

COORDINATING CENTERS of EXCELLENCE

Best Practices in Schizophrenia Treatment (BeST) Center • Criminal Justice Coordinating Center of Excellence (CJ CCoE) • Ohio Program for Campus Safety & Mental Health (OPCSMH)

SCHIZOPHRENIA: THE MYTHS, THE REALITIES AND HOW TO HELP

Commonly heard and held views of schizophrenia are *often inaccurate, stigmatizing* and *unduly pessimistic*.

With the right treatments and support, people with schizophrenia *can and do recover*.

They can finish school, graduate from college, get good jobs, have long-term friendships, relationships and families of their own, vote, volunteer, live independently, pursue hobbies and special interests, enjoy life and more!

SIGNS AND SYMPTOMS OF SCHIZOPHRENIA

People with schizophrenia experience misperceptions that can affect their senses, ideas or behaviors.

Signs and symptoms may include:

Difficulties at work or school

Unusual thoughts or beliefs

Suspiciousness or extreme
uneasiness with others

Social withdrawal

Trouble thinking clearly
or concentrating

Hallucinations

Emotional changes

MYTHS AND REALITIES ABOUT SCHIZOPHRENIA

MYTH:

People with schizophrenia rarely, if ever, get well.

REALITIES:

- Although schizophrenia may not be “cured,” people can and do cope with symptoms and lead meaningful, productive lives.
- With timely and appropriate treatment, between 43 and 84 percent of people with schizophrenia recover or improve significantly (*Jansen, 2014*)

MYTH:

People with schizophrenia are dangerous.

REALITIES:

- The vast majority of people with schizophrenia are neither violent nor dangerous to others.

MYTH:

It is impossible to relate to symptoms of psychosis if you have not experienced them yourself.

REALITIES:

- Many experiences of psychosis exist on continuum with “normal” experiences. All of us experience odd things at some point.
- Nine out of every 100 people will experience symptoms of psychosis at some time in their lives (*Linscott & van Os, 2013*)

FACTS ABOUT SCHIZOPHRENIA

Schizophrenia affects approximately one percent of Americans regardless of culture, race, economic status, gender or ethnicity.

Average age of onset: for males, late teens to early 20s; for females, mid-20s to early 30s.

Risk factors for developing schizophrenia include a family history of mental illness, stress and possibly substance use, especially cannabis.

SCHIZOPHRENIA: HOW TO HELP

Offer encouragement for participating in mental health treatment and provide practical help with finding **treatment resources**. If a youth or young adult has recently begun experiencing symptoms of psychosis, sharing information about Coordinated Specialty Care treatment and encouraging them to **get help early** is very important. Early identification and Coordinated Specialty Care treatment promote a faster, more complete recovery from early serious mental illness. Visit mha.ohio.gov/GetHelpEarly to find treatment.

Engage treatment system partners. In an emergency, call 9-1-1 and ask if a Crisis Intervention Team (CIT) member (a law enforcement officer trained to recognize signs of possible mental illness, use de-escalation techniques for mental health crises and connect individuals to community resources) is available in your community. People with schizophrenia and other serious mental illnesses are over-represented in the criminal justice system, and CIT officers are trained in a variety of community response intervention strategies that support individuals with serious mental illnesses throughout the recovery process.

Believe in recovery and hope. Visit neomed.edu/recoveryandhope for stories of how the practices and programs of the NEOMED Coordinating Centers of Excellence are helping people with schizophrenia and other serious mental illnesses improve their lives.

Promoting Innovation. Restoring Lives.

Best Practices in Schizophrenia Treatment (BeST) Center,
Department of Psychiatry, Northeast Ohio Medical University.
330.325.6695 | neomed.edu/bestcenter | bestcenter@neomed.edu



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