

Pfizer Australia HEALTH REPORT

ISSUE #25

SCHIZOPHRENIA

This Pfizer Australia Health Report looks at schizophrenia, a condition affecting around one in every 100 Australians.

Schizophrenia is a major mental illness affecting the normal functioning of the brain.

With the recent announcement by the Prime Minister of a significant increase in funding for mental health, it's timely for the community to gain an understanding of this illness to reduce stigma.

This latest Pfizer Australia Health Report, produced in partnership with the Mental Illness Fellowship of Australia Inc. (MIFA), highlights the importance of treatment and the involvement of family members in recovery.

Research released in the Pfizer Australia Health Report shows almost nine out of 10 Australians wrongly believe that schizophrenia is a very disabling condition.

In reality, only 15 to 20 percent of people with schizophrenia will have an extremely disabling illness; some recover, and with early intervention and the right treatment many will live fulfilling lives and engage with their communities.

The survey also shows that nearly all Australians are confused about what constitutes

schizophrenia, which may explain their concerns about the illness.

Half of those surveyed incorrectly define schizophrenia as "having a split personality".

One-in-four describe people with schizophrenia as "dangerous and crazy".

While many adult Australians are aware of schizophrenia, few are aware that it can be treated effectively in most cases.

The findings are based on responses from 1370 Australians aged 18 and over. The research was conducted in December 2005 by independent consultants, Stollznow Research.

The Pfizer Australia Health Report is produced monthly, in collaboration with health consumer organisations and medical experts, and provides information and news to help you and your family to live a healthier, happier lifestyle.

The Pfizer Australia Health Report is always available free from www.healthreport.com.au where you can sign-up for e-mail alerts of future editions. You can also request additional copies by calling **1800 675 229**.

www.healthreport.com.au





WHAT IS SCHIZOPHRENIA?



Schizophrenia is a major mental illness affecting the normal functioning of the brain. It is characterised by psychotic symptoms and a diminished range of expressions of emotion.

Schizophrenia takes on many forms. It can show itself cognitively (in a way a person is thinking), affectively (in a person's mood) and how they feel. All of these can affect a person's behaviour.

The most common time of onset for males is between 18 and 25 years and for females between 25 years and mid-30s.

A variety of biological, psychological, environmental and social factors can influence vulnerability to psychosis.

The biological factors include a chemical imbalance in the brain.

This imbalance can be brought about by illicit substances and there is evidence of genetic predisposition.

Psychological factors include environmental influences such as stress, poor social, communication and coping skills.

Together, these can be viewed as risk factors.

None of the risk factors are the cause of schizophrenia, but the vulnerability to schizophrenia (and relapse) increases for people with a number of risk factors present.

True feelings about schizophrenia

Australians have revealed their true feelings about schizophrenia and have shown that it still remains a misunderstood illness, according to new national research figures released here.

A key finding of this month's Pfizer Australia Health Report is that 80 percent of Australians feel that people with schizophrenia can or want to work.

However, when it comes to the crunch, only 50 percent of Australians feel they should work in a place of employment like their own.

The national research was conducted by the Mental Illness Fellowship of Australia and researched-based medicines company, Pfizer Australia.

Close to one in five Australians surveyed did not know the causes of schizophrenia and one in three thought psychological problems were a major factor, indicating a high level of misunderstanding of the illness.

Margaret Springgay, Executive Director of the Mental Illness Fellowship of Australia says these findings reflect that Australians are not being honest about their real feelings towards schizophrenia.

"The research highlights that there is a contradiction between what people think in theory and the reality of how they would feel in a situation that affects them personally.

"Although most Australians acknowledge that people with schizophrenia can work,



the findings prove the enormous lack of understanding in the community when it comes to them actually accepting people with schizophrenia into their workplace.

"This was also reflected when asked about raising children. Half of all Australians believe people with schizophrenia could make good parents, but when push comes to shove, only one in four would want them looking after other people's children," said Ms Springgay.

Another finding from the Pfizer Australia Health Report reveals that people expect the family to be responsible for looking after people with schizophrenia rather than the community as a whole.

● **Continued on page 4**



This Report has been produced in partnership with the Mental Illness Fellowship of Australia Inc. (MIFA), formerly Schizophrenia Fellowships Council of Australia Inc. The Mental Illness Fellowship of Australia Inc. is a not-for-profit, grassroots, self-help, support and advocacy organisation of people with serious mental illnesses, their families and friends. Such illnesses include schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder and anxiety disorders.

WHAT ARE THE SYMPTOMS?

The symptoms of schizophrenia are generally separated into the following categories:

Positive symptoms are experiences and behaviours that have been added to the person's normal way of functioning. Positive symptoms may include delusions, disordered thinking and hallucinations.

- Hallucinations are distortions of the senses that are very real to the person. The brain hears, sees, smells, tastes or feels things that are not there in the external world:
 - Hearing voices
 - Food tasting strange
 - Seeing things that aren't real
- Delusions are fixed and false beliefs
 - eg something outside of me is controlling my thoughts
- Disorganised thinking resulting in discordant speech and behaviour

Negative symptoms take away something from a person's experience of the world. Negative

symptoms are sometimes difficult to evaluate because they may be a result of a number of other factors such as a consequence of positive symptoms, medication side-effects and depression. The distinction requires sound clinical judgement.

- Diminished range of emotional expressiveness (most of the time)
- Reduced speech (alogia)
- Inability to initiate and sustain goal-directed activities (avolition).

Cognitive symptoms

- Disorganised thinking
- Impaired executive function affecting:
 - Concentration and focus
 - Response to social cues
 - Prioritising and organising

These symptoms must be persistent for six months before a diagnosis of schizophrenia will be given.

● Continued from page 3

"With such high expectations on families there is little call on government to better support people with schizophrenia in the community which is what MIFA does day in, day out."

The survey also shows that nearly all Australians are confused about what constitutes schizophrenia, which may explain their concerns about the illness.

Half of those surveyed incorrectly define schizophrenia as "having a split personality".

While one-in-four describe people with schizophrenia as "dangerous and crazy".

According to the Mental Illness Fellowship of Australia, these attitudes could not be further from the truth.

Margaret Springgay explains that advancements in medication are continually improving the outlook for people with schizophrenia.

"We've got to send the message that with medication and community support, people with schizophrenia can live successful and full lives.

"Our next challenge is to improve attitudes and reduce the fear, stigma and prejudice that is too often applied to this illness," Ms Springgay said.

Working from within

Richie McLean doesn't know it, but he has given hope to thousands of people around the world living with schizophrenia.

The 33-year-old designer and illustrator from the inner west of Melbourne who had his first episode of schizophrenia at the age of 20, wrote a book about his journey called *Recovered, Not Cured, a journey through schizophrenia*.

It gave an insight into the harrowing world of someone living with the condition from a person who has lived through it.

The book has been sold around the world and caused *Surviving Schizophrenia* author E. Fuller Torrey MD to write: "The best recent book describing the symptoms of schizophrenia.... I recommend it strongly, both for individuals suffering from schizophrenia and for their families."

"*Recovered, Not Cured* was a cathartic way of expressing my experiences and to inform and entertain, but basically it was a book of hope for the 37,000 people newly diagnosed with schizophrenia in Australia every year - it needn't be a life sentence'," Richie said.

"It was totally life changing because I now have a very public advocacy role, and got to launch the book in Japan, and the US leading me to exhibiting my works in Canada, and speaking at McGill University."

Richie has always been treated for his condition in the community. He is taking medicine for his illness but believes in holistic well-being, putting great importance on a supportive family, a loving partner, eating right, his pets, and educating himself about his illness.

However, schizophrenia has caused him to experience extreme paranoia and he continues to hear voices.



"I know how to manage the voices now, with the help of my family and partner and the way I live my life.

"But schizophrenia is a ghastly and horrendous experience that invades the soul and rips up the ego, devastating self confidence.

"There is a devastating isolation to the illness and it broke my heart to know how much I worried people, mainly my family.

"But in an alchemist sense, I have had intense spiritual growth in retrospect."

Richie McLean is writing his next book 'The Truth Teller', where he will further explore mental health in society along with advocating on behalf of people and carers affected.

He offers a free audio-download of *Recovered, Not Cured* on his website: The link is: www.richiemclean.com/audiobook.html

AN ACCOUNT OF HALLUCINATIONS AND DELUSIONS

Excerpt taken from E. Fuller Torrey, *Surviving Schizophrenia*, Harper and Row, New York, 1988

Everything looked vibrant, especially red; people took on a devilish look with black outlines and white shining eyes, all sorts of objects – chairs, buildings, obstacles – took on a life of their own; they seemed to make threatening gestures, to have an animistic (sic) outlook.

One day, while I was in the principal's office, suddenly the room became enormous, illuminated by a dreadful electric light that cast false shadows.

Everything was exact, smooth, artificial, extremely tense; the chairs and tables seemed models placed here and there.

Pupils and teachers were puppets revolving without cause, without objective.

I recognised nothing, nobody. It was as though reality, attenuated, had slipped away from all these things and these people.

Profound dread overwhelmed me, and as though lost, I looked around desperately for help.

I heard people talking, but I did not grasp the meaning of the words.

The voices were metallic, without warmth or colour.

From time to time, a word detached itself from the rest. It repeated itself over and over in my head, absurd, as though cut off by a knife.

Everything seems to grip my attention, although I am not particularly interested in anything.

I am speaking to you just now, but I can hear noises going on next door and in the corridor.

I find it difficult to shut these out, and it makes it more difficult for me to concentrate on what I am saying to you.



Often the silliest little things that are going on seem to interest me. That's not even true; they don't interest me, but I find myself pre-occupied with them and wasting a lot of time this way.

An outsider may see only someone 'out of touch with reality'.

In fact, we are experiencing so many realities that it is often confusing and sometimes totally overwhelming.

Sometimes when people speak to me, my head is overloaded. It's too much to hold at once. It goes out as quick as it goes in.

It makes you forget what you just heard because you can't get hearing it long enough.

It's just words in the air unless you can figure it out from their faces.

My trouble is that I've got too many thoughts.

You might think about something, let's say that ashtray, and just think, oh yes, that's for putting my cigarette in, but I would think of it and then I would think of a dozen different things connected with it at the same time.

Recovery from schizophrenia

Advances in medication are continually improving the outlook for people with schizophrenia.

With psychological and social support, the majority can live full and active lives.

The best approach therefore is one which addresses all aspects of the illness.

The ideal treatment model takes into account:

- the biological aspects of the illness (medication being the cornerstone)
- the psychological
- social impacts

This is often referred to as the biopsychosocial approach.

Treatment for acute episodes of schizophrenia will address the safety of the person with the illness and reducing the effects of acute symptoms.

Hospitalisation is often advised at this time to treat the symptoms.

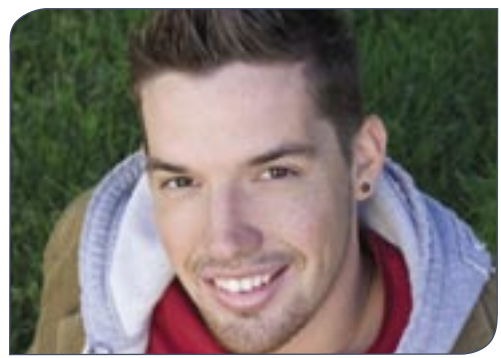
Once the acute symptoms have subsided, the process of rehabilitation and recovery should begin.

Psychosocial rehabilitation is vital in helping people regain skills, confidence and make friends and social connections. This will reduce the impact of the illness which can include social isolation, poverty from unemployment, and loss of social skills.

What can family and friends do to help?

There are many things friends and family can do to help. Here are some valuable suggestions:

- Always remember that schizophrenia is an illness that requires medical treatment.



Just as you cannot stop a person's leg bleeding by talking to them, you cannot stop schizophrenia without medical intervention. Medication is the cornerstone of treatment.

- Find out as much about the illness as you can. Knowledge is power and gives you a much better chance of developing good coping strategies.
- Be patient. People experiencing schizophrenia need to come to some insight regarding their illness. This is not always easy and takes time.
- Know what to expect of the mental health system and be prepared to be assertive in seeking appropriate care.
- Link in with community organisations that offer supports and services that complement the mental health system. They often provide educational programs, counselling and local support groups.
- Remember to stay healthy yourself. Do not underestimate the impact of the illness on you. Schizophrenia often involves trauma and grief and has an impact on the whole family. Be prepared to seek support to develop strategies that keep you well.

RESOURCES AND LINKS

MENTAL ILLNESS FELLOWSHIP OF AUSTRALIA INC: www.mifa.org.au
PO Box 844, MARLESTON SA 5033. Ph: 08 8221 5072, Fax: 08 8221 5159

MENTAL ILLNESS FELLOWSHIP OF ACT INC: www.mifact.org.au
22 Darling Street, BARTON ACT 2600. Ph: 02 6205 1349, Fax: 02 6205 1293

MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC: www.mifsa.org
PO Box 310, MARLESTON SA 5033. Ph: 08 8221 5160, Fax: 08 8221 5159

SCHIZOPHRENIA FELLOWSHIP OF NSW INC: www.sfnsw.org.au
Locked Bag 5014, GLADESVILLE NSW 1675. Bldg 37, Gladesville Hospital, Digby Road, GLADESVILLE NSW 2111
Ph: 02 9879 2600, Fax 02 9879 2699

NT ASSOC OF RELATIVES & FRIENDS OF THE MENTALLY ILL INC. (NT ARAFMI): www.ntarafmi.org.au
PO Box 40556, CASUARINA NT 0811. 1/18 Bauhinia Street, NIGHTCLIFF NT 0810. Ph: 08 8948 1051, Fax 08 8948 2473

MENTAL ILLNESS FELLOWSHIP OF NTH QLD INC: www.mifnq.org.au
PO Box 979, HYDE PARK QLD 4812. Ph: 07 4725 3664, Fax 07 4725 3819

SCHIZOPHRENIA FELLOWSHIP OF QLD INC: www.sfq.org.au
95 Arthur St, FORTITUDE VALLEY QLD 4006. Ph: 07 3358 4424, Fax 07 3254 1770

MENTAL ILLNESS FELLOWSHIP OF VIC INC: www.mifellowship.org
PO Box, 359 CLIFTON HILL. Ph: 03 8486 4222, Fax: 03 8486 4265.

MENTAL ILLNESS FELLOWSHIP OF WA INC: www.mifwa.com
PO Box 8422, PERTH BUSINESS CENTRE WA 6489. 110 Edward St, PERTH 6000.
Ph: 08 9228 0200, Fax: 08 9228 0022

WORLD FELLOWSHIP FOR SCHIZOPHRENIA AND ALLIED DISORDERS: www.world-schizophrenia.org

AUSTRALASIAN SOCIETY FOR PSYCHIATRIC RESEARCH: www.anu.edu.au/aspr

AUSTRALIAN NEUROSCIENCE SOCIETY: www.ans.org.au

EPPIC (EARLY PSYCHOSIS PREVENTION AND INTERVENTION CENTRE): www.eppic.org.au

QUEENSLAND CENTRE FOR MENTAL HEALTH RESEARCH: www.qcsr.uq.edu.au

MENTAL HEALTH RESEARCH INSTITUTE OF VICTORIA: www.mhri.edu.au

NARSAD (NATIONAL ALLIANCE FOR RESEARCH ON SCHIZOPHRENIA AND DEPRESSION): www.narsad.org

NEPP (NATIONAL EARLY PSYCHOSIS PROJECT): ariel.ucs.unimelb.edu.au/~nepp

Pfizer Australia
**HEALTH
REPORT**



© 2006 Pfizer Australia Pty Ltd ABN 50 008 422 348.

This Report is copyright. Except as permitted under the Copyright Act, no part of this publication may be reproduced by any process, without the specific written permission of the copyright owner, except that one copy of this Report may be downloaded for free for personal use from the website www.healthreport.com.au. Inquiries should be directed to media@pfizer.com.au

Views expressed in this Report are not necessarily those of Pfizer Australia and no representation is made about the accuracy or completeness of any information contained in it. For advice on any symptoms or conditions referred to in the Report, please contact your health care professional. Contact us for additional copies at media@pfizer.com.au or on 1800 675 229. You can also download copies at www.healthreport.com.au

