What is Generalized Anxiety Disorder?

Overall people with generalized anxiety disorder (GAD) experience excessive anxiety and worry about many different events or activities. It is considered excessive because the intensity, duration, and frequency of the worry is disproportionate to the actual likelihood of the event or activity taking place. Excessive worry will interfere with a person's ability to make decisions or do things efficiently and on time whether at home or at work. The worry takes up a lot of time and energy.

Prevalence

The prevalence rates for GAD range from 0.4% to 4.6% in a 12-month period. Females are 2x more likely than males to experience GAD. The prevalence for GAD peaks in midlife and reduces across the later years.

Signs and Symptoms

Common things that people with GAD worry about include finances, everyday routine life circumstances, job responsibilities, the health of family members, misfortune to their children, and other minor things. Often, people with GAD will also experience restlessness, on edge, difficulty concentrating, irritability, muscle tension, and disturbed sleep. A person with GAD finds it very difficult to control their worry and it often interferes with other activities. People who avoid certain behaviours, who have negative affect (neuroticism), and frequently try to avoid things that might hurt them are at risk for developing generalized anxiety disorder.

Treatment

Treatment for GAD will depend on the level of impairment it causes in a person's life. The main treatments are psychotherapy and medication or a combination of both. Cognitive behavioural therapy is one of the most common treatments for GAD however other forms of psychotherapy can be useful as well. Medications that are used to treat GAD include antidepressants, anti anxiety medications like buspirone or benzodiazepines are often used to help calm the person and control the physiological symptoms caused by the worry.

Sources:
Adapted from *Generalized Anxiety Disorder (Oxford Psychiatry Library): Michel Van Ameringen & Mark Pollack*
Adapted from the *Diagnostic and Statistical Manual of Mental Disorders 5*
Video resource: https://www.youtube.com/watch?v=9mPwQTiMSj8

What is a Phobia?

A phobia is an intense, excessive, fear or a specific object or situation (e.g., snakes, driving, flying in a plane, seeing blood, getting an injection etc.). This is known as the *phobic stimulus.* The phobic stimulus typically triggers an immediate fear response or anxiety.

Prevalence

The prevalence of phobias ranges from 7%-9%. The prevalence rates in children is about 5% and increases to around 16% in teenagers. The rates seem to decrease with age. Females are 2x more affected by phobias more frequently than males are.

Signs and Symptoms

In children, a phobia may be expressed by intense crying, tantrums, freezing, or clinging behaviour. People with phobias will often actively avoid the feared object or situation and the fear will often be out of proportion to the actual threat or danger posed by the object or situation. People with phobias may feel nauseated, sick, dizzy, or difficulty breathing. The fear or anxiety is often persistent and enduring typically lasting for 6 months or more and can cause significant distress and impairment in daily life. Some people will have multiple specific phobias. Not treating the problem can lead to depression, substance abuse, and social isolation.

Treatment

The most common form of treatment is a form of psychotherapy known as exposure therapy. This may be done on its own or in combination with medication. Cognitive behaviour therapy is another form of therapy that can help reduce the fear and anxiety. Exposure therapy will focus on changing the response to the phobic stimulus with gradual, repeated exposure. Cognitive behavioural therapy will focus on ways to view and cope with the phobic stimulus differently. You will explore your beliefs about your fear and body response to the stimulus and increase your confidence and mastery of those responses.

Sources:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=PCOg2G797ek

What is Social Anxiety (Social Phobia)?

Social anxiety is a disorder that characterizes people who have an intense fear of social situations in which the individual may be scrutinized by other people. Typically the fear is about being evaluated negatively by others. Often, there is a concern that they might be judged as weak, anxious, incapable, boring, dirty, unlikeable, or boring. A person with social anxiety may fear that they will act in a way that will make others see them negatively like blushing, trembling, sweating, etc. Some people fear offending others and some fear urinating in public places where others might be present. The fear of judgement by others is out of proportion to the actual threat of being judged.

Prevalence

The prevalence of social anxiety is around 7% and decrease with age. For older adults the prevalence rate ranges from 2%-5%. Higher rates of social anxiety are found in females than in males.

Signs and Symptoms

On many occasions, people with social anxiety will experience anticipatory anxiety if a social situation is approaching. However, the anxiety can also occur far in advance of the social situation. Individuals will often avoid these kind of situations or they will endure them but experience intense fear or anxiety throughout. Some will avoid extensively (not attending social events like parties, or not going to school). Others will over prepare, divert attention to others, or limit eye contact. The cultural background of the person is important to consider, given that there are social norms in some cultures that would explain the fear of judgement.

Treatment

The treatment for this disorder can be treated with psychotherapy and medication if the severity is high. Psychotherapy can improve symptoms in most people with social anxiety and involves recognizing and changing negative thoughts about the self and developing skills to gain confidence in social situations. A combination of cognitive-behaviour therapy and exposure typically has the best outcomes. Skills training and role-playing can be incorporated into the therapy. Medications like SSRIs are typically prescribed however, other antidepressants anti-anxiety medications can also be helpful.

Sources:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=QLjPrNe63kk

What is Obsessive Compulsive Disorder?

Obsessive compulsive disorder (OCD) is characterized by two elements. The first are recurrent and persistent thoughts, urges, or images, that a person experiences as intrusive and unwanted, i.e., obsessions. The second are repetitive behaviours or mental acts that a person feels they have to perform in response to an obsession or according to a set of rules. People with this clinical disorder are typically distressed by their obsessions and compulsions and can be severely impaired at home, at work, socially, etc.

Prevalence

The prevalence of OCD is about 1.2% with females being slightly more affected than males. Males are more often affected during their childhood.

Signs and Symptoms

A person with OCD will experience repetitive thoughts and behaviours like hand-washing, ordering, checking, praying, counting, repeating words, etc. These behaviours are usually done to help the person relieve their stress or prevent something from happening. People that engage in these behaviours will be very anxious and distressed and often tries to ignore or suppress them however this often makes things worse. The obsessions and compulsions will be very time consuming (+1 hour/day) and will interfere with typical daily activities, work, etc. Many people with OCD will have dysfunctional beliefs like an inflated sense of responsibility, perfectionism, overestimating the threat of things, putting a lot of importance on their thoughts. Some people will have insight into their behaviour however others will believe that their rules, beliefs are true.

Treatment

Treatment for OCD for many people is a lifetime occurrence. Psychotherapy typically involves cognitive-behaviour therapy (CBT) and exposure and response prevention (ERP) which involves gradually exposing the person to a feared object or obsession and learning healthier ways of coping to the exposure. Medications can be prescribed to help control the obsessions and compulsions. There are a number of antidepressants that can be prescribed for this and will depend on the severity and other factors.

Sources:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=I8Jofzx_8p4

What is Panic Disorder?

Panic disorder describes a person with recurring experiences of panic, i.e., surges of intense fear that can peak in a very short period of time. They typically occur with no obvious warning or triggers, meaning that they seem to occur out of the blue. Some people have expected panic attacks in which there is a clear trigger or expectation of one occurring.

Prevalence

The prevalence of panic disorder is around 2-3% in adults and adolescents and are much less prevalent in children (<0.4%). Females tend to be 2x more affected by panic disorder than me. The onset can occur around puberty and peak during adulthood in females.

Signs and Symptoms

Depending on whether they are expected or unexpected panic attacks are intense periods of fear, typically triggering physical symptoms like shortness or breath, increased heart rate, feeling faint or dizzy, sweating, a sense of impending doom, a feeling of unreality or detachment, trembling or shaking, and will often make people want to leave the situation they are in to relieve the symptoms however they may not know what triggered the panic in the first place. Panic attacks will occur when there is no real obvious danger. They can be very frightening and cause a person to feel as though they are losing control, having a heart attack, or even dying. A common occurrence after the first panic attack is the fear of having another one.

Treatment

Like many other types of anxiety disorders, panic disorder can be treated with a combination of psychotherapy, like cognitive-behavioural therapy, and medications like SSRIs, SNRIs, and benzodiazepines. You may be recommended to try one medication or a combination of medications to help you get control of the anxiety. Psychodynamic psychotherapy has also been shown to be effective for people with panic disorder.

Sources:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=YxELZyA2bJs

What is Bipolar Disorder?

Bipolar disorder is a condition that results in severe mood swings and includes emotional highs (manic or hypomanic state) and lows (depressive state). During manic states one typically feels “high," euphoric, full of energy, and even irritable. In depressive states, a person will feel extremely sad, will lose interest in pleasurable activities, and feel hopeless. The changes in extreme moods will be exhausting to the individual. This is a lifelong condition that needs chronic monitoring and treatment.

Prevalence

The prevalence is 0.6% in the general population. Males tend to experience bipolar disorder more than females at a ratio of 1.1:1.0.

Signs and Symptoms

During a manic or hypomanic state a person may exhibit several symptoms such as inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual or feel the pressure to keep talking, ideas seem to be all over the place, very distractible, engaging in risky behaviours (high potential for painful consequences). During a depressive episode a person will typically experience depressed mood most of the day and everyday, loss of interest in activities that typically brings them pleasure, significant weight loss when not dieting or an increase in weight, insomnia or hypersomnia almost everyday, feelings of worthlessness or guilt, difficulty concentrating or remembering things and making decisions, thoughts of death or suicidal thoughts.

Treatment

Typically this condition is diagnosed and treated by a psychiatrist. However, a treatment team which includes a psychologist, may also help with psychotherapy. This is a lifelong condition that requires regular monitoring and treatment. Medications might include mood stabilizers, antipsychotics, antidepressants, antidepressant-antipsychotic, or anti-anxiety medication. A trained psychiatrist will help the patient find the right medication or combination of medications. Different types of psychotherapy can help in managing the behavioural symptoms such as cognitive behavioural therapy, psychoeducation, and family therapy. Electroconvulsive therapy (ECT) has also been prescribed in extremely difficult cases.

Sources:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=KSvk8LLBo2g

Common Mental Health Issues
Mental Health 101 Series

What is Depression?

Depression or Major Depressive Disorder is a condition in which a person will experience a marked decrease in mood or loss of interest or pleasure for a period of 2 weeks or longer. It is a mood disorder that causes persistent feelings of sadness and affects how you feel, think, and behave. It can lead to several physical and emotional problems. Depression is more than just a bout of sadness, otherwise known as, “the blues”. People with depression cannot simply snap out of their low mood.

Prevalence

The prevalence for depression in the general population is around 7%. The prevalence in 18-29 year olds increase up to 3x more than the general population. Females experience depression around 1.5 to 3x more than males and typically begins in early adolescence.

Signs and Symptoms

In children the main symptom may be irritability instead of depressed mood. It may appear at any age, however puberty is a common starting point in adolescents. People with depression will experience low mood most of the day and everyday, will lose significant weight or gain significant weight, will have trouble sleeping or will oversleep, will seem restless or be extremely slowed down, will feel tired or have a loss of energy everyday, will experience feelings of worthlessness or guilt, may have difficulty concentrating or making decisions, may have recurrent thoughts of death or suicide.

Treatment

Typically a general practitioner can prescribe medication if they suspect a person is depressed. A combination of medication and psychotherapy can help people with depression significantly. In cases of severe depression a hospital stay may be necessary. This will be helpful for people who cannot take care of themselves or are in danger of harming themselves or others. Visits to a psychiatrist, a psychologist, or other mental health professional is incredibly beneficial. Medications typically include antidepressants, of which there are several a doctor may try. Many types of psychotherapy are helpful for depression including cognitive-behavioural therapy, art therapy, drama therapy, psychodynamic therapy, and others.

Sources:

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video resource: https://www.youtube.com/watch?v=3IUkw23paUk

What is Postpartum Depression?

Postpartum depression is a mood disorder which presents in mothers close to or after the birth of a baby. This is more severe than the common “baby blues” which is characterized by mood swings, crying spells, anxiety, and difficulty sleeping. Postpartum depression is similar to major depressive disorder in that they experience a more severe and long lasting depression. In rare cases, postpartum psychosis can occur.

Prevalence

Between 3% and 6% of women will experience an onset of major depressive disorder during pregnancy or in the weeks or months following childbirth. 50% of cases begin during pregnancy.

Signs and Symptoms

At its worst, major depressive disorder in pregnant women or following childbirth may have thoughts of infanticide. The common symptoms of postpartum depression include depressed mood or severe mood swings, excessive crying, difficulty in bonding with the baby, withdrawing from family and friends, decrease or increase in weight, difficulty sleeping, irritability and/or anger, feelings of inadequacy as a mother, hopelessness, worthlessness, helplessness, difficulty thinking clearly and making decisions, thoughts of harming oneself or one’s baby, recurrent thoughts of death or suicide.
Note: New fathers can experience postpartum depression as well. New fathers may also feel sad, tired, overwhelmed, anxious, and experience changes in their sleeping and eating patterns.

Treatment

Psychotherapy and medication are two options for people suffering from postpartum depression. Your doctor or psychiatrist may prescribe an antidepressant, most of which are not considered harmful to the baby since they will enter into the breast milk. Psychotherapy can be done with your psychiatrist, psychologist, or other mental health professional.

Source:
The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=6kaCdrvNGZw

What are Personality Disorders?

Personality disorder describes a person with a very rigid and unhealthy pattern of thinking, of functioning, or of behaving. People with personality disorders have difficulty relating to other people and therefore they typically have problems in relationships, in social activities with others, at work, or at school. In some cases, people with personality disorders are not aware they have one because their way of thinking seems normal to them and they may blame other people for the issues they experience. Personality disorders typically manifest early in life, around the teenage years, and some become less distinct as people get older.
There are 3 main clusters of personality disorders:
Cluster A - Describe disorders in which people exhibit odd, eccentric thinking or behaving. Examples of these are paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder.
Cluster B - Includes personality disorders in which the person exhibits overly emotional, dramatic, or unpredictable thinking and behaving. These include antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder.
Cluster C - Describe personality disorders in which a person exhibits anxious, fearful thinking or behaving. Disorders in this category include avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder.

What is Paranoid Personality Disorder?

Paranoid personality disorder describes someone with a pervasive distrust and suspicion of others. People with this disorder will often believe that others' motives are malicious or malevolent.

Prevalence

The prevalence of paranoid personality disorder is about 2.3%-4.4%.

Signs and Symptoms

Someone with this personality disorder will suspect others are trying to exploit them, harm them, or deceive them in some way with no real basis for these beliefs. They might be preoccupied with unjustified doubts about their friends' or associates' loyalty or trustworthiness, sees hidden meanings or deceitful messages behind what others do or say, persistently bears grudges,

perceives attacks on his character or reputation that are not obvious to others and is quick to react angrily or to attack others.

Treatment

Personality disorders are mainly treated with psychotherapy. Psychotherapy can be done on an individual level or in group settings. Psychotherapy can include gaining insight into your way of thinking and how it is interfering in your relationships with others. It can also involve skills training to help you socialize better with other people in social situations. Medications will depend on the kind of symptoms a person exhibits and the severity of those symptoms. Medication can include antidepressants, mood stabilizers, antipsychotics, or anti-anxiety medication.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=vMWGKZMC0oE

What is Antisocial Personality Disorder?

Antisocial personality disorder describes a person who exhibits a pattern of disregard for or violation of other people's rights. This pattern of behaviour typically begins around the age of 15 years old.

Prevalence

The prevalence of this personality disorder ranges from 0.3% to 3.3%. The prevalence seems to be higher in low socioeconomic status populations and in prison populations.

Signs and Symptoms

A person with antisocial personality disorder will often fail to conform to social norms of their society, with respect to laws, and will repeatedly perform acts that can lead to arrest. They are often deceitful, impulsive, irritable and aggressive, they will have a reckless disregard for the safety of others or for themselves, are irresponsible, and lack remorse. This personality disorder is diagnosed when a person is at least 18 years old. They will have shown signs of conduct disorder prior to 18 years of age.

Treatment

Antisocial personality disorder is difficult to treat. For some, long term psychotherapy can help however this must be done by an experienced mental health professional. Treatment will depend on the person's situation and their symptoms. Psychotherapy is sometimes used to treat this personality disorder usually in the form of talk therapy and medications like antidepressants or antianxiety meds may be prescribed.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=Kgn0qAEOPrw

What is Borderline Personality Disorder?

Borderline personality disorder (BDP) describes a person who exhibits a pattern of unstable interpersonal relationships, unstable self-image, impulsivity, and unstable affect. A person with BPD will often begin to show these characteristics by early adulthood and in a variety of contexts.

Prevalence

The prevalence of BPD ranges across populations but is as high as 5.9%. The prevalence seems to decrease as people get older. It is more often diagnosed in females but does occur in males as well. Many people with BPD report experiencing a trauma early in their lives.

Signs and Symptoms

People with BPD will often make frantic efforts to avoid real or imagined abandonment, will have a pattern of unstable and intense interpersonal relationships and will alternate between extremes of loving or hating the person, they will exhibit a very unstable self-image and mood, they will experience chronic feelings of emptiness, and will exhibit intense anger or difficulty in controlling their anger. Some people with BPD will threaten suicide or engage in self-mutilating behaviour. Finally, they may experience transient, stress-related paranoid ideation or severe dissociative symptoms.

Treatment

Treatment for BPD is mainly through psychotherapy. The most common form of psychotherapy for BPD is dialectical behaviour therapy (DBT) which helps people to gain the skills necessary to regulate their emotions. Some mental health professionals will suggest meeting with a family doctor or psychiatrist for medication, along with psychotherapy, depending on the severity of the symptoms or co-occurring depression or anxiety.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=kdWnP8FReAI

What is Narcissistic Personality Disorder?

Narcissistic personality disorder describes a person with a pervasive pattern of grandiose behaviour or fantasies. They typically have an inflated sense of their own self importante. It describes a person with a constant need for admiration, and with a lack of empathy for others. This pattern of behaviour typically begins early in adulthood and make it difficult to maintain healthy relationships whether they be personal, work, or friendships.

Prevalence

The prevalence of this personality disorder ranges from 0 - 6.2%. 50%-75% of those diagnosed are male.

Signs and Symptoms

People with narcissistic personality disorder have a grandiose sense of self importance, i.e., they exaggerate their achievements and talents and expect that others will recognize they are superior without the achievements to show for it. They believe they are “special” or unique and can only be understood by other special or high status people. They typically require excessive admiration and have a sense of entitlement. They are often exploitative of others and lack empathy, meaning that they are unwilling to recognize the feelings of other people. They often envy other people or believe that other people are envious of them. Finally, they are typically arrogant towards others.

Treatment

Treatment for people with this disorder is mainly psychotherapy. Medications may be prescribed if there are other underlying disorders present. Psychotherapy may be able to help people who are narcissistic better relate to others so that they can have fulfilling and satisfying relationships. They may also be able to learn what drives their need to compete with others and the causes of their emotions. They may also be able to learn to tolerate the impact of issues related to their self-esteem.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=TxrSPlL5s7c

What is Psychosis?

Psychosis or psychotic disorders include disorders in which people experience hallucinations, delusions, disorganized thinking or speaking, disorganized or abnormal motor behaviour, and negative symptoms. Brief psychotic disorder is one of the main disorders that are categorized by these symptoms however other disorders can include psychosis. Disorders in which people may experience psychosis include schizotypal personality disorder, delusional disorder, brief psychotic disorder, schizophreniform disorder, schizophrenia, schizoaffective disorder, and other disorders induced by medications.

Prevalence

The prevalence for psychosis depends on the type of psychotic disorder and whether it is someone's first experience or not. In brief psychotic disorder, the prevalence is about 9% of the cases of first-onset psychosis. Brief psychosis is typically reported more in females than in males.

Signs and Symptoms

Delusions are strict beliefs that a person will not change despite there being evidence to the contrary. The beliefs can be about being harmed, that others are judging them, that they have exceptional abilities, wealth, or fame, that others are in love with them, that a major catastrophe will occur, or about health problems. Sometimes, delusions can be very bizarre and seem completely disconnected from reality, yet others may seem plausible but still not based on real evidence. Some people will experience hallucinations which are categorized as perceptions of

experiences that are not experienced by others. Hallucinations can be auditory (hearing voices), visual (seeing things that others don't see), or tactile (feeling things that are not there). Disorganized thinking or speech includes thoughts or speech that does not seem relevant to the situation or not related to a given conversation. It will be disorganized enough to impair communication with others. Abnormal motor behaviour includes childlike "silliness" or agitation that seems unpredictable. These problems will affect normal daily functioning. Some will experience catatonic behaviour which is a severe decrease in movement or slowing of movement. Some people will have a bizarre posture and may not speak. Others will have excessive movement, stereotyped movement, staring, grimacing, mutism, or echoing of speech.

Treatment

Depending on the symptoms and whether the psychosis is part of another disorder, such as schizophrenia, treatment may be lifelong even if the symptoms subside. Psychotherapy and medication are typically helpful however hospitalization may be required in some extreme cases. A psychiatrist will be necessary for diagnosis and treatment with medication. They can also be in charge of psychotherapeutic treatment however there may be a treatment team that could include a psychologist or other mental health professional. Medications typically include antipsychotics. Psychotherapy may include individual therapy and family therapy to help the family cope with the symptoms as a group.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=YzDMl9cxwe8

What is Schizophrenia?

Schizophrenia is a psychotic disorder that is persistent for at least 6-months. It is a disorder in which people interpret reality in an abnormal way and may have some combination of hallucinations, delusions, and disordered thinking and behaviour that impairs daily life.

Prevalence

The lifelong prevalence for schizophrenia ranges from 0.3-0.7%.

Signs and Symptoms

Delusions are strict beliefs that a person will not change despite there being evidence to the contrary. The beliefs can be about being harmed, that others are judging them, that they have exceptional abilities, wealth, or fame, that others are in love with them, that a major catastrophe will occur, or about health problems. Sometimes, delusions can be very bizarre and seem completely disconnected from reality, yet others may seem plausible but still not based on real evidence. Some people will experience hallucinations which are categorized as perceptions of experiences that are not experienced by others. Hallucinations can be auditory (hearing voices), visual (seeing things that others don't see), or tactile (feeling things that are not there). Disorganized thinking or speech includes thoughts or speech that does not seem relevant to the situation or not related to a given conversation. It will be disorganized enough to impair communication with others. Abnormal motor behaviour includes childlike "silliness" or agitation that seems unpredictable. These problems will affect normal daily functioning. Some will experience catatonic behaviour which is a severe decrease in movement or slowing of movement. Some people will have a bizarre posture and may not speak. Others will have excessive movement, stereotyped movement, staring, grimacing, mutism, or echoing of speech.

Treatment

Treatment for schizophrenia is lifelong and continues even if the symptoms subside. Psychotherapy and medication are typically helpful however hospitalization may be required in some extreme cases. A psychiatrist will be necessary for diagnosis and treatment with medication. They can also be in charge of psychotherapeutic treatment however there may be a treatment team that could include a psychologist or other mental health professional. Medications typically include antipsychotics. Psychotherapy may include individual therapy and family therapy to help the family cope with the symptoms as a group.

The DSM-5 *Diagnostic and Statistical Manual of Mental Disorders 5*
The Mayo Clinic: *Mayoclinic.org*
Video Resource: https://www.youtube.com/watch?v=WQ7oEn8DmR8