

# Schizophrenia



This factsheet provides a basic description of schizophrenia, its symptoms and the treatments and support options available.

## What is schizophrenia?

Schizophrenia is a commonly misunderstood condition, partly because the word is inaccurately used in a wide variety of contexts.

Contrary to popular myth, schizophrenia has nothing to do with split personality.

Schizophrenia is what is known as a *psychotic* illness. This is another inaccurately and overused term, and because of this tends to be associated with fear and apprehension.

Psychosis simply means that a person has sensory experiences, thoughts or beliefs that are not shared by the majority of people. Such experiences may include delusions, hallucinations and disordered thoughts. Please see our factsheet on '**Psychosis**' for more information.

These misunderstandings and inaccuracies are not helpful to individuals, family, friends or carers. Schizophrenia is a severe illness; it can be a very distressing and frightening condition for everyone concerned; and as yet there is no cure. However, it is treatable with medication, and many people respond well to treatment.

Around one third of those diagnosed with schizophrenia experience one episode only, another third may have occasional episodes, while one third may have to live with it as a long-term condition.

## What are the symptoms?

A diagnosis of schizophrenia is made on the basis of two types of symptoms known as *positive* and *negative* symptoms. These are not terribly user-friendly terms as the affected person is unlikely to experience any of the symptoms as 'positive'. The words describe a greater or lesser experience of 'normal' thoughts, behaviour and sensations.

### Positive symptoms

Positive, or *florid*, symptoms appear as an excess or distortion of everyday behaviour. They include psychotic features such as delusions or hallucinations, disorganised speech or thinking, and chaotic or confused behaviour.

**Delusions** are beliefs that usually involve a misinterpretation of perception or experience. For example, people may believe that they are religious figures or members of the royal family; they may believe they are being persecuted by the police, or that a group of people are after them.

**Hallucinations** can be experienced through any of the senses, but auditory hallucinations ('hearing voices') are most common. People hear voices in their head, or they may believe that the television is speaking to them directly.

**Disorganised speech and thinking** are characterised by losing track of conversations, changing from one topic to another unrelated topic, or giving loosely or totally unrelated answers to questions. Similarly, thought processes may be jumbled and not follow any discernible sequence.

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**Chaotic or disorganised behaviour** may be expressed in a variety of ways, ranging from childishness to unpredictability and agitation. People may appear dishevelled or dress in an unusual manner; they may display inappropriate sexual behaviour, or extreme agitation such as shouting and swearing for no apparent reason.

One of the things that can be upsetting and distressing for both the individual and others, is that the individual may not be aware that their experience is not shared by others. The sense of their reality is such that they find it difficult when they encounter any difference in opinion on this matter.

## Negative symptoms

Negative symptoms appear as a decrease or loss of everyday functions. They include *flattened affect*, poverty of speech and loss of motivation.

**Flattened affect** is loss of emotional expressiveness. A person's face may appear expressionless; they may have poor eye contact and reduced body language.

**Poverty of speech**, also known as *alogia*, is manifested by loss of fluency in spoken communication. People are less likely to initiate conversations and replies to questions may be met with very brief responses.

**Loss of motivation**, or *avolition*, is characterised by difficulties in initiating or taking part in activities. The person may appear withdrawn and show no interest in participation.

Acute schizophrenia is characterised primarily by *positive* symptoms while chronic schizophrenia is characterised primarily by *negative* symptoms.

Symptoms can start at any age, but most commonly occur in the late teens or early twenties. More or less equal numbers of young men and women develop schizophrenia, though women are usually four or five years older than men at the onset. It occurs in all cultures and its prevalence is much the same in every country.

## What causes schizophrenia?

Nobody knows for sure what causes schizophrenia. It is likely to be caused by a combination of factors that may be different from person to person. It can run in families, suggesting a genetic link. It has been found that people with schizophrenia have differences in their brain chemistry that might cause the illness. There is some evidence that brain damage before or during birth could be a cause. Psychological stress seems to trigger schizophrenia and cause relapse in some people.

Overall, it appears that schizophrenia is caused by a combination of factors; someone's genetic make-up could give them a pre-disposition towards the illness, but stressful life-events or experiences could trigger the onset of symptoms.

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## What treatments are available?

### Medication

There is, as yet, no cure for schizophrenia. However, most people improve with treatment by medication, especially when combined with other forms of help such as support from family and friends, community mental health teams, day centres, social workers, supported accommodation, or hospital admission.

Medication can be effective at controlling the most disturbing symptoms. Anti-psychotic medication, also known as major tranquillisers or neuroleptics, are usually prescribed to control positive symptoms, such as delusions, paranoia and hallucinations. However, they are usually less effective at treating the negative symptoms, such as flattened affect and loss of motivation.

Anti-psychotic medication can have unpleasant side-effects, particularly when taken at high doses. These can include stiffening of muscles, tremors, sedation, restlessness and weight gain. It is important to tell your doctor if you are experiencing side-effects as other medication can be prescribed which can alleviate some of these symptoms.

A broad range of medication is available, but because different people respond in different ways, it may take some time to discover what works best for a particular person. There is no quick-fix treatment for schizophrenia, so you should be aware that any prescribed medication will probably have to be taken for a long period of time.

Although many people diagnosed with schizophrenia can be treated at home or in the community, people with severe symptoms may require hospital admission for a period of assessment and treatment. Hospital admission can provide levels of care and attention that would not be possible at home. It can also give medical staff the opportunity to accurately assess a person's condition over a period of time, and to provide a broader range of drug treatment than might be possible otherwise.

Most people who are admitted to hospital go voluntarily; however, in some situations you can be admitted to hospital compulsorily under the Mental Health Act 1983.

### Community Mental Health Team (CMHT) / Crisis team

GPs will generally refer you to psychiatric services for a diagnosis if they suspect you may have schizophrenia. Care for those with mental health problems is generally provided by local Community Mental Health Teams (CMHTs).

These teams consist of a number of mental health professionals, including a psychiatrist, Community Psychiatric Nurse (CPN) and a social worker. They will assess your condition and your needs and put together a care package that meets both your health and social care needs. This package may include home visits (from the CPN) that help to support you emotionally, as well as monitoring effects of your medication, and helping you to manage your condition.

You may also have access to a crisis team that provides support outside normal working hours, when the CMHT is not available. You can contact this team out-of-hours; they may talk things through with you over the phone, or arrange for someone to come and visit you next day. Sometimes just making the call can make things feel better as you have shared your concerns with someone else.

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## Talking treatments

Talking therapies such as psychotherapy, counselling and cognitive behaviour therapy can help people living with schizophrenia. They are usually most helpful when the more distressing symptoms of the illness have been stabilised, eg through medication.

Talking to a counsellor or therapist can provide you with emotional support, in a way that is different to that provided by family, friends or other support network. It can help you come to terms with the condition and how it is affecting, or may have affected, your life. It can give you space to understand your situation better, to recognise problems, develop coping strategies, and learn how to prevent crisis situations developing.

## Giving and receiving support

Having a diagnosis of schizophrenia can feel challenging and distressing. It is a diagnosis that affects not just you, but your whole life and the people and relationships in your life. You may have to live with it on a long term basis, with an uncertainty about how it may affect you over time.

It is a situation you may be angry about, or feel it's unfair, particularly before you have had a diagnosis, or in the early stages of coming to terms with a diagnosis.

You may also feel, or come to feel, that your illness gives you an insight into life or a way of being that has positive aspects to it. You may feel it has given you a level of awareness, understanding and empathy that you might otherwise not have had.

While you may have support and understanding from family and friends, it can be difficult for those who have not had direct experience of the condition to fully understand it. You may also not be in a position to share your experience with family or friends.

Whatever your situation, you may find it helpful to meet with or make contact with other people in a similar position. If there is a self-help group close to you, you may be able to do so in person. Alternatively, you may find that making contact through a medium such as an internet forum provides you with the contact you need.

Group or internet contact allows you to give support, based on your own experience, and also to receive encouragement and support from those who have an experience similar to yours. If you have felt that your condition has placed you in a position where you need to be 'helped' or 'supported', it can be very beneficial to realise that you too can provide support to others, who may be at a different stage of living with the condition.

You can find out more about support options in your area from SANE Services (including the SANE Support Forum), or from one of the organisations listed below.

## General wellbeing

As with any mental health condition, one of the ways in which you can help yourself, is to try to ensure that you attend to your general wellbeing. This may be hard at times of crisis or when you are very unwell. However, it is helpful to have a basic routine in place that can support you when you are well enough to be able to attend to it.

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This can include ensuring that you get enough sleep and that you eat as well as you can. Your family, friends and members of the CMHT can help you devise a system that works for you, with regard to eating well and having a regular sleeping pattern.

These routines can also be helpful in supporting a routine if you are taking medication. One of the major causes of relapse for those who have a diagnosis of schizophrenia is stopping medication, which can happen for a range of reasons, so anything you can do to help yourself maintain your medication routine is likely to be most helpful to you.

## **Other ways to help yourself**

Friends and family can be really helpful. They can help provide emotional and practical support. In order to do this, it can help them if you can provide them with as much information as possible about your condition. (Sharing information such as that contained in this sheet can help them understand your condition better.)

Recognising that you need help, or asking for help, may be difficult when you're not well, and this is why it's important that you try to include your family and friends in your care package, as they can be helpful at times when you may not be able to do so yourself.

A major role of friends and family can be to monitor your mental state, watching out for any signs of relapse, encouraging you to take your medication and to attend medical appointments etc. If family, friends or carers are concerned about any deterioration in your mental state they can alert the doctor, psychiatrist or mental health team as soon as possible in order to prevent the possibility of a major relapse.

It is also important that family, friends and carers have their own support as supporting someone with schizophrenia can be difficult, distressing and challenging. Some useful organisations are listed at the end of this sheet, and our factsheet for family, friends and carers may also be helpful.

## **Where can I find help and support?**

SANE provides emotional support to anyone affected by mental health problems, including families, friends and carers.

One-to-one support:

- Helpline: 0845 767 8000 (6pm – 11pm)
- Email: [http://www.sane.org.uk/what\\_we\\_do/support/email/](http://www.sane.org.uk/what_we_do/support/email/)

Peer support:

- Support Forum: [http://www.sane.org.uk/what\\_we\\_do/support/supportforum/](http://www.sane.org.uk/what_we_do/support/supportforum/)

Details can be found on our website at [www.sane.org.uk](http://www.sane.org.uk)