

# DOWNLOAD PDF CAUSES OF SERIOUS MENTAL PROBLEMS (SCHIZOPHRENIA)

## Chapter 1 : Signs and Symptoms of Mental Health Problems - Causes and Effect

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

They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. There are effective strategies for preventing mental disorders such as depression. There are effective treatments for mental disorders and ways to alleviate the suffering caused by them. Access to health care and social services capable of providing treatment and social support is key. The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world. Depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated million people are affected by depression. More women are affected than men. Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. People with depression may also have multiple physical complaints with no apparent physical cause. At its most severe, depression can lead to suicide. Prevention programmes have been shown to reduce depression, both for children e. There are also effective treatments. Mild to moderate depression can be effectively treated with talking therapies, such as cognitive behaviour therapy or psychotherapy. Antidepressants can be an effective form of treatment for moderate to severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with caution. Management of depression should include psychosocial aspects, including identifying stress factors, such as financial problems, difficulties at work or physical or mental abuse, and sources of support, such as family members and friends. The maintenance or reactivation of social networks and social activities is important. Bipolar affective disorder This disorder affects about 60 million people worldwide. It typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder. Effective treatments are available for the treatment of the acute phase of bipolar disorder and the prevention of relapse. These are medicines that stabilize mood. Psychosocial support is an important component of treatment. Schizophrenia and other psychoses Schizophrenia is a severe mental disorder, affecting about 23 million people worldwide. Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common psychotic experiences include hallucinations hearing, seeing or feeling things that are not there and delusions fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary. The disorder can make it difficult for people affected to work or study normally. Stigma and discrimination can result in a lack of access to health and social services. Furthermore, people with psychosis are at high risk of exposure to human rights violations, such as long-term confinement in institutions. Schizophrenia typically begins in late adolescence or early adulthood. Treatment with medicines and psychosocial support is effective. With appropriate treatment and social support, affected people can lead a productive life, be integrated in society. Facilitation of assisted living, supported housing and supported employment can act as a base from which people with severe mental disorders, including Schizophrenia, can achieve numerous recovery goals as they often face difficulty in obtaining or retaining normal employment or housing opportunities. Dementia Worldwide, approximately 50 million people have dementia. Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive function i. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied,

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and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. Though there is no treatment currently available to cure dementia or to alter its progressive course, many treatments are in various stages of clinical trials. Much can be done, however, to support and improve the lives of people with dementia and their carers and families. Developmental disorders, including autism

Developmental disorder is an umbrella term covering intellectual disability and pervasive developmental disorders including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods of remissions and relapses that characterize many other mental disorders. Intellectual disability is characterized by impairment of skills across multiple developmental area such as cognitive functioning and adaptive behaviour. Lower intelligence diminishes the ability to adapt to the daily demands of life. Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability. Family involvement in care of people with developmental disorders is very important. Knowing what causes affected people both distress and wellbeing is an important element of care, as is finding out what environments are most conducive to better learning. Structure to daily routines help prevent unnecessary stress, with regular times for eating, playing, learning, being with others, and sleeping. Regular follow up by health services of both children and adults with developmental disorders, and their carers, needs to be in place. The community at large has a role to play in respecting the rights and needs of people with disabilities. Who is at risk from mental disorders? Stress, genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders. Health and support Health systems have not yet adequately responded to the burden of mental disorders. As a consequence, the gap between the need for treatment and its provision is wide all over the world. A further compounding problem is the poor quality of care for many of those who do receive treatment. In addition to support from health-care services, people with mental illness require social support and care. They often need help in accessing educational programmes which fit their needs, and in finding employment and housing which enable them to live and be active in their local communities. The plan includes 4 major objectives: It focuses on a prioritized set of conditions, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care.

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## Chapter 2 : Schizophrenia Symptoms & Treatment

*Delusional disorder, previously called paranoid disorder, is a type of serious mental illness called a "psychosis" in which a person cannot tell what is real from what is www.nxgvision.com main feature.*

Most individuals with serious mental illness are not dangerous. Most acts of violence are committed by individuals who are not mentally ill. Individuals with serious mental illness are victimized by violent acts more often than they commit violent acts. Being a young male or a substance abuser alcohol or drugs is a greater risk factor for violent behavior than being mentally ill. No evidence suggests that people with serious mental illness receiving effective treatment are more dangerous than individuals in the general population. That being said, a small number of individuals with serious mental illnesses commit acts of violence. Individuals who are not being treated commit almost all of these acts; many of them also abusing alcohol or drugs. At least 20 studies have examined violence in patients with schizophrenia spectrum disorders in various clinical and community settings. A meta-analysis of this literature founded a reported risk of violence that was, on average, 3 to 5 times greater for men with schizophrenia, and 4 to 13 times greater for women with schizophrenia, compared with their counterparts without schizophrenia in the general population. The risk factor was higher for homicide as the violence outcome and for any violence when comparing patients with first-episode psychosis to population controls. The overall risk increase for violence was similar in bipolar disorder, where a recent meta-analysis synthesized nine studies and reported increased odd of violent outcomes in bipolar patients in the range of 3: A study by Fazel and colleagues examined 24, patients with schizophrenia and related psychoses in Sweden over 38 years discharged from hospitals between and Within five years of first being diagnosed, The rate of violent offense by the patients with psychotic disorders was 4. Most strikingly, over the 38 years, the incidence of violent behavior increased in direct proportion to the decrease in hospitalization time i. Among 3, individuals with bipolar disorder, 8. Of 8, individuals with schizophrenia in Sweden, Concurrent abuse of alcohol or drugs accounted for much of the increased rate. A study in Israel identified 3, patients with a diagnosis of schizophrenia. They committed four times more violent crimes compared to the general population, and this difference was even more pronounced among women. Data on mental disorders and violence were collected on 34, individuals as part of the US National Epidemiologic Survey on Alcohol and Related Conditions. When all individuals with comorbid substance abuse were removed from the schizophrenia sample, those without substance abuse still were more than twice as likely to be guilty of a violent offense compared to the matched community sample. The violent patients had significantly more prominent symptoms and significantly less awareness of their illness. A study of young adults in New Zealand reported that individuals with schizophrenia and associated disorders were 2. If the person was also a substance abuser, the incidence of violent behavior was even higher. A study of 63 inpatients with schizophrenia in Spain reported that the best predictors of violent behavior were being sicker i. Men with schizophrenia without alcoholism were 3. Men with both schizophrenia and alcoholism were Limited data are available that can be used to estimate the percentage of severely mentally ill individuals who become violent. The best study used the Danish psychiatric case register, covering the whole country, and convictions for criminal offenses. Between and , 6. This analysis only used convictions; thus it can be assumed that another unknown percentage committed a violent act for which they were not charged or convicted. A study in Switzerland compared men with schizophrenia with a matched control group in the general population. The patients were found five times more likely to have been convicted of violent crimes, mostly "assaults resulting in bodily harm. A study of individuals with schizophrenia living in London reported the risk of conviction for assault and serious violence was 3. A Swedish study examined the criminal records of all individuals born in Stockholm in and still living in the city 30 years later. Men and women with severe mental illness were 4. In a follow-up of patients released from a psychiatric hospital, Dr. Henry Steadman and Dr. In reviewing many of these studies, in Dr. John Monahan, PhD concluded: The data that have recently

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become available, fairly read, suggest the one conclusion I did not want to reach: Whether the measure is the prevalence of violence among the disordered or the prevalence of disorder among the violent, whether the sample is people who are selected for treatment as inmates or patients in institutions or people randomly chosen from the open community, and no matter how many social and demographic factors are statistically taken into account, there appears to be a relationship between mental disorder and violent behavior. A study investigated violent behavior among severely mentally ill individuals in 1, randomly selected families who were members of the National Alliance for the Mentally Ill NAMI. The ECA surveys carried out from to reported much higher rates of violent behavior among individuals with severe mental illness living in the community compared to other community residents. For example, individuals with schizophrenia were 21 times more likely to have used a weapon in a fight. A Swedish study of individuals with schizophrenia followed for 15 years reported they committed violent offenses at a rate four times greater than the general population. In reviewing early studies on discharged psychiatric patients, Dr. Judith Rabkin, PhD, concluded: A study in Sweden linked the psychiatric and criminal national registers. It included 82, patients who were prescribed antipsychotic or mood-stabilizing medication. It thus could track when patients were and were not taking their medication. Researchers in Turkey examined 49 individuals with schizophrenia who had committed homicide. A study in New York assessed 60 severely mentally ill men who had been charged with violent crimes. Those who had been violent were also 1. In a three-site MacArthur Foundation study of violence and mental illness, In the week periods following discharge from hospitalization, a period when most of them were being treated, an average of 8. A study of inpatients diagnosed with schizophrenia reported an inverse correlation between their propensity to violence and their blood level of antipsychotic medication.

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## Chapter 3 : Schizophrenia: What are the Causes, Symptoms and Diagnosis

*Eating disorders, a separate class of mental health disorders, can cause malnutrition, weight loss, amenorrhea in women, or electrolyte imbalances caused by self-induced vomiting. This makes eating disorders among the most deadly of mental health disorders.*

Impulsive actions Physical Symptoms of Mental Health Problems Mental health problems typically do not cause physical symptoms in and of themselves. Depression, however, can indirectly cause weight loss, fatigue and loss of libido, among others. Eating disorders , a separate class of mental health disorders, can cause malnutrition, weight loss, amenorrhea in women, or electrolyte imbalances caused by self-induced vomiting. This makes eating disorders among the most deadly of mental health disorders. Short-Term and Long-Term Effects of Mental Health Instability In the short-term, mental health problems can cause people to be alienated from their peers because of perceived unattractive personality traits or behaviors. They can also cause anger, fear, sadness and feelings of helplessness if the person does not know or understand what is happening. In the long-term, mental health disorders can drive a person to commit suicide. According to the National Institute for Mental Health, over 90 percent of suicides have depression or another mental disorder as factors. It is hard, bordering on impossible, to accurately diagnose yourself for mental disorders with an online questionnaire. You do not have an objective view of yourself and are bound to answer questions inaccurately. Also, online tests are not comprehensive, so they do not check for all possible symptoms. Only a face-to-face session with a qualified mental health professional can begin to diagnose a mental health disorder with any degree of accuracy, because that professional has an outside viewpoint and can pick up on subtle cues. Drug Options for Mental Health Issues Fortunately, prescription drugs can be used to treat mental health disorders in conjunction with behavioral therapy or cognitive therapy. Antidepressants, mood stabilizers, and antipsychotics are the broad types of medication prescribed to treat mental illness. Possible Options Depending on the disorder, different medications will be prescribed. Mood stabilizers such as lithium tablets are used to treat bipolar disorder, as are anticonvulsants like Depakote. Antipsychotics like olanzapine or clozapine are used to treat schizophrenia or psychotic depression. Medication Side Effects Some of the side effects of mental health medication include nausea, headache, changes in appetite, dry mouth, increased urination, change in libido, irritability, blurred vision and drowsiness. People who are prescribed these medications should regularly communicate with their doctors and notify them of any side effects. Drug Addiction, Dependence and Withdrawal Some mental health medications are known to cause physical and psychological dependency due to their changes in brain chemistry. In severe cases, the person may need to be placed in a drug rehab facility to detox from prescription medication. Medication Overdose It is possible to overdose on medication in an effort to get the same effects as initially received, and this is more common when users are dependent on medications. Some signs of overdose can include seizure, coma, slowed heartbeat, or extreme paranoia. If these signs are present, immediately call or your local Poison Control Center and have the prescription on hand if possible. Depression and Mental Health Depression often coexists with other mental disorders, or certain disorders may have caused depression in the first place. For example, 40 percent of people with post-traumatic stress disorder also have depression. Addiction and Mental Health Disorders In drug rehab facilities, counselors are usually trained to identify dual diagnosis issues. This is because addiction is itself a type of mental health disorder, or the addiction can be the symptom of some other disorder. People may, for instance, turn to recreational drugs to combat depression or to help stabilize mood swings associated with bipolar disorder. First, a physical checkup can rule out physical illnesses. An appointment with a mental health professional will usually include an interview and subsequent evaluation to determine the most obvious symptoms and to ascertain the type and severity of mental disorder. In certain cases, an intervention may be required from family and friends. If you or someone you know needs help, call us at to get more information on treatment. If you or a loved one is dealing with the effects of a mental illness,

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it can be difficult to find the right information or know what to do next. Learn more about what this means here. Our helpline is offered at no cost to you and with no obligation to enter into treatment.

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## Chapter 4 : Schizophrenia: Symptoms, causes, and treatments

*Schizophrenia definition: Schizophrenia is a serious mental disorder that affects the patient deteriorating their abilities in various psychological aspects, such as thought, perception, emotions or will.*

**Mental Health Basics** What is mental illness? What is mental health? Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being. Why is mental health important for overall health? Mental and physical health are equally important components of overall health. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness. When the demands placed on a person exceed their resources and coping abilities, their mental health could be impacted. For example, if someone is working long hours, caring for an ill relative or experiencing economic hardship they may experience poor mental health. How common are mental illnesses? Mental illnesses are among the most common health conditions in the United States. There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as Early adverse life experiences , such as trauma or a history of abuse for example, child abuse, sexual assault, witnessing violence, etc. Biological factors, such as genes or chemical imbalances in the brain Use of alcohol or recreational drugs Having feeling of loneliness or isolation

**Types of Mental Illness** People can experience different types of mental illnesses or disorders, and they can often occur at the same time. Mental illnesses can occur over a short period of time or be episodic. This means that the mental illness comes and goes with discrete beginnings and ends. Mental illness can also be ongoing or long-lasting. There are more than classified types of mental illness. Some of the main types of mental illness and disorders are listed below; however, this list is not exhaustive.

**Anxiety Disorders** People with anxiety disorders respond to certain objects or situations with fear and dread or terror. Anxiety disorders include generalized anxiety disorder, social anxiety, panic disorders, and phobias. It can continue through adolescence and adulthood. People diagnosed with ADHD may have trouble paying attention, controlling impulsive behaviors may act without thinking about what the result will be , or be overly active.

**Disruptive Behavioral Disorders** Behavioral disorders involve a pattern of disruptive behaviors in children that last for at least 6 months and cause problems in school, at home, and in social situations. Behavioral symptoms can also continue into adulthood.

**Depression and Other Mood Disorders** While bad moods are common, and usually pass in a short period, people suffering from mood disorders live with more constant and severe symptoms. People living with this mental illness find that their mood impacts both mental and psychological well-being, nearly every day, and often for much of the day. It is estimated that 1 in 10 adults suffer from some type of mood disorder, with the most common conditions being depression and bipolar disorder. With proper diagnosis and treatment, most of those living with mood disorders lead healthy, normal and productive lives. If left untreated, this illness can affect role functioning, quality of life and many long-lasting physical health problems such as diabetes and heart disease.

**Eating Disorders** Eating disorders involve obsessive and sometimes distressing thoughts and behaviors, including Reduction of food intake Feelings of depression or distress Concern about weight, body shape, poor self-image Common types of eating disorders include anorexia, bulimia, and binge eating.

**Personality Disorders** People with personality disorders have extreme and inflexible personality traits that cause problems in work, school, or social relationships. Personality disorders include antisocial personality disorder and borderline personality disorder. PTSD can make someone feel stressed and afraid after the danger is over. People with PTSD may experience symptoms like reliving the event over and over, sleep problems, become

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very upset if something causes memories of the event, constantly looking for possible threats, and changes in emotions like irritability, outbursts, helplessness, or feelings of numbness. They may also show signs of disorganized thinking, confused speech, and muddled or abnormal motor behavior. An example of a psychotic disorder is schizophrenia. People with schizophrenia may also have low motivation and blunted emotions. Substance use problems can be fatal to the user or others. Examples include drunk driving fatalities and drug overdoses. Mental illnesses and substance use disorders often occur together. Sometimes one disorder can be a contributing factor to or can make the other worse. Sometimes they simply occur at the same time. These include a range of actions to increase the chances of more people experiencing better mental health, such as<sup>15</sup> Early childhood interventions for example, home visits for pregnant women and programs that help young children build social and emotional skills. Social support for elderly persons. Programs targeted to people affected by disasters or other traumatic events. Mental health interventions at work for example, stress prevention programs. Violence prevention strategies for example, reducing violence in the community and the home. Campaigns to change the culture of mental health so that all of those in need receive the care and support they deserve. References Strengthening Mental Health Promotion. Key substance use and mental health indicators in the United States: Center for Behavioral Health Statistics and Quality. National Institute of Mental Health. National Institutes of Health. Archives of general psychiatry. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. Statistics on Hospital-based Care in the United States, Agency for Healthcare Research and Quality. Reeves, WC et al. Strengthening Mental Health Promotion.

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## Chapter 5 : Paranoia - What Is Paranoia - Signs of Paranoia

*What is schizophrenia? Schizophrenia is a serious mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with.*

Key facts Schizophrenia is a chronic and severe mental disorder affecting more than 21 million people worldwide. Schizophrenia is characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common experiences include hallucinations - hearing voices or seeing things that are not there and delusions - fixed, false beliefs. Worldwide, schizophrenia is associated with considerable disability and may affect educational and occupational performance. People with schizophrenia are times more likely to die early than the general population. This is often due to preventable physical diseases, such as cardiovascular disease, metabolic disease and infections. Stigma, discrimination and violation of human rights of people with schizophrenia is common. Treatment with medicines and psychosocial support is effective. Facilitation of assisted living, supported housing and supported employment are effective management strategies for people with schizophrenia. Symptoms Schizophrenia is a psychosis, a type of mental illness characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. 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. This is often due to physical illnesses, such as cardiovascular, metabolic and infectious diseases. Causes of schizophrenia 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. Ninety per cent of people with untreated schizophrenia live in low- and middle- income countries. Lack of access to mental health services is an important issue. Furthermore, people with schizophrenia are less likely to seek care than the general population. Management Schizophrenia is treatable. However, the majority of people with chronic schizophrenia lack access to treatment. There is clear evidence that old-style mental hospitals are not effective in providing the treatment that people with mental disorders need and violate basic human rights of persons with mental disorders. Efforts to transfer care from mental health institutions to the community need to be expanded and accelerated. The engagement of family members and the wider community in providing support is very important. Programmes in several low- and middle-income countries e. Ethiopia, Guinea-Bissau, India, Iran, Pakistan, Tanzania have demonstrated the feasibility of providing care to people with severe mental illness through the primary health-care system by: This can act as a base for people with schizophrenia to achieve recovery goals. People affected by schizophrenia often face difficulty in obtaining or retaining normal employment or housing opportunities. Human rights violations People with schizophrenia are prone to human rights violations both inside mental health institutions and in communities. Stigma of the disorder is high. This contributes to discrimination, which can in turn limit access to general health care, education, housing and employment. It focuses on a prioritized set of conditions, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care. The WHO QualityRights Project involves improving the quality of care and human rights conditions in mental health and social care facilities and to empower organizations to advocate for the health of people with mental disorders. A key recommendation of the Action Plan is to shift services from institutions to the community.

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### Chapter 6 : Risk Factors for Violence in Serious Mental Illness - Treatment Advocacy Center

*Various disorders, including thyroid disorders, brain tumors, seizure disorders, and other mental health disorders, can cause symptoms similar to those of schizophrenia. Causes of Schizophrenia What precisely causes schizophrenia is not known, but current research suggests a combination of hereditary and environmental factors.*

Those affected may have symptoms of any or all of these categories. Positive symptoms Positive symptoms involve an excess or distortion of normal functions. They are the following: The deliriums they are false beliefs that generally imply a misinterpretation of perceptions or experiences. In addition, people maintain these beliefs despite the evidence, which clearly contradicts them. There are many types of delusions. For example, people with schizophrenia may have delusions of persecution, believing that they are subject to surveillance, persecution, deceit or torment. They may have delusions of reference and believe that certain passages of books, newspapers or songs are addressed specifically to them. They may also have delusions of theft or thought insertion, believing that others are able to read their minds that their thoughts can be transmitted to other people, or that external forces impose thoughts or impulses on them. Delusions in schizophrenia can be strange or not. The strange delirious ideas are clearly implausible and do not derive from ordinary life experiences. For example, the person may believe that someone has removed their internal organs without leaving a scar. The non-strange delirious ideas refer to situations that could occur in real life, such as being persecuted, or cheated by the spouse or partner. The hallucinations involve hearing, seeing, tasting or physically notice things that nobody else sees. Auditory hallucinations are by far the most common. People can hear voices within them that make critical and abusive comments about their behavior or that they talk to each other. Negative symptoms Negative symptoms involve a decrease or loss of normal functions. The reduced expression of emotions affective dullness implies a sample of little or no emotion. The face lacks mobility. People have little or no visual contact. They do not use their hands or their heads to give emotional emphasis while talking. The facts that usually produce laughter or tears do not provoke in them any response. The poverty of speech refers to the existence of a decrease in productivity of language. The answers to the questions can be laconic, of one or two words, giving the impression of reflecting an interior emptiness. The anhedonia refers to a diminished ability to experience pleasure. People show little interest in their previous activities and use time in others that lack purpose or purpose. The lack of sociability is the lack of interest in relating to others. These negative symptoms are often associated with a general loss of motivation, objectives and sense of purpose. Disorganization Disorganization implies the existence of extravagant thinking and behavior disorders. The thought disorder refers to disorganized thinking, manifested through language or inconsistency constant changes from one topic to another. The language can be slightly disorganized or totally incoherent and incomprehensible. The extravagant behavior may take the form of nonsense, agitation or appearance, hygiene or inappropriate behavior. Catatonia is an extreme form of extravagant behavior in which the person maintains a rigid posture and resists the force exerted by others to be moved or, on the contrary, moves suddenly in a random manner. Cognitive impairment Cognitive impairment refers to the difficulty of concentrating, remembering, organizing, planning and solving problems. Some people are unable to concentrate enough to read, follow the thread of a movie or a television show, or follow instructions. Others are unable to ignore distractions or remain focused on a task. Therefore, tasks that involve attention to detail, development of complicated procedures and decision making may be impossible to carry out. Suicide is the leading cause of premature death among schizophrenic peoples and is one of the main reasons why this disorder reduces the average life in 10 years. The risk is also higher when the person has depressive symptoms or feelings of hopelessness, is unemployed or has just suffered a psychotic episode or has been discharged from hospital. These people retain the ability to suffer pain and anguish, so they are more likely to act in desperation because they are aware of the effects of their disorder. These people are also those who have a better recovery prognosis. Diagnosis of schizophrenia Evaluation of a doctor, based on specific criteria

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Analysis and diagnostic tests by the image to rule out other disorders There is no definitive test for the diagnosis of schizophrenia. Schizophrenia is diagnosed when the following two conditions are met: Two or more of the characteristic symptoms delusions, hallucinations, disorganized discourse, disorganized behavior, and negative symptoms persist for at least 6 months. Information from relatives, friends or teachers is usually important to establish the date of onset of the disorder. Laboratory tests are often performed to rule out substance abuse or the existence of an underlying medical, neurological, or hormonal disorder that may have characteristics that coincide with those of psychosis. In some cases drug tests are conducted to rule out substance abuse. Diagnostic tests are performed by the brain image, such as computed tomography CT or nuclear magnetic resonance NMR to rule out a brain tumor. Although people with schizophrenia have brain alterations that can be visualized on a computed tomography CT or a nuclear magnetic resonance NMR , such abnormalities are not specific enough to help establish the diagnosis of schizophrenia.

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## Chapter 7 : Severe Mental Illness | Behavioral Health Evolution

*Schizophrenia is a serious brain disorder that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. People with schizophrenia-- the most chronic.*

Schizophrenia is a mental disorder that usually appears in late adolescence or early adulthood. Characterized by delusions, hallucinations, and other cognitive difficulties, schizophrenia can often be a lifelong struggle. In this article, we will cover the causes, symptoms, and treatment of schizophrenia. Fast facts on schizophrenia Here are some key points about schizophrenia. More detail and supporting information is in the main article. Schizophrenia affects an estimated 1 percent of the population. Symptoms include delusions, hallucinations, and disorganized thoughts. Diagnosing schizophrenia comes only after other disease have been ruled out. Schizophrenia most commonly strikes between the ages of 16 and 30 , and males tend to show symptoms at a slightly younger age than females. In many cases, the disorder develops so slowly that the individual does not know that they have had it for many years. However, in other cases, it can strike suddenly and develop quickly. Schizophrenia affects approximately 1 percent of all adults, globally. Experts say schizophrenia is probably many illnesses masquerading as one. Symptoms of schizophrenia Schizophrenia can cause hallucinations. A sizable proportion of people with schizophrenia have to rely on others because they are unable to hold a job or care for themselves. Many may also resist treatment, arguing that there is nothing wrong with them. Some patients may present clear symptoms, but on other occasions, they may seem fine until they start explaining what they are truly thinking. The effects of schizophrenia reach far beyond the patient - families, friends, and society are affected too. Symptoms and signs of schizophrenia will vary, depending on the individual. The symptoms are classified into four categories: Positive symptoms - also known as psychotic symptoms. For example, delusions and hallucinations. Negative symptoms - these refer to elements that are taken away from the individual. For example, absence of facial expressions or lack of motivation. They may be positive or negative symptoms, for example, poor concentration is a negative symptom. Emotional symptoms - these are usually negative symptoms, such as blunted emotions. Below is a list of the major symptoms: Delusions - the patient displays false beliefs, which can take many forms, such as delusions of persecution, or delusions of grandeur. They may feel others are attempting to control them remotely. Or, they may think they have extraordinary powers and abilities. Hallucinations - hearing voices is much more common than seeing, feeling, tasting, or smelling things which are not there, however, people with schizophrenia may experience a wide range of hallucinations. Thought disorder - the person may jump from one subject to another for no logical reason. The speaker may be hard to follow or erratic. Other symptoms may include: Lack of motivation avolition - the patient loses their drive. Everyday actions, such as washing and cooking, are neglected. Poor expression of emotions - responses to happy or sad occasions may be lacking, or inappropriate. Social withdrawal - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them. Unawareness of illness - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example. Communication becomes more difficult. What are the causes schizophrenia? Experts believe several factors are generally involved in contributing to the onset of schizophrenia. Evidence suggests that genetic and environmental factors act together to bring about schizophrenia. The condition has an inherited element, but environmental triggers also significantly influence it. Below is a list of the factors that are thought to contribute towards the onset of schizophrenia: Genetic inheritance If there is no history of schizophrenia in a family, the chances of developing it are less than 1 percent. However, that risk rises to 10 percent if a parent was diagnosed. Chemical imbalance in the brain Experts believe that an imbalance of dopamine, a neurotransmitter, is involved in the onset of schizophrenia. Other neurotransmitters, such as serotonin , may also be involved. Family relationships There is no evidence to prove or even indicate that family relationships might cause

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schizophrenia, however, some patients with the illness believe family tension triggers relapses. Environmental factors Although there is no definite proof, many suspect trauma before birth and viral infections may contribute to the development of the disease. Stressful experiences often precede the emergence of schizophrenia. Before any acute symptoms are apparent, people with schizophrenia habitually become bad-tempered, anxious, and unfocused. This can trigger relationship problems, divorce, and unemployment. These factors are often blamed for the onset of the disease, when really it was the other way round - the disease caused the crisis. Therefore, it is extremely difficult to know whether schizophrenia caused certain stresses or occurred as a result of them. Drug induced schizophrenia Marijuana and LSD are known to cause schizophrenia relapses. Additionally, for people with a predisposition to a psychotic illness such as schizophrenia, usage of cannabis may trigger the first episode. Some researchers believe that certain prescription drugs, such as steroids and stimulants, can cause psychosis. Treatments for schizophrenia Psychological counseling can help treat the symptoms of schizophrenia. With proper treatment, patients can lead productive lives. Treatment can help relieve many of the symptoms of schizophrenia. However, the majority of patients with the disorder have to cope with the symptoms for life. Psychiatrists say the most effective treatment for schizophrenia patients is usually a combination of: Thanks to them, the majority of patients are able to live in the community, rather than stay in a hospital. The most common schizophrenia medications are: Risperidone Risperdal - less sedating than other atypical antipsychotics. Weight gain and diabetes are possible side effects, but are less likely to happen, compared with Clozapine or Olanzapine. Olanzapine Zyprexa - may also improve negative symptoms. However, the risks of serious weight gain and the development of diabetes are significant. Quetiapine Seroquel - risk of weight gain and diabetes, however, the risk is lower than Clozapine or Olanzapine. Ziprasidone Geodon - the risk of weight gain and diabetes is lower than other atypical antipsychotics. However, it might contribute to cardiac arrhythmia. Clozapine Clozaril - effective for patients who have been resistant to treatment. It is known to lower suicidal behaviors in patients with schizophrenia. The risk of weight gain and diabetes is significant. Haloperidol - an antipsychotic used to treat schizophrenia. It has a long-lasting effect weeks. The primary schizophrenia treatment is medication. Sadly, compliance following the medication regimen is a major problem. People with schizophrenia often come off their medication for long periods during their lives, at huge personal costs to themselves and often to those around them. The patient must continue taking medication even when symptoms are gone. Otherwise they will come back. The first time a person experiences schizophrenia symptoms, it can be very unpleasant. They may take a long time to recover, and that recovery can be a lonely experience. It is crucial that a person living with schizophrenia receives the full support of their family, friends, and community services when onset appears for the first time. Types of schizophrenia Previously, there were a number of subtypes of schizophrenia; these included, paranoid schizophrenia , paranoid schizophrenia, and schizoaffective disorder. Today, these subtypes are not used by doctors. For a more detailed explanation of why they are not used, read our article " Types of schizophrenia: What are they and are they still used? A schizophrenia diagnosis is reached by observing the actions of the patient. Certain tests will be ordered to rule out other illnesses and conditions that may trigger schizophrenia-like symptoms, such as: Blood tests - in cases where drug use may be a factor a blood test may be ordered. Blood tests are also done to exclude physical causes of illness. Imaging studies - to rule out tumors and problems in the structure of the brain. This is an American Psychiatric Association manual used by healthcare professionals to diagnose mental illnesses and conditions. The doctor needs to exclude other possible mental health disorders, such as bipolar disorder or schizoaffective disorder. It is also important to establish that the signs and symptoms have not been caused by, for example, a prescribed medication or substance abuse.

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## Chapter 8 : Mental disorders

*Schizophrenia Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others.*

Paranoia involves intense anxious or fearful feelings and thoughts often related to persecution, threat, or conspiracy. Paranoia occurs in many mental disorders, but is most often present in psychotic disorders. Paranoia can become delusions, when irrational thoughts and beliefs become so fixed that nothing including contrary evidence can convince a person that what they think or feel is not true. Because only thoughts are impacted, a person with delusional disorder can usually work and function in everyday life, however, their lives may be limited and isolated. What are the Signs of Paranoia? Symptoms of paranoia and delusional disorders include intense and irrational mistrust or suspicion, which can bring on sense of fear, anger, and betrayal. Some identifiable beliefs and behaviors of individuals with symptoms of paranoia include mistrust, hypervigilance, difficulty with forgiveness, defensive attitude in response to imagined criticism, preoccupation with hidden motives, fear of being deceived or taken advantage of, inability to relax, or are argumentative. The cause of paranoia is a breakdown of various mental and emotional functions involving reasoning and assigned meanings. The reasons for these breakdowns are varied and uncertain. Some symptoms of paranoia relate to repressed, denied or projected feelings. What is a Delusion? A delusion is an odd belief that a person firmly insists is true despite evidence that it is not. Cultural beliefs that may seem odd, but are widely accepted do not fit the criteria for being a delusion. Two of the most common types of delusions are delusions of grandeur or persecutory delusions. What is Delusional Disorder? Delusional disorder is characterized by irrational or intense beliefs or suspicions which a person believes to be true. These beliefs may seem outlandish and impossible bizarre or fit within the realm of what is possible non-bizarre. Symptoms must last for 1 month or longer in order for someone to be diagnosed with delusional disorder. How are Paranoia and Delusions Treated? Treatment of paranoia is usually via medication and cognitive behavioral therapy. The most important element in treating paranoia and delusional disorder, is building a trusting and collaborative relationship to reduce the impact of irrational fearful thoughts and improving social skills. It can be difficult to treat a person with paranoia since symptoms result in increased irritability, emotionally guardedness, and possible hostility. Often times, progress on paranoid delusions and especially delusional disorder is slow. Regardless of how slow the process, recovery and reconnection is possible. To learn more visit:

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### Chapter 9 : Schizophrenia - Diagnosis and treatment - Mayo Clinic

*Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It is a complex, long-term medical illness, affecting about 1% of Americans.*

Schizophrenia Symptoms, Signs, and Coping Tips How to Recognize Schizophrenia and Get the Help You Need Schizophrenia is a challenging disorder that often makes it difficult to distinguish between what is real and unreal, to think clearly, manage emotions, relate to others, and function normally. Suspecting that you or someone you love has schizophrenia can be a stressful and emotional experience. Schizophrenia can be successfully managed. The first step is to recognize the signs and symptoms. The second step is to seek help without delay. With the right self-help, treatment, and support, you can learn to manage the disorder and lead a satisfying and fulfilling life. What is schizophrenia or paranoid schizophrenia? Schizophrenia is a brain disorder that affects the way a person behaves, thinks, and sees the world. People with paranoid schizophrenia have an altered perception of reality. This can cause relationship problems, disrupt normal daily activities like bathing, eating, or running errands, and lead to alcohol and drug abuse in an attempt to self-medicate. Many people with schizophrenia withdraw from the outside world, act out in confusion and fear, and are at an increased risk of attempting suicide, especially during psychotic episodes, periods of depression, and in the first six months after starting treatment. Take any suicidal thoughts or talk very seriously If you or someone you care about is suicidal, call the National Suicide Prevention Lifeline in the U. While schizophrenia is a chronic disorder, many fears about the disorder are not based on reality. Most people with schizophrenia get better over time, not worse. Treatment options are improving all the time and there are plenty of things you can do to help yourself manage the disorder. Schizophrenia is often episodic, so periods of remission are ideal times to employ self-help strategies to limit the length and frequency of any future episodes. Along with the right support, medication, and therapy, many people with schizophrenia are able to manage their symptoms, function independently, and enjoy full, rewarding lives. Common misconceptions about schizophrenia Myth: Schizophrenia refers to a "split personality" or multiple personalities. Multiple personality disorder is a different and much less common disorder than schizophrenia. People with schizophrenia do not have split personalities. Schizophrenia is a rare condition. Schizophrenia is not rare; the lifetime risk of developing schizophrenia is widely accepted to be around 1 in 100. People with schizophrenia are dangerous. Although the delusional thoughts and hallucinations of schizophrenia sometimes lead to violent behavior, most people with schizophrenia are neither violent nor a danger to others. While long-term treatment may be required, the outlook for schizophrenia is far from hopeless. When treated properly, many people with schizophrenia are able to enjoy fulfilling, productive lives. Early warning signs of schizophrenia In some people, schizophrenia appears suddenly and without warning. But for most, it comes on slowly, with subtle warning signs and a gradual decline in functioning long before the first severe episode. Often, friends or family members will know early on that something is wrong, without knowing exactly what. In this early phase of schizophrenia, you may seem eccentric, unmotivated, emotionless, and reclusive to others. You may start to isolate yourself, begin neglecting your appearance, say peculiar things, and show a general indifference to life. You may abandon hobbies and activities, and your performance at work or school can deteriorate. The most common early warning signs include: Depression, social withdrawal Hostility or suspiciousness, extreme reaction to criticism Deterioration of personal hygiene Inability to cry or express joy or inappropriate laughter or crying Oversleeping or insomnia; forgetful, unable to concentrate Odd or irrational statements; strange use of words or way of speaking While these warning signs can result from a number of problemsâ€”not just schizophreniaâ€”they are cause for concern. When out-of-the-ordinary behavior is causing problems in your life or the life of a loved one, seek medical advice. If schizophrenia or another mental problem is the cause, getting treatment early will help. Symptoms There are five types of symptoms characteristic of schizophrenia: However, the symptoms of schizophrenia vary dramatically from person to person, both in pattern and

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severity. Not every person with schizophrenia will have all symptoms, and the symptoms of schizophrenia may also change over time. Often, these delusions involve illogical or bizarre ideas or fantasies, such as: These persecutory delusions often involve bizarre ideas and plots e. Delusions of reference " A neutral environmental event is believed to have a special and personal meaning. For example, you might believe a billboard or a person on TV is sending a message meant specifically for you. Delusions of grandeur " Belief that you are a famous or important figure, such as Jesus Christ or Napoleon. Alternately, delusions of grandeur may involve the belief that you have unusual powers, such as the ability to fly. Delusions of control " Belief that your thoughts or actions are being controlled by outside, alien forces. Hallucinations Hallucinations are sounds or other sensations experienced as real when they exist only in your mind. While hallucinations can involve any of the five senses, auditory hallucinations e. Schizophrenic hallucinations are usually meaningful to you as the person experiencing them. Disorganized speech Schizophrenia can cause you to have trouble concentrating and maintaining a train of thought, externally manifesting itself in the way that you speak. You may respond to queries with an unrelated answer, start sentences with one topic and end somewhere completely different, speak incoherently, or say illogical things. Common signs of disorganized speech include: Loose associations " Rapidly shifting from topic to topic, with no connection between one thought and the next. Neologisms " Made-up words or phrases that only have meaning to you. Perseveration " Repetition of words and statements; saying the same thing over and over. Disorganized behavior Schizophrenia disrupts goal-directed activity, impairing your ability to take care of yourself, your work, and interact with others. Disorganized behavior appears as: Lack of emotional expression " Inexpressive face, including a flat voice, lack of eye contact, and blank or restricted facial expressions. Lack of interest or enthusiasm " Problems with motivation; lack of self-care. Seeming lack of interest in the world " Apparent unawareness of the environment; social withdrawal. Speech difficulties and abnormalities " Inability to carry a conversation; short and sometimes disconnected replies to questions; speaking in monotone. Six months ago, he was doing well in college and holding down a part-time job in the stockroom of a local electronics store. But then he began to change, becoming increasingly paranoid and acting out in bizarre ways. From there, things got worse. Daniel stopped bathing, shaving, and washing his clothes. Then he started hearing voices telling him to find the bugs and deactivate them. His frightened boss called the police, and Daniel was hospitalized. Beginning treatment as soon as possible with an experienced mental health professional is crucial to your recovery. A diagnosis of schizophrenia is not a life-sentence of ever-worsening symptoms and recurring hospitalizations. With the right treatment and self-help , many people with schizophrenia are able to regain normal functioning and even become symptom-free. Treatment basics The most effective treatment strategy for schizophrenia involves a combination of medication, therapy, lifestyle changes, and social support. Schizophrenia requires long-term treatment. Treatment can change over time, though, so your doctor may be able to lower the dosage or change medication as your symptoms improve. Medication for schizophrenia works by reducing psychotic symptoms such as hallucinations, delusions, paranoia, and disordered thinking. But it is not a cure for schizophrenia and is much less helpful for treating symptoms such as social withdrawal, lack of motivation, and lack of emotional expressiveness. Finding the right drug and dosage is also a trial and error process. While medication should not be used at the expense of your quality of life, be patient with the process and discuss any concerns with your doctor. Schizophrenia Treatment and Self-Help: Getting All the Help You Need Therapy can help you improve coping and life skills, manage stress, address relationship issues, and improve communication. Self-help Medication and therapy can take time to take full effect but there are still things you can do for yourself to help manage symptoms, improve the way you feel, and increase your self-esteem. The 7 keys to self-help Seek social support. Not only are friends and family vital to helping you get the right treatment and keeping your symptoms under control, regularly connecting with others face-to-face is the most effective way to calm your nervous system and relieve stress. As well as keeping you socially connected, it can help you feel good about yourself. As well as staying socially connected, there are plenty of steps you can take to reduce your stress levels, including relaxation

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techniques such as meditation, yoga, or deep breathing. Try rhythmic exercise that engages both your arms and legs, such as walking, running, swimming, or dancing. Get plenty of sleep. Many people with schizophrenia have trouble with sleep, but getting regular exercise and avoiding caffeine can help. Accessing the Relaxation Response Avoid alcohol, drugs, and nicotine. Substance abuse complicates schizophrenia treatment and worsens symptoms. Even smoking cigarettes can interfere with the effectiveness of some schizophrenia medications. If you have a substance abuse problem, seek help. Eat regular, nutritious meals to avoid symptoms exacerbated by changes in blood sugar levels. Omega-3 fatty acids from fatty fish, fish oil, walnuts, and flaxseeds can help improve focus, banish fatigue, and balance your moods. Causes While the causes of schizophrenia are not fully known, it seems to result from a complex interaction between genetic and environmental factors. Environmental causes Studies suggest that inherited genes make a person vulnerable to schizophrenia and then environmental factors act on this vulnerability to trigger the disorder. More and more research is pointing to stress, either during pregnancy or at a later stage of development, as a major environmental factor. Stress-inducing factors could include: