

# Schizophrenia

About one in every 100 people is diagnosed with schizophrenia. It seems to affect roughly the same number of men and women. Some studies have shown a link between social disadvantage with higher rates of schizophrenia being seen in disadvantaged communities.

Many experiences and behaviours can be part of schizophrenia. They can start suddenly for some people, while others find that they develop gradually over time. Each person's experience of schizophrenia is unique to them, but some people find that they:

- aren't able to carry on with day-to-day activities, like going to work or taking care of themselves.
- become upset, confused, distrusting or suspicious of other people or particular groups, like strangers or people in authority
- disagree with people who think something is wrong
- feel worried or afraid of seeking help

People sometimes describe the symptoms of schizophrenia as 'positive' symptoms or 'negative' symptoms. This doesn't mean they are good or bad.

**Positive symptoms** are experiences or behaviours that people start having as part of schizophrenia. They can include hearing voices, seeing things that others don't, believing something is real or true when it isn't, or believing thoughts are being monitored or controlled.

**Negative symptoms** are experiences or behaviours that people stop having (or have less of) as part of schizophrenia. For example, people might find people or activities less interesting or enjoyable, that they move their body less, feel disconnected from emotions or have less motivation to do things.

## Diagnosis

Schizophrenia is a diagnosis given to someone who experiences some of the following symptoms:

- a lack of interest in things
- feeling disconnected from feelings
- difficulty concentrating
- wanting to avoid people
- hearing voice
- hallucinations (such as seeing things that others don't)
- delusions (strong beliefs that others do not share)
- disorganised thinking and speech
- difficulties with self-care and feelings of needing to be protected.

**“What was real and what was not? I couldn’t tell the difference any longer and it was exhausting”.**

Most people diagnosed with schizophrenia are aged between 18 and 35, with men tending to be diagnosed at a slightly younger age than women. African-Caribbean men in the UK are particularly likely to be diagnosed with schizophrenia, despite there being no evidence that they are biologically more vulnerable to it. It has been suggested that this is caused by difficult life events, such as migration, racism, environment and cultural differences that affect mental health. It may also be that psychiatrists with very different cultural, religious or social experiences to their patients mistakenly diagnose schizophrenia.

### **Causes:**

The cause of schizophrenia is not yet known, and research into it is happening all the time. But it is generally agreed that schizophrenia is caused by a combination of factors rather than a single one.

**Stressful life events** - Highly stressful or life-changing events may sometimes trigger schizophrenia. These can include; feeling lonely or isolated, being out of work, having money problems, becoming homeless, losing a loved one, being abused or harassed.

**Cannabis and other recreational drugs** - Some people may develop symptoms of schizophrenia after using cannabis or other recreational drugs. Researchers still aren't sure whether using recreational drugs directly causes schizophrenia, or if people who develop schizophrenia are also more likely to use recreational drugs. Research has shown that using recreational drugs may make the symptoms worse. Some studies suggest that people who use high-potency cannabis ('skunk') during a period of recovery are more likely to have a relapse of their symptoms. Drinking alcohol and smoking may also stop medication from effectively treating the symptoms.

**Genetics** – Research also shows that people are more likely to develop psychosis such as schizophrenia if they have a parent or sibling who has experienced psychosis, but researchers aren't sure why this happens. It is thought that certain genes might make some people more vulnerable to developing schizophrenia, which could explain why people in the same family may be affected. Some possible causes of schizophrenia are also more likely to affect people living in the same household. For example, some studies suggest that living in cities increases the risk of developing schizophrenia – but researchers don't yet know why.

**Neurochemistry** - Some chemicals seem to behave differently in the brains of people who experience schizophrenia. These chemicals are thought to include dopamine, which helps to carry messages between brain cells. One theory is that people with schizophrenia have more dopamine in their brains, or that dopamine has different

effects for them. Antipsychotics, which are sometimes used to treat schizophrenia, can help to lower dopamine levels.

## Treatment:

The National Institute for Health and Care Excellence (NICE) recommends treating schizophrenia and psychosis with a combination of talking treatments and antipsychotic medication.

**Cognitive Behavioural therapy (CBT)** for schizophrenia can help someone:

- cope with symptoms of psychosis such as delusions or hearing voices
- ease stress so symptoms don't get worse
- manage any side effects from medication
- cope with other problems like social anxiety and depression,

Talking treatment for schizophrenia should focus on helping cope with the symptoms, rather than trying to convince them that the beliefs or experiences are wrong.

**Medication** (usually antipsychotic drugs) for schizophrenia:

- could help with symptoms of psychosis
- affects different people in different ways
- is helpful for some people but not others
- can have side effects

**Family intervention** is a type of talking treatment for relatives of people who are diagnosed. This can:

- help relatives or carers work out how to be most supportive.
- help family members find ways of coping and solving problems together

**Arts therapies** is a way of using creative arts – music, painting, dance, voice or drama to express yourself in a therapeutic environment with a trained therapist. Arts therapies for schizophrenia:

- may be helpful for people who feel distanced from their feelings or find it hard to talk
- should be considered for everyone with a diagnosis of schizophrenia and related problems like schizoaffective disorder and psychosis, according to National Institute for Health and Care Excellence (NICE) guidelines.

## For family and friends:

If someone close to you has schizophrenia, it can be hard to know how to help – but there are lots of things you can try. You could:

- ask how you and others can help
- focus on feelings, not experiences
- notice what's going well
- find out more about schizophrenia
- plan ahead for more difficult times
- look after yourself

**“If someone turns 'round and says to you: 'It's not real,' it just makes you feel more alone than ever”.**