Combating Social Stigma: An Analysis and Overview of Schizophrenics in Society

Understanding the Psychiatric Disorder, What Symptoms are Seen, What Therapies are Used, and How to Interact with These Patients

**Tag Words:** Schizophrenia; psychiatric disorders; symptoms; drugs; psychotherapy; genetics; environment; society; interactions; alternative medicine; daily care; awareness; antipsychotics; Cognitive behavioral therapy; social stigma.

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**Summary:**

Schizophrenia is a psychiatric disorder that affects roughly 1% of the population. Victims experience a wide variety and severity of symptoms, ranging from delusions and hallucinations to reduced social interaction and depression. There is no known cure for this disease. Antipsychotic drugs and therapy are used to help minimize the symptoms. With so little known about schizophrenia, many social stigmas have arisen. The general public often believe schizophrenics are dangerous and are scared of them. They also do not know how to interact with a victim of this disease in most circumstances. Through a series of videos, we will deliver the basic information about the disease, dispel harmful stigmas, and give advice on how to interact with victims of schizophrenia.

**Video Link:**
http://prezi.com/e1mbi6yzvoid/hello-my-name-is-adam-and-i-have-schizophrenia/

**Part 1:**

1. Schizophrenia General Knowledge: Symptoms, Rates, Females vs Males, Onset, etc.

Schizophrenia is a debilitating neurological disorder that significantly impacts the psychological well-being of a person (Walker et al., 2004). Individuals with the disease may experience a wide variety of symptoms. Symptoms can be categorized into two types: positive, and negative. Positive, or psychotic, symptoms include paranoid delusions, where the individual believes he or she is being persecuted or harassed by a group or particular person, and somatic delusions, where the individual falsely believes his or her body has been injured or poisoned. He or she may also suffer from delusions of reference, in which the person believes they are being mocked for how they look (American Psychiatric Association, 2013; Lang et al., 2007). Positive symptoms also include hallucinations and catatonic behavior. Negative symptoms encompass depressive actions and thoughts. This includes lack of emotion, low energy, lack of interest in life, social isolation, and alogia, or minimal speech (Lang et al., 2007), trouble speaking, trouble organizing thoughts, desire of isolation, loss of interest in social interactions, and lack of motivation. Mood disorders, such as bipolar disorder and depression, are often diagnosed in individuals with schizophrenia (Walker et al., 2004). The fifth edition of the Diagnostic and
Statistical Manual of Mental disorders (DSM-5) requires that the individual present at least two associated symptoms for six months, including at least one month of active symptoms, in order to be diagnosed. While symptoms may emerge between the late teens to early 30s, males typically experience their first psychotic episode in the mid to early 20s and females in their late 20s (American Psychiatric Association, 2013). The disease occurs in roughly 1% of the population. The disorder seems to be more prevalent in males than females, with a risk ratio of 1.4 for men relative to women (Aleman, 2003). Roughly one-third, or 250,000 of the estimated 740,000 homeless people in America have a psychiatric disorder, such as schizophrenia, and that number is only increasing. These victims go without treatment of any kind. In fact, there are significantly more victims on the street than there are in hospitals, getting treatment (250,000 Mentally Ill are Homeless, 2007).

Victims of schizophrenia tend to have psychiatric comorbidities, also known as other multiple disorders. One of the most prevalent disorders paired with schizophrenia is substance abuse. An estimated 47% of individuals with schizophrenia experience substance abuse. Individuals also experience various psychiatric disorders at significant rates. For example, an estimated 15% if individuals with schizophrenia experience panic disorders, 29% have posttraumatic stress disorder, 23% struggle with obsessive compulsive disorder, and a staggering 50% experience depression. These disorders may develop at any stage of the individual’s life (Buckley et al., 2009). So, it may be years after a person is diagnosed with schizophrenia that they begin to develop obsessive compulsive disorder or depression. With so many severe psychiatric disorders associated with schizophrenia, giving them proper treatment becomes complex. Often, patients have their treatments, including antipsychotic drugs and therapy, changed in the initial steps to find what mixture works best. Their treatments will also often change as time goes on, depending on the changes to their symptoms. At this time, very few studies have been conducted to determine the neurological basis for the significant prevalence of psychiatric comorbidities with schizophrenia.

Individuals with schizophrenia are able to be productive in society, there are slight differences in gender and functioning. It was also noted that even when symptom severity is the same in both men and women, there is a noticeable difference in social functioning, as woman illustrated higher baseline social functioning. This increased social functioning may be due to female biological factors such as estrogen, and that women tend to have a later age of onset, as earlier ages of onset are linked to the most severe cases. The difference could also be the result of more societal factors such as expected gender roles of the community (Vila-Rodriguez et al., 2011). While some may work simple part time jobs, such as cashier or stock boy at the local grocery store, others go on to get advanced degrees. For example, Elyn R. Saks is a law professor at the University of Southern California. She has done studies on the professions of schizophrenics in the Los Angeles area and has found that many other have had similar career paths. Of the 20 patients in the study, all had high school diplomas, and their professions ranged from graduate students to managers to lawyers (Saks, 2013). The patients in the study had mild cases of schizophrenia and kept a strict regimen for drug treatment and therapy.
2. Causes: Genetic, Environmental

Although the exact cause of schizophrenia is unknown, research has found factors that contribute to the development of this disease. Several environmental and genetic risk factors (Ventura et al., 1992) have been associated with schizophrenia. Environmental factors such as multiparity, or giving birth to more than one baby at the same time, and maternal bleeding during pregnancy increase the chance of the child developing schizophrenia (Hultman et al., 1999). A stressful home life, such as abusive childhoods and growing up in a halfway home, has also been linked to increased rates (Ventura et al., 1992). Stress has long been associated with altered brain development. Specifically, stress often affects the hypothalamic-pituitary-adrenal, HPA, axis, which results in the release of excess cortisol (Lombroso & Sapolsky, 1998). Increased levels in cortisol, a stress hormone, are correlated with the cognitive deficits seen in Schizophrenia (Walder et al., 2000). Extended exposure to stress has been associated with more severe symptoms (Walker et al., 2004). So, consistent stress overtime could cause deleterious cognitive symptoms. Studies have also shown schizophrenia is associated with reduction in size of the hippocampus, which may cause verbal and spatial memory loss, a common symptom in schizophrenia (Walder et al., 2000).

In addition to the aforementioned risks, several genetic factors have been associated with schizophrenia. With concordance rates between 25%-50% for monozygotic twins and 10%-15% for dizygotic twins (Walker et al., 2004), it is evident that this is a hereditary disease. Further, adoption studies have placed adoptees with healthy, biological parent in homes with at least one foster parent diagnosed with schizophrenia. The studies found higher rates of schizophrenia in the biological offspring than in the adopted offspring, suggesting that the genetic risk for schizophrenia is more influential than environmental risks. Also, distant relatives have a far lower risk of inheriting the disease than closely related family members, such as siblings (Walker et al., 2004).

Often, several genes interact in a complex pathway leading to the development of schizophrenia. For example, DRD2, DRD3, DARPP-32, BDNF and COMT of the dopaminergic process as well as several genes in the glutamatergic pathway, including SLC1A6, SLC1A2, GRIN1, GRIN2A, GRIA1, NRG1, ErbB4, DNTBP1, DAAO, G72/30, and GRM3 have all been implicated in this disease. GABRA1, GABRP, GABRA6, and Reelin, which are involved in GABA production, and several various genes involved in the immune system, signaling pathway, and networking pathway, such as DISC1, RGS4, PRODH, DGCR6, ZDHHC8, DGCR2, Akt, CREB, IL-1B, IL-1RN, IL-10, and IL-1B, have also been correlated with schizophrenia (Lang et al., 2007).

Additionally, environmental factors have their own influence on not only the onset of schizophrenia, but the presentation and severity of symptoms as well. The prevalence of schizophrenia varies depending on the environment. The following statistics from Surviving Schizophrenia: A Manual for Families, Patients, and Providers (5th Edition) provide the following distribution of the schizophrenic population. Approximately the population is divided as follows; 6% are homeless/found in homeless shelters, 5-6% can be found in hospital psychological wards, 6% can be found incarcerated, 10% can be found in nursing homes/assisted
living, 20% live in group homes/supervised housing, 25% live at home with a family member, and finally 28% live independent lives (Torrey, 2006).

One of the most troubling environments for any person with schizophrenia is the challenges of being homeless. Homelessness has long had an association with mental illness, due to the inability to maintain social functioning, like holding a job for income, depending on the type of symptoms and the relative intensity of each. For example in “Waiting to go home”: *Narratives of homelessness, housing and home among older adults with schizophrenia* author Lydia Ogden conducts a series of interviews with previously homeless victims of schizophrenia to illustrate the role of schizophrenia on both the individual’s family life and social functioning. She gives the reader several insightful profiles of those afflicted such as 69 year old Doris:

“The theme of homelessness emerged when I asked Doris about her greatest life challenge. “Homeless” was her single word answer…Her psychiatric symptoms, demeaning voices in particular, were bothering her at the time she became homeless: “If I have to go back and think now, how that I become homeless, that [schizophrenia] was it. And I couldn't tell my family because they didn't believe me. They still don't believe those voices...so, I just stayed on my own in the streets....”” (Ogden, 2014).

Her story illustrates the struggles that are brought on by not only the hostile environment at home, but by the impact of the negative social stigma and criticism she received from her family. Their inability to recognize the legitimacy of her symptoms can be directly traced to her homelessness, as her home life became unlivable and forced her out to live and sleep on the streets. Homelessness and situations like Doris’ are not uncommon, and can add to the severity and progression of symptoms. Similar scenarios are common place in facilities like prisons and detention centers as well.

Studies have shown schizophrenia is more prevalent in the homeless population than the general population worldwide. In a study involving eight countries, rates of schizophrenia in homeless people ranged from 2 to 45%. The average percentage was roughly 11%. (Folsom & Jeste, 2002). While this is a very wide range. It is still, for the most part, significantly higher than the average 1% of the population. There is a major problem with such a high relative percentage of homeless having schizophrenia. The people are receiving very limited if any treatment at all for their ailments (Folsom et al., 2002). With such little treatment, homeless people afflicted are dying at higher rates than non-homeless people with schizophrenia. They have a higher chance of dying by suicide, due to unchecked emotional problems including depression. Also, with no anti-psychotic drugs or treatment available, their positive symptoms, such as hallucinations and delusions, are much more severe, leading to greater psychotic breaks (Folsom et al., 2002). These breaks can cause the individuals to become dangerous not only to themselves, but also to those around them.

In addition to homeless people, prisoners suffering from schizophrenia are also neglected. Many individuals with this disease are locked up for crimes and put in the general population of criminals, instead of receiving the help they need from a mental institute (Morgan et al., 1993). Prisoners with schizophrenia are often disciplined for acting out aggressively and breaking the rules. This only exacerbates their problems. Unfortunately, they are not be treated with
antipsychotic drugs and therapy, which would help to calm their inappropriate behavior (Morgan et al., 1993). Studies have suggest the percentage of mentally ill prisoners is increasing, although it is often hard to tell due to the constantly changing demographics of prisoners. In addition, comorbidity, or the development of multiple diseases, in this case mental, are on the rise as well. There are only a limited number of studies on mental illness in prisons, and there is little data on frequencies in gender, race, ethnicity, et cetera (Morgan et al., 2001). More studies need to be conducted to gain a better grasp on how rampant mental illness truly is in the prison system.

The homeless and prison populations make up a significant proportion of the population worldwide. Often, people in these categories suffer from mental illnesses such as schizophrenia. Unfortunately, they illness often goes untreated, or is exacerbated by the situation. This may be due to the harsh living conditions experienced by people living on the streets. It may also be due to the strict punishments and brutal nature of the prison system. Victims are not being treated with proper antipsychotic drugs and therapy due to their situation, even though the percentage of the prison and homeless populations with schizophrenia is far greater than the general population. More studies and resources need to be implemented in order to gain a better understanding of these individuals and to determine how they can be helped.

3. Treatments: Psychotherapy, Drugs, and Electroconvulsive Therapy and Social Stigma

There is no known cure for this disease, although antipsychotic drugs and psychosocial therapy are used to manage symptoms of schizophrenia (Walker et al., 2004). Inclusion of family members in the treatment of schizophrenia is of growing importance. Most notably when one thinks of inclusive treatment, the parents come to mind. Parental support is very important when treating with schizophrenia, but there is also research that indicates that sibling relationships are just as important. When parents can longer handle or lack the coping skills to deal with the individual’s symptoms of schizophrenia, sibling support can be vital, as often times they can take over the role of caregiver. It was observed that this bond was closest between sisters, with the eldest sister assuming the caregiver role, but this is subject to change per family dynamic and cultural influences (Seeman, 2013). It was also noted that even when symptom severity is the same in both men and women, there is a noticeable difference in social functioning. This increased social functioning may be due to female biological factors such as estrogen or more societal factors such as expected gender roles (Vila-Rodriguez et al., 2011). This factor, could also have implications in the previous sibling support study, and indicate that the female-female sibling pair has higher social functioning due to not only the caretaker role of women, but also due to the fact that basic social functioning is higher in women with schizophrenia in general.

While the use of medication is controversial, there are studies that indicate that the majority of patients being treated with second-generation psychotics have a positive attitude towards their treatment. Also, it was shown that relatives of the patient also approve of the use of antipsychotics and that non-pharmacological solutions such as public awareness aided in positive attitudes towards the medication. Treatment with antipsychotics can be helpful and effective to the patient as long as the side effects are not too averse (Karthik et al., 2013).
Antipsychotics have been used since the 1950’s. The first group of drugs were known as first generation antipsychotics. First generation antipsychotics, such as chlorpromazine, haloperidol, and fluphenazine, caused 75-80% reductions in positive symptoms; however, they had several side effects, including Parkinsonism and acute dystonias (Shapiro et al, 2003). The next wave, second generation antipsychotics, such as aripiprazole, clozapine, olanzapine quetiapine, risperidone, and ziprasidone (Aichhorn et al., 2006), are now often used. These new drugs have been more effective in reducing both positive and negative symptoms. Also, their side effects are far less severe than first generation antipsychotics. While there are several second generation drugs on the market, clozapine is the most often prescribed (Chakos et al., 2001). These drugs are used to help some of the symptoms, and are FDA regulated.

**Abilify® (aripiprazole)**

It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Aripiprazole rebalances dopamine and serotonin to improve thinking, mood, and behavior (NAMI, 2013). While most atypical antipsychotic drugs exhibit a low affinity D₂-dopamine receptors, aripiprazole exhibits the opposite, with a high affinity for D₂-dopamine receptors. This drug has been shown to be effective in reducing symptoms. It also has minimal side effects such as, minimal short term weight gain and reductions in plasma prolactin levels (Shapiro et al, 2003).

**Clozaril (clozapine)**

Clozapine is a medication that works to treat schizophrenia in the brain. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Clozapine rebalances dopamine and serotonin to improve thinking, mood, and behavior (NAMI, 2013). However, it does pose risks, as it has been associated with an increased risk to the severe blood disorder agranulocytosis (Kane et al., 1988). Studies have shown clozapine is often the most effective drug, but has the most serious side effects (McEvoy et al., 2006).

**Geodon (Ziprasidone)**

Ziprasidone is a medication that treats schizophrenia in the brain. It is also known as a second generation antipsychotic (SGA) or atypical antipsychotic. Ziprasidone rebalances dopamine and serotonin to improve thinking, mood, and behavior (NAMI, 2013). In addition, it is effective in the short-management of agitated patients. It is a rapid acting drug intramuscular drug that is often used to calm down patients (Lesem et al., 2001).

Social stigma has an impact on treatment, pharmacological or behavioral, and severity of symptoms. Those who internalized the damaging social stigma had more negative symptoms and suffered from poorer social interactions. Conversely, those with a more positive self-perception performed better in certain tasks and had a sense of confidence that the other group lacked. Thus, it can be said that self-efficacy can be correlated with social function (Hill et al., 2013). Negative social stigma limits patients from receiving the resources and daily respect they deserve, it also has an impact of self-perception. These patients can adopt a negative self-image that ultimately increases negative symptoms and affects social functioning in a way that is damaging to the
patients and their interactions. The unfortunate consequence of this is the loss of important social interactions through isolation and miscommunications. The loss of several functions, such as maintaining a certain quality of home life and the implementation of daily tasks require a network of close relationships. These relationships and quality of environment are important for anyone, but the loss of these relationships can lead to the exacerbation of symptoms (Browne et al., 2007). It is for these reasons that public awareness and ridding society of the negative social stigma is so important. Without these factors, these individuals would have the ability and opportunity to perform better in their daily lives and their symptoms would be less severe. There are several comorbid disorders with schizophrenia, such as depression. The elimination of any one of these factors, such as negative self-efficacy, would greatly improve the quality of life for these individuals and their family members and limit the additional damage done by the comorbid illnesses.

Other types of treatment such as psychoeducation and cognitive behavioral therapy have been shown to improve symptoms and quality of life, or satisfaction, for schizophrenic individuals (Bechdolf et al., 2010). Most of the time Cognitive Behavioral Therapy (CBT) is paired with the use of antipsychotics in the treatment of Schizophrenia. However, due to increasing concern of overmedication and the severity of side effects, it has been proposed that Cognitive Behavior Therapy alone may be a sufficient treatment. There are studies that have been done on individuals that are not taking antipsychotics and it has been noted that there can be significant results. Cognitive Behavioral Therapy may be effective in the treatment of negative symptoms and may be a viable alternative to the use of second-generation antipsychotics (Christodoulides et al., 2008). Today there is growing argument for the use of Cognitive Behavioral Therapy without the use of medication. If applicable, individuals with schizophrenia can be taught coping mechanisms to deal with both positive symptoms, recognizing that their delusions are in fact not real, and how to discern the difference, and negative symptoms, such as anxiety, depression, and loss of social functioning. These coping mechanisms would provide a more natural approach and treat the source of the anxiety rather than just maintenance of symptoms. Overall, this method has the potential to alleviate some of the stigma and the challenges that accompany the use of antipsychotics, as well as help them become more socially functioning and maintain a better daily routine, ultimately improving the quality of life.

Perhaps the most controversial method of treatment is electroconvulsive therapy. However, studies have given it some merit. Patients are given an anesthetic and muscle relaxer. Electric shocks are sent directly through the brain and the patient experiences minor seizures, they would be larger, but the muscle relaxers help to prevent this. This procedure is administered only a limited number of times, depending on the reaction by the patient. There have been no long term side effects correlated with this procedure. The main side effect is short term memory loss. While not as effective as antipsychotic drugs, it has been shown to help relieve symptoms for brief amount of time when taken with antipsychotic drugs. Studies have found it to be relatively ineffective when it is the only treatment. This combination of treatments is often administered to patients who are not responding well to solely antipsychotic drugs (Chanpattana & Andrade, 2006).
4. Information on how to interact with patients in society.

Due to the complexity of the disease, Schizophrenia can be a difficult disease to diagnose. It is estimated that many go untreated. Public awareness and labelling the symptoms for the general public could be an important step in helping treatment reach those that are undiagnosed. Studies have been done on the perception of illness by lay people. While many could perceive the main positive symptoms as indicative of Schizophrenia, above 70%, there was still a discretion between those that advocated for treatment, and those that stayed silent. This discrepancy indicates that there needs to be more public awareness and support for mental illness. The earlier that psychosis can be treated, the better off the individual will be, especially in the instances of progressive diseases such as Schizophrenia (Erritty et al., 2013). Undiagnosed illnesses are very dangerous to the mental health of the patient. It has been observed that the first episodes in Schizophrenia are the critical periods for treatment, and many can go untreated for years at a time. This puts these individuals at a great disadvantage for recovery (Lieberman et al., 2000).

Interacting with those that have mental illness can be difficult both for those diagnosed and the community. If you someone that you know, a friend or family member, is diagnosed with schizophrenia, there are things you can do to make interactions comfortable for both parties. Examples:

1) Do not focus on the cause of the disease, focus on solutions and what you can do to help them with symptoms
2) Do not say that you relate to their situation unless you have actually personally experienced this. Relating to mental illness is difficult and even if it is hard to understand, there are still things you can do to help (Schizophrenia Awareness Association, 2014).
3) Do not use accusatory language or make movements or statements that can be interpreted as aggressive.
4) Do not give unnecessary advice or “pep talks” as these can be easily misinterpreted and offense.
5.) Do not facilitate stigmas. In other words, do not ignore their goals because they seem impossible according to social opinion.
6.) Assist them in reaching reasonable goals.
7.) Be patient.
8.) Treat the individual with kindness and be friendly.

Additionally, there are several things to keep in mind when dealing with a person diagnosed with schizophrenia. Beyond the symptoms and comorbid disorders, such as depression, there are several outside factors to keep in mind. One of them is the treatment itself. There are risks and side effects with every medication, and if a person is taking certain drugs, especially anti-psychotics, it is important to be cognizant of not only the side effects of these drugs, but of possible drug interactions as well. It is important to make sure that the medication they are prescribed is taken as directed to ensure that all the symptoms are treated appropriately, and that the person diagnosed continues to take the medication as directed, even if they are feeling better and signs of the disorder have dispersed. While remaining aware of the person’s situation and remaining tolerant and empathetic towards them, family members, friends and
caretakers should also be observant. It is important to watch for signs of relapse, and note if any of the symptoms of the disorder increase in severity. All the people’s reports of symptoms they are experiencing should be taken seriously, as for them these situations are in fact very real. Indifference and misunderstandings can exacerbate the stress on the person, increasing the positive and negative symptoms of the disorder to intensify. If they do increase, the psychiatrist in charge of the patient’s care should be notified so that changes in the current treatment can be implemented to be more effective.

If the symptoms are severe enough and cause a crisis or psychological break there are several measures that can be taken to help alleviate their stress during an emergency. Taking preventative measures and having a plan in case something does happen is an important part of being prepared and understanding the disorder. The World Fellowship for Schizophrenia and Allied Disorders issued a number of steps in dealing with a psychotic break, they are listed as follows:

1) Remember the person may be terrified of their loss of control or the feelings that they may be having.
2) Remember that you cannot reason with a person undergoing acute psychosis, despite all efforts to do so.
3) Decrease distractions, such as background noise from appliances, which can include things like televisions or even the humming from a fan.
4) Ask any visitors to leave, as the less people present, the better for the situation.
5) Never use a sarcastic tone.
6) Avoid touching the person.
7) Avoid direct eye-contact as it may exacerbate the situation and make the person uncomfortable, contributing to their stress.
8) Do not express frustration, irritability, or anger towards the person experiencing the crisis, as this may in fact worsen their situation and symptoms.
9) Do not yell and shout at the person under any circumstances.
10) First sit down and then politely ask the other person to do the same. With these tips in mind it is important to also be aware of the contact information of the person’s psychiatrist, the police, the contact information for the hospital and the information of any family members or individuals that may be caring for them at the time.

The most important thing the person diagnosed with schizophrenia can do is recognize the limitations of the disorder, but also remember to take care of themselves and treat themselves with respect. Personal health and well-being is an equally important part of treatment and includes taking the time to enjoy things on their own. Maintaining personal health can also reduce stress, which is not only good overall, but can help combat the symptoms of comorbid disorders such as depression, anxiety, and paranoia. It is important to accept the diagnosis, and realize that no one is at fault for the onset of the illness. In addition to taking care of oneself, the best thing for an individual diagnosed for schizophrenia is community support. Schizophrenia can be debilitating at times, and it is vital that there are resources and people available to aid the person diagnosed with their symptoms, especially as the disease progresses and becomes more severe.
There are several charities and organizations that offer support to those diagnosed with schizophrenia. This support can range from volunteer programs, assisted living, or to financial donations that can benefit schizophrenia research. One such volunteer program is Camp Fatima of New Jersey. This camp provides one-on-one attention for children that have disabilities, like schizophrenia and offers them a unique experience in which they are surrounded by people like themselves and receive constant attention from the volunteer staff. Not only is the good for the diagnosed, it also offers time for those caring for the diagnosed to take the time to do things they wouldn’t normally be able to do. In families with multiple children, this can allow for the other siblings to receive more one-on-one attention and offer a break to caretakers. This program enriches both those caring for the diagnosed individual and the person afflicted, as the camp has been praised for its ability to give disabled children a week in which they are surrounded by similar peers and take part in new exciting activities. Another type of organization that offers support against the negative social stigma of mental disorders such as schizophrenia is Rethink Mental Illness, a London based charity. This charity also runs a website with a large number of resources for those diagnosed with mental illnesses such as schizophrenia and bipolar disorder. Beyond literary resources, their site, Rethink.org, also allows for the donation of funds to charities as well as for a fund that benefits individual families that are struggling with mental illness. There are many other organizations like these that can help those with schizophrenia and their loved ones. Awareness through resources is the first step to combating the social stigma, and making progress again this debilitating disorder.

Part 2: Service Project

Our service project will attempt to raise awareness about the disease through a Prezi video. This video can include a variety of options, such as interview with mental health professionals, individuals diagnosed with the disease, family members of someone diagnosed, and friends of those diagnosed

1. Basic symptoms and range of the disease

We will also dispel any rumors or misguided information on how people with schizophrenia act. This will include information the likelihood of violent outbreaks. In addition, we will be laying out the spectrum of the disease, from the more mild forms to the most severe, going into detail about the various symptoms, including positive and negative symptoms, such as hallucinations and delusions.

2. How to interact with victims of the disease.

We will describe how people can cope with close family members who are affected. This includes working with them or interacting with them on roughly a daily basis. This will also include information for people who may only come in contact with schizophrenics on a rare basis, perhaps at work or in public.

3. How the Public can help
We will also look at ways the public can contribute to finding a therapy/cure for this disease, as well as, creating a more accepting society. This will include information to charities and organizations. It will also provide information to mental hospitals and other programs, possible homeless shelters that take care of patients or homeless people affected with this disease. The information will consist of what some major programs have done/are doing as well as how you could donate or volunteer.

This video will be uploaded to YouTube. Also, if possible, we can set up an event on campus to show the videos to those interested. We will also advertise for people to volunteer at Camp Fatima: http://www.campfatimanj.org/. A non-profit camp for children and adults with developmental disabilities. This does include people with disabilities other than schizophrenia. The video will provide links to two foundations. The Brain and Behavior Research Foundation and Rethink.org.

4. Identifying and contacting organizations

Find forums or blogs and give prezi as well as a short description. BBRF, rethink, SARDAA, Elijah’s promise, schizophrenia awareness association. Maybe print out PDF as a poster and give to homeless shelter or Elijah’s Promise. Mental Health Association of NEW Jersey- post on Facebook page. The mental health association of Monmouth County.

5. Cover letter for video.

I believe self-awareness and conscious control of our lives are what separates us from any other species. It is what makes us human. Severe mental disorders like schizophrenia strip away that most fundamental piece of humanity. I personally have a cousin with this devastating disease. Unfortunately, I have noticed many believe in unsubstantiated stigmas about individuals with schizophrenia. There seems to be a great deal of misunderstanding in society about this disease. I, in part, produced a prezi that gives some basic facts about schizophrenia, dispels stigmas, and gives advice on how to interact with victims. I hope my awareness campaign will help inform some people on how to help those afflicted with schizophrenia. Please use the presentation at your discretion. http://prezi.com/e1mbi6yzvoid/hello-my-name-is-adam-and-i-have-schizophrenia/

The cover letter and video have been sent to http://www.time-to-change.org.uk/, http://www.schizophrenia.org.in/, http://www.sardaa.org/, http://www.rethink.org/

References


Societal Impact of Schizophrenia. *Nursing Economic*


