

PROVIDING ENCOURAGEMENT

Like most of us, people with schizophrenia need encouragement.

Express appreciation for all positive efforts, because the illness can undermine a person's confidence, initiative, patience and memory. Celebrate small successes!

Some cognitive abilities, former skills and interests may be lost. Help the ill person set realistic new goals. If goals are unreasonable, the resulting stress can worsen symptoms.

EDUCATION AND REHABILITATION

Families can provide a caring, supportive environment — but they cannot do everything. Good education and rehabilitation are an integral part of schizophrenia treatment.

Social isolation is a very real problem for most people with schizophrenia. Find out about rehabilitation and other support programs in your community and encourage your relative to attend.

PROBLEM SOLVING TOGETHER

Sleep difficulties

Encourage involvement in daily activities and taking medications at night if possible.

Anxiety

Be calm and supportive. Ask what you can do to help. Try to reduce unnecessary stimulation (loud voices, TV, radio). Talk to the doctor about medications or other treatments to help relieve anxiety attacks.

Personal hygiene

Gentle reminders and incentives can help, e.g. "When you shower and dress, let's go out for coffee".

Smoking

Smoking is extremely common among people with schizophrenia. Because of the health risks associated with tobacco use, persons should be supported when they express interest in quitting. There are a number of effective interventions for smoking cessation.

Weight gain

Get involved in preparing healthy, nutritious meals and snacks together. If possible, start walking, swimming, or doing other enjoyable physical activities together.

WHERE CAN WE GET MORE HELP?

The British Columbia Schizophrenia Society (BCSS) is a family-based organization. We understand what it's like to live with schizophrenia.

FOR MORE INFORMATION, CONTACT:

British Columbia Schizophrenia Society

201 - 6011 Westminster Hwy.
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UNDERSTANDING SYMPTOMS

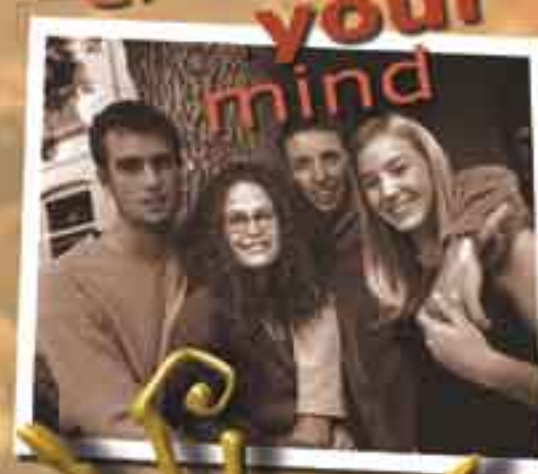
OUR MISSION:

"To alleviate the suffering caused by schizophrenia"

OUR MANDATE:

- Family support and education
- Public education, awareness and understanding
- Advocacy for better services for people with schizophrenia and their families
- Promote research into the treatment and cure for schizophrenia

We'd like to change your mind



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This information not to be substituted for the advice of a professional. Always consult a physician regarding individual circumstances.

UNDERSTANDING SYMPTOMS

SCHIZOPHRENIA SYMPTOMS

Symptoms of schizophrenia can include disordered thinking, changes in emotion and behaviour, paranoia, hallucinations and delusions.

Symptoms are generally grouped into three categories: positive symptoms, negative symptoms, and disorganized symptoms.

Positive Symptoms

Positive as used here does not mean “good”. It refers to experiences or behaviours that would not normally occur.

- Hallucinations: False or distorted sensory experiences that appear to the individual as real perceptions. These sensory impressions occur in the absence of an actual external stimulus. Hearing voices is the most common type of hallucination, but hallucinations can also appear in the form of smell, taste or tactile feeling sensations.
- Delusions: False beliefs, not based on facts. People with schizophrenia may have ideas that are strange and out of touch with reality.
- Paranoia: Belief that others can read your thoughts, or are plotting against you or secretly monitoring your activities.

- Gravidiosity: Belief that you can control other people, or that you are a well known historical or media figure, or another important personage (politician, artist, writer, police or military personnel, etc.)

Negative Symptoms

Negative does not refer to the person’s attitude, but to a lack of characteristics that should be there.

- Emotional “flatness”
- Lack of expression
- Brief speech that lacks content
- Little pleasure or interest in life
- Lack of motivation or energy
- Lack of attention to personal hygiene

Disorganized Symptoms

- Disorganized perceptions — difficulty making sense of sights, sounds, feelings
- Ordinary events may seem distorted so that they appear distracting or frightening
- Extra-sensitivity to background noises, colours, shapes
- Confused thinking and speech
- Trouble communicating in coherent sentences or carrying on a conversation
- Disorganized behaviour — difficulty planning, organizing and carrying out tasks or routines

- Slow, repeated or rhythmic gestures
- In severe cases an ill person may become catatonic, stop speaking or moving completely, or hold a fixed position for a long time.

Although not as dramatic as *positive* symptoms — *negative* symptoms and *disorganized* symptoms can seriously interfere with a person’s functioning.

HOW CAN FAMILY MEMBERS HELP?

- Help ensure that medical treatment continues after hospitalization
- If necessary, assist with medication regime and appointments for follow-up treatment
- Being positive instead of critical will help the ill person more in the long run
- Keep daily routines simple
- Plan non-stressful, low-key regular activities, keep “big events” to a minimum
- To help reduce confusion and stress, be consistent and predictable in the way you handle recurring concerns

- Try to keep voice levels down
- If the ill person is participating in discussions, try to speak one at a time at a reasonably moderated pace
- Shorter sentences can also help
- Above all, avoid arguing about delusions (false beliefs)

“BUT I’M NOT SICK...”

Because of their illness, some people with schizophrenia do not realize that they are sick. Despite this fact, they still may be willing to take medications.

However, if your ill family member completely denies their illness and won’t take medication, it is useless to nag or argue. Focus on developing a trust relationship and identifying what is important to the individual.

You can also ask for help from the doctor or mental health team. Psychiatrists can use the BC Mental Health Act’s “extended leave” provisions to try and prevent the many harms caused by repeated relapse into acute psychosis.