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.
- It usually starts during early adulthood.
- It does not mean that you have a split personality or that you are likely to be violent.
- The symptoms of schizophrenia can be split into ‘positive’ and ‘negative’ symptoms.
- Positive symptoms include experiencing things that are not real (hallucinations) and having unusual beliefs (delusions)
- Negative symptoms include lack of motivation and becoming withdrawn. These symptoms are generally more long-lasting.
- Many different factors seem to affect whether you develop schizophrenia.
- Medication known and therapy can help treat symptoms of schizophrenia.

This factsheet covers:

1. What is schizophrenia?
2. What are the symptoms of schizophrenia and how is it diagnosed?
3. What are the types of schizophrenia?
4. What causes schizophrenia?
5. How is schizophrenia treated?
6. What risks and complications can schizophrenia cause?
7. Information for carers, friends and relatives
1. What is schizophrenia?

Schizophrenia is a mental illness which affects the way you think. The symptoms of the illness can have an effect on how to cope with day to day life.

Schizophrenia is a relatively common illness. Around one in a hundred people will develop schizophrenia during their lifetime.\(^1\) It often develops during young adulthood. During these early stages, known as ‘the prodromal phase’, you may have changes in your sleep, emotions, motivation, communication and ability to think clearly.\(^2\) Such behaviour may seem like a normal ‘phase’ in your life. It is often only when you get symptoms of psychosis (hallucinations and delusions), that you get a diagnosis of schizophrenia.

Sometimes people with the illness become particularly unwell, and this is commonly called an ‘acute episode’. During an acute episode, your experience and thought processes become distorted. This can lead to you feeling intense panic, anger or depression. The first acute episode can be a devastating experience because you and those close to you will not be prepared for it.

Schizophrenia myths

- ‘Split personality’

One common error is that schizophrenia means that someone has a 'split personality', or multiple personalities. This is not the case. The mistake comes from the fact that the name 'schizophrenia' was coined from two Greek words meaning 'split' and 'mind'. The term 'schizophrenia' does not describe the illness well and so some people think that the illness should be renamed to something more appropriate.

- Violence

Studies show that most people with a diagnosis of schizophrenia are not dangerous to other people, and are more likely to be a danger to themselves. Unfortunately some people with the illness may become violent because of delusional beliefs or the use of drugs or alcohol. Because of the unusual circumstances that often surround these incidents, the media often report them in a way which emphasises mental health aspects. This can create fear and stigma in the general public. It is only a small minority of people with the illness who may become violent, much in the same way as a small minority of the general public may become violent.\(^3\)
2. **What are the symptoms of schizophrenia and how is it diagnosed?**

There are no blood tests or scans that can prove whether or not you have schizophrenia. The diagnosis relies on the opinion of the doctor who sees you. Psychiatrists use guidelines which are used worldwide to standardise the diagnosis of mental illnesses. The main guidelines used 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.

The ICD-10 is generally used by NHS doctors.4

The guidelines provide guidance on which symptoms should be present, and for how long, in order for a diagnosis to be made. The ICD-10 states that you must have had certain symptoms for most of the time for at least a month before a diagnosis of schizophrenia can be made. Before the doctor feels able to make a ‘firm diagnosis’, they may say that you have ‘psychosis’, a ‘psychotic disorder’ or a ‘schizophrenia-like psychotic disorder’.

The symptoms of schizophrenia can be divided into ‘positive’ and ‘negative’ groups. ‘Positive’ symptoms are when they are additional to those things experienced by the general population, and ‘negative’ when they stop you from doing what other people do.

**Positive symptoms**

The terms ‘positive symptoms’ and ‘psychosis’ are generally used to describe the same symptoms. Psychosis refers to:

- Hallucinations
- Delusions
- Disorganised thinking

**Hallucinations** are experiences that are not real or that other people do not experience. Hallucinations can affect all of your senses. They are grouped into auditory (sound), visual (sight), tactile (touch), gustatory (taste) and olfactory (smell) but 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 be conversational. They are often negative and disturbing. You might hear voices every now and then, or you might hear them all of the time.

**Delusions** are unshakeable 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 causing your problems. Another theme could be a delusion of grandeur, in which you believe you are a famous or important person.

Other types of delusion include believing that people on television are directing special messages to you, or that your thoughts are being broadcast aloud to others. You may be gradually overwhelmed and begin to act differently due to your beliefs.

Another part of the illness is ‘disorganised thinking’. You might start talking very quickly, or very slowly, and the things you say might not make sense to other people. You may switch from one topic to another without any obvious link. This is sometimes known as ‘word salad’.

If you get a diagnosis of schizophrenia, it does not mean you have all of 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. Some people may meet the criteria for a diagnosis without having hallucinations or particularly confused thinking, for example.

You can find more information about positive symptoms in our ‘Psychosis’ factsheet, which you can download for free at www.rethink.org.

**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
- a tendency not to interact with other people
- little interest in having hobbies
- little interest in sex.\(^5\)
Negative symptoms are much less dramatic than psychotic symptoms, but they tend to last longer, and can stay after positive symptoms fade away. For this reason, many people with schizophrenia feel that the negative symptoms of their illness are more serious than the positive symptoms. Negative symptoms vary in how bad they can be.

3. **What are the different types of schizophrenia?**

The World Health Organisation identifies the following types of schizophrenia in the ICD-10. The key characteristics of each type are set out in bullet points.

**Paranoid schizophrenia**

- This is by far the most common form of schizophrenia in the UK.
- There are prominent hallucinations and/or delusions of grandeur or persecution (see above section 2)
- It tends to develop at a later age than other types of schizophrenia.
- Speech and emotions are not greatly affected.

**Hebephrenic schizophrenia**

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

**Catatonic schizophrenia**

- Rare than other types.
- Unusual movements, often switching between extremes of over-activity and stillness.
- You may be fixed in one position and resist being moved, and later be quite hyperactive.
- You may not talk at all.

**Undifferentiated schizophrenia**

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

You may be diagnosed with this if you have had previous episodes of psychosis but there are now only negative symptoms.

Simple schizophrenia

- This diagnosis is not often made in the UK.
- Negative symptoms are prominent early on and get worse very quickly. There are few positive symptoms.

Other, including ‘cenesthopathic’ schizophrenia

You have schizophrenia which has other traits not covered in the above categories. For example, in cenesthopathic schizophrenia, people experience unusual bodily sensations.

Unspecified schizophrenia

The illness meets the general conditions for a diagnosis, but does not fit in to any of the above categories.

4. What causes schizophrenia?

Nobody knows exactly what causes schizophrenia, and it is likely to be the result of several factors. Some people might be more vulnerable to developing the illness than others when experiencing a stressful event, such as bereavement or the loss of a job.

Research has been carried out into what 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 all been considered. Recently, a strong link has been established between the use of strong cannabis and the development of schizophrenia. There are no compelling reasons to favour one cause over another, and current scientific opinion suggests that the illness is caused by a mix of factors.

If you would like to find out more about mental illness in families, have a look at our ‘Does mental illness run in families?’ factsheet at www.rethink.org. Or call 0300 5000 927, and ask for the information to be sent to you.
5. How is schizophrenia treated?

What treatment should I be offered?

When you are given a diagnosis of schizophrenia one of your first priorities may be finding the right treatment. The National Institute for Health and Care Excellence (NICE) recommends that you should be offered a combination of medication and talking therapies.

Early intervention teams

If you have your first episode of psychosis, you should be referred to an ‘early intervention team’ for initial treatment. NICE guidance states this should be the case no matter what age you are. These specialist teams provide treatment and support, and are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers. Early intervention services are run differently in different parts of the country. If there is not a service in your area, then you should have access to a crisis or home treatment team.

Medication

You may be offered medication known as an ‘antipsychotic’. These are used to lessen the symptoms of schizophrenia, but do not cure the illness. The choice of antipsychotic medication should be made by you and your healthcare professional together. They should take into account the views of your carer if you agree to this. Doctors should talk to you about the likely benefits and possible side effects of each drug.

Your medication should be reviewed at least annually.

Cognitive behavioural therapy (CBT)

You should also have access to ‘talking treatments’ such as cognitive behavioural therapy (CBT). CBT doesn’t necessarily get rid of the symptoms or upsetting experiences, but may help you cope better and lessen the distress that some symptoms can cause.

You can find out more about treatment options in the following factsheets:

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

You can download these factsheets for free at www.rethink.org or call 0300 5000 927 and ask for the information to be sent to you.
What if I am not happy with my treatment?

If you ever feel unhappy with how your treatment or care is being handled, or feel that the relationship between yourself and a professional is not working well, you could call the Patient Advice and Liaison Service (PALS) at your NHS trust. They can try to resolve any problems or questions you have. You can find your local PALS’ details at www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363.

You might find a general/community advocate helpful if you are unhappy with your treatment. Advocacy can help you understand the mental health system and enable you to be fully involved in decisions about your care. An advocate is someone independent from mental health services who can help to make your voice heard when you are trying to resolve problems. They may be able to help with writing letters for you or attending appointments or meetings. You can find more information about advocacy in our ‘Advocacy’ factsheet.

There may be a local advocacy service in your area which you can contact for support. You can search online for a local service or the Rethink Mental Illness Advice Service could search for you.

If you are not happy with your treatment, you can refer to the NICE guidance to see if you are being offered the recommended treatments.

You can find out more about getting a second opinion, having a choice in your medication or making a complaint at www.rethink.org.

It might also help to contact one of our specialist advisers to discuss problems you are having with your care and treatment. You can call us on 0300 5000 927 between 10 and 2pm Monday to Friday or email advice@rethink.org.

Recovery from schizophrenia

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.  

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 out more information about recovery in our ‘Recovery’ factsheet. You can download this factsheet for free at www.rethink.org or call 0300 5000 927 and ask for a copy to be sent to you.

6. What risks and complications can schizophrenia cause?

Physical health

On average, people with schizophrenia have a life expectancy that is 10 to 15 years shorter than people without the condition. Research has found that people with severe mental illness, such as schizophrenia, are at higher risk of being overweight, having coronary heart disease and diabetes, among other health issues. 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, 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 0300 5000 927 and ask for a copy to be sent to you.

Suicide attempts

About 1 in 10 people with schizophrenia actually end their own lives. A review of research has found that the increased risk is not normally because of psychotic symptoms. Instead, it has been associated more with negative symptoms and low mood. Previous suicide attempts, feelings of hopelessness, recent depression, the use of drugs, recent loss or bereavement and not seeking help are key risk factors.
7. Information for carers, friends and relatives

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 and so people with the illness as well as their friends and family members, can feel quite isolated.

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

You can find information on dealing with delusions, risky behaviour and withdrawing from other people in our ‘Dealing with unusual thoughts and behaviours’ factsheet. Our ‘Supporting someone with a mental illness’ factsheet may also be useful.

It is important to seek emotional support for yourself if you are struggling to cope. You could check whether there are any local support groups for carers, friends and relatives in your area.

If you feel you need additional support to care for your loved one you could ask for a carer’s assessment. You can find more information in our ‘Carers assessments’ factsheet.

Mental health services should offer you an assessment of your needs. Together, they should develop a care plan and share a copy with your GP.\textsuperscript{18}

If your loved one is supported by a mental health team and you are their carer, you should be involved with decisions about care planning. There are particular rules regarding confidentiality and carers. Unless the person you care for consents, confidential information about them cannot be passed on to you or other family, friends and carers. The team should seek permission from them and ask what they are happy for others to know. This would also include any care plans that are drawn up. You can find more information in our ‘Confidentiality and information sharing – for carers, friends and relatives’ factsheet.

You can download our factsheets for free from www.rethink.org.
REFERENCES


3 Rethink Policy Statement 14, ‘People with severe mental illness and violence to others’ Oct 2009


6 World Health Organization (1994) ‘The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines’ F20 – F20.9

7 See reference 1


9 As note 1, subsections 1.2-1.4

10 See reference 1

11 See reference 1


13 Chang et al ‘Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders’ (2011) PLoS ONE 6(5): e19590


15 See reference 1

16 As note 8 at pg 17


18 See reference 1