

Schizophrenia: the facts



Schizophrenia is a diagnosis given to some people who have severely disrupted beliefs and experiences.

During an episode of schizophrenia, a person's understanding and interpretation of the outside world is disrupted - they may:

- lose touch with reality
- see or hear things that are not there
- hold irrational or unfounded beliefs
- appear to act strangely because they are responding to these delusions and hallucinations.

An episode of schizophrenia can last for several weeks and can be very frightening. About one in 100 people will have one episode of schizophrenia, and two thirds of these will go on to have further episodes. Schizophrenia usually starts in the late teens or early 20s, but can also affect older people for the first time.

The causes are unknown but episodes of schizophrenia appear to be associated with changes in some brain chemicals. Stressful experiences and some recreational drugs can also trigger an episode in vulnerable people.

At least 26 million people are living with schizophrenia worldwide according to the World Health Organization, and many more are indirectly affected by it.

Symptoms

Doctors describe two groups of symptoms in people with schizophrenia: positive and negative. Although the positive symptoms are often the most dramatic and, at least initially, the most distressing, the negative ones tend to cause the most problems, as they tend to be longer lasting.

The three main positive symptoms are:

- feelings of being controlled by outside forces (ie. having one's thoughts and actions taken over)
- hearing, seeing, smelling or feeling things which are not there (hallucinations)
- irrational and unfounded beliefs (delusions).

The delusions can often be very frightening - the person may believe that others are plotting to kill them or that their conversations are being recorded. Positive symptoms all tend to occur during acute episodes and can be particularly frightening.

The negative symptoms include:

- tiredness
- loss of concentration
- lack of energy and motivation

These may be exacerbated by the side-effects of drugs used to treat the positive symptoms. Because of these symptoms, people with schizophrenia are often unable to cope with everyday tasks, such as work and household chores. Suicide and self-harm are common in people with a diagnosis of schizophrenia: around one in 10 take their own life.

Treatments

Most people with schizophrenia are prescribed drugs to reduce the positive symptoms. The drugs may be prescribed for long periods and may have unpleasant side effects.

Some people need a great deal of help in managing the symptoms of schizophrenia. Others find ways to cope with experiences such as hearing voices and do not necessarily wish to receive any treatment.

Sometimes, people in an acute phase of the illness may need to be admitted to hospital under the Mental Health Act for their own, or other people's, safety. People with schizophrenia are not usually dangerous to other people; they are more at risk of harm from others, or themselves. Many people who are at risk of relapse carry Crisis Cards or have written up Advance Directives stating how they would like to be treated and what they do and do not find helpful. Mental health professionals do not have to follow these instructions, but it is considered good practice to take the person's wishes into account.

Getting Help

If you, or someone you care for, are experiencing the symptoms of schizophrenia you may wish to contact your GP who can prescribe drug treatments and refer you for psychiatric help. You may also be referred to social services and the local community mental health team who can support you at home.

If you need urgent support or you feel like harming or hurting yourself or anyone else, call 999 or go to the nearest hospital accident and emergency department, You can find a list A&E). You can search for your local department through the NHS Choices website at [nhs.uk](https://www.nhs.uk).

If your need is less urgent, you can contact the NHS Direct helpline on 111, which is open 24 hours a day, 365 days a year. They can also provide information about your nearest A&E and other support services.

Misconceptions about schizophrenia

There is more media misinformation about schizophrenia than about any other type of mental health problem. A diagnosis of schizophrenia does not mean 'split personality,' or indicate that someone will be calm one minute and then be 'out of control' the next.

Sensational stories in the media tend to present people with schizophrenia as dangerous, even though most people diagnosed with schizophrenia don't commit violent crimes. Another misconception is that people who hear voices are dangerous, but actually voices are more likely to suggest that you harm yourself than someone else and people have a choice in whether they do what the voices say.

What we believe

Health inequalities

A major health inequality is that people with a diagnosis of schizophrenia die, on average, 20 years younger than the general population – this is unacceptable. Poor physical health can arise as a side effect of anti-psychotic medication - for example through weight gain and increased risk of developing diabetes. Poor physical health can also result because of a failure to monitor risk factors. We want GPs to carry out regular health checks for all people with severe mental health problems.

Access to treatments and support

The National Institute for Clinical Excellence (NICE) provides guidelines for the treatment and management of schizophrenia and psychosis guidelines for the treatment and management of schizophrenia and psychosis – they emphasise self-management, peer support, and Cognitive Behavioural Therapy (CBT), as well as monitoring physical health and the use of medication and other treatments. All too often NICE guidelines are not adhered to and we must ensure that people with a diagnosis of schizophrenia have full access to a range of treatment and support. People with a diagnosis of schizophrenia should get the best possible care and support to manage their condition and help them to recover.

We also want people to have high quality, safe and speedy access to care in a crisis – 24 hours a day, 7 days a week. This means hospitals having comprehensive liaison psychiatry services. The Mental Health Foundation are supporters of the Crisis Care Concordat which sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

What we're doing

In our joint manifesto for better mental health we ask the next Government to:

- Introduce a quantified national reduction in premature mortality – a major health inequality is people with mental ill health dying 20 years younger than the general population
- Commit to a clear, transparent programme for maximum waiting times for mental health services – everyone in mental distress should have speedy access to crisis care, and be able to access psychological therapies
- Commit to continue momentum around the Crisis Care Concordat.

Self-management of schizophrenia

Through self-management, many service users gain confidence, skills and knowledge to better manage their mental health and gain more control of their lives at a time when they may feel they have lost control.

We are developing, delivering and evaluating a range of self-management interventions for people with severe psychiatric diagnoses in Wales, including schizophrenia.

Find out more at mentalhealth.org.uk/schizophrenia

**To interview someone with lived experience of schizophrenia,
please contact our press office 0207 8031110 or mobile
07880781596.**

mentalhealth.org.uk/world