

## Treating Schizophrenia - Lloyd Robertson

I used the example of a schizophrenic in my last column entitled "Crazy making in our Communities". The La Ronge based psychiatric nurse with the Health District, Denise Legebokoff, commented that from her experience the treatment of schizophrenia is highly successful when the patient follows the treatment plan. Denise requested that I devote more space to the understanding of this condition.

Briefly, people suffering from untreated schizophrenia often show marked personality changes. There may be a loss of emotion, or inappropriate emotions such as laughing at a death. There may be delusions such as a belief that others are plotting against them or, alternatively, that they have a special or divinely directed mission. They may have hallucinations and see things that are not there. Appropriate medication will result in the elimination of these symptoms. There will usually be a period where the doctor experiments with the dosage and medication to find the right combination that works best for the individual.

In my opinion schizophrenia is a physical illness, not a mental illness. Since the illness is caused by a chemical imbalance or, alternatively, an excess of neurotransmitters in certain parts of the brain, the main causal factors are, in my mind, physical. Most mental health professionals, including most psychologists, would disagree with me on this point. They would suggest that since the symptoms are mental in nature, that is, the illness affects the patient's emotional and cognitive functioning, the disease is correctly classified as a "mental illness".

On the other hand, if I suddenly became a wheel chair bound paraplegic my mental functioning would be affected. I could be expected, for example, to go thru a period of depression. If while sitting in my wheel chair people began treating me as tho I was incompetent and unpredictable, if former friends began avoiding me, if professionals began questioning whether I should be raising my daughter, then further mental complications could be expected. If I had a tendency toward paranoia, I might conclude that everyone was out to "get me". I might begin to show schizoid tendencies in my dealings with the public. I might begin to seriously doubt myself and even suspect that I might be "crazy". Yet, having the loss of one's limbs is recognized as a physical, as opposed to mental, condition.

It seems to me that the classification of the mental effects as "primary" verses "secondary" symptomatology does not add to our understanding of treatment. Certainly, once the condition of the person suffering from schizophrenia has been stabilized thru medication, any on-going mental health symptoms, just like the person suffering from paraplegia, are "secondary". The mental health of the individual becomes dependent on the people around him or her.

The successful long term treatment of schizophrenia begins with public education. Irrational fears and misconceptions of the illness on the part of the public must be removed. Families of people suffering from the disease need extensive education to normalize the experience and to understand the physical nature of the disease. Family counselling is often helpful.

The person suffering from the condition will have gone thru a "lost time" when they failed to learn certain important social skills and, in fact, they may have to "unlearn" certain dysfunctional behaviors. That person will benefit from on-going counselling coupled with a lifeskills program. The individual schizophrenic would also benefit from being part of a self-help group to advocate on their behalf, to self-educate, to promote greater understanding in the community and, most of all, to rid themselves of the sense of "aloneness" that social isolation brings.

Anyone wishing to actively become part of the solution to this very "treatable" illness can contact Denise at the La Ronge Health Center.