

An Introduction to Schizophrenia



What is schizophrenia?

Schizophrenia is a serious mental illness which affects about 1 in every 100 people during their lifetime.

Schizophrenia changes how the brain functions. The result is that a person's thought processes are distorted, altering their emotions, perceptions, beliefs and behaviour.

Men and women are equally likely to be diagnosed with schizophrenia. Symptoms often – although not always – occur first in young adults, and their onset can be sudden or gradual. In men, the first episode often occurs in their teens or twenties; for women, this is more likely to happen when they are in their twenties and thirties. Some people with schizophrenia will have just the one episode in their lifetime; others may have recurring episodes.

What causes schizophrenia?

There is no definitive answer, just a number of theories:

- Some research suggests that a person can be predisposed to develop schizophrenia owing to hereditary factors, although no single 'schizophrenia gene' has been identified.
- Excessive levels of the chemical dopamine in the brain have been identified as a potential cause of schizophrenia.
- Other theories have linked the development of schizophrenia to upbringing, unresolved psychological issues, or abuse.

- A number of other factors have been identified as potentially causing the illness, or triggering its onset, including: stressful events; using illegal drugs; physical injuries to the brain and problems in the brain's development.

The likelihood is that there is a combination of causes for schizophrenia that may include both genetic predisposition and life events as triggers. Schizophrenia is a complex illness that may have a number of contributing factors. Indeed, some people consider 'schizophrenia' as a catch-all term for a number of different illnesses.

It is important to remember that diagnosis of schizophrenia is not a precise science. A patient should insist that they get full explanation from their doctor or psychiatrist of the **symptoms** they are experiencing, rather than simply focusing on the diagnosis. It is the symptoms which need to be addressed when working towards recovery.

What are the symptoms of schizophrenia?

Symptoms of schizophrenia can be put into two categories: **positive symptoms** and **negative symptoms**.

Positive symptoms usually occur in the initial phase of the illness but can be present at any stage. They are symptoms of **psychosis** (losing touch with reality) in one or many ways. Positive symptoms can include:

- **Delusions:** personal beliefs that are false and based on incorrect perceptions of external reality; these beliefs can be firmly held despite evidence to the contrary. Paranoia can be a significant aspect of delusion. Paranoia means a person thinking that somebody or something is acting against them. Alternatively some people believe that they are special or unique in some way, for example through a divine relationship.

- **Hallucinations:** this means experiencing or perceiving things that do not exist. This may be through any of the senses: a hallucination might be seen, heard, smelt or felt. **Hearing voices** is a common form of hallucination; voices may be critical of the person experiencing them which adds to the distress.

- **Disturbances in the thought process:** these can include a chaotic stream of thoughts or a sudden loss of all thoughts.

Negative symptoms tend to be longer-term. They are termed 'negative' because they describe a loss of normal functions – that is, a 'subduing' of experience. Negative symptoms include:

- A lack of emotion and motivation
- Tiredness or a lack of energy
- Becoming withdrawn and isolated
- A loss of concentration
- A loss of interest in life
- Sleep deprivation.

Medication

Medication can play an important part in relieving symptoms of schizophrenia and achieving recovery (see overleaf for more about recovery). However, medication can also cause side-effects including shaking, muscular spasms, hormonal problems, sexual dysfunctions, sedation, weight gain and heart problems. These side-effects should not be confused with symptoms of schizophrenia.

There is a new generation of modern medicines which generally have less side-effects. For more information, contact Hafa and ask for our guide to medications for schizophrenia called *Your Choice*.

Next we look at how you can approach recovery if you have the symptoms of schizophrenia.

A hafa Guide for Patients Arweiniad ar gyfer Cleifion gan hafa

Cyflwyniad i Sgitsoffrenia



Beth yw sgitsoffrenia?

Sgitsoffrenia yw'r enw am affeichyd meddwl difficol sy'n effeithio ar tua 1 ym mhob 100 o bobl yn ystod eu bywyd.

Mae sgitsoffrenia yn newid y ffordd y mae'r proses meddwl person yn cael ei wtrdoli, gan effeithio ar eu hëmosiynau, eu golwg a'u hymmddygiad.

Mae dynion a merched yr un mor debygol a'i gilydd o ddi-dded o sgitsoffrenia. Bydd symptomau yn aml – ond nid bob amser – yn dod i'r amlwg gyntaf mewn oedolion ifanc, a gallant gyhochwyn yn sydyn neu'n raddol. Ymysg dynion, bydd y pwl cyntaf yn aml yn digwydd yn eu harddegau neu eu hugenïau; ymysg merched, mae hyn yn fwy tebygol o ddigwydd yn eu hugenïau a'u tridegau. Bydd rhai pobl gyda sgitsoffrenia yn ystod eu bywyd: bydd eraill yn cael ylliau sy'n digwydd yng nghyfnod cychwynnol y salwch, ond gallant fod yn brësennol ar unrhyw adeg. Symptomau **seicosis** yw'r rhain (coll cyswlltad a realiti) mewn un neu nifer o ffyrdd. Gall symptomau cadarnhaol Gellir gosod symptomau sgitsoffrenia mewn dau gatategori: **symptomau cadarnhaol a symptomau negyddol**.

Beth yw symptomau sgitsoffrenia?

Mae'n bwyysig cofio na ellir cynnig diagnosisi swyddodogau arferol i'r hynny yw, 'pwl', 'negyddol' am eu bod yn disgrifio coll ym rhai tymor hirach. Cant eu galw'n affeichydion.

term holligynhwsol ar gyfer nifer o wahanaol mae rhai pobl yn ystyried 'sgitsoffrenia' fel fod a nifer o ffactorau cyfranoll. Yn wir, digwyddiadau bywyd fel sbardun. Mae gyfnewys rhagddueddiadau genedig a achosion ar gyfer sgitsoffrenia a allai y tebygolrwydd yw bod cyfnud o

- Mae nifer o ffactorau eraill wedi cael eu nodi fel achosion posibl o'r salwch, neu fel sbardun i bwl, gan gynnwys: digwyddiadau yng; defnyddio cyffurtau anghyfrreithion; anaffiadau corfforol i'r ymennydd a phroblemau yn natblygiad yr ymennydd.

- **Rhithweldigaethau:** ystyr hyn yw profi neu weld pethau sydd ddim yn bodoli. Gallai hyn fod drwy unrhyw un o'r synhwrtau: gellir gweld, clywed, arogli neu deimio rithweldigaeth. Mae **clwywed lleisiau** yn ffurf gyffredin iawn o rithweldigaethau; gall lleisiau fod yn fferniadol o'r person sy'n eu clywed, gan ychwanegu at eu gofid.

- **Affionddwch yn broses feddw:** gall y rhain gynnwys llif meddwl anhreus neu goll meddyliau'n sydyn.

- **Meddygiath:** Gall meddygiath chwarae rhan bwysig wrth ieddu symptomau sgitsoffrenia a chyflawni adferiad (gweler dros y dudalen am fwy o wybodaeth am adferiad). Fodd bynnag, gall meddygiathau hefyd achosi problemau yn y cyhyrau, problemau hormonal, diffyg rhywiol, tawelyddiad, enill pwysau a phroblemau a'r galon. Ni ddylid cymysgu'r sgill effeithiau hyn â symptomau sgitsoffrenia.

- **Rhithdybiaethau:** cred bersonol sy'n anwir ac yn seiliedig ar olwg anghywir o realiti allanol; gall pobl gredur pethau hyn yn gyfrif, er gwaeithat ystiaeth i'r ffactorau. Gall paranoia fod yn agwedd bwysig ar rithdybiaethau. Os yw person yn diddef o baranoia, maent yn credu bod rhywun neu rywbeth yn gweithredu dopamine yn yr ymennydd wedi cael ei nodi fel achosion posibl o sgitsoffrenia.

- Mae theorau eraill wedi cysylltu datblygiad sgitsoffrenia gyda magwraeth, problemau seicolegol heb eu datrys, neu gamdriath.

Nesaf, byddwn yn edrych ar sut y gall- wch agosáu at adferiad os oes gen- nych chi symptomau sgitsoffrenia.

gyfer sgitsoffrenia, sef **Eich Dawis**. am ein harweiniad i feddygiathau ar wybodaeth, cysylltwch â Hafa a gofynnwch effeithiau'n gyffredinol. I gael mwy o gniathau modur ar gael sydd â llai o sgill Mae cenhedlaeth newydd o feddy symptomau sgitsoffrenia.

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Meddygiath

- Coll cwsq.
- Coll diddordeb mewn bywyd
- Diffyg canolbwyntio
- Cilio ac ynysu
- Blander neu ddiffyg egni
- Diffyg emosiwn a chymhelliant

profad. Mae symptomau negyddol yn

goll meddyliau'n sydyn.

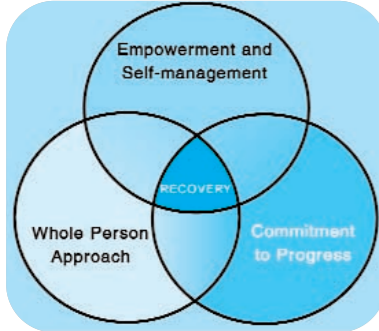
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Recovery for people with Schizophrenia

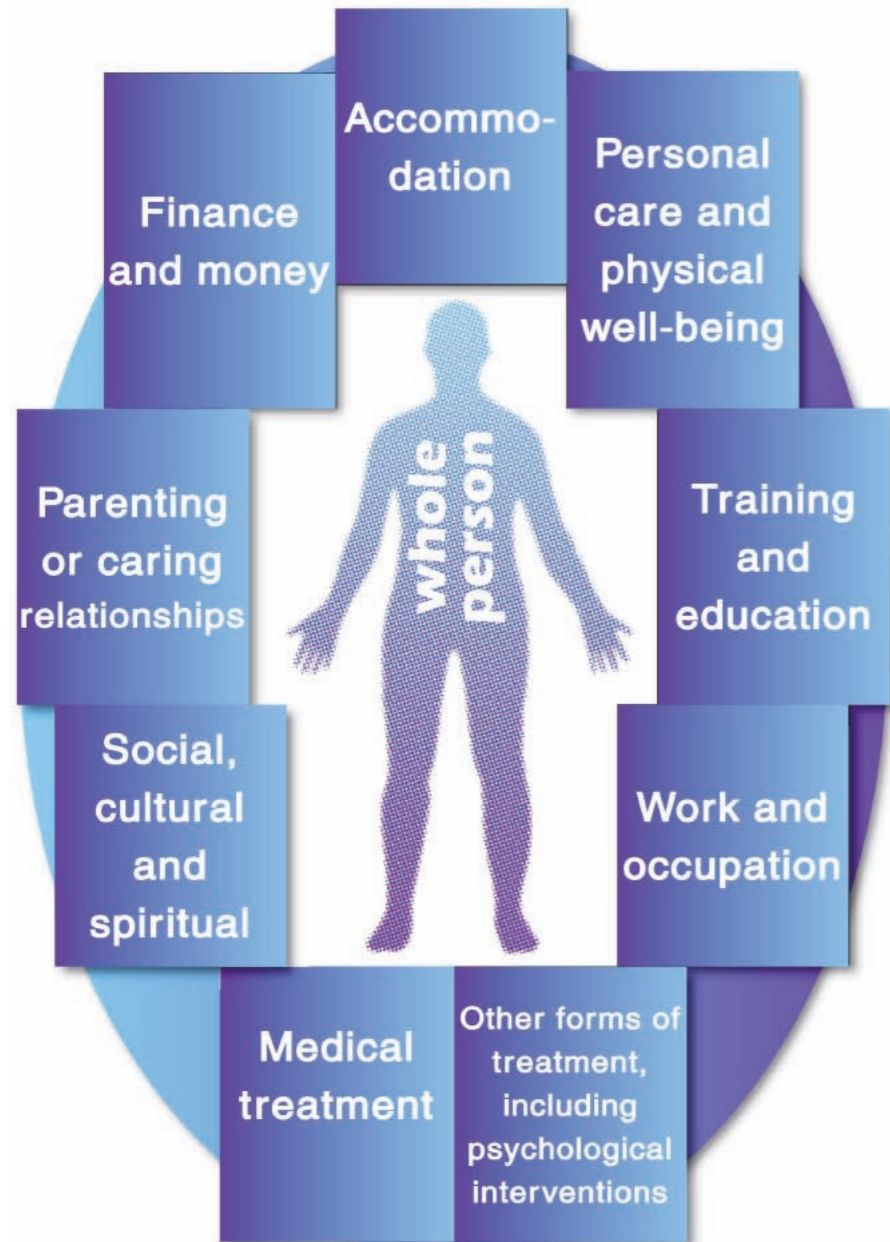
Medical science has not identified a straightforward “cure” for schizophrenia but Hafal believes that all people with schizophrenia can work successfully towards recovery. Recovery means regaining mental health and achieving a better quality of life. It is focused on enabling people to improve their lives in all areas rather than just maintaining an adequate existence. Hafal’s clients have found that recovery depends on these three components:



Empowerment and self-management means exercising rights and responsibilities in making choices about life (for instance, having the first and last word in any discussion about you) and taking the actions required to lead a life based on those choices (for example, writing a recovery plan in your own words or administering your own medication). *But it is acknowledged that occasionally it may be necessary for others to take control for reasons of safety.*

A **commitment to progress** involves actively taking steps to improve life. When planning your recovery it is vital to agree and act upon a step-by-step, goal-focused plan and work according to a timetable.

A ‘**Whole Person**’ approach (sometimes called a ‘holistic’ approach) means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Here we set out the Whole Person Approach.



For more information on recovery, visit:
www.hafal.org

About hafal

Hafal (meaning ‘equal’) is the principal organisation in Wales working with individuals recovering from serious mental

illness and their families.

We are dedicated to empowering people with serious mental illness and their families to: **achieve better quality of life, fulfil their ambitions for recovery, fight discrimination, enjoy equal access to health and social care, housing, income, education and employment.**

For more information, contact us at:

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Nid yw gwyddonieth feddygol wedi adnabod “tachad” syml ar gyfer sgitsoffrenia, ond mae Hafal yn credu y gall pobl sy’n dioddef o sgitsoffrenia weithio’n llwyddiannus i gyflawni adferiad. Mae adferiad yn golygu adennill iechyd meddwl a chael ansawdd bywyd gwell. Mae’n canolbwyntio ar alluogi pobl i wella eu bywydau ym mhob ffordd, yn hytrach na dim ond cynnal bodolaeth ddigonol. Mae cleientiaid Hafal wedi canfod bod adferiad yn ddynnu ar y tri pheth yma:

Grymuso a hunanreolaeth, set arfer hawliau a chyfrifoldebau wrth wneud dewisiadau am fywyd (er enghraifft, cael y gair cyntaf ac olat mewn unrhyw dratodolaeth amdanoch chi) a chymryd y camau angenrheidiol i arwain bywyd sy’n seiliedig ar y dewisiadau hynny (er enghraifft, ysgrifennu cynllun adferiad yn eich geiriau eich hun neu weinyddu eich meddyginieth eich hun). Ond cychwynyddir y gallai fod yn angenrheidiol, ar brydiau, i eraill gymryd rheolaeth am resymau dogelwch.

Mae ymrwymiad i gynnydd yn golygu cymryd camau amlyg tuag at wella bywyd. Wrth gynllunio eich adferiad, mae’n hanfodol cytuno a gweithredu ar gynllun cam wrth gam, sy’n canolbwyntio ar nodau a gweithio yn ol amserlen.

Mae ymagwedd ‘Person Cytan’ (sydd weithiau’n cael ei alw’n agwedd ‘gyfannol’) yn golygu mynd i’r afael â phob agwedd bwysig ar fywyd, sydd gyda’i gilydd yn cyfrannu at hunan-les. Drwy osod nodau ym mhob rhan o’u bywyd, gall pobl gymryd agwedd mwy cynhwysfawr tuag at adferiad. Yma, rydym yn nodi Agwedd y Person Cytan.

Adferiad

ar gyfer pobl gyda Sgitsoffrenia



Am fwy o wybodaeth am adferiad, ewch i:
www.hafal.org

Ynglyn â hafal

Hafal yw prif elusen Cymru ar gyfer gweithio ar ran unigolion sy’n gwella o’u iechyd meddwl difrifol a’u teuluoedd. Rydym wedi teuluoedd. Rydym wedi ymrwymo i rymuso pobl gydag a’u teuluoedd i: gael

gwell ansawdd i fywyd, cyflawni eu huchelgeisiau ar gyfer adferiad, ymladd yn erbyn gwahaniaethu, mwyn-hau mynediad cyfartal i iechyd a gwasanaethau cymdeithasol, tai, incwm, addysg a chytlogaeth. Am ragor o wybodaeth, cyysylltwch â ni yn:

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