

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.



KEY POINTS

- Schizophrenia is a mental illness that affects the way you think.
- It affects about 1 in every 100 people.
- It may develop schizophrenia during early adulthood.
- You can have 'positive' and 'negative' symptoms if you have 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- Negative symptoms may be a lack of motivation and being withdrawn.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 are often longer lasting 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 effect how you cope with day to day life.

Schizophrenia is a common illness. About one in a hundred people will develop schizophrenia.¹ It can develop during young adulthood. The early stage 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

- "Schizophrenia means someone has a split personality"

One error 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'.

- 'Schizophrenia causes people to be Violent'

People with a diagnosis of schizophrenia are more likely to be a danger to themselves than other people. Unfortunately some people with the illness may become violent because of delusional beliefs or the use of drugs or alcohol. Because 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. Only a small minority of people with the illness may become violent, much in the same way as a small minority of the general public may become violent.³

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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. You can only be diagnosed by a psychiatrist who will do a full psychiatric assessment. Psychiatrists use manuals to diagnose mental illnesses. The main manuals are the:

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

NHS doctors use the ICD-10.⁴

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

The symptoms of schizophrenia can be divided into 'positive' and 'negative' groups. '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. This can refer to:

- Hallucinations
- Delusions
- Disorganised thinking

Hallucinations

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

- auditory (sound),
- visual (sight),
- tactile (touch),
- gustatory (taste) and
- olfactory (smell)

Hearing voices or other sounds is the most common hallucination.

Hearing voices can be different for everyone. The voice itself can be one you know or one you've never heard. It can be female, male, in a different language, or have a different accent to the one you're familiar with. The voice may whisper, shout or talk. They may be negative and disturbing. You might hear voices every now and then, or you might hear them all of the time.

Delusions

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

Delusions may take on different themes – if you experience paranoid delusions you may believe you are being chased, plotted against or poisoned. You may believe that a member of your family or someone close to you is making this happen. It is also common to believe that the government or aliens are responsible. Another theme could be a delusion of grandeur, in which you believe you are a famous or important person.

Other types of delusions include believing that people on television are sending messages to you, or that your thoughts are being broadcast aloud. You may feel overwhelmed and act differently due to your beliefs.

Disorganised thinking

Another symptom is ‘disorganised thinking’. You might start talking quickly or slowly, and the things you say might not make sense to other people. You may switch topics without any obvious link. This is known as ‘word salad’.

If you get a diagnosis of schizophrenia, it does not mean you have all these symptoms. The way that your illness affects you will depend on the type of schizophrenia that you have. This is explained in the next section. You may meet the criteria for a diagnosis without having hallucinations or confused thinking, for example.

You can find more information about positive symptoms in our ‘**Psychosis**’ factsheet from www.rethink.org. Or call 0121 522 7007 and ask for the information to be sent to you.

Negative symptoms

These are symptoms that involve loss of ability and enjoyment in life. They can include:

- 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.⁵

Negative symptoms are much less dramatic than psychotic 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.

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3. What are the types of schizophrenia?

There are eight kinds of schizophrenia.⁶ The key characteristics of each type are set out in bullet points.

Paranoid schizophrenia

- 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

- Behaviour is disorganised and without purpose.
- Thoughts are disorganised, other people may find it difficult to understand you.
- Pranks, giggling, health complaints, grimacing and mannerisms are common.
- Delusions and hallucinations are fleeting.
- Usually develops between 15-25.

Catatonic schizophrenia

- Rarer than other types.
- Unusual movements, often switching between extremes of over-activity and stillness.
- You may not talk at all.

Undifferentiated schizophrenia

Your illness meets the general criteria for a diagnosis and may have some characteristics of paranoid, hebephrenic or catatonic schizophrenia, but does not obviously fit one of these types.

Residual schizophrenia

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

Simple schizophrenia

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

Other, including ‘cenesthopathic’ schizophrenia

- Schizophrenia which has traits not covered by other categories.
- For example, in cenesthopathic schizophrenia, people experience unusual bodily sensations.

Unspecified schizophrenia

- 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. Some people are more likely than others to develop the illness as a result of a stressful event, such as bereavement or the loss of a job.

Research has examined which factors make people more vulnerable to developing the illness. Brain chemistry, genetics, birth complications and social factors such as an urban upbringing, migration and adversity have been considered.⁷ There is a strong link between the use of strong cannabis and the development of schizophrenia.⁸ There are no compelling reasons to favour one cause over another. Current scientific opinion suggests that the illness is caused by a mix of factors.

You can find more information on mental illness in families in our **‘Does mental illness run in families?’** factsheet, which you can download for free from www.rethink.org or call 0121 522 7007 and ask for a copy to be sent to you.

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5. How is schizophrenia treated?

You need to find the 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.⁹

Medications

Your doctor may offer you medication known as an ‘antipsychotic’. These lessen the symptoms of schizophrenia, but do not cure the illness. Your healthcare professional 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.

There are two types of antipsychotic medication:

- Typical or ‘first generation’ (older drugs)
- Atypical or second generation (newer drugs)

The main difference between these types is the side effects they may cause. Some people find the side effects of the newer atypical drugs easier to cope with than those of the older drugs. Because of this, doctors tend to prescribe the newer drugs more these days.

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.

Your medication should be reviewed at least once a year.¹⁰

Psychosocial treatments

- Your doctor may offer you 'talking treatments' such as cognitive behavioural therapy (CBT). CBT may help you cope with your symptoms better and manage how they make you feel. CBT does not get rid of your symptoms. NICE says the NHS should offer CBT to all adults with psychosis or schizophrenia.¹¹
- Psycho-education – this involves learning about your illness, your treatment and how to recognise signs of becoming unwell again so you can prevent 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.
- Family therapy – this works on family relationships to improve how you feel. This can help reduce any problems in the family which add to, or are because of, your symptoms. NICE recommend family members of people with psychosis and schizophrenia should be offered family therapy.

Early intervention teams

Early intervention teams are specialist services which provide treatment and support. 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.¹² The way early intervention services operate differs across the country. If there is not a service in your area, then you should have access to a crisis or home treatment team.

Recovery

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 have a long-term illness. This may vary

in severity, may involve further episodes of becoming unwell, or may be more constant.¹³

It is worth noting here that 'recovery' can mean different things for different people. For some, it may mean that symptoms of the illness stop affecting them. However, recovery is often used in another sense in mental health. It means that you recover your quality of life and make some changes that are important to you in order to overcome the difficulties caused by your illness. There is a more detailed explanation of recovery in our 'Recovery' factsheet.

You can find more information about:

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

at www.rethink.org. Or call 0121 522 7007 and ask for the information to be sent to you.

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6. 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, 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 separate from the mental health service but understands the system and your rights. They can come to a meeting with you and your doctor and 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 contact 0121 522 7007 and ask for a copy to be sent to you.

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7. What are self care and management skills?

Self management can help you to understand and overcome symptoms of schizophrenia. You may be offered support with this from a health or social worker. You may also be offered training and 'peer support' from people who have recovered from schizophrenia. The can help you to manage your symptoms by looking after your self care.

Self care focuses on:

- Your diet
- Exercise
- Daily routine
- Relationships and emotions

You will also learn about:

- 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
- help achieving and maintaining recovery.¹⁴

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8. What risks and complications can schizophrenia cause?

Physical health

People with schizophrenia have an average life expectancy that is 10 to 15 years shorter than people without the condition.¹⁵ They are at higher risk of being overweight, having coronary heart disease and diabetes, among other health issues.¹⁶ 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:¹⁷

- when you start taking antipsychotic medication, you should have a full range of physical health checks, including weight, blood pressure and other blood tests. These checks should be repeated regularly.
- mental health professionals are responsible for doing these checks for the first year of treatment. Responsibility may then pass to your GP.
- you should be offered a combined healthy eating and physical activity programme by your doctor or mental health team.
- you should be given help to stop smoking, and given support from a healthcare professional.

You can find more information in our '**Good health guide**', which you can download for free from www.rethink.org or call 0121 522 7007 and ask for a copy to be sent to you.

Suicide

The risk of suicide is greatly 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. key risk factors include :

- previous suicide attempts,
- feelings of hopelessness,
- recent depression,
- drug use,
- recent loss or bereavement
- not seeking help.¹⁸

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9. Information for family, carers and friends

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.

You can get peer support through carer support groups or sibling support groups. You can search for local groups in your area or the Rethink Mental Illness Advice Service can search for you. NICE recommends carers should be offered carer-focused education and support programmes.¹⁹

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
- Caring for yourself being a carer
- Confidentiality and information sharing – for carers, friends and family
- Welfare benefits for carers

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

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 their mental health team and also discuss a crisis plan with them.

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 contact 0300 5000 927 and ask for a copy to be sent to you.



- ¹ National Institute of Health and Care Excellence. *Psychosis and schizophrenia in adults: treatment and management* Clinical Guidance178. London: National Institute for Health and Clinical Excellence; 2014.
- ² Larson et al. Early signs, diagnosis and therapeutics of the prodromal phase of schizophrenia and related psychotic disorders. *Expert Rev Neurother.* 2010; 10(8): 1347–1359.
- ³ NHS Choices. *Schizophrenia*. www.nhs.uk/Conditions/Schizophrenia/Pages/Causes.aspx [Accessed May 2015].
- ⁴ Royal College of Psychiatrists. *RCPsych statement on DSM and the classification of mental disorder*. www.rcpsych.ac.uk/mediacentre/pressreleases2013/dsmandclassification.aspx [Accessed May 2015].
- ⁵ Foassias, G. & Reamington, G. Negative Symptoms in Schizophrenia: Avolition and Occam's Razor. *Schizophr Bull.* 2010; 36(2): 359–369
- ⁶ 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 May 2015]
- ⁷ As note 4
- ⁸ Casadio et al. Cannabis use in young people. The risk for schizophrenia. *Neuroscience and Biobehavioral Reviews* 2011; 35: 1779-1787
- ⁹ See reference 1 para 1.2-1.4
- ¹⁰ See reference 1 pg 8
- ¹¹ National Institute of Health and Care Excellence. *Psychosis and schizophrenia in adults quality standard [QS80]*. London: National Institute for Health and Clinical Excellence; 2015 Statement 2.
- ¹² As reference 11 Statement 1
- ¹³ Reveley, A. *Your guide to schizophrenia*. London: Hodder Arnold; 2006. Page 17.
- ¹⁴ See reference 1 pg11
- ¹⁵ Chang et al. Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders. *PLoS ONE* 2001; 6(5): e19590
- ¹⁶ Disability Rights Commission. *Equal Treatment: Closing the Gap, London, Disability Rights Commission*. www.disability-studies.leeds.ac.uk/files/library/DRC-Health-FI-main.pdf; 2006. Page 36 [Accessed May 2015]
- ¹⁷ See reference 1 pg 10
- ¹⁸ Hawton, K., Sutton, L., Haw, C., Sinclair, J. and Deeks, J.D. Schizophrenia and suicide: systematic review of risk factors. *British Journal of Psychiatry* 2005;187: 9-20
- ¹⁹ As note 11 pg 15

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Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

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Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
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We're open 9:30am to 4pm
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Need to talk to an adviser?

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