According to World Health Organisation (WHO) ‘mental health is defined as a state of well-being in which every individual realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’ (World Health Organization 2014).

What is Schizophrenia?

Schizophrenia is a long-term mental health condition that causes a range of different psychological symptoms which is caused by a mixture of genetic and environmental factors such as changes in the brain chemicals and stressful life experiences such as: a bereavement, abuse or losing job or home (leaflet reference) which can be disruptive and have an impact on the person’s ability to carry daily tasks such as
going to work or maintain relationships with others (Psych Central 2014). Antipsychotic drug regimens for schizophrenia are used in order to limit the frequency and severity of relapses, maximise the beneficial effects of treatment for persistent symptoms and enhance adherence to recommend regimens. Also psychosocial interventions are required in order to manage the disability that results from negative symptoms and cognitive dysfunction (Barry, S. Gaughan, T and Hunter, R. (2012).

There are five types of schizophrenia and they are:
Paranoid subtype; this is one of the main subtypes of schizophrenia characterized by an intense fear which is often accompanied by delusions and hallucination, for example individuals who suffer from this condition have a fear of being threatened and being killed by certain individuals and therefore they will spend the majority of their time protecting themselves from these certain individuals (Mental Health Daily 2014).
Disorganised subtype; disorganisation of thoughts processes, difficulty in communicating properly, absence of hallucinations and delusions. People with this type of schizophrenia sometimes face difficulties in doing their daily tasks or activities. (Taylor V 2011).
Catatonic Subtype; this is a very rare subtype which includes extremes of behaviour and causes the patient to not have the ability to speak, move or respond. The symptoms of catatonic subtype include the patient to stare and hold their body in a fixed position. Appear unaware of their surroundings. The patient might repeat someone else movement or gestures (MNT 2004-2014).
Undifferentiated Subtype; this is when the patient experience the positive and negative symptoms of all the above but is not enough to be defined as another type of schizophrenia (Goldberg J 2005-2014). Residual Subtype; this subtype involves experiencing minimal positive symptoms of the illness, with more negative symptoms, and in some cases, more cognitive symptoms (Mental Health Daily 2014).

According to psycho central there are around 1 in 100 people suffer an episode of schizophrenia, which usually appears in people in their late teenagers or during their twenties. It is more common in men than women, due to the fact that men engage in physical sports, which increases the risk or them to suffer from brain injuries or damage their brain. Also it is considered to be a lifelong condition which is rarely cured but can be treated (Psych Central).

Causes of Schizophrenia

According to the National Health Choices schizophrenia is caused by a combination of genetic, physical, environmental and psychological factors that contribute with developing schizophrenia.
Genetics
It is recognised that 85% of vulnerability to schizophrenia is genetic. However, the amount of genetic vulnerability is not known as no single gene has been identified as a risk for schizophrenia (Lee Fontaine, K. (2009) Pg. 345). The biological approach believes that the person’s genes control his/her behaviour. It proves that illnesses such as schizophrenia are inherited because of the person’s genes, which can be controlled using antipsychotic Medicines. Schizophrenia can be genetically inherited from a close family member condition such as brother, parents; sister of someone with schizophrenia has 1 in 10 chance of developing schizophrenia. Also a child born with both parents having schizophrenia has a 1 in 2 chance of developing the condition (Patient.co.uk 2014). Furthermore, in identical twins if one of the twins develops schizophrenia, then the other twin has a 1 in 2 chance of developing it as well, even if they are raised separately, as they share the same genes. However in non-identical twins the chance of the other twin in developing schizophrenia when the first one develops it is 1 in 7, due to the different genetic make-ups (NHS Choices 2014). The majority of the population have no risk for schizophrenia, as the more protective factors people have, the less likely their chance of developing the disorder (Lee Fontaine, K. (2009) Pg. 346).

Drug Misuse
Studies have shown that drug misuse increases the risk of developing schizophrenia or a similar illness. Certain drugs such as cannabis, LSD, cocaine or amphetamines can cause symptoms of schizophrenia in people who are vulnerable. Three major studies (who down the studies) have shown that teenagers under the age of 15 who use cannabis are up to four times more likely to develop schizophrenia by the age of 26 (NHS Choices 2014). As the brain is still developing in the teenage years and using any substance that affects the developing process can cause long term psychological effects (West London Mental Health (NHS) 2014 Neurotransmitters
Neurotransmitters are the chemicals that carry messages between the brain cells and are known to relieve
some of the symptoms of schizophrenia. Research suggests that schizophrenia can be caused by the level of
two neurotransmitters, dopamine and serotonin (NHS Choices (2014).

Biomedical model
Biomedical model is a theoretical model of illness that ignores psychological and social factors and includes
only biologic factors in an attempt to understand a person's medical illness or disorder (Medical Dictionary
2004-2014). It ignores the soul spirit, without realising that it affects the physical health and fails to deal with
illnesses and diseases that have no obvious physical symptoms, such as schizophrenia, as it only looks at the
physical aspect of the illness. It treats illnesses by using medical knowledge.

Treatments for schizophrenia
Schizophrenia can be treated by Antipsychotic and antidepressants medications in order to reduce the
psychotic symptoms and allow the person to function more appropriately (Rogers, A and Pilgrim, D. (2014)
Pg. 129).

Antipsychotic medicines are used to helps control the biochemical imbalances that cause schizophrenia and
they are the main medicines that are used to treat schizophrenia. It works best to ease positive symptoms,
however antipsychotic medications does not work very well to ease negative symptoms (Patient.co.uk 2014). It
 treats particular symptoms of schizophrenia, i.e., positive such as delusions, hallucinations, disorganized
thoughts and negative such as blunt affect and social withdrawal (Sumiyoshi, T. (2013).

Antipsychotic medicines are divided into two groups which are: traditional antipsychotic and atypical
antipsychotic (Patient.co.uk 2014).

The first generation of antipsychotics which is known as traditional antipsychotic were first introduced in the
1950s and the second generation which known as atypical antipsychotics were developed and introduced into
include: chlorpromazine (Thorazine), Haloperidol (Haldol), perphenazine (generic only), Fluphenazine (generic
only) etc. (National Institute of Mental Health (NIH) 2008) Antipsychotics medications work by blocking the
effect of the chemical dopamine on the brain, in order to reduce the feeling of anxiety or aggression within a
few hours of use, however it may take days or weeks in order to reduce other symptoms such as
hallucinations or delusions thoughts (Drugs.com 2000-2014). The second generation of antipsychotics reduce
positive symptoms more effectively compared to the first generation of antipsychotic drugs (Barry, S.
Gaughan, T and Hunter, R. (2012). However there are many common negative effects from the antipsychotic
medications including: weight gain, white and red blood cell disorder (e.g. agranulocytosis), tardive dyskinesia
and tardive akathisia (movement and feeling disorders) and neuroleptic induced psychoses, which may
increase the person's risk of getting high cholesterol and diabetes (Rogers, A and Pilgrim, D. (2014) Pg. 129).
However psychiatrists saw side effects as significantly less bothersome than symptoms when considering costs
to society. This means that the needs of the patients are ignored in favour of the political needs of their
treating psychiatrists (Rogers, A and Pilgrim, D. 2014 Pg. 130).

Atypical antipsychotics are considered as first-line treatments in international clinical guidelines. There has
been an increase use of pharmacotherapy in children with mental and behavioral disorder in the past two
decades and an increase in the availability of different medications that are labeled as atypical antipsychotics,
which followed an increase in the prescription to patients across the life span, including children and
adolescents, for symptoms of other illnesses, as well. There is also an increase in the volume of pediatric
patients presenting for treatment of mental disorder in emergency departments due to the unavailability of
or limited access of mental health services. The three antipsychotics that are approved for use in children are:
Haloperidol, Thioridazine and Pimozide. Between 1996 and 2001 the percentage of new prescriptions for
antipsychotics in children increased from 6.8% to 95.9% and the biggest increase in use was in white teenager

Around one in two individuals with schizophrenia have a history of drug abuse or addiction. As the
vulnerability to psychosis and drug abuse share overlapping neural substrates and is more likely to co-occur
in the same person. However, the phenotypic heterogeneity in schizophrenia makes it unlikely that a single
neurobiological shortage causes the illness. Chronic antipsychotic treatment might alter reward function by
inducing dopamine receptor supersensitivity within dopamine pathways, and this is supported by pre-clinical

Antidepressants are a natural and common choice for the treatment of negative symptoms of chronic
Schizophrenia (Singh, S. Singh, V. Kar, N and Chan K. 2010). It works by increasing serotonin and norepinephrine concentrations. However increasing serotonin can cause side effects such as: nausea, sexual dysfunction and changes in appetite. Antidepressants are very effective however it could take some people at least 4-8 weeks of treatments to show positive response. Unfortunately, side effects appear before the benefits of antidepressant medications take effects (Tung, A and Procyshyn, M. 2007). Antidepressants along with antipsychotics work more effectively in treating the negative symptoms of schizophrenia than antipsychotic by itself (Singh, S. Singh, V. Kar, N and Chan K. 2010).

Social models of mental health

The Social models of mental health ‘refers to an emphasis on the social as the primary source of causes and meanings in relation to mental health and mental disorder’ (Pilgrim, D. (2014) pg. 184, 185). Social models of mental health concluded that mental health problems can be understood and rectified by paying attention to the stressors linked with poverty, race, gender and age (Pilgrim, D. (2014) pg. 184, 185). Social class plays a major role in mental health as people from lower social class are more likely to be diagnosed with mental health problems such as: anxiety states, depression, anti-social personality disorder and schizophrenia than the middle or higher social class. This is due to the fact that people from the lower social class are chronically outside the labour market, poorly educated, living in poverty and are vulnerable to different social problems, such as substance abuse and criminality (Pilgrim, D. (2014) Pg. 194). The greatest difference was in the diagnosis of schizophrenia which is seven times the rate for people from poor inner city districts compared with middle-class suburban areas. This is due to the combination of poverty and a lack of social cohesion in areas (Rogers, A and Pilgrim, D. (2014) Pg. 25).

However, class is considerate when people with mental health problems engage with professional services. As patients from poorer social class are more likely to receive biological treatments than psychological treatments. Poorer patients are less likely to be referred for psychotherapy, are more often rejected on assessment by specialists and drop out of treatment earlier. Also poorer patients are more likely to be treated coercively than voluntarily (Rogers, A and Pilgrim, D. (2014) Pg. 32). Race also plays an important role in mental health as Afro-Caribbean people have higher rates of diagnosis for schizophrenia but lower rates for depression and suicide than indigenous whites, due to higher rates of cannabis use (grow cannabinoids) and culture (Pilgrim, D. (2014) pg. 197).

Treatments

Psychological treatments is needed in order to help a person with schizophrenia to cope better with the symptoms of hallucinations or delusions, and treat negative symptoms including lack of enjoyment. Psychological treatments include: cognitive behaviour therapy, Arts therapy and family therapy (NHS Choices 2014).

Cognitive behaviour therapy (CBT) is a talking therapy which was first mentioned in 1952, it became as routine treatment in 2002. The aim of this therapy is to help people identify what is causing the person to have unwanted feelings and behaviour and replaces this thinking with realistic thoughts. This is done by encouraging people to express their emotions, beliefs and their experiences with a therapist, in order to help the person develop ways to challenge, cope and manage unhelpful thoughts and problem behaviour. It focuses on the person’s interest, assets and strengths. As people with schizophrenia have difficulties with concentration, attention and motivation (Jones, C. Hacker, D. Cormac, I. Meaden, A and Irving, C. 2012). Cognitive behaviour therapy can be used alongside most biological models of schizophrenia. As a cognitive behavioural approach does not contradict a biologic point of view in a patient whose personal explanation fits that models or insist on it for patients who prefer other explanations (Douglas, T. David, K and Peter, W. (2006).

Arts therapist allows people to express their experiences with schizophrenia creatively in a non-verbal way through art by working in a small group or individually. It encourages people to be creative and to participate in group activities in order to express themselves in a sensible manner which helps to release pressures that have been built up from stresses that people have faced (NHS Choices 2014).

Family therapy is also called family work or family intervention. The role of it is to help to recover psychosis symptoms and help family members and close friends support someone who has a mental illness. It helps relatives and members of the extended family look after themselves emotionally and give them the skills to work more collaboratively with health professionals. Taking care of someone with schizophrenia can be very
difficult as relatives may feel shame, anger, anxiety sadness or guilt and also feeling somehow responsible for the illness. This will make them feel irritated by the person who is unwell and blaming the person for the problems. Which will be difficult for the person with schizophrenia to handle and will make him/her feel more anxious and depressed. Therefore family therapy can help family members discuss these issues and come up with plans to overcome these issues (Mental health care 2014).

Overall, psychotherapy cannot give good results without biological treatments, as biological treatments play a major role in managing schizophrenia. Whereas group therapies and cognitive-behaviour therapy help the person suffering from schizophrenia, with social adaption, coping strategies and cooperativeness (Dogan, S. Dogan, O. Havva, T and Coke, F. (2004).

It is very important for the multi-disciplinary team to work together in order to make decisions about the level of care that the person with schizophrenia would need. Before making any decision the multi-disciplinary team would look at the person’s holistic approach in order to get information about their physical, social, emotional and intellectual aspects, in order to provide the person with the right help/support that he/she would need. The multi-disciplinary team would work together as they would be aware of the person’s problems and would come out with plans to help support the person and his/her family’s needs, by doing this the person’s family would be getting on with their everyday life. The multi-disciplinary team would promote the persons independence by allowing his/her to try things themselves. They would not interfere in everything the person would do. Whereas if they do interfere with everything, the person would feel useless and this would lower his/her confidence and he/she would depend on them with everything. Also the multi-disciplinary team should have an updated record on how the person is getting on and how the patient have improved.

The patience would benefit from the multi-disciplinary workers as they work together with the service user to make sure that their plans are going on well, that they are finding use from each professional. The more professionals know about the person’s holistic approach the better services and support they will provide, as it will enable the person with schizophrenia to take advantage from those services and benefit from the results the person will gain.

Overall schizophrenia still exist in the society
Not all treatments work for everyone
People react to it differently.

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