**Supported education and employment programs**

Many people who develop schizophrenia become ill during late adolescence/early adulthood and as a result they are less likely to complete their education and gain meaningful work experience.

With the right kind of support people with schizophrenia can pursue successful adult roles in their community.

Supported education programs attempt to ease the transition to college, maintain educational and career aspirations and enhance self-esteem.

Supported employment programs typically include the following features:

- clients work for pay
- they work as regular employees in integrated settings
- they receive flexible and ongoing support

**Support groups**

Support groups help people with schizophrenia develop social networks, offer advice about problems, and provide opportunities to practice social skills. Support groups can also be a good source of information about services available in the community.

**How can family members help?**

- Help the person find tools to assist with medications — labeled bubble or blister packs, watches with timers, pill boxes and calendars are all useful
- Discuss in a matter-of-fact way the reasons for taking medications, the benefits, and what can happen if they are stopped
- Learn about possible side effects and discuss them ahead of time so the person feels free to discuss them if they occur
- Associate medications with daily routines such as meals, bedtime or when other family members take medication
- It is important for family members and friends to recognize early signs of relapse. These signs are often similar to those that occurred in the past — increasing withdrawal, agitation, sleeping problems, depression
- People with schizophrenia need support from family and friends to help them recover to the best of their ability. Encouragement and support while maintaining a realistic understanding of what the person can accomplish can be some of the best help you can provide.
INDIVIDUAL COUNSELLING

Individual counselling involves regularly scheduled talks with a mental health professional. The sessions may focus on current or past problems, experiences, feelings and relationships. They can help an individual to better understand themselves and their problems. Counselling is most helpful once medication has relieved a person’s psychotic symptoms.

TRAINING IN ILLNESS SELF-MANAGEMENT

Mental health professionals are moving more to seeing patients as active participants in the management of their illness. Strategies to help involve people more in the treatment of their illness include:

• psychoeducation about mental illnesses
• teaching clients to recognize and respond to early warning signs of relapse
• teaching coping strategies for dealing with stress or persistent symptoms.

MONITORING FOR SIDE EFFECTS

It’s important for patients and families to know about possible side effects of the medications and talk to the doctor if side effects occur.

• People may go off their medication if side effects are bothering them too much.
• Not everyone has side effects, and not all drugs carry the same risks. Discuss these with the doctor to find which medication is best.

WHAT ARE THE MEDICATIONS?

Medications used in the treatment of schizophrenia are called antipsychotics or neuroleptics. These medications work to restore a chemical imbalance in the brain. Drugs for schizophrenia help regulate certain neurotransmitters (dopamine, serotonin, norepinephrine) that help our brain to work. Antipsychotic medications are quite safe. They are not addictive nor will they make someone “high”. People taking antipsychotics should not use alcohol or street drugs because they can interfere with the medication.

First generation antipsychotics:

Discovered in the 1950s, these drugs work well on psychotic symptoms like hallucinations and delusions. But they often have severe side effects — tremors, “restless leg syndrome”, stiffness, lack of energy, and involuntary muscle contractions. Long term use may also lead to a permanent movement disorder called tardive dyskinesia.

Second generation antipsychotics:

These medications became available in Canada in the 1990s. They control hallucinations and delusions, and can also help with “negative” symptoms like depression or withdrawal. Side effects can include serious weight gain, diabetes and hyperglycemia, heart problems and seizures, and loss of sexuality.

MEDICATION AND OTHER INTERVENTIONS

Schizophrenia treatment includes several elements:

• Medication — the cornerstone of treatment
• Cognitive-Behavioral Therapy
• Training in Illness Self-Management
• Social Skills Training
• Rehabilitation — including supported education and employment programs
• Support Groups

Medication is the key to living well with schizophrenia. Other treatments are vital components and help people to maximize functioning and recovery.

CAN MEDICATION CURE SCHIZOPHRENIA?

Medication works well to treat symptoms of the illness but does not “cure” schizophrenia. People with schizophrenia have to take medication the same way people with diabetes have to take insulin. Medication should not be adjusted or discontinued without the physician’s supervision.

PSYCHOSOCIAL INTERVENTIONS

Rehabilitation and psychosocial therapy go hand in hand with the use of medication in the treatment of schizophrenia. Especially when the acute phase of the illness is over, many people need help to rebuild their lives so they can work or engage in meaningful activities and build personal and social relationships. Two commonly used therapies are cognitive-behavioral therapy and individual psychotherapy.

COGNITIVE-BEHAVIORAL THERAPY

Cognitive-behavioral therapy attempts to strengthen the person’s capacity for normal thinking. The goal is to help a person to use information from the world to make adaptive coping decisions to manage life problems and to function independently.

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