

Schizophrenia

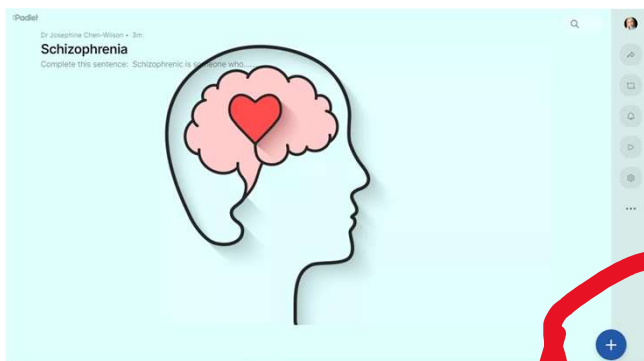
BMHP6006 Mental Disorders and Psychopathology

1

Complete this sentence

<https://padlet.com/jchenwilson/schizophrenia-bm0xbmysecgmlaeg>

Schizophrenic is someone who....



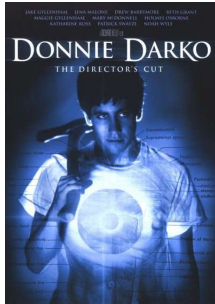
2



How does your description compare to this portrait?



This Photo by Unknown Author is licensed under CC BY-NC



Portrait of a schizophrenic

“Someone who has psychotic experiences is different from normal people, because his brain (note that the stereotype includes the presumed gender of the individual) is damaged or different, probably because of his genes. He is “a schizophrenic,” who is not understandable, is dangerous, has no legitimate voice and requires control through drugs that target the underlying brain disorder”. (Cooke and Kinderman, 2018 p. 59)

3

How Schizophrenia Affects My Life



How do your impression of these individuals compare to your initial description of a person with schizophrenia?

How do these individuals compare to Cooke and Kinderman's stereotypical portrait of a person with schizophrenia?

4

What does 'schizophrenia' mean?

- In 1910, the Swiss psychiatrist Paul Eugen Bleuler (d. 1939) coined the term 'schizophrenia' from the Greek words schizo ('split') and phren ('mind').
- However, whilst people with schizophrenia can experience symptoms that can affect their thought processes and their perceptions of the world around them, such as **delusions** and **hallucinations**, they do not have two separate personalities.

5

Activity

- Research the following terms:
- **Delusion**
- **Hallucinations**
- **Psychosis**



6

Hallucinations and Delusions

- **Hallucinations.** Hallucinations are experiences that appear real but are created by your mind. They include seeing things, hearing voices, or smelling things others around you don't experience.
- **Delusions.** A delusion occurs when you believe something despite evidence or facts to the contrary.

Are hallucinations and delusions unusual experiences?

7

Schizophrenia vs. psychosis

- Schizophrenia and psychosis may be confused for one another, but they're not the same. One is a mental health condition — the other is a symptom.
- Psychosis is a break from reality.
- During an episode of psychosis, you may hear voices, see things that aren't real, or believe things that aren't true.
- Psychosis is one element or symptom of several mental health disorders, including schizophrenia.

8

What is Schizophrenia?



- Schizophrenia is a **severe long-term** mental health **condition**. Schizophrenia is more common than people think, affecting about 1 in every 100 people, affecting around 20 million people worldwide (WHO, n.d.).
- It causes a range of different psychological symptoms, characterised by distortions of thought, perception and emotion, language, sense of self (WHO, n.d.), behaviour and social withdrawal.
- Doctors often describe schizophrenia as a type of **psychosis**. This means the person may not always be able to distinguish their own thoughts and ideas from reality.

Source: <https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/>

9

Classification of Schizophrenia

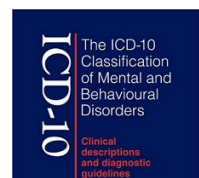
What are the keywords in ICD-10?

ICD-10

schizotypal and delusional disorders (F20-F29)

The schizophrenic disorders are characterized in general by fundamental and characteristic distortions of thinking and perception, and affects that are inappropriate or blunted. Clear consciousness and intellectual capacity are usually maintained although certain cognitive deficits may evolve in the course of time. The most important psychopathological phenomena include thought echo; thought insertion or withdrawal; thought broadcasting; delusional perception and delusions of control; influence or passivity; hallucinatory voices commenting or discussing the patient in the third person; thought disorders and negative symptoms.

The course of schizophrenic disorders can be either continuous, or episodic with progressive or stable deficit, or there can be one or more episodes with complete or incomplete remission. The diagnosis of schizophrenia should not be made in the presence of extensive depressive or manic symptoms unless it is clear that schizophrenic symptoms antedate the affective disturbance. Nor should schizophrenia be diagnosed in the presence of overt brain disease or during states of drug intoxication or withdrawal. Similar disorders developing in the presence of epilepsy or other brain disease should be classified under F06.2, and those induced by psychoactive substances under F10-F19 with common fourth character .5.



10

Slide 17.11

Symptoms of schizophrenia

Positive symptoms are ones experienced in addition to reality



Negative Symptoms affects functioning



Positive symptoms

- Thought disorders
- Hallucinations
- Delusions (persecution, grandeur, control).

Negative symptoms

- Flattened emotional response
- Poverty of speech
- Lack of initiative and persistence
- Social withdrawal.

Symptoms of schizophrenia

Common experiences include:

- hallucination: hearing, seeing or feeling things that are not there;
- delusion: fixed false beliefs or suspicions not shared by others in the person's culture and that are firmly held even when there is evidence to the contrary;
- abnormal behaviour: disorganised behaviour such as wandering aimlessly, mumbling or laughing to self, strange appearance, self-neglect or appearing unkempt;
- disorganised speech: incoherent or irrelevant speech; and/or
- disturbances of emotions: marked apathy or disconnect between reported emotion and what is observed such as facial expression or body language.

Source: https://www.pearsoned.com/healthcare/healthcare-products/schizophrenia/

Diagnosis - Schizophrenia

- There's no single test for schizophrenia and the condition is usually diagnosed after assessment by a specialist in mental health.
- If you are concerned you may be developing symptoms of schizophrenia, see a GP as soon as possible. The earlier schizophrenia is treated, the better.
- The GP will ask about your symptoms and check they're not the result of other causes, such as recreational drug use.

13

Video: What is schizophrenia?



Source: https://www.youtube.com/watch?v=K2sc_ck5BZU

14

Who is affected by schizophrenia?

- It is more common among males (12 million), than females (9 million).
- Schizophrenia also commonly starts earlier among men.
- Schizophrenia is associated with considerable disability and may affect educational and occupational performance.

Source: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

15

Causes of schizophrenia

- Did ICD-10 identify the cause in its definition?
- Research has not identified one single factor. It is thought that an interaction between genes and a range of environmental factors may cause schizophrenia.
- Psychosocial factors may also contribute to schizophrenia.

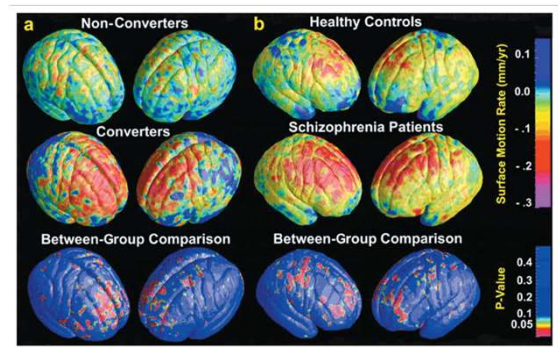


16

Causes of schizophrenia

- Recent studies have suggested that imaging tests completed on people with schizophrenia may show abnormalities in certain brain structures.
- Ongoing research in this area continues. Chemical abnormalities in the brain are believed to be responsible for many of the symptoms seen in schizophrenia. But note the exclusion criterion about biochemical cause in ICD-10
- Researchers also believe low levels of certain brain chemicals that affect emotions and behaviour may contribute to this psychiatric disorder.

Source: <https://www.healthline.com/health/schizophrenia#causes>



(Martin & Carlson, 2023)

17



Download the worksheet from Moodle Week 4 tile:

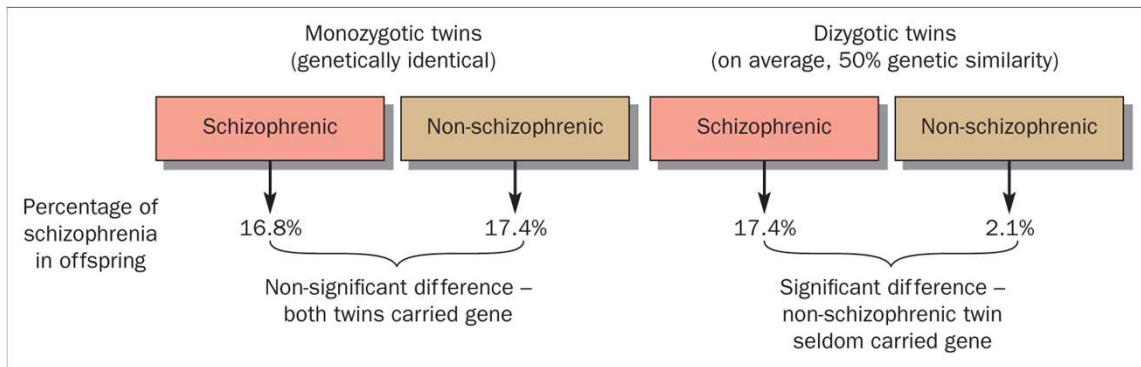
Schizophrenia and genetics:

1. Go through the key points
2. Search for a couple of recent studies for updated research
3. Debate whether the link to genetics is supported by research evidence

18

Slide 17.19

Heritability of schizophrenia (Martin & Carlson, 2023)



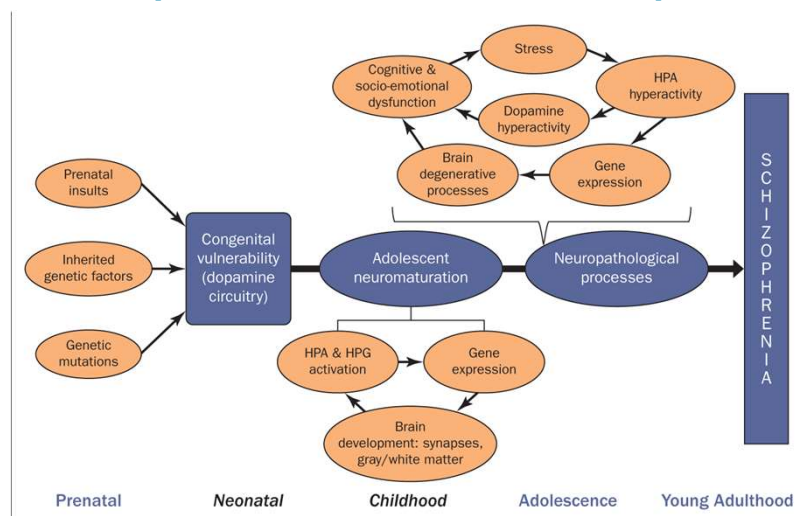
19

Some of the risk factors for Schizophrenia (Martin & Carlson, 2023)

Exposure to toxins or a virus before birth or during infancy
 Having an inflammatory or an autoimmune disease
 Using mind-altering drugs high stress levels

Source:

<https://www.who.int/news-room/fact-sheets/detail/schizophrenia>



20

Slide 17.21

Types of schizophrenia

Undifferentiated schizophrenia

- Characterised by delusions, hallucinations and disorganised behaviour.

Catatonic schizophrenia

- Characterised by various motor disturbances, including catatonic postures and waxy flexibility.

Paranoid schizophrenia

- Characterised by delusions of persecution, grandeur or control.

Disorganised schizophrenia

- Characterised primarily by disturbances of thought.

21

Symptoms of a schizophrenic episode include:

- 01 False and unreal beliefs
- 02 Hearing voices
- 03 Disorganized thinking and meaningless speech
- 04 Bizarre behavior and movement
- 05 Social withdrawal and poor hygiene
- 06 Suicidal thoughts/tendencies



22

Schizophrenia complications

Schizophrenia is a severe mental illness that shouldn't be ignored or left untreated.

The disorder increases the risk of serious complications, such as:

- self-injury or suicide
- anxiety
- phobias
- depression
- alcohol or drug use
- family problems

23

How has schizophrenia evolved through time?

- The history of schizophrenia is complex and does not lend itself easily to a linear narrative. Accounts of a schizophrenia-like syndrome are rare in records before the 19th century.
- The earliest cases detailed were reported in 1797, and 1809. Dementia praecox, meaning premature dementia (brain dementia of the young) was used by German psychiatrist Heinrich Schüle in 1886, and then in 1891 by Arnold Pick in a case report of hebephrenia (Disorganized schizophrenia, or hebephrenia, is a subtype of schizophrenia)
- In 1893 Emil Kraepelin used the term in making a distinction, known as the Kraepelinian dichotomy, between the two psychoses – dementia praecox, and manic depression (now called bipolar disorder).
- Kraepelin believed that dementia praecox was probably caused by a systemic disease that affected many organs and nerves, affecting the brain after puberty in a final decisive cascade. It was thought to be an early form of dementia, a degenerative disease. When it became evident that the disorder was not degenerative it was renamed schizophrenia by Eugen Bleuler in 1908.

24

Historical treatments

- The earliest attempts to treat schizophrenia were psychosurgical, involving either the removal of brain tissue from different regions or the severing of pathways. These were notably frontal lobotomies and cingulotomies which were carried out from the 1930s. In the 1930s a number of shock therapies were introduced which induced seizures (convulsions) or comas.
- Insulin shock therapy involved the injecting of large doses of insulin in order to induce comas, which in turn produced hypoglycaemia and convulsions.
- The use of electricity to induce seizures was developed, and in use as electroconvulsive therapy (ECT) by 1938. Stereotactic surgeries were developed in the 1940s.
- Treatment was revolutionized in the mid-1950s with the development and introduction of the first typical antipsychotic, chlorpromazine. In the 1970s the first atypical antipsychotic clozapine, was introduced followed by the introduction of others.

25

How schizophrenia is currently treated

- There is no cure for schizophrenia. Individuals diagnosed with this disorder will need lifelong treatment. Treatments can control or reduce the severity of symptoms.
- It is important to get treatment from a psychiatrist or mental health professional who has experience treating people with this disorder.
- Schizophrenia is usually treated with an individually tailored combination of talking therapy and medicine.

26

How schizophrenia is currently treated

- There is no cure for schizophrenia. Individuals diagnosed with this disorder will need lifelong treatment. Treatments can control or reduce the severity of symptoms.
- It is important to get treatment from a psychiatrist or mental health professional who has experience treating people with this disorder.
- Schizophrenia is usually treated with an individually tailored combination of talking therapy and medicine.

27

Medications

Antipsychotic medication is the most common treatment for schizophrenia.

Medication can help stop:

- hallucinations
- delusions
- symptoms of psychosis
- If psychosis occurs, you may be hospitalized and receive treatment under close medical supervision.



28

How effective is the use of medications?

- For paranoid schizophrenia, seeking medical diagnosis and medications can be met with resistant
- What is the average length of time?
- What are the long term side effects?

29

Psychosocial intervention

- Psychosocial intervention includes individual therapy to help people with this condition cope with stress and illness.
- CBT is commonly used tool in psychosocial intervention (see graph)
- Social training can improve social and communication skills.



30



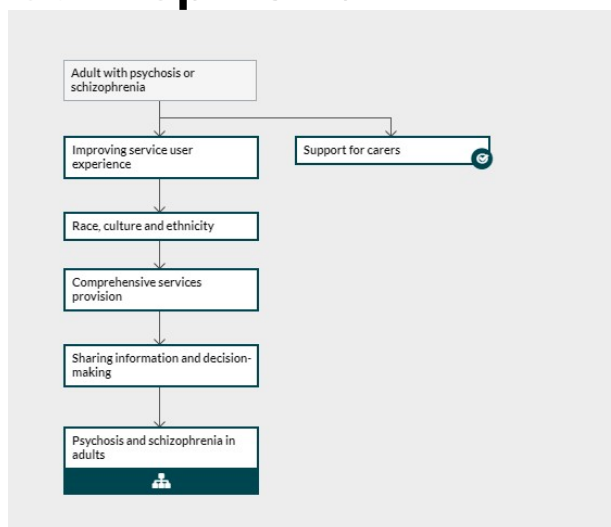
This Photo by Unknown Author is licensed under CC BY-NC-ND

Download the CBT worksheet from Moodle Week 4 tile:

1. Go through the key points and evaluations of CBT
2. Search for a couple of recent studies for updated research
3. Debate whether CBT is an effective tool according to research evidence

31

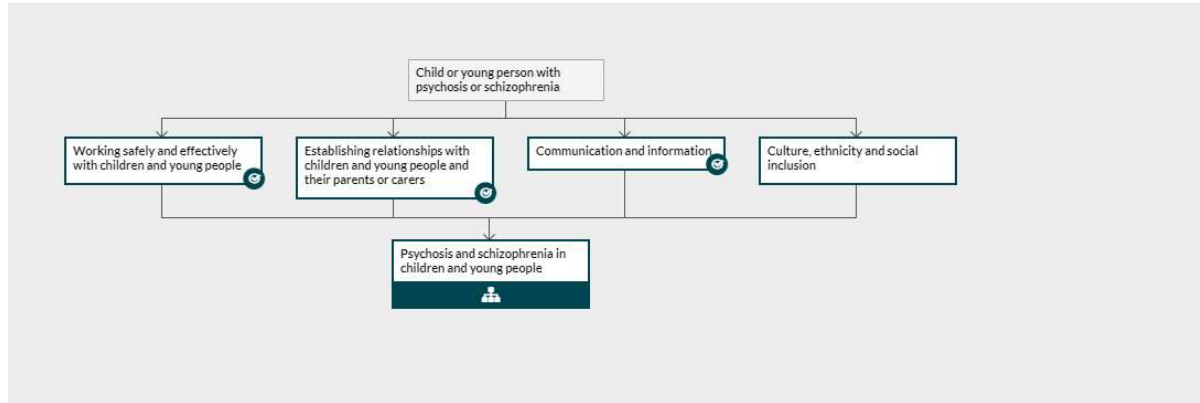
Principles of care for adults with schizophrenia



Source <https://pathways.nice.org.uk/pathways/psychosis-and-schizophrenia/general-principles-of-care-for-children-and-young-people-with-psychosis-and-schizophrenia#path-view%3A/pathways/psychosis-and-schizophrenia/general-principles-of-care-for-adults-with-psychosis-or-schizophrenia.xml&content=view-index>

32

General principles of care for children and young people with psychosis and schizophrenia



33

I was labelled with all sorts: eating disorder not otherwise specified, major depressive disorder, borderline personality disorder, schizoaffective disorder and eventually schizophrenia . . . that was the one that knocked the stuffing out of me completely. What was the point in fighting if I was going to be suffering from a lifelong brain disease forever? (Sally Edwards quoted in Cooke, 2017, p. 12)

My family has been shamed and defamed by psychiatric diagnosis. Our lives, historical and present, are forever affected by it. We have felt different. We have felt defective and unacceptable. We felt that our genes were inadequate and shouldn't be reproduced. We felt that our diagnoses had to be hidden because others might think us dangerous or unpredictable. At times, we felt so 'other' that we had to hide our experiences even from one another. We lived with secrets and silence that reached into every corner of our lives. (Thomas, 2013)

34

What is Libermann and Kopelowicz's recovery model for schizophrenia (2002; 2005)?

- On the module reading list, download Damsgaard and Angel's paper in 2021. Read Page 3

Damsgaard, J.B. and Angel, S. (2021) "Living a Meaningful Life While Struggling with Mental Health: Challenging Aspects Regarding Personal Recovery Encountered in the Mental Health System". *Int. J. Environ. Res. Public Health*, 18, 2708.
<https://doi.org/10.3390/ijerph18052708>

What is the duration of sustained recovery?

35



According to Damsgaard and Angel (2021), what is personal recovery and how does it differ from the formal treatment based recovery for schizophrenia?

Page 3

36



“The idea of schizophrenia may be doing more harm than good” (Cooke & Kinderman, 2018. p.54)

37

Human rights violations

“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 contrutes to discrimination, which in turn can limit access to general health care, education, housing, and employment.” (WHO, 2022)

Source: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

38