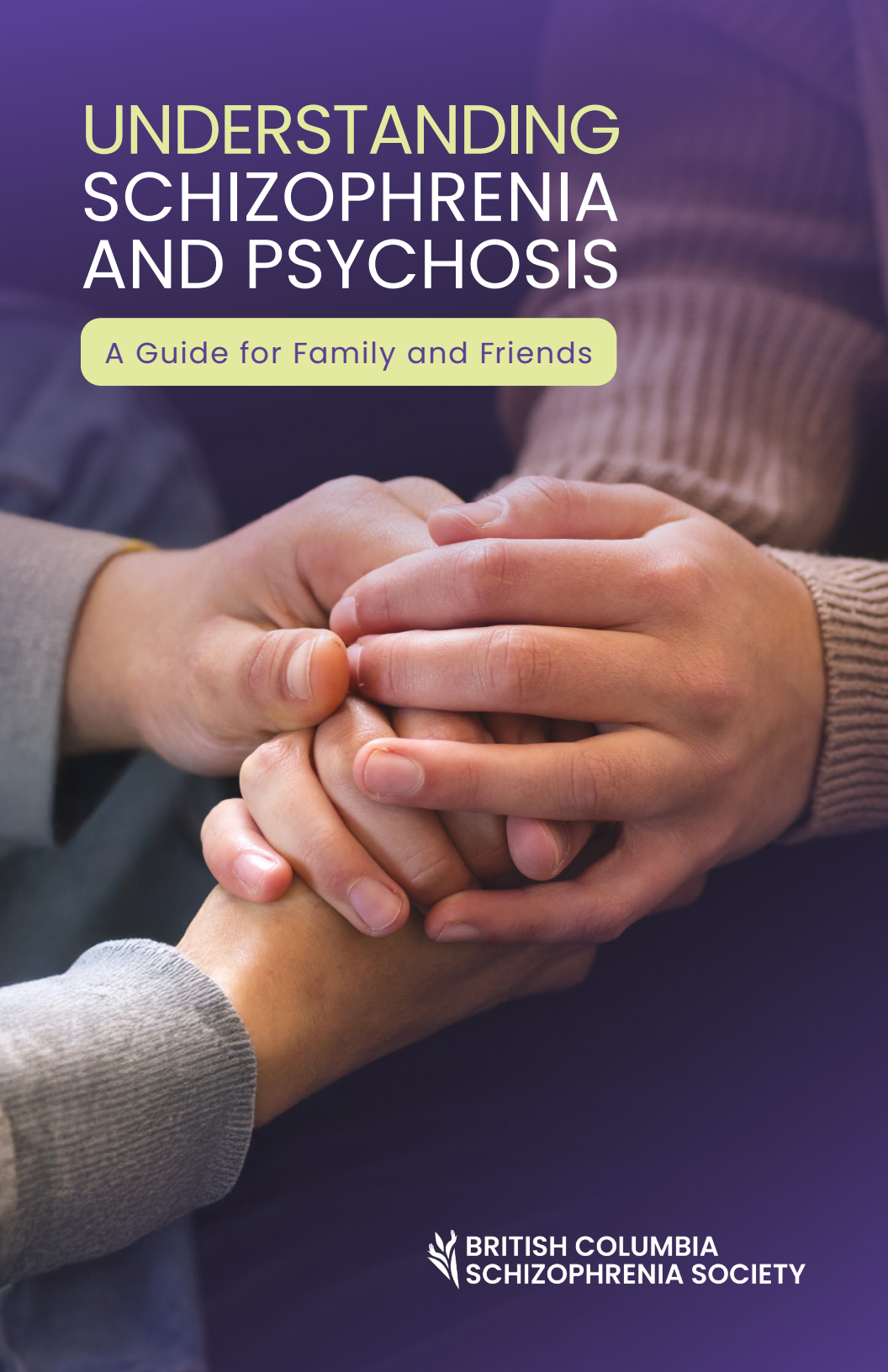
UNDERSTANDING SCHIZOPHRENIA AND PSYCHOSIS

A Guide for Family and Friends



BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

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FOREWORD

EDUCATION TRANSFORMS FEAR INTO UNDERSTANDING

The moment you first begin to recognize the symptoms of psychosis, or get a diagnosis, the world feels as though it has shifted beneath your feet: unfamiliar and forever changed. They can have many implications you never considered and a burden you never expected to carry.

This informative guide—created by the BC Schizophrenia Society (BCSS)—invites readers to approach schizophrenia and psychosis from a perspective grounded in care and support.

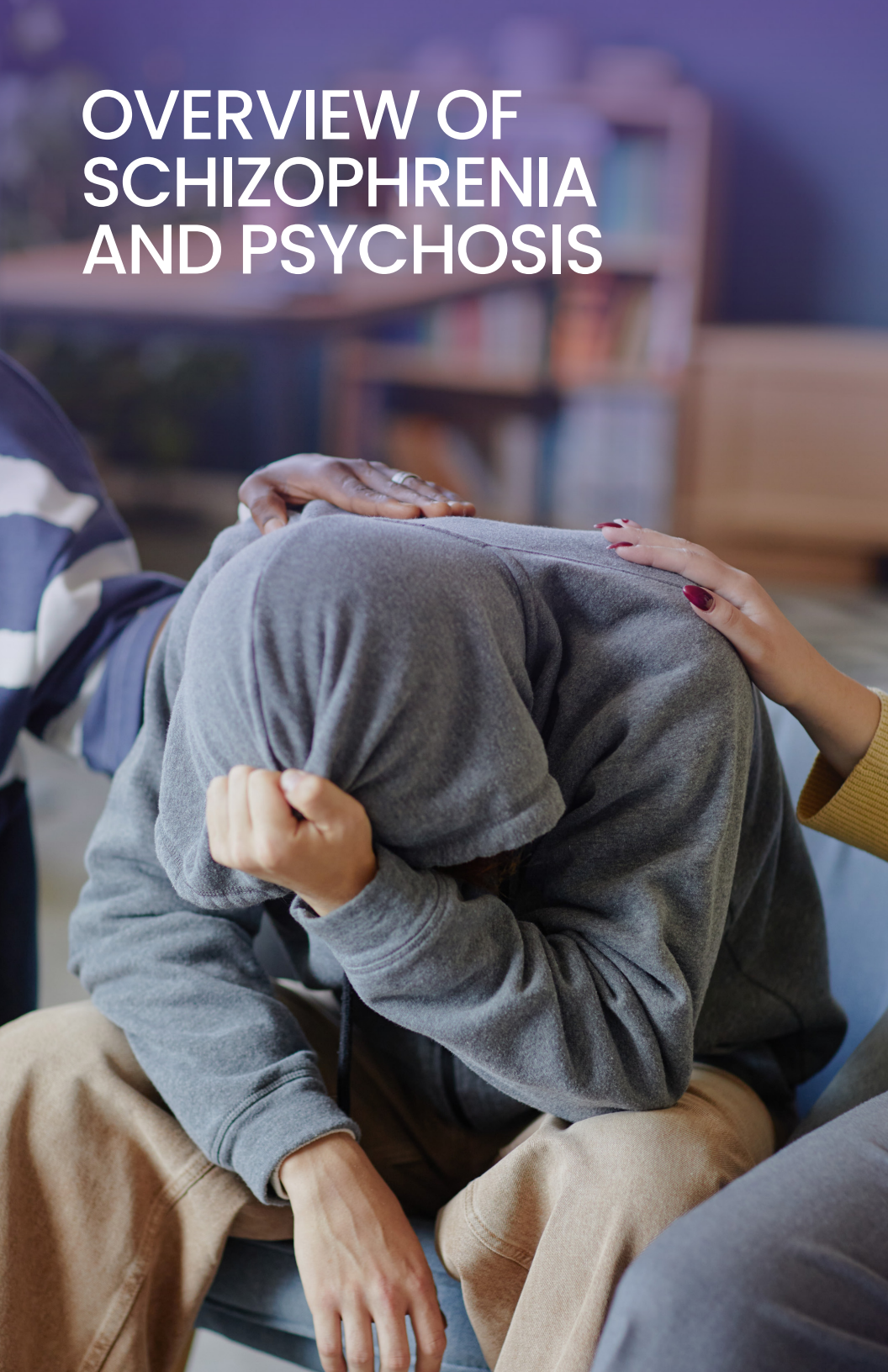
Education has the power to transform fear into understanding. When individuals, families, and professionals have clear and compassionate knowledge about these conditions, the unknown becomes more navigable.

The pages that follow aim to bridge scientific knowledge with accessible learning. Concepts that once felt mysterious or overwhelming begin to take shape through explanation and reflection. In this way, learning becomes a pathway toward empathy and empowerment.

BCSS provides a reason to hope and the means to cope. We are here to help educate, advocate and support your journey.

Faydra Aldridge
Chief Executive Officer
British Columbia Schizophrenia Society

OVERVIEW OF SCHIZOPHRENIA AND PSYCHOSIS



WHAT IS MENTAL ILLNESS?

Mental illness is a health problem that changes how a person thinks, feels, and behaves. It can affect how someone sees themselves, relates to others, and interacts with the world around them.

These changes can be disruptive, but with the right support, a person can get back on a path to recovery and lead a fulfilling life. Stigma and shame make it harder to talk about mental illness, even though it affects many people and families across Canada.

1 in 5 people in Canada are living with a mental illness. By age 40, about half of the population will have experienced one.[1]

Mental illness comes in many forms, and each person's experience is unique.

Some common types include:

- Schizophrenia
- Major depression
- Bipolar disorder
- Anxiety disorders
- Impulse control and addiction disorders

These illnesses can be mild or serious, can last a short or long time, and they can impact anyone, regardless of age, background, or lifestyle. People living with mental illness may feel overwhelmed and may not feel in control of their lives. This is different from feeling sad or stressed due to everyday challenges.

Mental health and mental illness are not the same.

Mental health is our overall emotional, psychological, and social well-being. Everyone has mental health, just like everyone has physical health, but not everyone will experience a mental illness. Someone with mental illness can still have good mental health.

MENTAL ILLNESS	VS	MENTAL HEALTH
Not everyone has a mental illness		Everyone has mental health
Mental illness refers to specific mental conditions that are diagnosable		Mental health refers to your general psychological & emotional well-being
Mental illness can impair daily functioning, affecting relationships, work, and overall quality of life		Good mental health enhances productivity, emotional regulation, and healthy relationships

Stigma is one of the biggest challenges faced by people living with mental illness. It comes from fear, myths, and misunderstanding, and can lead to unfair judgment, isolation, and shame. People may be seen as dangerous or unreliable, when they are often struggling quietly and need support.

Stigma also affects families and access to care. It can prevent people from seeking help, delay diagnosis, and make recovery harder. By learning more, speaking respectfully, and challenging stereotypes, we can help create a more compassionate and informed community.

PSYCHOSIS: WHEN REALITY IS EXPERIENCED DIFFERENTLY

Psychosis is one of the more misunderstood symptoms of mental illness. It can appear in several mental illnesses, like schizophrenia, bipolar disorder, or severe depression. Psychosis happens when someone temporarily loses touch with reality and struggles to tell what's real and what's not.

Common signs of psychosis:

- Delusions or false beliefs, such as thinking others are trying to harm them or that messages are being sent through the TV or phone.
- Hallucinations, like hearing voices or seeing things that others do not.

- Disorganized thinking and talking in ways that don't make sense or acting in ways that seem unusual or confusing.

A person going through psychosis may feel scared or overwhelmed. This can sometimes lead to risky or unpredictable behaviour. The first time someone experiences psychosis, often called a psychotic episode, it can be especially upsetting and confusing.

With proper treatment, the potential risk of harm, including suicide, can be lowered. Getting help early can make a big difference in someone's recovery and quality of life.

If someone you care about is showing signs of psychosis, contact a health care professional.

WHAT IS SCHIZOPHRENIA?

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and acts. It's part of a group of conditions called psychotic disorders, which means it can include episodes where someone loses touch with reality (psychosis).

But schizophrenia is more than just psychosis. It can also affect:

- Motivation and self-care
- Thinking and learning skills like memory and attention
- Emotions and social interactions

Schizophrenia usually begins in the teen years or early adulthood, a time when many young people are building their futures. It can develop slowly or come on suddenly, and it looks different for everyone. Some people recover after one episode, while others may need ongoing support.

Schizophrenia is **NOT** a "split personality" or an intellectual disability.

Schizophrenia is a medical condition, just like diabetes or epilepsy, and like those illnesses, it can be managed with the right treatment and support.

SCHIZOPHRENIA BY THE NUMBERS

- Schizophrenia affects about 1.8% of people globally, roughly 700,000 people in Canada and 100,000 in British Columbia.[2]
- The mortality rate of people diagnosed with schizophrenia is 2.8x higher than those without, leading to a life expectancy that is 10-20 years less than the general population.[3]
- Schizophrenia affects more men (56%) than women (44%) during their lifetime and men experience an earlier onset than women.[4]
- About 25% of people who have schizophrenia experience a complete recovery, 40% experience recurrent episodes of acute illness and 35% remain chronically impacted.[5]
- On average, family/friend caregivers spend 31 hours per week providing care for people with schizophrenia.[6]

SYMPTOMS OF SCHIZOPHRENIA

Families are often the first to notice changes in a loved one—like paranoia, mood swings, or trouble at school or work. These can be early signs of psychosis, but it's not always easy to recognize schizophrenia or know what to do. Even when symptoms are mild, people may seem "not themselves".

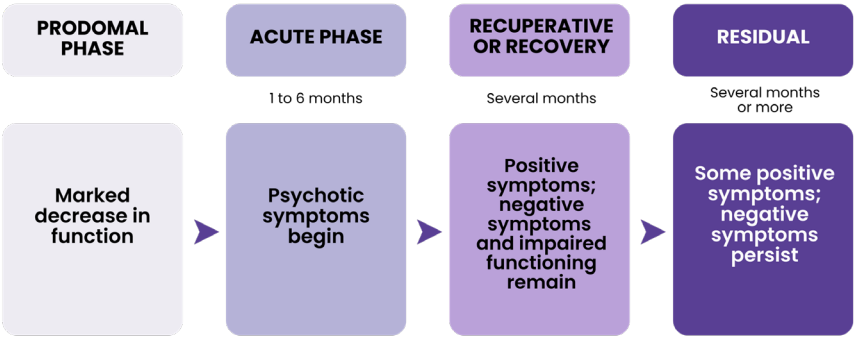
Some early warning signs:

- Acting strangely or unpredictably
- Laughing at inappropriate times
- Saying things that don't make sense
- Holding odd body positions or making repetitive movements
- Avoiding touch or wearing gloves for no clear reason
- Shaving off body hair
- Talking about self-harm or showing signs of distress
- Staring without blinking-or blinking excessively

Schizophrenia often happens in four stages, which can repeat over time:

- **Early signs** (prodromal): Avoiding people, doing worse at school or work, or thinking in unusual ways.
- **Active symptoms** (acute): Symptoms that make it hard to live daily life. The person may lose touch with reality.

- **Getting better** (recovery): With help and support, many people feel better. Some recover fully; others learn to manage their symptoms.
- **Ongoing symptoms** (residual): Some symptoms may stay, even after initial ones go away.



Some patients will remain chronically symptomatic despite adequate treatment over many years.

The symptoms of schizophrenia fall into **three main groups**:

POSITIVE	NEGATIVE	COGNITIVE
Refers to the psychotic symptoms that show the person has lost touch with reality	Symptoms have a profound effect on day-to-day living, involving thinking, behaviour, and perception	Difficulties with the skills needed to process information, gain new knowledge, and solve problems

POSITIVE SYMPTOMS

These are new behaviours that show the person has lost touch with reality. These symptoms are often the first ones noticed by family, friends, or teachers.

Common symptoms include:

- **Hallucinations**: Hearing, seeing, tasting, smelling, or feeling things that are not there. These experiences feel very real to the person experiencing them.

- **Delusions**: Beliefs that are not based in reality. A person may have:
    - Grandiose delusions
    - Paranoid thinking
    - Problems concentrating
    - Confused thinking
    - The sense that their thoughts are blocked
- **Psychosis:** A break from reality. People may hear voices that are threatening, which can lead to dangerous behaviours.
- **Disorganized Speech**: They jump between topics or give answers that don't make sense.

NEGATIVE SYMPTOMS

Negative symptoms are things a person stops doing or feeling. Some people show a loss of typical thinking, behaviour, or emotions. These symptoms can make everyday life harder.

Common symptoms include:

- **Alogia** (difficulty speaking): Speaking less or struggling to find words. Some people give very short answers or speak only when asked.
- **Anhedonia** (loss of interest): Not enjoying things they used to. They may seem distant or avoid friends and family.
- **Avolition** (lack of motivation): Trouble starting or finishing tasks. They may seem tired or uninterested in daily activities.
- **Catatonia**: Not reacting to people or surroundings. They may stay in one position, move slowly, or repeat actions. Some may echo what others say.
- **Emotional Flattening**: Showing fewer emotions. This can include less facial expression, poor eye contact, and a flat tone of voice.
- **Inattention**: Trouble focusing or paying attention in conversations or social situations.

COGNITIVE SYMPTOMS

Cognitive symptoms are changes in how a person thinks. These symptoms affect the brain's ability to process information, learn, solve problems, and make decisions. They also impact memory, attention, and how someone understands social situations.

Common symptoms include:

- **Disorganized Perceptions:** The person may have trouble making sense of sights, sounds, and feelings. Ordinary things can seem confusing or scary. They may be extra sensitive to background noises, colours, or shapes.
- **Disorganized Thinking:** The person may have trouble understanding language or speaking clearly. They might switch topics quickly or speak in a way that's hard to follow. Their thoughts may feel sped up or slowed down.
- **Disorganized Behaviour**: The person may lose short-term memory and have trouble organizing tasks. Planning, prioritizing, and making decisions can become very difficult or even impossible.

ANOSOGNOSIA

Some people with schizophrenia and other disorders, don't realize they are sick. This is called **anosognosia**, a brain condition that affects self-awareness. The person is not aware of their own symptoms and does not see the need for treatment. It can look like denial, but it's not. Awareness can vary from person to person and change over time.

Anosognosia affects about 60% of people with schizophrenia and 40% of those with bipolar disorder.[7] It can make recovery more difficult and impact long-term outcomes.

WHAT CONTRIBUTES TO SCHIZOPHRENIA?

Several different factors are believed to contribute to the onset of the illness. Some of these are:

Genetics and Family History	Genetic research continues, but a predisposition to schizophrenia can run in families. While no single "schizophrenia gene" has been identified, if one parent is diagnosed, the risk of each offspring is 10–15%, and if both parents experience schizophrenia, the risk increases to 35–46%.[8]

Pregnancy and Birth Complications	Hormonal changes during and after pregnancy may exacerbate existing neurodevelopmental vulnerabilities, leading to the onset of psychotic symptoms in predisposed persons.[9]
Brain Structure Abnormalities	Imaging has identified changes[10] in the structure and functioning of a number of key brain systems, including prefrontal and medial temporal lobe regions involved in working memory and declarative memory.
Biochemical Factors	People with schizophrenia and other serious mental disorders, have a neurochemical imbalance caused by changes in the way neurotransmitters facilitate communication between brain cells. Modern antipsychotic medications now target three different neurotransmitter systems (dopamine, serotonin, and norepinephrine.)
Stress	Stress does not cause schizophrenia. However, it has been proven that stress often precedes the onset and makes symptoms worse when the illness is already present.
Family Relationships	Adverse Childhood Experiences[11] (ACEs) like abuse, neglect, or instability are potentially traumatic events that occur in childhood (0-17 years) that can increase the risk of mental health challenges later in life. A calm, supportive environment helps reduce stress and supports recovery. Building strong, healthy relationships and understanding the impact of past experiences are key to healing.
Substance Use	Certain drugs can make symptoms worse or trigger a psychotic episode if a person already has schizophrenia. Drugs can also create schizophrenia-like symptoms in otherwise healthy individuals. Drugs, like methamphetamines, can cause permanent psychosis in people who would not necessarily become ill otherwise.

DIAGNOSING SCHIZOPHRENIA AND OTHER MENTAL ILLNESSES

Psychosis is a symptom that can happen in many conditions—not just schizophrenia. That's why diagnosis takes time, careful observation, and a full assessment. Mental health professionals use different tools to understand what's happening.

This includes:

- Psychiatric interviews focused on thoughts, feelings, behaviours, and personal history.
- Family history review using information from relatives and available health records.
- Physical examinations and medical tests to assess health issues that may affect brain function, including infections, injuries, or neurological conditions.
- Laboratory tests and imaging (e.g., blood tests, urine tests, brain scans) to rule out medical causes.

Doctors look at:

- How long symptoms have lasted
- How symptoms have changed over time
- Whether there are known triggers

Because symptoms can overlap with other conditions, a diagnosis may not be made right away. In some cases, the diagnosis may change as more information becomes available.

SCHIZOPHRENIA IS A SPECTRUM

Schizophrenia is part of a larger group of mental illnesses called the schizophrenia spectrum that includes other psychotic disorders. These conditions share some symptoms, like psychosis, but they are different in how long symptoms last and how they affect people.

Here are some of the main diagnoses in this group:

- Schizotypal disorder
- Brief psychotic disorder
- Psychosis due to substance use or medical condition
- Schizophreniform disorder
- Schizoaffective disorder
- Delusional disorder
- Schizophrenia

THE ROLE OF FAMILY AND FRIENDS DURING DIAGNOSIS

Families play an important role in helping doctors understand what's going on. They can share valuable information that supports the diagnostic process. This can include:

- Family medical history
- Birth and childhood history
- Physical or emotional trauma
- School performance and behaviour
- How the person was doing before symptoms started and changes, they've noticed

Ongoing assessment helps make sure the person gets the most accurate diagnosis and the right care.

THE IMPORTANCE OF EARLY INTERVENTION

The first signs of psychosis usually appear in the teens and early twenties and can be scary and stressful—for the person, their family and friends.

If treatment is delayed, it can cause serious problems. The person may struggle to do everyday things, relationships may suffer, and they may feel alone. School and work can be disrupted. Untreated psychosis also increases the risk of depression, suicide, and violence.

Studies show that people often wait about three years before getting treatment for schizophrenia.[12]

Getting help early makes a big difference. When schizophrenia is treated early, the person has a better chance of feeling well and staying well. They may need fewer hospital visits, have fewer symptoms, and enjoy a better quality of life.

Benefits of early intervention:

- Reduces suffering and helps the person recover faster
- Keeps school, work, and daily life on track
- Lowers the risk of relapse, depression, suicide, substance use
- Helps protect relationships and social supports
- Supports healthy emotional and social development
- Helps the person keep their confidence and sense of self

NAVIGATING TREATMENT

TREATMENT

Accurate assessments and good rehabilitation programs are important. Schizophrenia and other mental illnesses are treatable. While there is no cure yet, many people improve with the right mix of care and support. Treatment should match each person's needs.

MEDICATION

Most people with schizophrenia take antipsychotic medication. This helps reduce symptoms like confusion, hallucinations, and delusions. They may take several weeks to work so staying on them helps prevent future episodes.

Side effects may include:

- Tiredness
- Dizziness
- Dry mouth
- Restlessness or stiffness
- Sexual problems
- Weight gain

Doctors may adjust the dose or change the medication to reduce side effects. It's important not to stop medication suddenly, due to potential significant withdrawal symptoms.

Stopping medication early (even when feeling better) can cause symptoms to return. Doctors should continue monitoring medications, address related issues like substance use, anxiety, or depression, and regularly assess suicide risk.

COGNITIVE BEHAVIOURAL THERAPY (CBT)

CBT teaches skills to manage stress and symptoms. It can improve mood and reduce distress that medication may not fully relieve.

COGNITIVE REMEDIATION

A type of rehabilitation that is effective at improving the cognitive deficits that occur with mental illnesses like schizophrenia and psychosis, such as problems with concentration, memory, problem-solving, and social skills.

FAMILY COUNSELLING AND SUPPORT

Families often feel overwhelmed. Counselling and support groups (like those offered by BCSS) help families cope and communicate better. When families are part of the care plan, outcomes improve. Health care teams should work with families as partners. Together, they can choose the right supports and make hopeful plans for recovery.

Families also need support. They need information, tools, and emotional care to help their loved one—and themselves. Calm, kind support from family members can make a big difference.

HOSPITAL CARE

During severe episodes, hospital care may be needed for safety and stabilization. Follow-up care after discharge helps prevent relapse.

SUPPORTED HOUSING AND REHABILITATION

Accurate assessments and good rehabilitation programs are important. Programs that offer safe housing, life skills, and support for work or school help people build independence and confidence.

EDUCATION

Learning about schizophrenia helps people understand the illness and how to manage it. Families and individuals should be included in planning and ongoing care. Community programs like peer support and recreation can also help.

PEER SUPPORT AND SELF-HELP

Support groups help people and families feel less alone. People with lived experience can support others and help reduce stigma.

ELECTROCONVULSIVE THERAPY (ECT)

ECT can be used when other treatments for depression haven't worked and is also used to treat people with schizophrenia. It involves sending a small amount of electricity to the brain to cause a short, controlled seizure while the person is asleep under anesthesia.

HEALTHY ROUTINES

Eating well, sleeping enough, and staying active help with recovery. Families may need to support daily routines.

RECOVERY

Symptoms of severe mental illness may persist, at least in some form, for a long time, but treatment does exist, and recovery is possible. It's helpful to think about recovery in terms of the things that can be recovered.

Some examples of what can be recovered are:

- **Functions**, such as the ability to carry out daily activities, read, sleep well, hold coherent conversations, raise children, drive, and work.
- **External things and activities**, such as getting an apartment, a job, a social life, rebuilding family relationships and going back to school.
- **Internal states**, such as feeling good about oneself, satisfaction, self-confidence, spiritual peace, self-identity and self-responsibility.

Recovery may be a complex, lifelong journey that requires adjustment to a life with a chronic illness. It can involve much more than recovery from the illness itself.

People with mental illness may also need to navigate the ongoing effects of stigma, alongside challenges like unemployment, unfulfilled dreams, and lost opportunities—though as recovery progresses, managing these realities often becomes more achievable. Recovery is supported by a combination of treatment, clinical care, community and social support, and rehabilitation.

RELAPSE

Mental illnesses like schizophrenia and bipolar disorder are episodic illnesses, which means symptoms can come and go. A relapse is when symptoms return after a period of stability.

Relapses are most common in the first five years after a person's first episode of psychosis. That's why ongoing care is important.

Common triggers include:

- Stopping medications
- High stress or emotional trauma
- Alcohol and substance use
- Poor sleep or physical exhaustion
- Anosognosia (not recognizing one's illness)

Relapse signs are often the same each time. Once you know what to look for, you can act early to prevent a full relapse.

Hospital care may be needed during a relapse. After discharge, a calm, simple, steady routine at home helps reduce stress and support recovery. A team of professionals, including psychiatrists, nurses, social workers, occupational therapists, and psychologists, can work together to help the person and their family.

HOW DOES SCHIZOPHRENIA AFFECT FAMILIES?

Schizophrenia doesn't just affect the individual; it affects the whole family. Parents, siblings, and loved ones often feel many strong emotions. These can include sadness, fear, confusion, guilt, and feeling alone. When people don't understand the illness, they may blame themselves or others. This can lead to shame and hurt.

One parent shared how hard it was when others started distancing themselves because of their child's illness. Instead of kindness, they felt left out, even by family members.

> **"I have learned that because people are afraid or don't understand mental illness, they often stay away from those of us who are closest to someone with a diagnosis at the very time that our loved one and we, as an advocate/caregiver, need more support and connection."**
>
> *– B.J.L., Parent with a son diagnosed with schizophrenia*

Many families may feel this way. When parents learn their child has schizophrenia, they often feel shocked, sad, angry, and confused.

Some common feelings are:

- Grief and sorrow over the loss of the person they once knew and of the life they imagined for their loved one.
- Shame and guilt, wondering if they caused the illness.
- Fear of the unknown, what others think, or concerns about their loved one's behaviour.
- Anger and resentment, especially from siblings who may feel overlooked.
- Marital strain, emotional fatigue, and withdrawal from social circles.
- Obsessive searching for answers or cures, often at the expense of their own wellbeing.
- Worries about the future and who will care for their loved one when they no longer can.

As one sibling put it:

> **"My family never really discussed or had a family talk about either of my sister's mental illness. We were a very closed unit and found that we kept family issues private."**
>
> *– Elizabeth Ollenberger, Registered Counsellor and sibling to Dawna and Marilyn, sisters who lived with schizophrenia*

Healing begins with understanding and families need kindness for their loved one and for themselves. Knowing that no one is to blame can help families feel less alone and more connected so they can move from confusion to connection and support.

FAMILY SUPPORT AND EDUCATION

HOW FAMILIES CAN HELP AND SUPPORT THEIR LOVED ONE

Families play a big role in helping someone with mental illness.

Supporting someone with schizophrenia can be hard, but your kindness and encouragement can make a big difference. Staying involved in their care plan can lead to fewer symptoms and a better quality of life. Here are some ways families can help:

LEARN TO RECOGNIZE SYMPTOMS

Schizophrenia can start slowly or suddenly. If you notice unusual behaviour, talk to a doctor or mental health clinic.

The following symptoms are important:

- A constant feeling of being watched
- Difficulty controlling one's thoughts
- Hearing voices or sounds others don't hear
- Seeing people or things that others don't see
- Sudden excesses, such as extreme religiosity
- Irrational, angry, or fearful responses to loved ones
- Sleeplessness and agitation

GET PROPER MEDICAL HELP

Here are some tips for getting help:

- **Take action early**: If you see signs of illness or relapse, ask for an assessment or referral from an experienced professional. If it is an emergency, take your loved one to the ER for assessment.
- **Be persistent**: Help can be found through your local health authority and mental health clinics.
- **Share information**: Your loved one may not be able to explain what's happening. You can help by sharing details with the doctor when appropriate.

BE INVOLVED IN YOUR LOVED ONE'S CARE

Families should be part of the care plan. You can ask the doctor about:

- Symptoms and what to expect
- Treatment options
- Signs of relapse
- How to support recovery

Show love and hope. Help your loved one keep track of:

- Symptoms
- Medications and doses
- What treatments have helped

MANAGING FROM DAY TO DAY

Here are some ways you can support your loved one day to day:

- **Ongoing medical care**: Make sure they take their medication and go to follow-up appointments.
- **Keep routines simple**: Plan quiet, low-stress activities. Give them time alone each day and avoid too many big events.
- **Be consistent**: Agree on a plan with other caregivers and stick to it. Set clear limits and follow through gently.
- **Communicate clearly**: Speak calmly, one at a time, and use short sentences. Avoid arguing about delusions—focus on listening and support.
- **Stay positive**: Encourage small efforts and celebrate progress. Praise even half-finished tasks, confidence can be fragile.
- **Set realistic goals**: Help your loved one rebuild old skills or try new ones slowly. Avoid pushing too hard.
- **Support independence**: As they move into recovery, help them relearn everyday skills like cooking or budgeting.
- **Talk about stress**: Help them prepare for challenges. Your calm example can teach healthy ways to cope.
- **Try something new together**: Suggest a hobby or activity. Offer to go with them the first time for support.

LOOK AFTER YOURSELF AND OTHER FAMILY MEMBERS

Caring for someone with a mental illness, such as schizophrenia, can be challenging. That's why it's important to take care of yourself too. When you look after your own health and well-being, you're better able to support your loved one and the rest of your family.

> **"As an advocate you deserve a break, this is what helps you carry on supporting your loved one on their healing journey. The journey is not always easy so take time for self-care; you deserve and need it."**
>
> *– B.J.L, Parent with a son diagnosed with schizophrenia*

Here are some ways to care for yourself and your family:

- **Make time for self-care**: Rest, eat well, and do things you enjoy. Keep up with friends. Continue pursuing your hobbies. Your life matters too.
- **Protect your privacy**: It's okay to set boundaries and take breaks when you need them.
- **Support other family members**: Siblings may feel confused, scared, or left out. Talk to them, listen, and include them in family life.
- **Find support in your community**: Join a support group. Talking to others who understand can help you feel less alone and more informed.
- **Learn from others**: Support groups can offer advice on navigating mental health services and finding good care.
- **Advocate for better services**: Families often face gaps in care, medical, financial, housing, and social supports.

HOW CAN I HELP YOUTH?

Educators, youth workers, and community leaders play a powerful role in supporting young people affected by schizophrenia and other severe and persistent mental illnesses. You can help by recognizing early signs, creating safe spaces, and connecting youth with the right resources.

Schizophrenia often begins in the late teens or early twenties. Early support can make a big difference in a young person's life, especially when it comes to reducing stigma and encouraging help-seeking.

Here's how you can help:

- **Harm reduction**: Educate yourself and others on how substances, specifically cannabis, can trigger mental health issues.
- **Know the signs**: Watch for changes in mood, behaviour, or school performance. If these persist, involve the family and help the youth access support.
- **Talk openly about mental illness**: Discuss schizophrenia and other illnesses calmly and factually to reduce fear and stigma.
- **Create safe spaces:** Encourage youth to share feelings—peer support and validation can be powerful.

- **Model compassion and hope:** Your attitude matters. Stay positive and avoid passing on hopelessness. Youth need to believe recovery is possible.
- **Learn and share**: The more you know, the more you can help. Use trusted resources like BCSS Youth to guide your conversations.

> **"If you are a person with mental illness, the challenge is to find the life that's right for you. My good fortune is not that I've recovered from mental illness. I have not, nor will I ever. My good fortune lies in having found my life."**
>
> *– Elyn R. Saks, The Center Cannot Hold: My Journey Through Madness*

Young people have a lot to say when it comes to mental health and reducing stigma.

When peers normalize the experience of social and emotional problems, it can be a powerful validation for others. When we support youth with understanding and care, we help build a generation that's stronger, more compassionate, and ready to lead change.

bcssYOUTH

BCSS Youth offers age-specific programs for youth ages 8–18 who have a loved one living with mental illness and/or substance use challenges.

These programs provide education, peer support, and practical coping tools that build resilience, promote self-care, and help youth better understand mental illness while supporting their overall well-being.

To learn more, please visit **bcssyouth.org.**

AGING PARENTS AND FUTURE PLANNING

As parents age, it may become harder to provide daily care. Planning ahead helps ensure your loved one is supported in the future. It's often best to explore independent living while parents are still able to help with the transition.

Trying out living away from home can be a good first step. If it doesn't work out, your loved one can return home and try again later. Framing it as an experiment helps everyone stay hopeful and flexible.

Here are some things to consider as you plan:

- **Explore independent living options**: Start with short-term or supported housing to build confidence.
- **Talk about long-term care needs**: Include your loved one in conversations about future support.
- **Create a financial plan**: Look into disability benefits, housing subsidies, and budgeting tools.
- **Set up legal documents**: Consider a trust, will, and Representation Agreement to protect your loved one's future.
- **Build a circle of support**: Connect with community programs, mental health teams, and peer networks.
- **Keep communication open**: Talk about goals, fears, and hopes together. Revisit plans as needed.

BCSS PROGRAMS & SERVICES

The British Columbia Schizophrenia Society (BCSS) provides free and confidential programs and services to support for families, caregivers, and friends of individuals affected by severe and persistent mental illnesses. Here's how you can get help today:

ONE-ON-ONE FAMILY SUPPORT

Regional Educators provide vital information, guidance, and emotional support to individual families. Direct one-on-one support helps people access appropriate crisis intervention, seek treatment, find community resources, and coordinate ongoing care with health care providers. This program is available virtually and in person.

FAMILY SUPPORT GROUP

Connect with others who understand what you're going through. These peer groups help families advocate for their loved ones and navigate the healthcare system with confidence.

STRENGTHENING FAMILIES TOGETHER

A six-session educational course for those with a loved one or friend living with a severe and persistent mental illness. This program covers schizophrenia, psychosis, mood disorders, current treatments, communication skills, self-care, and information about the BC mental health care system.

STRENGTHENING FAMILIES TOGETHER – INDIGENOUS

An adapted version of Strengthening Families Together that honours and integrates the traditions, culture, and knowledge of the Indigenous community where the program is delivered.

CONTACT A LOCAL EDUCATOR

BCSS is here to support you. Our dedicated team of educators are informed on what resources and services are available in communities across the province. Get in touch:

info@bcss.org
604-270-7841
TOLL FREE:
1-888-888-0029

Find your local educator's contact info by scanning the QR code or visit:

bcss.org/help

TOP 10 QUESTIONS ABOUT SCHIZOPHRENIA

Schizophrenia is often misunderstood. Myths and misinformation can lead to fear, shame, and isolation for both the person and their family. Understanding the facts helps reduce stigma and build compassion. Here are answers to some common questions:

Will I get schizophrenia if it runs in my family?	Genetics play a role, but it's not guaranteed. About 1.8% of people globally develop schizophrenia.
Are people with schizophrenia dangerous?	**No**. Most are not dangerous, especially if receiving treatment.
Are schizophrenia medications addictive?	**No**. These medications help manage symptoms and are not addictive.
Can children get schizophrenia?	**Yes**, but it's extremely rare. Most people show symptoms in their teens or early adulthood.
Is recovery possible?	**Yes**. While schizophrenia can be challenging, many people improve with early diagnosis, treatment, and support.
Can people with schizophrenia work or live independently?	**Yes**. With the right treatment and support, many can work, live independently, and lead fulfilling lives.
Should someone with schizophrenia have children?	Schizophrenia can run in families, so it's important to consider health, stability, and support systems.
Can drugs or alcohol cause schizophrenia?	**No**, but they can trigger symptoms in people who are already at risk.
How can I help a friend with schizophrenia?	Be supportive, learn about the illness, and stay connected. Your friendship can make a big difference.
Is schizophrenia the same for everyone?	**No**. Schizophrenia affects each person differently. Symptoms, experiences, and recovery paths vary. That's why personalized treatment and support are so important. There's no one-size-fits-all approach.

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A REASON TO HOPE AND THE MEANS TO COPE

The **BC Schizophrenia Society** is dedicated to supporting each other, educating the public, and advocating for better services for people with schizophrenia and other severe and persistent mental illnesses.