

# UNDERSTANDING SCHIZOPHRENIA AND BIPOLAR DISORDER

Mental Health Association- Malta

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# INTRODUCTION

- Why This Presentation?
  - To help you better understand your loved one's condition
  - To offer tools and strategies for support
  - To reduce stigma and encourage open conversation
- Why me?
  - I work with people with schizophrenia and BPMD all the time
  - I love what I do.
  - Declarations: Work with NMHS. MAP President. Fellow RCPsych.

# WHAT IS SCHIZOPHRENIA?

- A chronic brain disorder affecting thinking, emotions, and behavior
- Onset usually in late teens to early 30s
- Affects ~1% of the population
- Common Symptoms:
  - Hallucinations
  - Delusions (false beliefs)
  - Disorganized thinking
  - Reduced emotional expression or motivation

# WHAT IS BIPOLAR DISORDER?

- A mood disorder with episodes of mania and depression
- Onset often in late teens or early adulthood
- Affects 1-2% of population
- Two Main Types:
  - Bipolar I: Manic episodes (may include depression)
  - Bipolar II: Depressive episodes + hypomania (milder mania)

# SYMPTOMS OF MANIA AND DEPRESSION

- Mania (Bipolar I):
  - • High energy, reduced need for sleep
  - • Overconfidence, risky behaviors
  - • Fast speech, racing thoughts
- Depression:
  - • Low energy, feelings of worthlessness
  - • Changes in appetite or sleep
  - • Suicidal thoughts

# SCHIZOPHRENIA VS BIPOLAR DISORDER

Feature	Schizophrenia	Bipolar Mood D.
Main Symptoms	Psychosis, disorganized thoughts	Mood Disorder – Mania / Depression
Onset	Early Adulthood	Early Adulthood
Mood Symptoms	May be flat/ inappropriate	Highs and lows
Perceptual Abnormalities	Common	May occur – mood congruance

# WHAT CAUSES THESE CONDITIONS?

- • Biological Factors: Brain chemistry, genetics
- • Environmental Triggers: Stress, trauma, substance use
- • No one cause — it's a combination of factors

💡 It is nobody's fault.

# TREATMENT APPROACHES

- Medication: Antipsychotics, mood stabilizers, antidepressants
- Therapy: CBT, family therapy, psychoeducation
- Lifestyle: Routine, sleep hygiene, stress management
- 💡 Consistency is key in treatment.



# YOUR ROLE AS A FAMILY MEMBER

- • **Be supportive, not controlling**
- • **Listen without judgment**
- • **Encourage treatment**
- • **Learn about warning signs of relapse**
- • **Seek support for yourself too**

# WHAT YOU CAN EXPECT FROM YOUR HEALTH CARE PROVIDERS

- 1. Early Intervention and Diagnosis
  - Prompt and accurate diagnosis by a qualified psychiatrist.
  - Access to early intervention services if the condition is newly diagnosed.
- 2. Medication Management
  - Prescription of antipsychotic medications, adjusted and monitored regularly.
  - Clear information on side effects and long-term management.
  - Involvement of the family in medication discussions (with the patient's consent).
- 3. Psychological Therapies
  - Access to evidence-based therapies such as: Cognitive Behavioral Therapy (CBT) for psychosis; Family psychoeducation and therapy; Social skills training
- 4. Crisis Intervention /Rapid response services for acute psychotic episodes or relapses.
- 5. Hospitalization only if necessary, in a safe, respectful environment.

# WHAT CAN THE FAMILY EXPECT FROM SERVICE PROVIDER?

1. Support for Families and Caregivers, and referral to services.
2. Family Involvement Inclusion in treatment planning (with the service user's consent).
3. Clear communication about the diagnosis, treatment options, and prognosis.
4. Support for navigating the mental health system.
5. Psychoeducation: help families understand the symptoms and causes of the condition, and what the treatment options are, how to manage stress and relapse prevention.
6. Practical advice on how to manage challenging behaviors or situations.
7. Respite care services. Social and Community Support.
8. Community Mental Health Services: Home visits by community psychiatric nurses or outreach teams. Case management or care coordination for ongoing support.
9. Rehabilitation and Social Inclusion - Assistance with: Employment (supported work programs); Housing Education or skill-building programs; Support for reintegration into the community.
10. Legal Rights and Safeguards - Transparency around involuntary treatment laws. Information on how to advocate for the patient's rights. Access to complaint procedures if services are inadequate.

# CRISIS MANAGEMENT

- What to Watch For:
  - Suicidal thoughts or behaviors
  - Threats or aggression
  - Extreme disconnection from reality
- What You Can Do:
  - Stay calm
  - Call mental health services or 1579, 112 if needed
  - Have a crisis plan ready

# MYTHS VS FACTS

Myth	Fact
“They’re just being dramatic”	These are serious medical conditions
“They will never get better”	With support and treatment most lead full, productive lives
“Its all the family’s fault”	Mental illness is no ones fault.

## RESOURCES FOR FAMILIES

- Helplines: 1579, 1770
- Online tools: [kellimni.com](http://kellimni.com)
- National Health Service Community Clinics
- Mental Health Association
- Richmond Foundation
- Jean Antide Foundation

# FINAL THOUGHTS

- • You're not alone — many families walk this path
- • Knowledge is power
- • Your support can make a huge difference
- • Keep showing up with love and patience

## Q&A

- Let's talk.
- Your questions, concerns, and experiences are welcome.
- Thank you