

Mental Health and Barriers: Comprehending Schizophrenia

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Abstract:

According to Shah & Beincke mental health problems represent 5 of the 10 leading causes of disability in the world and affect as many as 500 million people. The weight of mental health problems is excessive. Despite limited resources devoted to mental health care and barriers to receiving it, stigma, human rights violations, and migration contribute to the problem. There is a necessity to act significantly addressing this critical issue. As one of the most severe mental illnesses schizophrenia unfortunately, is often either misunderstood or not well known. There is a wide misjudgment that people who suffer from this kind of mental illness are stupid or mind-numbing, inadequate, and dangerous. This topic should be broadly discussed in order to understand that how much a person with schizophrenia suffer and what this individual is undergoing. Mental health problems affect the functioning processes of the individual, weakening his or her social role and efficiency in the community. There is a need in raising the voice about this illness by making the subject wakefulness for people, family and community to discuss and hopefully an advance in the research to the near future. Nowadays symptoms of schizophrenia have been able to control and help to ‘comprise with certain drugs and therapy methods. They have been a lot of developments in the areas of study and treatment about schizophrenia since the 1900s, but, still a lot of work require to be done in the future decades. The endure in the research has helped find medical drugs and therapeutically methods to treat schizophrenia and still the cure for the illness is yet to be found.

Key words: Symptoms, Diathesis-stress model, Prognosis, Drugs, Therapy

LIMITED KNOWLEDGE OR OFTEN MISINTERPRETED

While the challenges in explaining schizophrenia solely from one discussion, it may be easy to point out its symptoms, targeted group and the methods of therapy known to date. Schizophrenia is poorly known and it is often misinterpreted; it means 'to split (schizo) the mind (phrenia).' It is a common misconception that every individual who is diagnosed with schizophrenia is dangerous to themselves and to everyone around them. Nevertheless, because of these misconceptions many members of society are not given the proper care and attention and are instead hospitalized for extended periods of time, even when not necessary. Explaining and introducing people to the scientific facts and the proper care that individuals with schizophrenia need, will help decrease the number of people suffering from the illness.

Schizophrenia is amongst the most serious mental illnesses. It affects about 1% of the population at some point during their life. This illness is characterized by interpersonal or occupational dysfunction and psychotic symptoms (symptoms that indicate the individual's inability to comprehend reality). These characteristics are described in the Diagnostic and Statistical Manual of Mental Disorders and they persist for at least six months. The impairments that are mentioned when we talk about psychotic symptoms include certain beliefs that have no bases in reality and also beliefs that are not susceptible to corrective feedback, which would be delusions. They also include sensory perceptions that don't have any indefinable external sources, which would be hallucinations. In addition to these symptoms, the Diagnostic and Statistical Manual of Mental Disorders lists three other symptoms that belong to schizophrenia; these symptoms include disorganized or

catatonic behavior, negative symptoms, and disorganized speech. Delusions are one of the main symptoms that individuals with schizophrenia experience. The characteristics of delusional beliefs are that there is a conflict between these beliefs and reality; the problem is that they are firmly held or believe by the individual despite evidence to the contrary.

DEMOGRAPHIC FEATURES

Mental health is an important and essential component of health. Mental disorders increase risk for communicable and non-communicable diseases as well as contribute to unintentional and intentional injury. There is an interrelation in the prevalence of depression and other communicable and non-communicable diseases. Many individuals diagnosed with schizophrenia also suffer from depression and the reason behind this is not yet known. But, knowing the nature of the illness of schizophrenia, it is likely that depression is a response to the condition; research is yet to be conducted further on this correlation. Estimates of the frequency of schizophrenia tend to be around 1% of the population. The model age for the beginning of schizophrenia is around adulthood and it is usually before 25 years old. Because of that, most individuals who are diagnosed with schizophrenia have not had the opportunity to create the life of their own (marry, establish a stable work history, etc.) and as a result, many of these individuals never achieve financial independence. Nonetheless, these rates do not differ dramatically between the two sexes and it is well-established that women are more likely to have a later start of the illness as well as a better prognosis. During the period prior to the illness onset women show higher levels of occupational and interpersonal functioning. There are no known reasons for the difference between the rate of illness in the two sexes but there is a proposition by several researchers that suggest that the female sex hormone, estrogen, may affect

in reducing the severity of the illness. Schizophrenia patients, when compared with general population averages, tend to have lower incomes and educational levels because of impoverished urban inner city districts which are inhabited by low social classes; they also contain the largest numbers of individuals diagnosed with schizophrenia. The social class differences appear to be seen is a partial consequence of a sickening nature of the illness. There is a theory called The Social Drift Theory, which suggests that people drift into poverty during the development of schizophrenia. There are not a lot of differences when comparing the incomes and the educational levels of the general population with the parents of the individuals diagnosed with schizophrenia but there is, however, evidence that these individuals do come from families where the income and education levels of the parents appear to be slightly below average. These findings have led researchers to believe and conclude that there may be a link between social services and the risk of someone being diagnosed with the disorder of schizophrenia. Factors such as poor levels of education, degrading behavioral manners of society and the lack of opportunities for rewards or achievements, produce a lot of stress and this stress contributes to increasing the risk of schizophrenia in an individual.

PROGNOSIS AND LIFE FUNCTIONING

During active episodes of schizophrenia, individuals appear to be functionally impaired. Typically, they are unable to work or maintain a social life and thus, they require hospitalization. Even during remission, some individuals face challenges in the forms of holding a job or being self-sufficient and this is partially due to symptoms that would remain after episodes of schizophrenia. There are, however, individuals who are still able to live productive lives, raise families and hold stable jobs and they are able to do that now with the awareness of this

mental illness is developing throughout communities. The illness is chronic for one-third of the patients and it is also characterized by episodes with irregular time intervals where the symptoms seem to become less intense but do not fully disappear. There are various factors that have been linked with a more likely prognosis for schizophrenia. The shorter the period between the beginning of the individual symptoms and the first characterized episodes, the safer it is for the individual's future mental health. Many of the difficulties experienced by individuals diagnosed with schizophrenia are easily observed before the beginning of the symptoms where there is a decline in social skills, emotional expression concentration, occupational or academic performance and motivation, which would often precede the first clinical symptoms. This phase where these difficulties can be observed is also known as the prodromal phase. There are, however, more indistinct signs of schizophrenia and dysfunction long before the beginning of the prodromal phase. Controlled studies indicate that subtle differences are perceptible as early as in infancy in some individuals. Those who fail to 'resist' the illness of schizophrenia in adulthood, sometimes have abnormal motor development and show declines in emotional expression as well as interpersonal relationships during their early childhood. Researchers have found evidence of poor emotional control, neurological abnormality, academic performance deficits and social immaturity during middle childhood and adolescence, which suggest cognitive impairment and difficult temperament amongst individuals diagnosed with schizophrenia.

THEORIES AND RESEARCH OUTCOMES

Several sources of evidence suggest that schizophrenia involves an abnormality in the brain functions. So these individuals diagnosed with schizophrenia have, over time, revealed numerous behavioral signs of impairment of the central

nervous system, including cognitive and motor dysfunctions. When the brains of these individuals are examined with in vivo imaging technology (MRI), a number of them show irregularities in the brain structure. In the 1950s research started on the neuropsychological performance of individuals diagnosed with schizophrenia and this research continues today. There are specific neuropsychological tests designed to measure functions that help improve the brain in specific regions or systems. One of the early findings in this research was that individuals diagnosed with schizophrenia were the only psychiatry group that had an indistinguishable performance from individuals with known brain damage on neuropsychological tests. A generalized cerebral dysfunction was suggested through these findings. Schizophrenic individuals, however, demonstrate the most regular deficit on tests of attention and memory, which indicates a dysfunction on the temporal lobe and the frontal lobe as well as on the hippocampus. Poor performance on specific tests of executive functions is further evidence of the dysfunction in the brain regions mentioned before; that includes the ability to maintain, formulate and adapt acceptable reactions to the environment around the individual. The assumption that schizophrenia is a disorder of the central nervous system is supported by structural brain irregularities that have been observed in individuals diagnosed with the illness. Through studies and examinations, it has also been shown that structural abnormalities resembling the previous ones are found in other disorders which can be both psychiatric and neurological. From these studies, it is assumed that certain abnormalities in the brain's biochemistry might affect schizophrenia. There are two reasons for that assumption:

- 1) certain drugs that are used to reduce the activity in the amount of dopamine in the brain are also seem to have the effect of reducing antipsychotic or schizophrenic properties and

- 2) drugs that do enhance the production or activity of dopamine in the brain also produce psychotic and schizophrenic symptoms to the individual that is taking them.

There are other neurotransmitters that have led researchers to believe they play a role in schizophrenia. These theories, they are still experimented today, include an abnormality in the equal distribution between dopamine and serotonin as well as the falls of the receptors of a neurotransmitter which is called glutamate. As these researches go on it is strongly believed that the illness of schizophrenia involves numerous neurotransmitters which affect the brain's biochemistry. Numerous behavioral genetic studies of different families or individuals, as well as a great number of general studies and research, suggest that there is a genetic link with schizophrenia which would explain the vulnerability of the individuals who are members of families with relative diagnosed with schizophrenia. From the start it is believed that children of individuals who have schizophrenia have a 9 to 15% chance of developing the illness themselves while siblings of individuals who have the illness have an 8 to 14% chance and cousins have 2 to 6% chance of being diagnosed. According to the Reichmann's Schizophrenic Mother Theory in 1948, it is believed that, "schizophrenic behavior stems from the mother's behavior toward the child in early childhood". There are inconsistencies with this theory because, like for the Freudian approach, there is little evidence supporting theories that suggest that early childhood traumas affect schizophrenic capabilities in an individual. A theory called the diathesis-stress model suggests that certain individuals genetically inherited the illness of schizophrenia which is later on triggered by different environmental stressors. One of the main stressors is that of communication in the family. Studies have shown that families with a mentally ill member lack the proper means

of communication between the members which causes considerable amounts of stress to the ill individual. Criticism inside the family, towards the individual diagnosed with schizophrenia, is another factor that causes a relapse in these individuals.

THERAPY AND TREATMENT

Views for psychological treatment have been used by clinicians and practitioners in an effort to treat individuals that are diagnosed with schizophrenia. Certain insight-oriented techniques are used to provide therapy in the early stages of schizophrenia and the main goal is to "cultivate" insight as well as self-understanding of the individual. The treatment for schizophrenia should start as soon as the first symptoms are recognized because the longer that the patients go without medication then the long-term prognosis worsens. Antipsychotic medication was introduced during the 1950s and it has become the most effective way to treat schizophrenia since then drugs have been introduced. Therapy has been proven to be useful alongside medications in treating schizophrenia. The most effective type is behavioral therapy where "ill" individuals receive credits for appropriate behavior and, later on, are rewarded for what they do. This type of therapy, which is used in numerous programs, increases hygiene, punctuality as well as other socially accepted social behaviors in individuals with schizophrenia. Family therapy, on the other hand, is also a crucial and standard element of the treatment of schizophrenia; these sessions are psychoeducational and their intention is to provide the family with information, support, and constructive guidance when dealing with a member of the family that has schizophrenia. This allows the family members to be a part of the process and therapy as well as it is to help them learn and understand what the member of the family is coping with.

CONCLUSION

As a conclusion, schizophrenia is fairly explainable and understandable and that is why it is important to inform more of our society about this condition. The idea that schizophrenia is caused by an abnormality in the brain function is now firmly established. In most cases, the origin of the illness is either inherited, caused by early brain damages, or both. Current research is concentrated in finding a treatment to cure schizophrenia; there has been a rapid development in new drugs and more effective medication alongside the great support of schizophrenic individuals and their families. As Thomas R. Insel said “After a century of studying schizophrenia, the cause of the disorder remains unknown”. Researchers are working every day to find an answer to this mental illness. Through the information described is obvious that individuals who are diagnosed and who suffer from schizophrenia are not dangerous to themselves or the society. They are often outcasts because they do not fit the 'norms'; these individuals do not deserve to be seen as people who only need to be hospitalized and locked away but they should be treated with care; they only see and perceive the world different from the rest. These people need compassion and someone who is willing to spend time with them (different forms of therapy, family). (Shah & Beinke specifies that, “the governments and agencies responsible for social and medical policy in developing countries should know that schizophrenia and other psychotic illness are treatable conditions and that significant return in terms of symptom control, quality of life, and reintegration into the community can be achieved if increased funding is provided for social and regional programs that incorporate best-practice procedures and criteria”. Further monetary budget and resources are the solutions to many of the problems associated with mental health in worldwide. Research and studies about schizophrenic symptoms, causes, therapeutic methods and

medical drugs are ongoing. Throughout the decades and with new advances in technology, the modern understanding and methods of therapy about schizophrenia have drastically improved and have helped society be more prepared and careful towards individuals who suffer from this mental illness. The vital improvement that needs to be worked on is: creating and providing individuals who have schizophrenia with the proper living situations and work opportunities and environment that they need in order to be able to live an independent life. The important thing to remember, as Elyn Saks said, is that “There are not 'schizophrenics.' There are people with schizophrenia”. Labelling causes a lot of damage to the individual as well as their family.

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