Schizophrenia
Schizophrenia is a serious mental health condition that affects a person’s thoughts, feelings and behaviours. Whilst it is serious, schizophrenia is both treatable and manageable, and we encourage anybody who believes they are suffering to contact a medical professional immediately.

Unfortunately, due to the nature of some of the symptoms of schizophrenia, which we will discuss below, a sufferer may not be able to distinguish their own thoughts from reality, and so they may not be aware they are unwell. In these instances, we would encourage any family members or friends who are concerned to seek treatment on the sufferer’s behalf.

Before we look into what schizophrenia is, it is important that we first highlight what schizophrenia is not, as the media has managed to create a negative stigma around this disorder. Contrary to what is often depicted on television, having a diagnosis of schizophrenia does not mean a person has a split personality, and it does not mean they will be violent. In fact, those who are diagnosed are more of a risk to themselves than to those around them and in many cases where violence has occurred, this is due to a co-occurring drug or alcohol misuse problem. When violence is involved, the media often sensationalises these incidents and focus on the mental illness aspect of the story, when in reality a very small number of schizophrenia sufferers become violent. It is important to break down these stereotypes, so that sufferers become more inclined to seek treatment without the fear of stigmatization.

Schizophrenia is a complex disorder with a vast number of symptoms. This can mean that two people with the same diagnosis can actually exhibit different symptomologies, which can lead to some diagnostic confusion. In some cases, doctors or researchers use up to 8 different sub-classifications to help differentiate one form of schizophrenia from another. But for the sake of this brochure we will instead look at schizophrenia as a whole.

Schizophrenia is a condition that affects all genders and races, and does not seem to be hindered by global borders. Whilst in many cases the onset of schizophrenia is gradual, there are exceptions to this rule. The onset of schizophrenia is also more commonly seen in early adulthood, with three quarters of cases occurring in 16–25 year olds and occurrences prior to adolescence being extremely rare. Whilst both genders are affected equally by the disorder, onset in males is often at a much earlier age.

As we have mentioned, schizophrenia is a complex condition that we would not expect to be able to comprehensively cover in one brochure. However, we can highlight the basics of the disorder to help sufferers, family members of sufferers, and those wishing to educate themselves about the disorder.

This brochure will briefly mention the symptoms of schizophrenia, the suspected causes, the current statistics available and the currently suggested treatment options. It is important to remember that this brochure is for information purposes only and is not a substitute for a medical professional’s input. Anybody who suspects they may be showing signs of schizophrenia is encouraged to seek professional help as soon as possible.
Symptoms of Schizophrenia

The symptoms of schizophrenia can be broken down into two categories – positive and negative symptoms. Positive symptoms are feelings or behaviours that are not normally there in a person's usual persona. Negative symptoms are those that take away from their regular self. Examples of each of these include:

Positive Symptoms
- Hallucinations
- Delusions
- Muddled thoughts
- Disorganised, inappropriate and unpredictable behaviour

When people think of hallucinations they often think of hearing voices. Whilst this is the most commonly reported hallucination, it is important to remember that hallucinations can appear in any modality such as vision, taste or smell. As long as a person is perceiving something that does not exist outside of their mind, then they can be said to be hallucinating. People also often presume that the voices being heard are always aggressive and insulting. Whilst this is unfortunately the more common manifestation of voice type in schizophrenic people, others do hear pleasant voices or impartial speech.

Some sufferers have delusions that provide an explanation for the hallucinations they experience. With others, delusions may occur independently of any other symptoms. A delusion is a strongly held belief that is based on a strange or unrealistic view, often held in spite of overwhelming evidence against it. These delusions can also be paranoid. Sufferers can believe that somebody is out to get them or be convinced that their thoughts are being controlled.

Negative Symptoms
- Reduced emotions
- Flattened mood
- Becoming socially withdrawn
- Loss of motivation
- Lack of Concentration
- Sleep pattern changes

The negative symptoms of schizophrenia are often less startling than the positive symptoms, but should still be taken seriously. They should also be medically treated as they can negatively impact a person's day-to-day life and relationships. They may appear many years prior to an acute episode of positive symptoms, and so may initially (and wrongly) be diagnosed as another disorder such as depression.

For a schizophrenia diagnosis, symptoms have to have been present every day for a month. All other potential causes, such as recreational drug use, have to be ruled out as a cause first.
Causes of Schizophrenia

As with many mental health conditions, there is no consensus on a single cause of schizophrenia. Instead we have to look at a number of different factors including those that may act as triggers in those who are already susceptible. These causes can be both environmental and genetic.

There is strong evidence to suggest that a family history of the condition plays a big role in whether or not a person will develop schizophrenia. It is thought that there is no single gene that is solely responsible, however. To test the role of genetics as a factor, researchers have undertaken studies on identical twins. Results show that if one twin develops schizophrenia, the other twin has a 50% chance of also developing the condition, regardless of whether they are raised together or not. It drops to a 1 in 7 chance in non-identical twins, but this is still substantially higher than the rates seen in the general population. The fact that the chance is not 100% in twins shows, however, that genetics is not the only thing that can cause schizophrenia.

Whilst they are not direct causes of the condition, environmental triggers are also thought to have a significant influence on the onset of schizophrenia, in that they can trigger it in those already susceptible or vulnerable. Environmental triggers can include stressful life events such as abuse, bereavement, divorce or financial stress. Potential sufferers may be vulnerable or predisposed to schizophrenia due to genetics, (as discussed above), or chemical imbalances in the brain.

There has also been some discussion in the media about the link between recreational drugs and schizophrenia. Although no direct link has been found, there is evidence to suggest that continued misuse does make a person more vulnerable. There is also evidence for a substantially increased risk in cannabis smokers under 15 years of age, with some studies suggesting these people are up to four times more likely to develop schizophrenia by the age of 26.

Schizophrenia Statistics

As with many other mental health conditions, it is important to keep in mind that statistics are likely to be under-representative. This is because many people, for a variety of reasons, do not come forward to seek treatment. This suggests that the prevalence of schizophrenia worldwide is in fact much greater than the current figures suggest. This is a deep concern as current worldwide estimates suggest that more than 21 million people globally are suffering from schizophrenia, with other estimates putting this figure nearer to 51 million people. It is also a condition that is seen in all societies and cultures, and is such a problem that it is ranked in the top ten causes of disability in developed nations worldwide.

Environmental triggers can include stressful life events such as abuse, bereavement, divorce or financial stress.
Interestingly, though some quote schizophrenia prevalence rates of 0.5% to 3%, a majority of studies from multiple countries tend to support a suggested prevalence rate of 1%. This means that one in every one hundred people is thought to experience symptoms of schizophrenia in their lifetime. Estimates come from countries including USA, UK, Canada, Australia and South Africa. Percentages can sometimes be difficult for us to quantify, so let’s put some real figures on it: there are approximately 3.5 million sufferers in the USA, along with over 600,000 in the UK and over 200,000 people in Australia. This highlights the dire need for further research and more easily accessed healthcare. It is no surprise, then, that up to half of all homeless people in America are thought to suffer from schizophrenia.

Unfortunately, research from Australia has found schizophrenia to be a major cause of suicide and suicide attempts. Up to 50% of sufferers apparently attempt suicide and 5% do so successfully. If you are reading this and are concerned that you’re having suicidal thoughts, then we encourage you to contact your healthcare professional immediately. One reason as to why so many people commit suicide, or attempt to commit suicide, is because they (for whatever reason) have not sought or received professional care. This is unfortunate as the condition is treatable and manageable, and some studies have found that treatment can lead to an improvement of symptoms in 75% of cases.

**Treatment of Schizophrenia**

As the statistics above have highlighted, many people who suffer from schizophrenia do not seek treatment. We do encourage anybody who is experiencing symptoms and who has access to treatment to please make use of this as soon as possible, as the earlier schizophrenia is treated, the better the results are likely to be. It is generally agreed that the best treatment is a combined approach, using antipsychotic medications and psychotherapy such as Cognitive Behavioural Therapy (CBT). Exact medications and treatments should be tailored to the individual. In most cases sufferers will be given treatment as outpatients. In some instances, though, where symptoms are severe and the safety of the sufferer or another person is at risk, then hospitalization may be required.

Psychotherapies such as CBT are used to help sufferers cope with the symptoms of a delusion or hallucination, as well as to treat some of the negative symptoms such as low mood. CBT works by helping a sufferer identify the unhelpful thinking patterns that lead to their unwanted feelings and behaviours, and teaches them to replace these with more realistic thoughts. With delusional thoughts, this may include giving help and advice on how to avoid acting on them. Psychotherapies may also help a sufferer to identify the triggers of their schizophrenia and recognise when they need to seek treatment. Psychological therapies can be used on their own but are best implemented in conjunction with antipsychotic medications.

Antipsychotics are a group of medications that are often prescribed as the first treatment option for schizophrenia, especially during an acute episode. They work by blocking the effects of dopamine on the brain. Whilst taking medications can immediately relieve some anxiety symptoms, it usually
takes a few days or weeks before they have any impact on hallucinations or delusions. This is problematic as people often stop taking medications if they do not see immediate results, but it is important to persevere with antipsychotic medications. In some cases it may be that the antipsychotic is not suitable for a patient because of unpleasant side effects. If these occur, a person should discuss them with their medical professional, who should adapt their medications to suit their needs. In these cases it is important to continue taking the antipsychotics until instructed to stop, as there can be nasty withdrawal symptoms including schizophrenic relapses. GPs or medical professionals should change and reduce medication in a controlled way.

If you are unsure about anything, even if you’re not sure if your symptoms are likely to be a sign of schizophrenia, then we encourage you to speak with a medical professional to discuss your options and concerns as soon as possible.

For more information regarding living with mental health problems please visit our website www.shawmindfoundation.org
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