

Combating Myths about Schizophrenia



INTRODUCTION

People with mental health conditions face tremendous stigma that can keep them from seeking treatment. This stigma is worsened by perpetuated myths about illnesses like schizophrenia. In fact, schizophrenia is often viewed as a dangerous or frightening mental illness by both the general public and mental health providers.^{1,2} In this guide, we will review common misconceptions about schizophrenia that may help you better understand why patients or caregivers may be hesitant to seek help.

Let's address some of the more common myths about schizophrenia and the data that support the true facts about the disease.

WHAT ARE SOME COMMON MISPERCEPTIONS ABOUT SCHIZOPHRENIA?

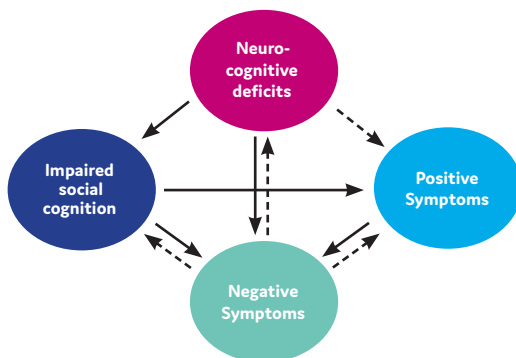
MYTH #1

People with schizophrenia are just "crazy."

FACT: Schizophrenia is a complex, heterogenous disease, and patients may exhibit a range of different symptoms, with psychosis as just one example.³

Symptoms of schizophrenia fall into 3 main groups, consisting of positive, negative, and cognitive domains (Figure 1).³ Although it may be easier to recognize outward behavioral symptoms like hallucinations and delusions, people with schizophrenia can also experience flat affect and memory problems, as described in the DSM-5 diagnostic criteria for the condition.⁴

Figure 1: Core Symptoms of Schizophrenia



Adapted from Millan MJ, et al. Eur Neuropsychopharmacol. 2014;24:645-692.

Referring to a person with schizophrenia as "crazy" is both inaccurate and harmful. Unfortunately, patients are often misrepresented in the media, which leads others to believe this myth.⁵ In fact, in an analysis of 41 contemporary movies, characters with schizophrenia displayed primarily positive symptoms with far fewer portrayals of negative symptoms, failing to capture the full spectrum of the disease. These misrepresentations perpetuate harmful myths about patients.

MYTH #2

People with schizophrenia have a "split personality."

FACT: Schizophrenia is not a personality or identity disorder.^{3,4}

Dissociative identity disorder (previously known as multiple personality disorder) is sometimes incorrectly referred to as "split personality." People with this condition exhibit many distinct personas, often as a result of trauma.⁴

Schizophrenia is a psychotic condition caused by a multitude of factors, including genetics, neurotransmitter imbalance, and changes in the brain during development. People with schizophrenia do not switch from one mood to the other immediately or exhibit stark changes in personality. Rather, they experience chronic symptoms throughout their life.³

People with dissociative identity disorder exhibit 2 or more distinct personalities. This condition impacts memory, perception, and overall function. While people with schizophrenia experience problems with cognition and function, they also experience positive symptoms such as delusions, hallucinations, and disorganized thoughts and negative symptoms such as blunted affect, alogia, and asociality. Positive and negative symptoms are not part of dissociative identity disorder.⁴

MYTH #3

All people with schizophrenia should be in a mental institution.

FACT: Many people with schizophrenia do not require full-time or frequent hospitalizations.⁶

Schizophrenia is a heterogenous condition, and each person experiences different symptoms of varying degrees of severity. Therefore, each person's course of illness is very different. In fact, 25%-40% of patients live independently and, with support, many can continue working.⁷

For those who do require hospitalization, it may only be for a short period of time.⁸ Based on a study of patients in Canada, approximately half of people with schizophrenia are hospitalized at initial diagnosis. After a year of treatment, about one-third of patients

were hospitalized for any reason; of these patients, an estimated one-quarter were hospitalized due to psychiatric reasons.^{9,10}

Likelihood of hospitalization is also impacted by risk factors such as prior hospitalizations, antipsychotic treatment, and substance abuse, and these are different for each person.¹⁰ Since schizophrenia is such a complex condition, several factors can impact the course and severity of the illness.

MYTH #4

People with schizophrenia are very violent.

FACT: The majority of people with schizophrenia are at higher risk of hurting themselves rather than others.^{6,11}

Due to the severe nature of their symptoms, suicidal behavior in people with schizophrenia is 8.5 times higher than the general population; in addition, patients have a 12 times greater risk of dying by suicide within the first year after presenting with symptoms.¹¹

In fact, approximately 30% of people with schizophrenia have attempted suicide once.¹¹ However, there is a misconception that patients are actually more likely to harm others. Similarly to the misrepresentation of the overall illness of schizophrenia in the media, the majority of people with schizophrenia in popular movies are depicted as exhibiting dangerous or violent behavior.⁵

Although it is possible that someone with schizophrenia who is experiencing extreme agitation could become aggressive, most patients do not pose a serious safety risk to others and in fact are often victims of theft, physical violence, and sexual harassment. They can also be a victim of similar issues within the mental health care system from other patients and staff.¹² According to some estimates, people with mental illness are more likely to be a victim of crime rather than cause violent offenses; in fact, they may be up to 14 times more likely to be the victim of violence in a community setting. These experiences can increase symptom severity and cause poor outcomes.^{12,13}

MYTH #5

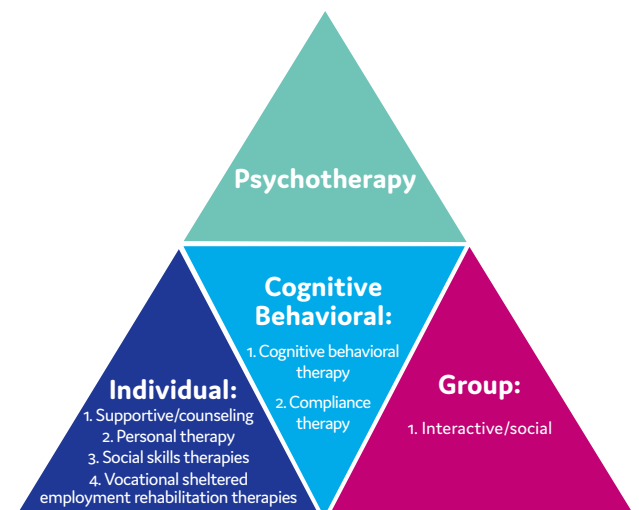
Schizophrenia patients can't be helped.

FACT: Many different medications and therapeutic approaches can help patients manage their condition.¹⁴

Although schizophrenia is a very challenging disease, there are many different treatments, including medications and other therapeutic approaches, that can help lessen symptoms.¹⁴ There are different types of antipsychotic medications available, which include first-generation or typical antipsychotic medications and second-generation or atypical antipsychotics. They can help people manage their symptoms and prevent relapse.³ Finally, in addition to pharmacological approaches, people with schizophrenia may also benefit from other treatments.

For example, psychotherapy can be very effective, especially in managing the negative symptoms of the disease.¹⁴

Figure 2: Psychosocial therapy for Schizophrenia



Adapted from Patel KR, et al. *PT*. 2014;39(9):638-645.

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