

Schizophrenia



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You may have heard of or even used the word schizophrenia in some capacity without a real understanding of what it means. For example, schizophrenia/schizophrenic has been used by television reporters, authors of newspaper articles, and by people in everyday conversations, to describe a range of things including drastic changes in weather, an unstable stock market, or a person's unpredictable mood. Unfortunately, none of these descriptions accurately define schizophrenia and, in many ways, may further contribute to the stigma associated with a diagnosis of schizophrenia.

Schizophrenia is a serious mental illness that can negatively impact a person's thoughts, mood, feelings, and behaviors. While the symptoms of schizophrenia may vary from person to person, it typically consists of a combination of symptoms including hallucinations, delusions, disorganized thinking and behavior, reduced expression of emotions, and psychosis where the person may seem out of touch with reality. Together, these symptoms negatively impact how a person may live and, in some cases, may lead to a person being unable to care for themselves and/or family.

It is unknown what specific factors lead to schizophrenia, but research suggests that it is a combination of environment, genetics, and other brain chemistry.

Facts About Schizophrenia

- Schizophrenia is not a common mental illness and may only occur in less than 1% of the population
- Schizophrenia is less common in children
- A family history of schizophrenia may increase risk of the disorder
- Psychotic symptoms (disconnection from reality) first emerge during late adolescence and may occur earlier in men (early-to- mid 20s) compared to women (late 20s)
- Most people with schizophrenia are not dangerous

Misdiagnosis of Schizophrenia in African Americans

A recent study (Gara et al., 2019; Rutgers University, 2019) found that African Americans are more likely to be misdiagnosed with schizophrenia. In addition, the research suggests that factors that contribute to this misdiagnosis may be racial bias (conscious or unconscious) and mental health providers overemphasizing psychotic symptoms as an indicator of a diagnosis of schizophrenia while overlooking other mental illnesses such as Major Depressive Disorder or Bipolar Disorder.

Misdiagnosis is problematic because the person in need of treatment will not receive the most optimal treatment to best address their symptoms. For example, if a person is prescribed medication for schizophrenia without an appropriate diagnosis, they may be placed at an unnecessary risk for side effects from the medication, including diabetes or weight gain. Similarly, if a person is misdiagnosed with schizophrenia and not given an accurate diagnosis of depression, the depression may become more severe due to being unaddressed, which could lead to other risk factors such as suicidal thoughts and behaviors.

It is strongly recommended that mental health providers assess for depression and other mood disorders prior to a diagnosis of schizophrenia, particularly among African Americans. In addition, it is important for mental health providers to assess and consider cultural and socioeconomic factors that may be common and normal in different cultures. For example, in some cultures religious experiences (e.g., hearing a voice from God) are not considered a hallucination (APA, 2013).

Symptoms of Schizophrenia

Symptoms of schizophrenia may vary over time including changes in the types of symptoms a person may express and changes in how severe the symptoms may appear over time. For example, a person may experience periods where the symptoms appear worse or where the symptoms are in remission. Here are the common symptoms of schizophrenia (APA, 2013):

- **Delusions** are beliefs that exist despite conflicting evidence. They are false and are not based in reality. Examples of common delusions include a belief that gestures are being directed at you, belief that you are going to be harmed by others, and a belief that you hold exceptional abilities.
- **Hallucinations** involve seeing or hearing things that do not exist. To the person experiencing the hallucination, it is vivid and clear, feels real, and has the same impact of a normal experience. Hallucinations may involve any of the senses, but auditory (hearing) hallucinations are the most common and may include hearing voices that are distinctively different from the person's own thoughts.
- **Disorganized Thinking** is confusion with thinking, which impacts communication and speech. For example, when speaking to someone with disorganized thinking they may switch from topic to topic, or the answer to a question may be completely unrelated. In extreme cases, disorganized thinking may lead to speech that is difficult to understand, including the use of words that do not have meaning.
- **Abnormal Motor Behavior** are behaviors that range from childlike behaviors such as being extremely silly, agitation that is unpredictable, and difficulty completing daily living tasks. Catatonia is an example of an abnormal motor behavior which is a decrease in reaction to the environment, holding rigid or bizarre poses for long periods of time, and repeated stereotyped movements.
- **Negative Symptoms** alter a person's expression of emotions and behaviors. You may notice a lack of facial expression, decreased eye contact, and a flat tone of voice. In addition, a person with negative symptoms may show little interest in engaging in activities, neglect personal hygiene, sit for long periods of time, and withdraw/isolate from others.

Treatment Options for Schizophrenia

Advances are constantly being made to identify the safest and most effective treatment options to manage schizophrenia. Most commonly, individuals are prescribed an antipsychotic medication (medication prescribed by a licensed professional to treat symptoms of psychosis) to help minimize the symptoms (NIMH, 2016).

After the symptoms are stabilized there are various types of psychosocial treatments (individual, family, and group therapies) available that focus on teaching social skills, coping strategies, and identifying the warning signs of a possible relapse of symptoms. Family therapy is particularly important, when available, as family can play a key role in supporting an individual with schizophrenia including psychoeducation on schizophrenia, treatment, and working with family to address and treat difficulties as they occur. Other therapies that are helpful in treating schizophrenia may focus on vocational, educational, and/or employment support.

References

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Resources During Crisis or Distress

The National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Visit, <https://suicidepreventionlifeline.org/> or dial 1-888-628-9454 to speak to someone.

The Veterans Crisis Line

The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Responders will work with you to help you get through any personal crisis, even if that crisis does not involve thoughts of suicide. Dial 1-800-273-8255 and (Press 1) to talk to someone now. A confidential chat is also available online or through text. To [chat](https://www.veteranscrisisline.net/ChatTermsOfService.aspx) online (<https://www.veteranscrisisline.net/ChatTermsOfService.aspx>) or send a text to 838255 to receive confidential support anonymously.

To Learn More About

Schizophrenia

National Alliance on Mental Illness

<https://www.nami.org/Videos/Tell-Me-About-Schizophrenia>

Schizophrenia and Related Disorders Alliance of American and Mental Health America

<https://sardaa.org>

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