerous.
True False Don't know

8. People with schizophrenia have multiple or split personalities.
True False Don't know

9. Schizophrenia can be successfully treated.
True False Don't know

10. More hospital beds in Canada are occupied by people with schizophrenia than any other medical illness.
True False Don't know

True & False Answers

1. Schizophrenia is a rare illness. **[False]**
Schizophrenia strikes one in one hundred people, world-wide.
2. Schizophrenia is a brain disease. **[True]**
Brain imaging techniques (MRI and PET) show there is a change in structure and functioning of the brain.
3. Schizophrenia generally strikes older people. **[False]**
The age of onset is usually between 15 and 25 years of age.
4. More males than females develop schizophrenia. **[False]**
Males tend to contract the disease at a younger age than females but the illness is distributed equally between the two sexes.
5. Schizophrenia is caused by poor parenting. **[False]**
The cause of schizophrenia is not known. However, it is definitely an organic (physical, biological) disease and is the fault of no one.
6. Schizophrenia is caused by street drugs. **[False]**
Schizophrenia is not caused by street drugs. Some researchers believe, however, that street drugs can precipitate schizophrenia in an individual who has a predisposition to develop the disease.

7. People who have schizophrenia are usually violent and dangerous. **[False]**
People who have schizophrenia tend to be vulnerable, fragile people. If violent, the violence is most often directed towards themselves: suicide.

8. People with schizophrenia have multiple or split personalities. **[False]**
People with schizophrenia are split from reality, rather than having a multiple or split personality.

9. Schizophrenia can be successfully treated. **[True]**
Schizophrenia cannot be cured, but the symptoms can be treated.

10. More hospital beds in Canada are occupied by people with schizophrenia than any other medical illness. **[True]**
Schizophrenia represents 8% of the hospital beds in Canada, more than for any other diagnosis.

Discussion Questions

1. What is your reaction to the video? Were there any surprises for you?
2. Do any of you have personal experiences with schizophrenia, a friend, or a relative who has the illness?

If so, was there any new information for you in the video?

Did it help you think of schizophrenia differently?

3. What do you think was hardest for Lisa as she tried to help Todd?
Do you think most people would try to do what she did?

AN IMPORTANT REMINDER!

1. Don't diagnose yourself or fellow students.
2. Be supportive of a friend who is having difficulties.
3. Contact a responsible adult (counsellor, teacher, parent) when you feel something is wrong.

Major Understandings

1. Schizophrenia is a medical illness
2. Early intervention and treatment are important
3. People developing a mental illness require support
4. People with schizophrenia can lead productive lives
5. The myths and stigma of mental illness are barriers to treatment

Summary of Questions

1. Schizophrenia is a medical illness.

- Questions:
- a. What causes schizophrenia?
 - b. Can it be cured?
 - c. Explain the changes in thinking and perception that take place in schizophrenia.
 - d. What are your chances of getting schizophrenia?

2. The importance of early intervention (treatment).

- Questions:
- a. What is the average age of onset for schizophrenia?
 - b. Why is it important to get help early?
 - c. What happens if proper medical care is not provided?
 - d. What are the early warning signs of schizophrenia?

3. The need for support from others.

- Questions:
- a. Why don't people with schizophrenia seek help for themselves?
 - b. What is the role of medication? Why is there sometimes resistance to taking medication?
 - c. What are the difficulties and challenges of trying to help?
 - d. What is your role as a friend? How can you help?
 - e. Why is it important to share your concerns with an adult?

4. People with schizophrenia can lead lives of quality.

- Questions:
- a. Do people with schizophrenia have to spend a lot of time in hospital?
 - b. What is needed most to help people with schizophrenia regain their health?
 - c. What are some of the challenges in trying to lead a normal life?
 - d. In addition to good medical care, what other kinds of support can assist in recovery and in improving their quality of life?

5. Myths and stigma: A barrier to recovery.

- Questions:
- a. How does society's fear and ignorance affect people with schizophrenia?
 - b. How are families affected by the illness and by society's fears?
 - c. How is our society in general affected by the illness?
 - d. How can you help to dispel the myths and reduce the stigma of schizophrenia and other mental illnesses?

Schizophrenia: Summary

- Schizophrenia is a brain disease – the result of physical and biochemical changes in the brain.
- The age of onset is usually between 15 and 25 years.
- The cause is not fully understood. More research is needed.
- It is relatively common (1 in 100).
- It is treatable with medication.
- Early intervention and treatment are the keys to reducing symptoms and improving the outcome.
- Schizophrenia can affect a person's judgment and insight, thus making it difficult to help them.
- Students can be supportive of friends who may be showing signs of the illness.
- If someone you know is showing early warning signs, it is essential to talk to a counsellor or another responsible adult who will ensure they receive medical attention.

Major Mental Illnesses

- **Schizophrenia**
- **Severe depression (Major Depression)**
- **Bipolar Disorder (formerly called Manic Depression)**
These three illnesses can have similar symptoms in the early stages, thus making it difficult for doctors to make a clear diagnosis in young people.

Early Warning Signs

Change is the important element. The person is different than he or she used to be.

- Withdrawal from activities and social contacts
- Irrational, angry, or fearful responses to friends and family
- Sleep disturbances
- Deterioration in studies or work
- Inappropriate use of language—words do not make sense
- Sudden excesses, such as extreme religiosity, extreme activity
- Deterioration in personal hygiene
- Difficulty controlling thoughts, difficulty concentrating
- Hearing voices or sounds others don't hear
- Seeing people or things others don't see
- A constant feeling of being watched
- Inability to turn off the imagination, delusions, off-the-wall ideas
- Mood swings
- Increased anxiety
- Somatic symptoms: weakness, pains, bizarre body sensations

Web Sites

www.schizophrenia.ca

Web site of the Schizophrenia Society of Canada
with links to provincial society partners

www.mentalhealth.com

Informative for all areas of mental illness

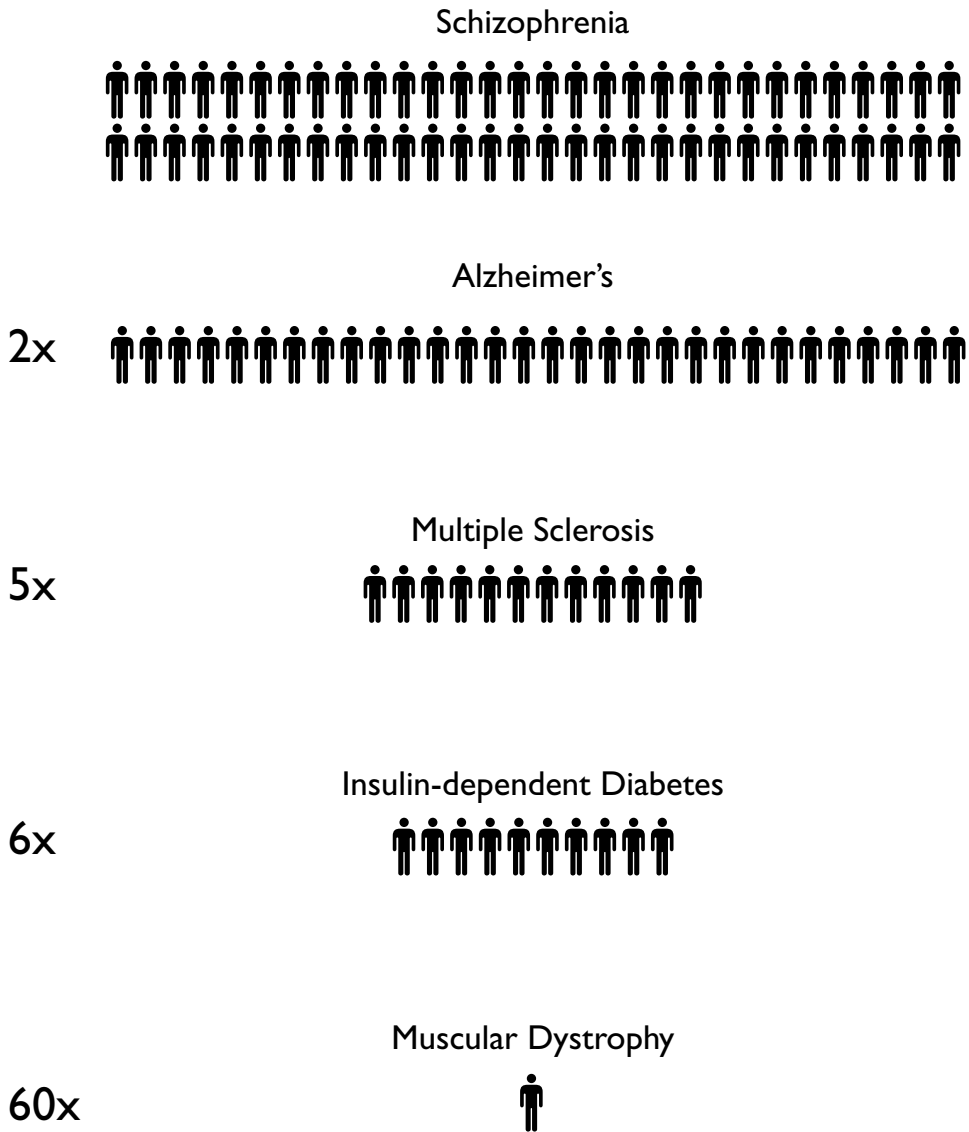
www.openthedoors.com

A site for teenagers about the stigma of mental illness

www.nisad.org.au

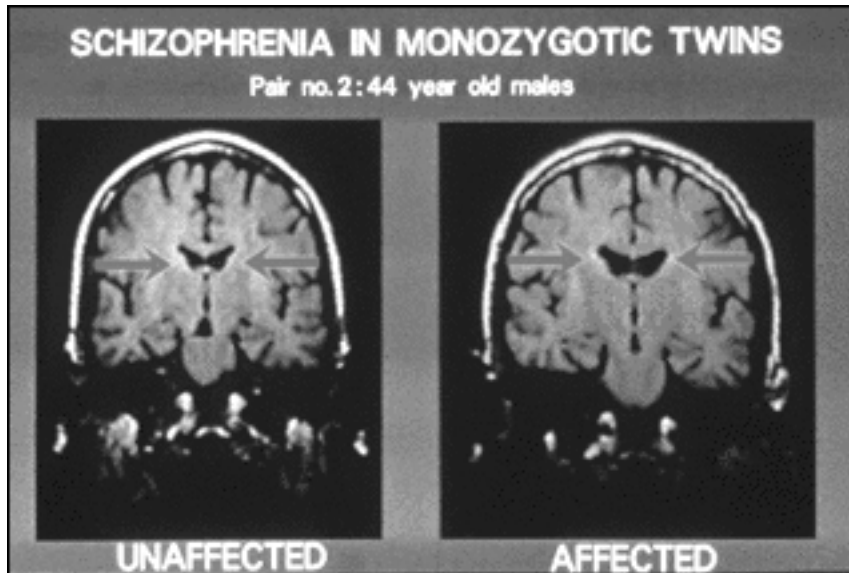
Australia recognizes schizophrenia as a national concern

Relative Prevalence



Schizophrenia is **twice** as prevalent as Alzheimer's, **5 times** as prevalent as Multiple Sclerosis, **6 times** as prevalent as Insulin-Dependant Diabetes, and **60 times** as prevalent as Muscular Dystrophy.

Magnetic Resonance Imaging



Magnetic Resonance Imaging (MRI) of the brains of identical twins. The twin on the right has schizophrenia. MRI uses magnetic fields and radio waves to produce pictures of the brain. The ventricles (butterfly-shaped, fluid-filled spaces in the mid-brain) of the twin with schizophrenia are larger.

Part IV – Resources

- EXTENDING THE LEARNING
- PLACEMENT IN THE CURRICULUM
- GLOSSARY OF TERMS
- RECOMMENDED READINGS
- WEB SITES
- “WHAT IS PSYCHOSIS?”
- STUDENT RESPONSE FORM

Extending the Learning

The following are suggested topics or ideas for extending the learning about schizophrenia or mental illness:

1. Drama class: Have students structure a dialogue relating to one of the Role Plays in Lesson Plan: Period Two (pages 25-27) and have them act it in front of the class.
2. English class: Have students structure a dialogue relating to one of the Role Plays in Lesson Plan: Period Two (pages 25-27), with particular emphasis on the feelings of the people involved. Find parallels in literature around the themes of stereotyping, alienation, ignorance and intolerance.
3. Research the state of homeless people in our city and country.
4. Research techniques used to study brain structure and functioning: magnetic resonance imaging (MRI) and positron emission tomography (PET) scans.
5. Discuss the public's perception of the mentally ill.
6. Inquire into the state of housing for the mentally ill. Does it meet everyone's needs?

7. What is “deinstitutionalization”? How has it affected the mentally ill and our society in general?
8. Research dollars: How are they spent? Compare research funding for AIDS, cancer and schizophrenia, keeping in mind that there are 60,000 people in Canada who are positive for HIV and there are 300,000 people in Canada with schizophrenia.
9. What is the approach of the media to schizophrenia and mental illness?
10. What Outreach programs are available for the mentally ill? How effective are they?
11. What is needed for rehabilitation for the mentally ill? What is rehabilitation? Is it adequate?
12. Research the physiology of the brain.
13. What is the role of neurotransmitters in the brain, especially dopamine and serotonin?
14. Research current theories about the role of genetics in schizophrenia, including the Genome Project.

Placement in School Curriculum

Understanding mental illness and the importance of early intervention can be integrated into many curriculum areas. Learning about schizophrenia, clinical depression, bipolar disorder, obsessive-compulsive disorder (OCD), anxiety disorder, etc. makes students aware of the impact of mental illness in our society. The following curriculum areas are suggested, as well as locally developed courses such as Psychology and Home Economics (Family Relationships).

Grade 11/12

Career & Personal Planning, Physical Education

Personal Development, Mental Well-Being: To develop in students an appropriate sense of personal worth, potential, and autonomy.
Family Life Education: To develop students' understanding of the role of the family and their ability to make responsible decisions in their personal relationships.
Healthy Living: To encourage students to value and adopt balanced, healthy lifestyles.

Biology

Divisions of the Nervous System and the Brain

Family Studies

It is expected that students will analyze adolescent mental and physical health issues that can affect individual and family functioning.

Social Studies

History and treatment of mentally ill
Cultural aspects of mental illness
Social housing and the NIMBY effect
Homeless in Canada

English

Themes such as stereotyping, alienation, ignorance and intolerance

Home Economics

Family relationships

Law

Mental Health Act
Guardianship Legislation
"Conditional" Leave, Community Treatment Orders
Living Wills

Psychology

Critical Thinking

Glossary of Terms

Antipsychotic medications: Drugs used in the treatment of psychoses. Also called neuroleptics.

Bipolar Disorder: Illness characterized by periods of depression and manic periods of excitement, extreme energy, and frenzied behaviour. Age of onset is more variable than in schizophrenia. Formerly known as Manic Depressive Disorder.

Cognition: Mental awareness encompassing such functions as perception, reasoning, intuition, judgment and memory.

Delusion: An unfounded belief that is held in the absence of supporting data. In schizophrenia, delusional ideas commonly reflect feelings of grandeur or persecution. People with schizophrenia may, for example, believe that they have extraordinary powers or that their thoughts are being controlled by others.

Depression: A mental disorder characterized by low mood. It can include loss of interest in usual activities, changes in appetite and sleep, feelings of despair and suicidal thinking. People with schizophrenia often have symptoms of depression.

Developmental disability: Failure to develop age-appropriate intelligence and cognitive ability. Also known as mental retardation.

First break: Refers to the first episode of psychosis.

Hallucination: The illusion of seeing, hearing, smelling, touching, tasting something when no such thing is present. Auditory hallucinations are the most common form in schizophrenia. The voices heard are usually unpleasant and degrading. Sometimes they tell the person that they must carry out a particular act.

Insight: A person's degree of awareness and understanding about being ill.

Mania: Mood disorder with euphoria, agitation and excessive activity.

Mood disorders: The two major mood disorders are Major Depression and Bipolar Disorder. They are sometimes referred to as affective disorders.

Multiple personality: Someone who appears to have two or more entirely different personalities and characters. The correct name for this extremely rare disorder is dissociative disorder. It was depicted in the movies, *The Three Faces of Eve* and *Sybil*. It occurs almost exclusively in women and is thought to be a reaction to sexual or physical abuse in childhood. The book *I Never Promised You a Rose Garden* deals with a case of hysteria, not schizophrenia.

Neurobiology: Biological science dealing with the nervous system.

Prodrome: Signs of approaching disease.

Psychiatrist: Medical doctor who specializes in the treatment of mental disorders. As a physician, a psychiatrist can prescribe medication as well as give supportive therapy.

Psychoanalysis: Technique for understanding and treating psychological symptoms. It probes unconscious conflicts and motivations. Developed by Sigmund Freud. Analysis is not considered to be a useful form of treatment for schizophrenia.

Psychologist: Person who studies animal and human behaviour. Not a medical doctor. Cannot prescribe medication.

Psychosis: Major mental disorder in which a person's ability to think, respond, feel, remember, and communicate is affected. Contact with reality is usually impaired, interfering with the person's ability to function normally. (See "What is Psychosis?" page 73)

Religiosity: Affected devotion to religion.

Schizophrenia: Serious brain disorder causing loss of contact with reality and disturbances of thought, mood and perception. Common symptoms include personality changes, withdrawal, severe thought and speech disturbances, hallucinations, delusions, and bizarre behaviour. The Greek roots of the word schizophrenia mean 'split' and 'mind'. The word was coined in 1911 by Eugen Bleuler, a Swiss psychiatrist, to describe how the operations of the mind are split off from reality.

Somatic symptoms: Feelings of weakness, pains, bizarre bodily sensations, poor coordination. About 85% of people with schizophrenia have somatic symptoms in the early stages of the illness.

Stigma: A mark of supposed shame, used to discriminate against a person or group, as in "the stigma of mental illness."

Recommended Readings

ESPECIALLY FOR YOUNG PEOPLE:

Dinner, Sherry H. Nothing To Be Ashamed Of: Growing up with Mental Illness in Your Family. New York: Lothrop, Lee & Shepard, 1989. ISBN 0688084826

Hyde, Margaret O. Know About Mental Illness. New York: Walker & Company, 1996. ISBN 080278428-3

Torrey, E. Fuller. Surviving Schizophrenia: A Manual for Families, Consumers and Providers. 4th ed. Harper Collins, 2001. ISBN 0060950765

ADDITIONAL RESOURCES FOR TEACHERS, PARENTS, ADULTS:

Amador, Xavier. I am Not Sick. I Don't Need Help! Peconic, NY: Vida Press, 2000. ISBN 0967718902

Andreasen, Nancy C. The Broken Brain. New York: Harper and Row, 1984. ISBN 0060152818

Adamec, Christine. How to Live with a Mentally Ill Person. New York: John Wiley & Sons, 1996. ISBN 0471114197

Mueser, Kim T. & Susan Gingerich. Coping with Schizophrenia: A Guide for Families. Oakland, CA: New Harbinger, 1994. ISBN 187923778-4

Jeffries, J. Joel, and others. Living and Working with Schizophrenia. 2nd ed. Toronto, ON: University of Toronto Press, 1990. ISBN 0802067816

Tsuang, Ming T. and Stephen V. Faraone. Schizophrenia: The Facts. New York: Oxford University Press, 1997. ISBN 0192627600

Keefe, Richard S.E. and Philip D. Harvey. Understanding Schizophrenia. New York: The Free Press, Macmillan, Inc., 1994. ISBN 0-02-917247-0

Waltz, Mitzi. Bipolar Disorders: A Guide to Helping Children and Adolescents. Cambridge, Mass.: O'Reilly & Associates, 2000. ISBN 1-565926-56-0

Wyden, Peter. Conquering Schizophrenia: A Father, His Son, and a Medical Breakthrough. New York: Alfred A. Knopf, 1997. ISBN 0-679-44671-0



Internet Web Sites

www.schizophrenia.ca Web site of the Schizophrenia Society of Canada. Links to provincial society partners and many other related sites.

www.bcss.org/schizophrenia/intervene Specific information about the importance of early intervention.

www.bpkids.org Web site of the Child & Adolescent Bipolar Foundation.

www.eppic.org.au Information about the innovative Early Intervention schizophrenia program in Australia.

www.mentalhealth.com Award-winning web site of Canadian psychiatrist, Dr. Phil Long. Very informative on all areas of mental illness.

www.chovil.com Ian Chovil has schizophrenia and regularly updates this interesting site.

www.nisad.org.au Australia recognizes schizophrenia as a national concern.

www.openthedoors.com Created by the World Psychiatric Association especially for teens to dispel the stigma of mental illness.

www.schizophrenia.com Created by Brian Chiko in memory of his brother, John, who had schizophrenia.

NOTES:

What is Psychosis?*

The word psychosis is used to describe medical conditions that affect the brain, so that there is loss of contact with reality. When someone becomes ill in this way, it is called a psychotic episode.

Psychosis is most likely to occur in young adults and is quite common. About 3 out of every 100 people will experience a psychotic episode, making psychosis more common than diabetes. Most people make a full recovery from the experience.

Psychosis can happen to anyone. Like any other illness, it can be treated.

WHAT ARE THE SYMPTOMS?

Psychosis can lead to changes in mood and thinking and to abnormal ideas, making it hard to understand how the person feels.

In order to try to understand the experience of psychosis, it is useful to group together some of the more characteristic symptoms.

Disorganized Thinking

Everyday thoughts become confused or don't join up properly. Sentences are unclear or don't make sense. A person may have difficulty concentrating, following a conversation or remembering things. Thoughts seem to speed up or slow down.

*Adapted from Early Psychosis Prevention and Intervention Centre / Health and Community Services Information, Melbourne, Australia

Hallucinations

In psychosis, the person sees, hears, feels, smells or tastes things that are not actually there. For example, they may hear voices or see things that aren't there. Things may taste or smell bad, or may seem poisonous.

False Beliefs (Delusions)

It is common for a person experiencing a psychotic episode to hold false beliefs, known as delusions. The person is so convinced of their delusion that even the most logical argument cannot make them change their mind. For example, someone may be convinced that because cars are parked outside their house, they are being watched by the police.

Changed Feelings

People's feelings may change for no apparent reason. They may feel strange and cut off from the world, with everything moving in slow motion. Mood swings are common, so they may feel unusually excited or depressed. Or emotions may seem dampened, people may feel less than they used to, or show less emotion to those around them.

Changed Behaviour

People with psychosis behave differently than the way they usually do. They may be extremely active, or be very lethargic, just sitting around all day. They may laugh inappropriately, or become angry without apparent cause.

Behavioural changes are often associated with symptoms described above. For example, a person may call the police or be too scared to sleep because of what they believe they've seen or heard. They may stop eating if they think their food is poisoned. Someone who believes he is Jesus Christ may spend all day preaching in the streets. Symptoms vary from person to person and may change over time.

WHAT IS FIRST EPISODE PSYCHOSIS?

First-episode psychosis simply refers to the first time someone experiences psychotic symptoms. People experiencing a first-episode psychosis may not understand what is happening. Symptoms are highly disturbing and unfamiliar, leaving the person confused and distressed. If they have no real facts about mental illness, their distress is often increased by negative myths and stereotypes.

A psychotic episode occurs in three phases. The length of each phase varies from person to person.

Phase 1: Prodrome

The early signs are vague and hardly noticeable. There may be changes in the way people describe their feelings, thoughts and perceptions.

Phase 2: Acute

Clear psychotic symptoms are experienced, such as disorganized thinking, hallucinations, or delusions.

Phase 3: Recovery

Psychosis is treatable and most people recover. The pattern of recovery varies from person to person.

People recover from first-episode psychosis. Many never experience another psychotic episode.

WHAT ARE THE TYPES OF PSYCHOSIS?

When someone has a psychosis, a diagnosis of a particular psychotic illness is usually given. Diagnosis means identification of an illness by symptoms, so the diagnosis will depend on what brought on the illness and how long the symptoms last.

When someone is experiencing psychosis for the first time, it can be difficult to make an exact diagnosis, because many of the factors underlying the illness may remain unclear. Nevertheless, it is helpful to understand some of the diagnostic labels you might hear.

Drug-Induced Psychosis

Using or withdrawing from drugs and alcohol can cause psychotic symptoms. Sometimes these symptoms will rapidly disappear as the substance wears off. In other cases, the illness may last longer, but begin with a drug-induced psychosis.

Organic Psychosis

Psychotic symptoms may appear due to a head injury or a physical illness that disrupts brain functioning, such as encephalitis, AIDS or a tumor. There are usually other symptoms present, such as memory problems or confusion.

Brief Reactive Psychosis

Psychotic symptoms may arise suddenly in response to major stress in someone's life, such as a death in the family or other important change of circumstances. Symptoms can be severe, but the person makes a quick recovery in only a few days.

Schizophrenia

Schizophrenia refers to an illness in which the changes in behaviour or symptoms have been present for a period of at least six months. Again, symptoms, severity and length of illness vary from person to person. Contrary to previous beliefs, schizophrenia is a fairly common illness (one in 100), and many people with schizophrenia lead happy and fulfilling lives.

Schizophreniform Disorder

This diagnosis is usually given when schizophrenia-like symptoms have lasted for less than six months.

Bipolar Disorder (Manic Depression)

Bipolar disorder is a “mood disorder”. Psychosis appears as part of a more general disturbance in mood, which is characterized by extreme highs (mania) and lows (depression). Psychotic symptoms tend to fit in with the person’s mood. If they are unusually excited or happy, they may believe they are special and can perform amazing feats. If they are depressed, they may hear voices telling them to commit suicide.

Major Depression

This “mood disorder” is severe depression with psychotic symptoms but without periods of mania or highs occurring during the illness.

Schizoaffective Disorder

This diagnosis is made when the clinical picture is not typical of either a mood disorder or schizophrenia, but the person has concurrent or consecutive symptoms of both illnesses.

WHAT CAUSES PSYCHOSIS?

A number of theories have been suggested as to what causes psychosis, but there is still much research to be done.

Indications at present are that psychosis is caused by a poorly understood combination of biological factors, which create a vulnerability to psychosis during adolescence or early adult life. Symptoms may emerge in response to stress or drug abuse, or they may be biologically determined to emerge at a certain stage of development regardless of life experience. Some factors may be more or less important in one person than another.

In first-episode psychosis, the cause is particularly unclear. Therefore, it is necessary for the person to have a complete medical examination – including neurological workup – to make the diagnosis as clear as possible.

Psychosis has many forms. Course and outcome vary from person to person.

The earlier psychosis is recognized and treatment commences, the better the outlook.



Paul

Schizophrenia Societies of Canada

The provincial schizophrenia societies offer support, education, and advocacy for family members of people with schizophrenia and other severe and chronic mental illnesses. You can locate your provincial society by contacting the national SSC office or in the listings below.

PROVINCIAL OFFICES

BRITISH COLUMBIA

British Columbia
Schizophrenia Society
Tel: 604-270-7841
Fax: 604-270-9861
bcss.prov@telus.net

ALBERTA

Schizophrenia Society of Alberta
Tel: 780-429-7880
Fax: 780-422-2800
ssaprovincial@interbaun.com

MANITOBA

Manitoba Schizophrenia Society
Tel: 204-786-1616
Fax: 204-783-4898
info@mss.mb.ca

NEW BRUNSWICK

Schizophrenia Society of New Brunswick
Tel: 506-622-1595
Fax: 506-622-8927
ssnbmiramichi@nb.aibn.com

NEWFOUNDLAND and LABRADOR

Schizophrenia Society of
Newfoundland and Labrador
Tel: 709-777-3335
Fax: 709-777-3524

NOVA SCOTIA

Schizophrenia Society of Nova Scotia
Tel: 902-464-3456
Fax: 902-464-5479
ssns@ns.sympatico.ca

ONTARIO

Schizophrenia Society of Ontario
Tel: 416-449-6830
Fax: 416-449-8434
sso@schizophrenia.on.ca

PRINCE EDWARD ISLAND

Schizophrenia Society of Prince
Edward Island
Tel: 902-566-5573
Fax: 902-566-9214
info@schizophreniapei.pe.ca

SASKATCHEWAN

Schizophrenia Society of Saskatchewan
Tel: 306-584-2620
Fax: 306-584-0525
sssprov@sasktel.net

QUEBEC

Société Québécoise de la Schizophrénie
Tel: 514-251-4000 x3400
Fax: 514-251-6347
info@schizophrenie.qc.ca

AMI Quebec (Anglophone Association)

Tel: 514-486-1448
Fax: 514-486-6157
generalinformation@amiquebec.org

FAMILY SUPPORT OUTSIDE CANADA

IN THE UNITED STATES

NAMI – National Alliance for
the Mentally Ill
1-800-950-NAMI (6264).

Volunteers staff the Helpline to answer
questions and provide referrals to local
support groups and information services.
Web site <http://www.nami.org>

World Fellowship for Schizophrenia and Allied Disorders (WFSAD)

The World Fellowship has associate
members in many countries throughout
the world.
Tel: 416-961-2855
Fax: 416-961-1948
info@world-schizophrenia.org

NOTES:

Student Response Form

1. How is this information relevant for you at this time in your life?

2. Whom would you contact if you felt a friend was showing early symptoms of schizophrenia?

3. How would you support someone who shows early symptoms of schizophrenia?

4. How has this resource changed your thinking about schizophrenia?

5. What would you still like to learn about schizophrenia?
