

Schizophrenia

This factsheet covers what schizophrenia is, what the symptoms are and how you can get treatment. You might find it useful if you have schizophrenia yourself, or if you care for someone who does.



- Schizophrenia is a mental illness that affects the way you think.
- It affects about 1 in every 100 people.
- Schizophrenia may develop during early adulthood.
- You can have 'positive' and 'negative' symptoms of schizophrenia.
- Positive symptoms are experiencing things that are not real (hallucinations) and having unusual beliefs (delusions)
- Negative symptoms may be a lack of motivation and being withdrawn. They often last longer than positive symptoms.
- There are different types of schizophrenia.
- There are different causes of schizophrenia including genetics and environment.
- You can get medication and psychological treatments for schizophrenia.

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1. What is schizophrenia?

Schizophrenia is a mental illness which affects the way you think. The symptoms may affect how you cope with day to day life. You could be diagnosed with schizophrenia if you experience some of the following symptoms.

- Hallucinations
- Delusions
- Disorganised thinking
- lack of motivation
- slow movement
- change in sleep patterns
- poor grooming or hygiene
- changes in body language and emotions
- less interest in social activities
- low sex drive.

Everyone is different. Not everyone with schizophrenia will get all of these symptoms.

Schizophrenia is a common illness. About one in a hundred people will develop schizophrenia.¹ It can develop during young adulthood. The early stage of the illness is called 'the prodromal phase'. During this phase your sleep, emotions, motivation, communication and ability to think clearly may change.²

If you become unwell this is called an 'acute episode'. You may feel panic, anger or depression during an acute episode. Your first acute episode can be a shocking experience because you are not expecting it or prepared for it.

Schizophrenia myths

There are some myths or mistaken beliefs about schizophrenia which come from the media.

- 'Schizophrenia means someone has a split personality'

A common myth is that schizophrenia means that people have multiple or split personalities. This is not the case. The mistake may come from the fact that the name 'schizophrenia' comes from two Greek words meaning 'split' and 'mind'.³

- 'Schizophrenia causes people to be violent'

Research shows that only a small number of people with the illness may become violent, much in the same way as a small minority of the general public may become violent.⁴ People with a diagnosis of schizophrenia are more likely to be a danger to themselves than to other people. But as these incidents can be shocking, the media often report them in a way which emphasises the mental health aspects. This can create fear and stigma in the general public.

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2. What are the symptoms of schizophrenia and how is it diagnosed?

There are no blood tests or scans that can prove if you have schizophrenia. Only a psychiatrist can diagnose you after a full psychiatric assessment. Psychiatrists use manuals to diagnose mental illnesses. The main manuals used by doctors are the:

- International Classification of Diseases (ICD-10) which is produced by the World Health Organisation (WHO)
- Diagnostic and Statistical Manual (DSM-5) which is produced by the American Psychiatric Association.

NHS doctors use the ICD-10.⁵

The manuals explain which symptoms should be present, and for how long. Your symptoms need to last for a least one month before your doctor can diagnose you.⁶ They may say you have a psychotic disorder or psychosis before they diagnose you with schizophrenia.

Sometimes the symptoms of schizophrenia are described as positive symptoms or negative symptoms. This does not mean that they are good or bad.

'Positive' symptoms are experienced in addition to reality. 'Negative' symptoms can effect your ability to function.

Positive symptoms

The terms 'positive symptoms' and 'psychosis' are generally used to describe the same symptoms. The following are positive symptoms.⁷

- Hallucinations
- Delusions
- Disorganised thinking

Hallucinations⁸

These are experiences that are not real or that other people do not experience. Hallucinations can affect all of your senses which are:

- auditory (sound),
- visual (sight),
- tactile (touch),

- gustatory (taste) and
- olfactory (smell)

Hearing voices or other sounds is the most common hallucination. Hearing voices is different for everyone.

For example, voices may be:

- female or male,
- someone you know or someone you've never heard,
- in a different language or different accent to your own,
- whispering or shouting, or
- negative and disturbing.

You might hear voices every now and then or all of the time.

Delusions⁹

Delusions are fixed beliefs which do not match up to the way other people see the world. You may not be able to find evidence for or against your belief, and you may look for ways to prove the way you see things.

Delusions may include believing different things such as the following:

- you are being chased, plotted against or poisoned,
- someone you know, the government or aliens are responsible,
- you are a famous or important person,
- people on television are sending messages to you, or
- your thoughts are being broadcast aloud.

You may feel overwhelmed and act differently due to your beliefs.

Disorganised thinking¹⁰

Another symptom is 'disorganised thinking'. This means you might start talking quickly or slowly. The things you say might not make sense to other people. You may switch topics without any obvious link.

This is sometimes known as 'word salad'.

A diagnosis of schizophrenia does not mean that you will have all these symptoms. The way that your illness affects you will depend on the type of schizophrenia that you have. For example, not everyone with this diagnosis will have hallucinations or confused thinking.

Negative symptoms

These are symptoms that involve loss of ability and enjoyment in life. They can include the following things.¹¹

- Lack of motivation
- Slow movement
- Change in sleep patterns
- Poor grooming or hygiene

- Difficulty in planning and setting goals
- Not saying much
- Changes in body language
- Lack of eye contact
- Reduced range of emotions
- Less interest in socialising or hobbies and activities
- Low sex drive

Cognitive Experiences

Another negative symptom is cognitive impairment. This means that your mind is affected in a negative way.

Cognitive experiences are ones that relate to mental action; such as learning, remembering and functioning.

Some cognitive experiences are associated with schizophrenia are:

- being unable to sustain attention,
- memory problems,
- Unable to take on information, and
- Poor decision making¹²

Negative symptoms are much less dramatic than positive symptoms. They may last longer, and stay after positive symptoms fade away. Many people with schizophrenia feel that the negative symptoms of their illness are more serious than the positive symptoms. Negative symptoms can vary in severity.¹³

You can find more information in our '**Psychosis**' factsheet at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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3. What are the types of schizophrenia?

There are different kinds of schizophrenia.¹⁴ The International Classification of Diseases (ICD-10) manual describes them as below.

Paranoid schizophrenia^{15,16}

- Common form of schizophrenia.
- Prominent hallucinations and/or delusions.
- May develop at a later age than other types of schizophrenia.
- Speech and emotions may be unaffected.

Hebephrenic schizophrenia^{17,18}

- Disorganised behaviour without purpose.
- Disorganised thoughts: other people may find it difficult to understand you.
- Pranks, giggling, health complaints and grimacing.

- Short-lasting delusions and hallucinations.
- Usually develops between 15 and 25 years old.

Catatonic schizophrenia¹⁹

- Rarer than other types.
- Unusual movements, often switching between being very active and very still.
- You may not talk at all.

Undifferentiated schizophrenia²⁰

Your diagnosis may have some signs of paranoid, hebephrenic or catatonic schizophrenia, but doesn't obviously fit into one of these types alone.

Residual schizophrenia²¹

You may be diagnosed with this if you have a history of psychosis but only have negative symptoms.

Simple schizophrenia²²

- Rarely diagnosed in the UK.
- Negative symptoms are prominent early and get worse quickly.
- Positive symptoms are rare.

Cenesthopathic schizophrenia²³

People with cenesthopathic schizophrenia experience unusual bodily sensations.

Unspecified schizophrenia²⁴

Symptoms meet the general conditions for a diagnosis, but do not fit in to any of the above categories.

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4. What causes schizophrenia?

Nobody knows exactly what causes schizophrenia, it is likely to be the result of several factors. For example: brain chemistry, genetics, birth complications can cause schizophrenia. Some people can develop the illness as a result of a stressful event, such as the death of a loved one or the loss of a job.²⁵ Experiences like growing up in a town or city, stressful life events and moving to new a new town or country can also trigger symptoms of psychosis and schizophrenia.²⁶ There is a strong link between the use of strong cannabis and the development of schizophrenia.²⁷

You can find out about '**Does mental illness run in families?**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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5. How is schizophrenia treated?

Unfortunately, there is not yet a cure for schizophrenia. This may be because the causes of the illness are not fully understood. You may find that you need to continue treatment to keep well.

Up to 3 in 10 people with schizophrenia may have a lasting recovery, and 1 in 5 people may show significant improvement. Around half of people diagnosed with schizophrenia will continue to have it as a long-term illness. Everyone's experience of schizophrenia is different. It may get better then worse, involve further episodes of being unwell, or may be more constant.²⁸

You need to find the right treatment for you. The National Institute for Health and Care Excellence (NICE) recommends that you should be offered a combination of medication and talking therapies.²⁹

Medications

Your doctor may offer you medication known as an 'antipsychotic'. These reduce the symptoms of schizophrenia, but do not cure the illness. Your healthcare professionals should work with you to help choose a medication. If you want, your carer can also help you make the decision. Doctors should explain the benefits and side effects of each drug.

In the past, antipsychotics had negative side effects. Some people find that the side effects of newer antipsychotic drugs are easier to manage. If you have been on an antipsychotic for a few weeks and the side effects are too difficult to cope with, you should ask your doctor about trying a different one. NICE state that people who have not responded to at least 2 other antipsychotic drugs should be offered clozapine.³⁰

Your medication should be reviewed at least once a year.³¹

Psychosocial treatments

Your doctor should offer you psychosocial treatments. These treatments help you to look at how your thoughts and behaviour are influenced by the people and society you live in. This can include the following.

- Talking treatments. NICE says the NHS should offer cognitive behavioural therapy (CBT) to all adults with psychosis or schizophrenia.³² CBT can help you to manage your feelings and symptoms better. CBT does not get rid of your symptoms.
- Psycho-education. This involves learning about your illness, your treatment and how to spot early signs of becoming unwell again. It can prevent you having a full-blown episode. Psycho-education may also be helpful for anyone who is supporting you, such as family, a partner or a trusted colleague.

- Arts therapies. This can help to reduce the negative symptoms of the illness. It can help you to express yourself more creatively.
- Family therapy – NICE recommend family members of people with psychosis and schizophrenia should be offered family therapy.³³ This can help to improve how you feel about family relationships. This can help reduce any problems in the family caused by your symptoms.

Early intervention teams

Early intervention teams are specialist NHS services which provide treatment and support for people when they first experience psychosis and schizophrenia. They are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers.

Your doctor should refer you to an early intervention team when they diagnose you with a first episode of psychosis. NICE suggests that you should start treatment within 2 weeks of referral.³⁴ Early intervention services operate differently across the country. If there is not a service in your area, then you should have access to a crisis or home treatment team.

You can find more information about:

- Antipsychotics
- Talking treatments
- Early intervention
- Medication – choice and managing problems

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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6. Is it possible to recover from schizophrenia?

There are 2 different meanings for recovery. However, they may overlap. These are:

- clinical recovery, and
- personal recovery.

Your doctor might have talked to you about ‘recovery’. Some doctors and health professionals think of recovery as no longer having mental health symptoms. Sometimes this is called ‘clinical recovery’. Dealing with symptoms is important to a lot of people. But we think recovery is wider than this, we call it ‘personal recovery.’

Personal recovery means that you are able to live a meaningful life. What you want to in your life will be different to what someone else wants to do with their life. Don’t be afraid to think about what you would like to do and work towards that goal.

Below are some ways you can think of recovery.

- Taking steps to get closer to where you would like to be. For example you may want a better social life.
- Building hope for the future. You could change your goals, skills, roles or outlook.

Recovery is an ongoing process. It is normal to have difficulties or setbacks along the way. You could describe yourself as 'recovered' at any stage in your recovery if you feel things are better than they were before.

You can find a more detailed explanation of recovery in our 'Recovery' factsheet.

7. What if I am not happy with my treatment?

If you are not happy with the treatment you then you can:

- talk to your doctor about your treatment and ask for a second opinion if you feel it would help,
- get an advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help,
- seek advice from the Care Quality Commission (CQC), or
- make a complaint.

There is more information about these options below:

Second opinion

You should talk to your doctor about your treatment first and see if you can resolve the situation with them. You can mention the NICE guidelines if you feel they are not offering you the right treatment.

If your doctor does not think of any other treatment options you could ask for a second opinion. You are not legally entitled to a second opinion but your doctor might agree to it if it would help with treatment options.

Advocacy

An advocate is someone who is independent from the mental health service but understands the system and your rights. They can come to a meeting or even speak on your behalf if you are not confident enough to do so. They can make sure you get what you are entitled to. Advocates help you make sure you are being heard. You can search online to see if there are any local advocacy services in your area or the Rethink Mental Illness Advice Service could search for you.

'PALS'

The Patient Advice and Liaison Service (PALS) at your NHS trust can try and help you with any problems or issues you have with an NHS service.

You can find your local PALS' details at [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can find out more about:

- Second opinions
- Advocacy
- Complaining about the NHS or social services

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

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8. What are self care and management skills?

Self care and management skills can help you to understand and overcome symptoms of schizophrenia. Your health or social worker may offer to support you with self management. You may also be offered training and peer support from people who have recovered from schizophrenia. All these people can help you to manage your symptoms by caring for yourself.

Self care focuses on:

- your diet,
- exercise,
- daily routine, and
- relationships and emotions.

You can also learn about the following.³⁵

- Your illness.
- How to take medication.
- How to recognise when you are becoming unwell.
- How to recognise what your triggers are.
- How to get help.
- What to do in a crisis.
- How to achieve and maintain recovery.

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9. What risks and complications can schizophrenia cause?

Physical health

Research shows that people with schizophrenia have an average life expectancy that is 10 to 15 years shorter than people without the condition.³⁶ They are at higher risk of having a range of health issues such as being overweight, having heart disease and diabetes.³⁷ This may be due to genetic factors, lifestyle choices (such as smoking and diet) or side effects from medication. Because of these issues, NICE recommends that when you start taking antipsychotic medication, your doctor should do a

full range of physical health checks. This should include weight, blood pressure and other blood tests. These checks should be repeated regularly.³⁸

Mental health professionals are responsible for doing these checks for the first year of treatment. Responsibility may then pass to your GP. Your doctor or mental health team should offer you a programme which combines healthy eating and physical. You should be given help to stop smoking with support from a healthcare professional.

Suicide

The risk of suicide is increased for people with schizophrenia.

Research has found that the increased risk is not usually because of psychotic symptoms. The risk is associated more with negative symptoms and low mood.³⁹ Key risk factors include:⁴⁰

- previous suicide attempts,
- feelings of hopelessness,
- recent depression,
- drug use,
- recent loss or bereavement, and
- not seeking help.

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10. What if I am a carer, friend or relative?

Support for you

As a carer, friend or family member of someone living with schizophrenia, you might find that you also need support. Caring for someone with schizophrenia can be challenging. Due to stigma, the illness isn't talked about much. People with the illness as well as their friends and family members, can feel quite isolated.

Whether you are a carer, friend or family member of someone living with schizophrenia you can get support.

NICE recommends carers should be offered carer-focused education and support programmes.⁴¹

You can get peer support through carer support groups or sibling support groups. You can search for local groups run by Rethink Mental Illness here: www.rethink.org/services-groups. Or the Rethink Advice Service can search for you.

You can ask your local authority for a carer's assessment if you need more practical and financial support to help care for someone. As a carer you should be involved in decisions about care planning. There are rules about information sharing and confidentiality which you need to be aware of.

You can find out more information about:

- Carers Assessments and Support Planning
- Confidentiality and information sharing – for carers, friends and family
- Welfare benefits for carers

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

Supporting the person you care for

You might find it easier to support someone with schizophrenia if you understand their symptoms, treatment and self management skills. You can use this information to support and encourage them to get help and stay well.

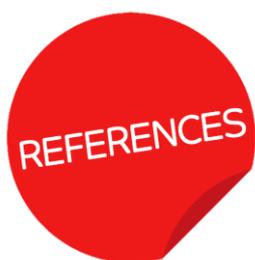
Someone with schizophrenia will often not realise that they are unwell until they get treatment. It can be difficult to persuade someone to see a doctor if they don't think that there is anything wrong with them.

You should also be aware of what you can do if you are worried about someone's mental state or risk of self harm. You should have details of the crisis plan which you can discuss with mental health professionals.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a Crisis
- Helping someone with suicidal thoughts
- Dealing with unusual behaviours

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.



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<http://www.nhs.uk/Conditions/Schizophrenia/Pages/Diagnosis.aspx>

⁷ NHS Choices. *Schizophrenia – symptoms*.
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¹⁴ World Health Organization (1994) *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines F20 – F20.9* <http://apps.who.int/classifications/icd10/browse/2015/en#/F20> (Accessed 24 March 2017)

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¹⁶ Fenton WS, McGlashan TH. Natural History of Schizophrenia Subtypes. Longitudinal Study of Paranoid, Hebephrenic, and Undifferentiated Schizophrenia. *Arch Gen Psychiatry.* 1991;48(11):969-977.
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¹⁷ World Health Organization (1994) *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines F20.1* <http://apps.who.int/classifications/icd10/browse/2016/en#/F20.1>

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¹⁹ World Health Organization (1994) *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines F20.2* <http://apps.who.int/classifications/icd10/browse/2016/en#/F20.2>

²⁰ World Health Organization (1994) *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines F20.3* <http://apps.who.int/classifications/icd10/browse/2016/en#/F20.3>

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Last updated April 2017

Next update April 2020

Version number 9

This factsheet is available
in large print.



Rethink Mental Illness Advice Service

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