

Schizophrenia is a mental disorder characterized by reoccurring episodes of psychosis, including hallucinations (typically hearing voices), delusions (i.e., paranoia), disorganized thinking, social withdrawal, and flat affect. Symptoms develop gradually, typically beginning during young adulthood and persisting indefinitely. Diagnosis is based on observed behaviour and psychiatric history, requiring symptoms to be present for at least six months (according to the DSM-5) or one month (according to the ICD-11). Many individuals with schizophrenia have co-occurring mental disorders, such as substance use disorders, depressive disorders, anxiety disorders, and obsessive-compulsive disorder.

Approximately 0.3% to 0.7% of people are diagnosed with schizophrenia during their lifetime. Males are more commonly affected and typically experience an earlier onset than females. The causes of schizophrenia may involve genetic and environmental factors, including common and rare genetic variants, childhood adversity, cannabis use during adolescence, infections, parental age, and prenatal nutrition.

About half of individuals diagnosed with schizophrenia experience significant long-term improvement, while the other half continue to be impaired throughout their lives. Severe cases may necessitate hospitalization, and individuals with schizophrenia commonly face social challenges such as unemployment, poverty, homelessness, exploitation, and victimization. Compared to the general population, individuals with schizophrenia have a higher suicide rate and are more susceptible to physical health problems, resulting in a decreased life expectancy of 20 to 28 years.

Treatment typically involves antipsychotic medication, counseling, job training, and social rehabilitation. For treatment-resistant cases, clozapine may be prescribed, although it can cause significant side effects. In situations where there is a risk of harm, short involuntary hospitalization may be imposed. Long-term hospitalization is reserved for severe cases and is more common in areas with limited supportive services.

Symptoms

Schizophrenia is characterised by significant impairments in the way reality is perceived and changes in behaviour related to: persistent delusions: the person has fixed beliefs that something is true, despite evidence to the contrary; persistent hallucinations: the person may hear, smell, see, touch, or feel things that are not there; experiences of influence, control or passivity: the experience that one's feelings, impulses, actions, or thoughts are not generated by oneself, are being placed in one's mind or withdrawn from one's mind by others, or that one's thoughts are being broadcast to others; disorganized thinking, which is often observed as jumbled or irrelevant speech; highly disorganised behaviour e.g. the person does things that appear bizarre or purposeless, or the person has unpredictable or inappropriate emotional responses that interfere with their ability to organise their behaviour; "Negative symptoms" such as very limited speech, restricted experience and expression of emotions, inability to experience interest or pleasure, and social withdrawal; and/or extreme agitation or slowing of movements, maintenance of unusual postures. People with schizophrenia often also experience persistent difficulties with their cognitive or thinking skills, such as memory, attention, and problem-solving.

At least one third of people with schizophrenia experiences complete remission of symptoms (1). Some people with schizophrenia experience worsening and remission of symptoms periodically throughout their lives, others a gradual worsening of symptoms over time.

Magnitude and impact

Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. This rate is 1 in 222 people (0.45%) among adults (2). It is not as common as many other mental disorders. Onset is most often during late adolescence and the twenties, and onset tends to happen earlier among men than among women. Schizophrenia is frequently associated with significant distress and impairment in personal, family, social, educational, occupational, and other important areas of life. People with schizophrenia are 2 to 3 times more likely to die early than the general population (3). This is often due to physical illnesses, such as cardiovascular, metabolic, and infectious diseases.

People with schizophrenia often experience human rights violations both inside mental health institutions and in community settings. Stigma against people with this condition is intense and widespread, causing social exclusion, and impacting their relationships with others, including family and friends. This contributes to discrimination, which in turn can limit access to general health care, education, housing, and employment.

During humanitarian and public health emergencies, extreme stress and fear, breakdown of social supports, isolation and disruption of health-care services and supply of medication can occur. These changes can have an impact on the lives of people with schizophrenia, such as exacerbation of existing symptoms. During emergencies, people with schizophrenia are more vulnerable than others to various human rights violations, including neglect, abandonment, homelessness, abuse and exclusion.

Causes of schizophrenia

Research has not identified one single cause of schizophrenia. It is thought that an interaction between genes and a range of environmental factors may cause schizophrenia. Psychosocial factors may also affect the onset and course of schizophrenia. Heavy use of cannabis is associated with an elevated risk of the disorder.

Services

Currently, the vast majority of people with schizophrenia around the world are not receiving mental health care. Approximately 50% of people in mental hospitals have a schizophrenia diagnosis (4). Only 31.3% of people with psychosis receive specialist mental health care (5). Most resources for mental health services are inefficiently spent on care within mental hospitals.

There is clear evidence that mental hospitals are not effective in providing the care that people with mental health conditions need and, regularly, violate the basic human rights of persons with schizophrenia. Efforts to transfer care from mental health institutions to the community need to be expanded and accelerated. Such efforts start with the development of a range of quality community-based mental health services. Options for community-based mental health care include integration in primary health and general hospital care, community mental health centres, day centres, supported housing, and outreach services for home-based support. The engagement of the person with schizophrenia, family members and the wider community in providing support is important.