**Schizophrenia**

Read about schizophrenia, a long-term mental health condition where you may see, hear or believe things that are not real.

[Schizophrenia - NHS](https://www.nhs.uk/mental-health/conditions/schizophrenia/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/>

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# Overview - Schizophrenia

**Schizophrenia is a long-term mental health condition. It causes a range of different psychological symptoms.**

Doctors often describe schizophrenia as a type of [psychosis](https://www.nhs.uk/mental-health/conditions/psychosis/). This means the person may not always be able to distinguish their own thoughts and ideas from reality.

Symptoms of schizophrenia can include:

* [hallucinations](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/hallucinations-hearing-voices/) – hearing or seeing things that do not exist outside of the mind
* delusions – unusual beliefs not based on reality
* muddled thoughts and speech based on hallucinations or delusions
* losing interest in everyday activities
* not wanting to look after yourself and your needs, such as not caring about your personal hygiene
* wanting to avoid people, including friends
* feeling disconnected from your feelings or emotions

People with schizophrenia do not have a split personality. Schizophrenia does not usually cause someone to be violent.

## **When to get medical advice**

If you're experiencing symptoms of schizophrenia, see a GP as soon as possible. The earlier schizophrenia is treated, the better.

There's no single test for schizophrenia. It's usually diagnosed after an assessment by a mental health care professional, such as a psychiatrist.

## **Causes of schizophrenia**

The exact cause of schizophrenia is unknown. But most experts believe the condition is caused by a combination of genetic and environmental factors.

It's thought that some people are more vulnerable to developing schizophrenia, and certain situations can trigger the condition such as a stressful life event or drug misuse.

## **Treating schizophrenia**

Schizophrenia is usually treated with a combination of medicine and therapy tailored to each individual.

In most cases, this will be antipsychotic medicines and [cognitive behavioural therapy (CBT)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/).

People with schizophrenia usually receive help from a community mental health team, which can offer day-to-day support and treatment, depending on the needs of each individual.

Many people recover from schizophrenia, although they may have periods when symptoms return (relapses).

Support and treatment can help reduce the impact the condition has on daily life.

## **Living with schizophrenia**

If schizophrenia is well managed, it's possible to reduce the chance of severe relapses.

This can include:

* recognising the signs of an acute episode
* taking medicine as prescribed
* talking to others about the condition

There are many charities and support groups offering help and advice on living with schizophrenia.

Most people find it comforting talking to others with a similar condition.

[Overview - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/>

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# Symptoms - Schizophrenia

**Schizophrenia changes how a person thinks and behaves.**

The condition may develop slowly. The first signs can be hard to identify as they often develop during the teenage years.

Symptoms such as becoming socially withdrawn and unresponsive or changes in sleeping patterns can be mistaken for an adolescent "phase".

People often have episodes of schizophrenia, during which their symptoms are particularly severe, followed by periods where they experience few or no symptoms. This is known as acute schizophrenia.

## **Positive and negative symptoms**

The symptoms of schizophrenia are usually classified into:

* **positive symptoms** – any change in behaviour or thoughts, such as hallucinations or delusions
* **negative symptoms** – where people appear to withdraw from the world around then, take no interest in everyday social interactions, and often appear emotionless and flat

### **Hallucinations**

Hallucinations are where someone sees, hears, smells, tastes or feels things that do not exist outside their mind. The most common hallucination is [hearing voices](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/hallucinations-hearing-voices/).

Hallucinations are very real to the person experiencing them, even though people around them cannot hear the voices or experience the sensations.

Research using brain-scanning equipment shows changes in the speech area in the brains of people with schizophrenia when they hear voices. These studies show the experience of hearing voices as a real one, as if the brain mistakes thoughts for real voices.

Some people describe the voices they hear as friendly and pleasant, but more often they're rude, critical, abusive or annoying.

The voices might describe activities taking place, discuss the hearer's thoughts and behaviour, give instructions, or talk directly to the person. Voices may come from different places or 1 place, such as the television.

### **Delusions**

A delusion is a belief held with complete conviction, even though it's based on a mistaken, strange or unrealistic view. It may affect the way the person behaves. Delusions can begin suddenly or may develop over weeks or months.

Some people develop a delusional idea to explain a hallucination they're having. For example, if they have heard voices describing their actions, they may have a delusion that someone is monitoring their actions.

Someone experiencing a paranoid delusion may believe they're being harassed or persecuted. They may believe they're being chased, followed, watched, plotted against or poisoned, often by a family member or friend.

Some people who experience delusions find different meanings in everyday events or occurrences.

They may believe people on TV or in newspaper articles are communicating messages to them alone, or that there are hidden messages in the colours of cars passing on the street.

### **Confused thinking and speech**

People experiencing psychosis often have trouble keeping track of their thoughts and conversations.

Some people find it hard to concentrate and will drift from one idea to another. They may have trouble reading newspaper articles or watching a TV programme.

People sometimes describe their thoughts as "misty" or "hazy" when this is happening to them. Thoughts and speech may become jumbled or confused, making conversation difficult and hard for other people to understand.

Some people describe their thoughts as being controlled by someone else, that their thoughts are not their own, or that thoughts have been planted in their mind by someone else.

Another feeling is that thoughts are disappearing, as though someone is removing them from their mind.

Some people feel their body is being taken over and someone else is directing their movements and actions.

These feelings of confusion may lead to a person's behaviour becoming more disorganised and unpredictable.

### **Negative symptoms of schizophrenia**

The negative symptoms of schizophrenia can often appear several months or years before somebody experiences their first acute schizophrenic episode with symptoms such as delusions or hallucinations

These initial negative symptoms are often referred to as the prodromal period of schizophrenia.

Symptoms during the prodromal period usually appear gradually and slowly get worse.

It can be difficult to tell if these are symptoms of schizophrenia or something else.

Negative symptoms experienced by people living with schizophrenia can include:

* not wanting to look after themselves and their needs, such as not caring about personal hygiene
* feeling disconnected from their feelings or emotions
* wanting to avoid people, including friends

The negative symptoms of schizophrenia can often lead to relationship problems with friends and family as they can sometimes be mistaken for deliberate laziness or rudeness.

### **Schizophrenia and psychosis**

Schizophrenia is often described by doctors as a type of [psychosis](https://www.nhs.uk/mental-health/conditions/psychosis/).

A first acute episode of psychosis can be very difficult to cope with, both for the person who is ill and for their family and friends.

Drastic changes in behaviour may occur, and the person can become upset, anxious, confused, angry or suspicious of those around them. But most people who get psychotic episodes are not a danger to others.

They may not think they need help, and it can be hard to persuade them to visit a doctor.

[The Mind website has more information about psychosis.](https://www.mind.org.uk/information-support/types-of-mental-health-problems/psychosis/about-psychosis/)

[Symptoms - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/>

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# Causes - Schizophrenia

**The exact causes of schizophrenia are unknown. Research suggests a combination of physical, genetic, psychological and environmental factors can make a person more likely to develop the condition.**

Some people may be prone to schizophrenia, and a stressful or emotional life event might trigger a psychotic episode. However, it's not known why some people develop symptoms while others do not.

## **Increased Risk**

### **Genetics**

Schizophrenia tends to run in families, but no single gene is thought to be responsible.

It’s more likely that different combinations of genes make people more vulnerable to the condition. However, having these genes does not necessarily mean you’ll develop schizophrenia.

Evidence that the disorder is partly inherited comes from studies of twins. Identical twins share the same genes.

In identical twins, if a twin develops schizophrenia, the other twin has a 1 in 2 chance of developing it, too. This is true even if they’re raised separately.

In non-identical twins, who have different genetic make-ups, when a twin develops schizophrenia, the other only has a 1 in 8 chance of developing the condition.

While this is higher than in the general population, where the chance is about 1 in 100, it suggests genes are not the only factor influencing the development of schizophrenia.

### **Differences in brain development**

Studies of people with schizophrenia have shown there are subtle differences in the structure of their brains.

These changes are not seen in everyone with schizophrenia and can occur in people who do not have a mental illness. But they suggest schizophrenia may partly be a disorder of the brain.

### **Neurotransmitters**

Neurotransmitters are chemicals that carry messages between brain cells.

It is thought people with schizophrenia may have different amounts of certain neurotransmitters in their brains.

Medicines that help lower the amounts of certain neurotransmitters, such as dopamine, can help with the symptoms of schizophrenia in some people.

This suggests neurotransmitters play a role in the development of schizophrenia.

### **Pregnancy and birth complications**

Research has shown people who develop schizophrenia are more likely to have experienced complications before and during their birth, such as:

* a low birthweight
* premature labour
* a lack of oxygen (asphyxia) during birth

It may be that these things have a subtle effect on brain development.

## **Triggers**

Triggers are things that can cause schizophrenia to develop in people who are at risk.

These include:

### **Stress**

The main psychological triggers of schizophrenia are stressful life events, such as:

* bereavement
* losing your job or home
* divorce
* the end of a relationship
* physical, sexual or emotional abuse

These kinds of experiences, although stressful, do not cause schizophrenia. However, they can trigger its development in someone already vulnerable to it.

## **Drug abuse**

Studies have shown using drugs, particularly cannabis, cocaine, LSD or amphetamines, can increase the risk of developing schizophrenia, psychosis or a similar illness.

It is not clear if using drugs directly causes symptoms in people who are susceptible to schizophrenia, or if they are more likely to use drugs.

If people have previously had episodes of psychosis or schizophrenia, using drugs can cause a relapse or stop symptoms from getting better.

Research has shown that teenagers and young adults who use cannabis regularly are more likely to develop schizophrenia in later adulthood. The risk may be higher when using stronger forms of cannabis.

### **Want to know more?**

* Mind: [How can recreational drugs affect mental health?](https://www.mind.org.uk/information-support/types-of-mental-health-problems/drugs-recreational-drugs-alcohol/effect-on-mental-health/#.XbrJduj7SUk)
* Mind: [What causes schizophrenia?](http://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/causes/)

[Causes – Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/causes/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/causes/>

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# Diagnosis – Schizophrenia

**There's no single test for schizophrenia and the condition is usually diagnosed after assessment by a specialist in mental health.**

If you're concerned you may be developing symptoms of schizophrenia, see a GP as soon as possible. The earlier schizophrenia is treated, the better.

The GP will ask about your symptoms and check they're not the result of other causes, such as recreational drug use.

## **Community mental health team**

If a diagnosis of schizophrenia is suspected, the GP should refer you to your local community mental health team (CMHT).

CMHTs are made up of different mental health professionals who support people with complex mental health conditions.

A member of the CMHT team, usually a psychiatrist or a specialist nurse, will carry out a more detailed assessment of your symptoms. They'll also want to know your personal history and current circumstances.

To make a diagnosis, most mental healthcare professionals use a diagnostic checklist.

Schizophrenia can usually be diagnosed by checking that a person has the symptoms associated with schizophrenia while also making sure they are not being caused by any other condition.

## **Related illnesses**

Sometimes it might not be clear whether someone has schizophrenia. If you have other symptoms at the same time, a psychiatrist may have reason to believe you have a related mental illness, such as:

* [**bipolar disorder**](https://www.nhs.uk/mental-health/conditions/bipolar-disorder/) – people with bipolar disorder swing from periods of elevated moods and extremely active, excited behaviour (mania) to periods of deep depression; some people also hear voices or experience other kinds of hallucinations, or may have delusions
* **schizoaffective disorder** – this is often described as a form of schizophrenia because its symptoms are similar to schizophrenia and bipolar disorder, but schizoaffective disorder is a mental illness in its own right; it may occur just once in a person's life, or come and go and be triggered by stress

You may also be assessed for [post-traumatic stress disorder](https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/), [depression](https://www.nhs.uk/mental-health/conditions/depression/), [anxiety](https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/) and substance misuse.

## **Getting help for someone else**

As a result of their delusional thought patterns, people with schizophrenia may be reluctant to visit their GP if they believe there's nothing wrong with them.

It's likely someone who has had acute schizophrenic episodes in the past will have been assigned a care co-ordinator. If this is the case, contact the person's care co-ordinator to express your concerns.

They may also have written instructions with advice about what a friend or loved one can do if a person becomes unwell. This is sometimes called a crisis plan.

If someone is having an acute schizophrenic episode for the first time, it may be necessary for a friend, relative or another loved one to persuade them to visit their GP.

In the case of a rapidly worsening schizophrenic episode, you may need to go to the accident and emergency (A&E) department, where a duty psychiatrist will be available.

If a person who is having an acute schizophrenic episode refuses to get help, their nearest relative can request that a mental health assessment is carried out. The social services department of your local authority can advise how to do this. [Find your local authority](https://www.gov.uk/find-local-council).

In severe cases, people can be compulsorily detained in hospital for assessment and treatment under the Mental Health Act (2007).

## **After diagnosis**

If you or a friend or relative are diagnosed with schizophrenia, you may feel anxious about what will happen. You may be worried about the stigma attached to the condition or feel frightened and withdrawn.

It's important to remember that a diagnosis can be a positive step towards getting good, straightforward information about the illness and the kinds of treatment and services available.

## **Diagnosing children and young people**

Children and young people with a first episode of schizophrenia should be referred urgently to a specialist mental health service.

This should be either children and young people's mental health services (CYPMHS) for those aged up to 17, or an early intervention service for those aged 14 years or over, that includes a consultant psychiatrist with training in children and young people's mental health.

For more information, see the [National Institute for Health and Care Excellence (NICE) guidelines on psychosis and schizophrenia in children and young people](http://www.nice.org.uk/guidance/CG155).

[Diagnosis - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/diagnosis/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/diagnosis/>

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# Treatment - Schizophrenia

**Schizophrenia is usually treated with an individually tailored combination of talking therapy and medicine.**

Most people with schizophrenia are treated by community mental health teams (CMHTs).

The goal of the CMHT is to provide day-to-day support and treatment while ensuring you have as much independence as possible.

A CMHT can be made up of and provide access to:

* social workers
* community mental health nurses – who have specialist training in mental health conditions
* occupational therapists
* pharmacists
* counsellors and psychotherapists
* psychologists and psychiatrists – the psychiatrist is usually the senior clinician in the team

During your first episode of schizophrenia, you should initially be referred to an early intervention team.

These specialist teams provide treatment and support, and are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers.

Depending on your needs, you may be in regular contact with just 1 or 2 members of the team or you may need help from the entire CMHT.

## **Care programme approach (CPA)**

People with complex mental health conditions are usually entered into a treatment process known as a care programme approach (CPA). A CPA is essentially a way of ensuring you receive the right treatment for your needs.

There are 4 stages to a CPA:

* **assessment** – your health and social needs are assessed
* **care plan** – a care plan is created to meet your health and social needs
* **key worker appointed** – a key worker, usually a social worker or nurse, is your first point of contact with other members of the CMHT
* **reviews** – your treatment will be regularly reviewed and, if needed, changes to the care plan can be agreed

You'll work together with your healthcare team to develop a care plan. The care plan may involve an advance statement or crisis plan, which can be followed in an emergency.

Your care plan should include a combined healthy eating and physical activity programme and support for giving up smoking if you smoke.

Your care co-ordinator will be responsible for making sure all members of your healthcare team, including your GP, have a copy of your care plan.

#### **Further information**

* [Rethink Mental Illness: Care programme approach](https://www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/care-programme-approach-cpa/)

## **Managing acute episodes**

People with schizophrenia can experience what is known as an acute schizophrenic episode. During an acute episode the symptoms of psychosis, where a person is unable to tell the difference between reality and their imagination, can become overwhelming.

During this time, a person may require a more intensive level of care than a CMHT can provide, to help keep them safe from harm.

### **Crisis resolution teams (CRT)**

A treatment option is to contact a home treatment or crisis resolution team (CRT).

CRTs care for people with serious mental health conditions who are currently experiencing an acute and severe psychiatric episode, sometimes called a 'crisis'.

The aim of a CRT is to support people without having to admit them to a hospital (but they can arrange admission if needed).

The CRT aims to treat people in the least restrictive environment possible, ideally in or near their home. This can be in your own home, in a dedicated crisis residential home or hostel, or in a day care centre.

CRTs are also responsible for planning aftercare once the crisis has passed to prevent a further crisis occurring.

Your care co-ordinator should be able to provide you and your friends or family with contact information in the event of a crisis.

### **Treatment in a hospital or clinic**

People who are undergoing a very severe schizophrenia episode may require in-patient care at a hospital or psychiatric clinic.

If a person’s care team think they would be best cared for in a hospital or clinic, they will explain that to the person and encourage them to admit themselves for care.

There may be times when a person refuses to go into hospital but the clinic feels that they do not have the mental capacity to make an informed decision about their own care. Read more about how health professionals [assess a person’s capacity to make a decision](https://www.nhs.uk/conditions/consent-to-treatment/capacity/).

In situations like this the Mental Health Act (2007) does legally allow a person to be compulsorily detained at a hospital or clinic. It must be thought that detention is necessary to protect:

* that person’s health and safety
* the health and safety of others

Sometimes the wards need to be locked for the safety of the people being cared for.

All people being treated in hospital will stay only as long as is absolutely necessary for them to receive appropriate treatment and arrange aftercare.

An independent panel will regularly review your case and progress. Once they feel you're no longer a danger to yourself and others, you'll be discharged from hospital. However, your care team may recommend you remain in hospital voluntarily.

More serious acute schizophrenic episodes may need to be cared for in a psychiatric ward at a hospital or clinic.

If the care team think a person would be best cared for on a ward, they will talk to the person and encourage them to admit themselves voluntarily to hospital.

Rarely, if a person's care team feels they are not able to make the decision for themselves they may need to be admitted under the Mental Health Act (2007). This is sometimes called 'compulsorily admission'.

It's only possible for someone to be compulsorily admitted to a hospital if they have a severe mental health condition and it's in the best interests of:

* the person's own health and safety
* the health and safety of others

All people being treated in hospital will stay only as long as is absolutely necessary for them to receive appropriate treatment and arrange aftercare.

An independent panel will regularly review the person's progress. Once they feel the level of risk has lowered, the person can be discharged from hospital. However, the care team may recommend they stay in hospital voluntarily.

### **Advance statements**

If it's felt there's a significant risk of future acute schizophrenic episodes occurring, you may want to write an advance statement.

An advance statement is a series of written instructions about what you would like your family or friends to do in case you experience another acute schizophrenic episode. You may also want to include contact details for your care co-ordinator.

An advanced statement can also give instructions on how you want to be cared for if you're not in a position to make decisions about treatment yourself.

These instructions can include your wishes regarding your treatment and who you would like to be contacted, such as a family member or a friend, in the event of a crisis.

Advanced statements are not legally binding, so health professionals will always act in your best interest when required, but they will follow your wishes whenever possible.

If you want to make an advance statement, talk to your care co-ordinator, psychiatrist or GP.

### **Further information:**

* [Mind: Health and social care rights](https://www.mind.org.uk/information-support/legal-rights/health-and-social-care-rights/overview/)

## **Antipsychotics**

Antipsychotics are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode. They work by blocking the effect of the chemical dopamine, or other chemicals on the brain.

Antipsychotics can usually reduce feelings of anxiety or aggression within a few hours of use but may take several days or weeks to reduce other symptoms, such as hallucinations or delusional thoughts.

Your doctor may recommend a physical examination, and possibly some scans, such as an ECG. It's important that your doctor gives you a thorough physical examination before you start taking antipsychotics, and that you work together to find the right one for you.

Antipsychotics can be taken orally as a pill or be given as an injection known as a depot. Several slow-release antipsychotics are available. These require you to have one injection every 1 to 4 weeks. You will usually be given the lowest dose possible that it thought able to effectively control symptoms.

You may only need antipsychotics until your acute schizophrenic episode has passed.

However, most people take medication for 1 or 2 years after their first psychotic episode to prevent further acute schizophrenic episodes occurring, and for longer if the illness is recurrent.

There are 2 main types of antipsychotics:

* typical antipsychotics – the first generation of antipsychotics developed in the 1950s
* atypical antipsychotics – newer-generation antipsychotics developed in the 1990s

The choice of antipsychotic should be made following a discussion between you and your psychiatrist about the likely benefits and side effects.

Both typical and atypical antipsychotics can cause side effects, although not everyone will experience them and the severity will differ from person to person.

The side effects of typical antipsychotics include:

* shaking
* trembling
* muscle twitches
* muscle spasms

Side effects of both typical and atypical antipsychotics include:

* drowsiness
* weight gain, particularly with some atypical antipsychotics
* lack of sex drive
* blurred vision
* constipation
* dry mouth

Antipsychotics can also cause side effects which may need to be monitored while you are taking them. These include:

* an increase in your blood cholesterol levels
* changes in your blood sugar levels
* your blood pressure can become both higher or lower than usual

Tell your care co-ordinator, psychiatrist or GP if your side effects become severe. There may be an alternative antipsychotic you can take or additional medicines that will help you deal with the side effects.

If you do not benefit from your antipsychotic medicine after taking it regularly for several weeks, an alternative can be tried. It's important to work with your treatment team to find the right medicine for you.

Do not stop taking your antipsychotics without first consulting your care co-ordinator, psychiatrist or GP. If you stop taking them, you could have a relapse of symptoms.

Your medicine and any side effects will be closely monitored for the first few months. After this your medicine should be reviewed at least once a year.

#### **Further information**

* [Mind: Antipsychotics](https://www.mind.org.uk/information-support/drugs-and-treatments/antipsychotics/about-antipsychotics/)
* [Royal College of Psychiatrists: Depot medication](https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/depot-medication)

## **Talking therapies**

Talking therapies can help people with schizophrenia cope with the symptoms of hallucinations or delusions better.

They can also help treat some of the negative symptoms of schizophrenia, such as apathy or a lack of enjoyment and interest in things you used to enjoy.

Talking therapies for schizophrenia work best when they're combined with antipsychotic medication.

Common talking therapies for schizophrenia include:

* cognitive behavioural therapy (CBT)
* family therapy
* arts therapy

### **Cognitive behavioural therapy (CBT)**

[Cognitive behavioural therapy (CBT)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/) aims to help you identify the thinking patterns that are causing you to have unwanted feelings and behaviour and learn to change this thinking with more realistic and useful thoughts.

For example, you may be taught to recognise examples of delusional thinking. You may then receive help and advice about how to avoid acting on these thoughts.

Most people require a series of CBT sessions over the course of a number of months. CBT sessions usually last for about an hour.

Your GP or care co-ordinator should be able to arrange a referral to a CBT therapist.

### **Family therapy**

Family therapy aims to support the person with schizophrenia and the people they live with or are close to, such as partners or family members.

It can help everybody that may be affected by schizophrenia, not just the individual living with the condition.

It usually involves informal sessions over the course of 6 months.

Family therapy sessions may include:

* discussing information about schizophrenia
* exploring ways of supporting somebody with schizophrenia
* deciding how to solve practical problems that can be caused by the symptoms of schizophrenia
* planning what to do in a crisis situation

If you think you and your family could benefit from family therapy, speak to your care co-ordinator or GP.

### **Arts therapy**

Arts therapies are designed to promote creative expression. Working with an arts therapist in a small group or individually can allow you to express your experiences with schizophrenia.

Some people find expressing things in a non-verbal way through the arts can provide a new experience of schizophrenia and help them develop new ways of relating to others.

Arts therapies have been shown to alleviate the negative symptoms of schizophrenia in some people.

The National Institute for Health and Care Excellence (NICE) recommends that arts therapies are provided by an arts therapist registered with the [Health and Care Professions Council](https://www.hcpc-uk.org/) who has experience of working with people with schizophrenia.

#### **Want to know more?**

* [Mental Health Foundation: talking therapies](https://www.mentalhealth.org.uk/a-to-z/t/talking-therapies)
* [Mind: talking therapy and counselling](https://www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/)

[Treatment - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/>

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# Living with – Schizophrenia

**Most people with schizophrenia make a recovery, although many will experience the occasional return of symptoms (relapses).**

Support and treatment can help you to manage your condition and the impact it has on your life.

Caring for your own health can also make treating your condition easier and help reduce anxiety, depression and fatigue. It can help you have a better quality of life and be more active and independent.

Self-care includes:

* maintaining good physical and mental health
* preventing illness or accidents
* effectively dealing with minor ailments and long-term conditions

As part of the care programme approach, you'll be in contact with your healthcare team regularly.

Having a good relationship with the team means you can easily discuss your symptoms or concerns. The more they know, the more they can help you.

## **Spotting the signs of an acute schizophrenic episode**

Learning to recognise the signs that you're becoming unwell can help you manage your illness. Signs can include losing your appetite, feeling anxious or stressed, or having disturbed sleep.

You may also notice some milder symptoms developing, such as:

* feeling suspicious or fearful
* worrying about people's motives
* hearing quiet voices now and again
* finding it difficult to concentrate

You may also want to ask someone you trust to tell you if they notice your behaviour changing.

Recognising the initial signs of an acute schizophrenic episode can be useful, as it may be prevented through the use of antipsychotic medicines and extra support.

If you have another acute episode of schizophrenia, your written care plan should be followed, particularly any advance statement or crisis plan.

Your care plan will include the likely signs of a developing relapse and the steps to take, including emergency contact numbers.

Read about [treating schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/) for information about advance statements.

## **Taking your medicine**

It's important to take your medicine as prescribed, even if you start to feel better. Continuous medicine can help prevent relapses.

If you have questions or concerns about medicine you're taking or any side effects, talk to your GP or care co-ordinator.

It may also be useful to read the information leaflet that comes with the medicine about possible interactions with other drugs or supplements.

It's worth checking with your healthcare team if you plan to take any over-the-counter remedies, such as painkillers, or any nutritional supplements, as these can sometimes interfere with your medicine.

## **Healthy Living**

### **Keep healthy**

As well as monitoring your mental health, your healthcare team and GP should monitor your physical health.

A healthy lifestyle, including having a balanced diet with lots of fruit and vegetables and taking regular exercise, is good for you and can reduce your risk of developing [cardiovascular disease](https://www.nhs.uk/conditions/cardiovascular-disease/) or [diabetes](https://www.nhs.uk/conditions/diabetes/). You should also try to avoid too much stress and have a regular sleep pattern.

You should have a check-up with a GP at least once a year to monitor your risk of developing cardiovascular disease or diabetes. This will include recording your weight, checking your blood pressure, and having any appropriate blood tests.

[Find out more about annual health checks for people with severe mental health conditions](https://www.nhs.uk/mental-health/social-care-and-your-rights/annual-health-check-smi/)

### **Stop smoking**

Stopping smoking has been shown to improve the mental health of people with schizophrenia. It also reduces your risk of cancer, heart disease and stroke. Find out how stopping smoking can improve your mental health.

You can ask your GP about NHS support, as well as stop smoking medicines such as patches, gum or inhalers. You can also go to [NHS Quit smoking](https://www.nhs.uk/better-health/quit-smoking/) to find out more.

If you take antipsychotic medicines and want to stop smoking, or you start smoking again if you stopped, it's very important to talk to your GP or psychiatrist.

The dosage of your prescription drugs may need to be monitored and the amount you have to take could be reduced depending on if you smoke.

### **Avoiding drugs and alcohol**

Regularly drinking more than the recommended amount of alcohol or using illegal drugs can trigger psychosis and make symptoms of schizophrenia worse. Alcohol and drug use can also cause other mental health problems, such as depression and anxiety as well as causing damage to your physical health.

Drugs and alcohol can also react badly with antipsychotic medicines.

If you're currently using drugs or alcohol and finding it hard to stop, ask your care co-ordinator or GP for help.

### **Further information**

* Rethink Mental Illness: [wellbeing and physical health](https://www.rethink.org/advice-and-information/living-with-mental-illness/information-on-wellbeing-physical-health-bame-lgbtplus-and-studying/)

## **Who is available to help me?**

In the course of your treatment for schizophrenia, you'll be involved with many different services. Some are accessed through referral from a GP, others through the local authority.

These services may include:

* **community mental health teams (CMHTs)** – these provide the main part of local specialist mental health services, and offer assessment, treatment and social care to people living with schizophrenia and other mental illnesses
* **trained peer support** – this involves the support of someone who has had schizophrenia themselves and is now stable, and may be available through your CMHT
* **early intervention teams** – these provide early identification and treatment for people with the first symptoms of psychosis; your GP may be able to refer you directly to an early intervention team
* **crisis services** – specialist mental health teams that help with crises that occur outside normal office hours and allow people to be treated at home for an acute episode of illness instead of in hospital
* **acute day hospitals** – an alternative to inpatient care in a hospital, where you can visit every day or as often as necessary
* **advocates** – trained and experienced workers who help people communicate their needs or wishes, get impartial information, and represent their views to other people; they can be based in your hospital or mental health support groups, or you can find an independent advocate to act on your behalf

### **Further information**

* Mind: [Mind in your area](https://www.mind.org.uk/about-us/local-minds/)
* Rethink Mental Illness: [Treatment and support](https://www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/)

## **Employment and financial support**

Avoid too much stress, including work-related stress. If you're employed, you may be able to work shorter hours or in a more flexible way.

Under the [Equality Act 2010](https://www.gov.uk/government/organisations/department-of-health-and-social-care/about/equality-and-diversity), all employers must make reasonable adjustments for people with disabilities, including people diagnosed with schizophrenia or other mental illnesses.

Several organisations provide support, training and advice for people with schizophrenia who wish to continue working.

Your community mental health team is a good first point of contact to find out what services and support are available for you.

Mental health charities such as Mind or Rethink Mental Illness are also excellent sources of information on training and employment.

If you're unable to work as a result of your mental illness, you're entitled to financial support, such as Incapacity Benefit.

### **Further information**

* GOV.UK: [Disability and the Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010)
* GOV.UK: [Incapacity Benefit](https://www.gov.uk/incapacity-benefit)
* [Money Advice Service](http://www.moneyadviceservice.org.uk/)
* Rethink Mental Illness: [Money, benefits and employment](https://www.rethink.org/advice-and-information/rights-restrictions/money-benefits-and-employment/)

## **Talk to others**

Many people find it helpful to meet other people with the same experiences for mutual support and to share ideas. It's also an important reminder that you're not alone.

Charities and support groups allow individuals and families to share experiences and coping strategies, campaign for better services, and provide support.

Useful charities, support groups and associations include:

* [Hearing Voices Network](http://www.hearing-voices.org/)
* [Mind](http://www.mind.org.uk/)
* [Rethink Mental Illness](http://www.rethink.org/)
* [SANE](http://www.sane.org.uk/)

There are also other places that offer support to people with schizophrenia and other mental illnesses.

### **Day centres**

Even if you do not have a job or are unable to work, it's still important to go out and do everyday things and give a structure to your week.

Many people regularly go to a day hospital, day centre or community mental health centre. These offer a range of activities that allow you to get active again and spend some time in the company of other people.

### **Work projects**

These provide training to help you develop your work skills and support you back into work. They often have contacts with local employers.

### **Supported accommodation**

This could be a bedsit or flat where there's someone around who is trained to support you and help you deal with day-to-day problems.

### **Peer support**

You may be offered the chance to meet regularly with a trained peer support worker who has recovered from psychosis or schizophrenia themselves.

### **Further information**

* Mind: [Housing and mental health](https://www.mind.org.uk/information-support/guides-to-support-and-services/housing/#.Xbrbcuj7SUk)

## **What can family, friends and partners do to help?**

Friends, relatives and partners have a vital role in helping people with schizophrenia recover and make a relapse less likely.

Do not blame the person with schizophrenia or tell them to "pull themselves together” or blame other people. Instead you could try to offer them support and understanding about how they are feeling.

It's important to stay positive and supportive when dealing with a friend or loved one's mental illness.

As well as supporting the person with schizophrenia, you may want to get support to cope with your own feelings. Several voluntary organisations provide help and support for carers.

The care team may be able to provide you with an assessment about your own needs, which you can share with your GP if needed.

The care team can also offer you information to help you understand what schizophrenia is, how it affects people, and how you can help.

You should have a discussion with the care team about what to do in the event of a crisis.

As part of someone's treatment, you may be offered family therapy. This can provide information and support for the person with schizophrenia and their family.

Friends and family can play a major role by monitoring the person's mental state, watching out for any signs of relapse, and encouraging them to take their medication and attend medical appointments.

If you're the nearest relative of a person who has schizophrenia, you have certain rights that can be used to protect the patient's interests.

These include requesting that the local social services authority ask an approved mental health professional to consider whether the person with schizophrenia should be detained in hospital.

Additional help, including financial support, may also be available for you if you are caring for a family member, friend or partner with schizophrenia.

### **Further information**

* Mind: [Supporting yourself while caring for someone](https://www.mind.org.uk/information-support/helping-someone-else/carers-friends-family-coping-support/am-i-a-carer/)

## **Depression and suicide**

People with schizophrenia have increased risk of suicide then the general population.

The risk may be higher after an acute episode or hospital stay.

This and other stresses, such as financial worries or feeling isolated, can lead to symptoms of depression.

Signs you may be depressed include feeling particularly down over the last month and no longer taking pleasure in the things you used to enjoy.

Do not ignore these symptoms. If depression is not treated, it can worsen and lead to suicidal thoughts.

If you have symptoms of depression, or any suicidal thoughts, it's very important that you immediately tell your GP or care-coordinator.

You can also call [the Samaritans](https://www.samaritans.org/) on 116 123 at any time of the day or night.

### **The warning signs of suicide**

The warning signs that people with depression and schizophrenia may be considering suicide include:

* **making final arrangements** – such as giving away possessions, making a will or saying goodbye to friends
* **talking about death or suicide** – this may be a direct statement such as, "I wish I was dead", or indirect phrases such as, "I think that dead people must be happier than us", or "Wouldn't it be nice to go to sleep and never wake up?"
* **self-harm** – such as cutting their arms or legs, or burning themselves with cigarettes
* **a sudden lifting of mood** – this could mean a person has decided to try to end their life (suicide) and feels better because of their decision

### **Helping a suicidal friend or relative**

If you see any of these warning signs:

* get professional help for the person, such as from a crisis resolution team or the duty psychiatrist at your local A&E department
* let them know they're not alone and you care about them
* offer your support in finding other solutions to their problems

If you feel there's an immediate danger of the person attempting to end their life (suicide), stay with them or have someone else stay with them. Remove all available means of suicide, such as sharp objects and medication.

### **Further information**

* [Help for suicidal thoughts](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/help-for-suicidal-thoughts/)
* [Samaritans](http://www.samaritans.org/)

[Living with - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/living-with/)

<https://www.nhs.uk/mental-health/conditions/schizophrenia/living-with/>

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## **More in**[**Schizophrenia**](https://www.nhs.uk/mental-health/conditions/schizophrenia/)

[Overview - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/overview/)

[Symptoms - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/symptoms/)

[Causes - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/causes/)

[Diagnosis - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/diagnosis/)

[Treatment - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/)

[Living with - Schizophrenia](https://www.nhs.uk/mental-health/conditions/schizophrenia/living-with/)

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