



# Schizophrenia

Explains schizophrenia, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: [publications@mind.org.uk](mailto:publications@mind.org.uk).

## Contents

What is schizophrenia? .....	2
What causes schizophrenia?.....	6
How can I help myself? .....	8
What treatments are there?.....	11
How can friends and family help?.....	14
Useful contacts.....	17

# What is schizophrenia?

Schizophrenia is a complicated mental health problem related to [psychosis](#). There's lots of misconceptions about it. Even mental health professionals don't all agree about it. But the reality is that about 1 in every 100 people get this diagnosis at some point in their life.

This section covers:

- [Symptoms of schizophrenia](#)
- [Diagnosis and misdiagnosis](#)
- [Misconceptions about schizophrenia](#)

## Symptoms of schizophrenia

Many experiences and behaviours can be part of schizophrenia. They can start suddenly, or they might develop gradually over time.

Each person's experience is unique. A doctor might suggest you have schizophrenia if you experience some of the following:

- a lack of interest in things
- feeling disconnected from your emotions
- difficulty concentrating
- wanting to avoid people
- [hallucinations](#), such as [hearing voices](#) or seeing things others don't
- [delusions](#) (strong beliefs that others don't share), including paranoid delusions
- [disorganised thinking and speech](#)
- not wanting to look after yourself.

Hallucinations and delusions are [types of psychosis](#).

*"I have bizarre delusions which include psychic battles in which people around me can be perceived as either 'good' or 'evil'. Sometimes I am in a different time zone or move between periods of history in different lives."*

You might also find that you:

- aren't able to carry on with day-to-day activities, like going to work or taking care of yourself

- become upset, confused 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](#).

*"Sometimes I feel thoughts are being put in my head and that people are reading my thoughts."*

## Positive and negative symptoms

Professionals sometimes talk about schizophrenia symptoms as being 'positive' and 'negative'. But this doesn't mean 'good' or 'bad'.

- **Positive symptoms** are experiences or behaviours that the condition adds to your life. Like hearing or seeing things that others don't, or having a belief that something is real or true when it isn't.
- **Negative symptoms** are experiences or behaviours that the condition takes away from your life. Like finding things less interesting or enjoyable, moving your body less, or having less motivation.

## Diagnosis and misdiagnosis

Diagnosing schizophrenia is complicated - **there's no straightforward test** for it. And views on this diagnosis have been changing over the years. Many people think that it may actually be several overlapping conditions, rather than one single condition.

If you're experiencing symptoms, it's a good idea to start by [talking to your doctor](#). They may refer you to a mental health specialist, who can assess you by asking you questions. Most people diagnosed with schizophrenia are aged between 18 and 35.

Read more about [how mental health problems are diagnosed](#).

## Issues with the term 'schizophrenia'

Some people argue that because there isn't a clear definition of schizophrenia, doctors shouldn't use this term at all. Especially because this diagnosis can feel stigmatising.

Others think that the name of the condition doesn't matter - what matters more is finding ways to help people with their individual symptoms and needs.

If you've been given this diagnosis, it might help to think of it as a tool for treating what you're currently experiencing. Not as a definite condition or label that you will have to live with forever.

## Conditions with similar symptoms to schizophrenia

There are also several other conditions that share many of the same symptoms of schizophrenia. These include:

- [schizoaffective disorder](#)
- some types of [personality disorders](#) (specifically schizotypal and schizoid personality disorder)
- [bipolar disorder](#).

It's also possible to experience an episode of [psychosis](#) (one of the most common symptoms of schizophrenia) without having any particular condition.

So doctors might find it hard to decide which diagnosis best fits your specific experiences. It's also possible to have more than one diagnosis at once.

## What to do if you disagree with your diagnosis

If you're worried that your schizophrenia diagnosis doesn't match how you feel, it's important to discuss it with your mental health team.

If you're not happy with how you're being treated, you can [complain about health and social care](#). Or there are steps you can take if you feel that the [details in your medical records are wrong](#).

See our information on [seeking help for a mental health problem](#) and [advocacy](#) for more information on how to make sure your voice is heard and what you can do if you're not happy with your doctor or diagnosis.

*"What was real and what was not? I couldn't tell the difference any longer and it was exhausting."*

## Inequality and discrimination

About one in every 100 people is diagnosed with schizophrenia. It seems to affect roughly the same number of men and women. Most people diagnosed with schizophrenia are aged between 18 and 35, with men tending to get a diagnosis at a slightly younger age than women.

Black people in the UK are far more likely to be diagnosed with schizophrenia than people of other ethnicities. But there's no evidence that being Black makes you biologically more vulnerable to it. And up until 11 years old, Black children don't have poorer mental health than others of their age.

The explanation for this might be to do with:

- **Differences in life experiences.** Black people in the UK are more likely to experience things like discrimination, racism, social deprivation and migration (having to move home to a totally new place or culture). These kinds of highly stressful life experiences may trigger schizophrenia.
- **Discrimination in the healthcare system.** Psychiatrists with very different cultural, social or religious experiences to their Black patients may misdiagnose schizophrenia more often.

Mind is working to remove inequality of opportunity in the mental health sector. Read about our [equality work](#) and our [campaigning work](#). You can [campaign with us](#) for a fairer system.

*"More recently my symptoms have included voices outside my head, feelings that people are talking about me and spying on me."*

## Misconceptions about schizophrenia

There's lots of misinformation in the media about schizophrenia. Stories in the news and on TV shows are often sensationalised and misleading.

The truth is:

- **It does not mean someone has a 'split personality'.** These experiences are more associated with [dissociative identity disorder](#).
- **It does not mean that someone is dangerous or violent.** The vast majority of people with schizophrenia do not commit violent crimes. People with schizophrenia are much more likely to harm themselves than to harm someone else. Some research suggests that the chance of violence may be slightly higher among people who have this diagnosis than people who don't. But the difference is very small. And even where there is a difference, it's not clear that schizophrenia itself is the cause. The evidence shows that factors like drug and alcohol misuse are far more likely to play a part.

It can be really upsetting to encounter negative attitudes. But there are things you can do. Read more about tackling [stigma and misconceptions](#) around mental health problems.

*"The stigma of being violent and dangerous is the worst for me. I am a caring and empathetic soul who would do anything for the people I love."*

For further information on schizophrenia see our information on [causes](#), [self-care](#), [treatment](#), and [what others can do to help](#).

# What causes schizophrenia?

Schizophrenia can have a range of causes. There is a lot that researchers still don't know and it is likely to be caused by a combination of genetic, personal and environmental factors. These factors will be different for everybody but may include:

- [Stressful life events](#)
- [Drug and alcohol use](#)
- [Genetic inheritance](#)
- [Differences in brain chemistry](#)

## Stressful life events

Highly stressful or life-changing events may sometimes trigger schizophrenia. These can include:

- being [abused](#) or harassed
- [losing someone close to you](#)
- being [out of work](#)
- feeling [lonely](#) or isolated
- having [money problems](#)
- becoming [homeless](#).

Sometimes stressful events like these are called trauma. For more information on how these experiences can affect your mental health see our information on [trauma](#).

*"The onset of schizophrenia for me was sudden and dramatic, though it followed a period of depression and acute stress. A really compelling and powerful voice started to try to control me."*

## Drug and alcohol use

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 more likely to use recreational drugs.

If you already have schizophrenia, research shows that using recreational drugs may worsen your symptoms. Some studies suggest that people who use high-potency cannabis ('skunk') when in recovery are more likely to have a relapse too.

Drinking alcohol and smoking may also stop medication from effectively treating your symptoms.

See our information on [recreational drugs and alcohol](#) for more information.

## Genetic inheritance

You are more likely to have schizophrenia if you have a parent or sibling who has experienced psychosis. Researchers aren't yet sure why but they think that some genes might make it more likely.

Living in certain environments seems to increase your risk of schizophrenia too. For example, some studies suggest that living in cities increases the likelihood, but researchers don't yet know why.

## Differences in brain chemistry

Studies show that people can be more likely to experience schizophrenia if their brain development was disrupted during pregnancy or early childhood. Changes in brain structure do not appear in everyone with schizophrenia though.

Some chemicals also 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.

Some research suggests that an imbalance between certain neurotransmitters, including dopamine and serotonin, may be one of the causes behind schizophrenia.

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

For more information see our information on [antipsychotics](#).

*"More recently my physical health has deteriorated. I have become more agoraphobic and find group settings harder than before."*

# How can I help myself?

Many people who get a schizophrenia diagnosis are able to live happy and fulfilling lives, even if they continue to have symptoms. It can help to:

## Look out for warning signs

If you are becoming unwell, there might be signs you could spot early on. These will be different for everyone but could include:

- feeling [anxious](#) or [stressed](#)
- [sleeping less well](#)
- feeling [suspicious or fearful](#)
- [hearing quiet voices](#)
- finding it hard to concentrate
- avoiding other people.

## Noticing when you are becoming unwell

You might find you can learn to recognise signs that you are feeling less well. It could help to:

- **Pay attention to what triggers your symptoms.** Some activities, situations or people might seem to have a particular effect.
- **Ask other people to help.** You could ask someone you trust to let you know if they notice changes in your moods or behaviour.
- **Keep going to appointments.** It's best to carry on going to any appointments for treatment, support or check-ups, even if you're feeling better.
- **Try a mood diary.** There are many online mood diaries which you may find helpful for tracking any changes in mood and warning signs. See our [useful contacts](#) section for more information.

You might want to share observations with your close family, friends or care team so they can help support you, whether it's listening to you when you're having a bad day, helping you keep on top of your commitments, or being aware of your triggers.

## Plan for more difficult times

If you're feeling less well you might not be able to tell people what help you want, so it could be helpful to plan ahead.

It can also help to talk to someone you trust about how you would like to be helped if you are in a crisis.

See our information on [planning for a crisis](#) for more information.

## Look after your physical health

- **Try to get enough sleep.** Sleeping well can make you feel calmer and more able to cope. If you feel tired, you are more likely to feel stressed or worried and find it difficult to manage your symptoms. See our advice on [sleep problems](#).
- **Try to eat a balanced diet.** Following a healthy diet with plenty of fresh fruit and vegetables can help your wellbeing. Eating regularly can also help avoid [psychosis](#) being brought on by changes to your blood sugar levels. See our advice on [food and mood](#).

## Smoking and antipsychotics

Smoking can change the effects of [antipsychotic drugs](#). If you smoke and are prescribed antipsychotics, it's particularly recommended that you try to give up.

It's best to **talk to a doctor** first because:

- they can help you with giving up smoking
- they might need to adjust your prescription.

Alcohol and recreational drugs can also affect the way your medication works. See our information on [recreational drugs and alcohol](#).

## Cut down on stress

Too much stress can make the symptoms of schizophrenia worse and increase the chances of you becoming unwell. It could help to [spend time outside](#) in green space or try doing some [exercise](#) like walking, swimming or yoga.

You might need to cut down on the number of responsibilities you have – it could help to explore support services in your area.

For more suggestions, see our information on coping with [stress](#).

## Do things you enjoy

It's important for mental health to keep doing things you enjoy, or if you struggle to know what you enjoy it helps to spend some time exploring different things to work this out.

Doing things you enjoy can boost your confidence and help you stay well, whether it's cooking, listening to music or doing DIY.

Some people find that doing something creative like drama, drawing or sewing helps them express themselves and deal with difficult emotions. See our information on [arts and creative therapies](#) for more ideas.

*"Focus on something practical like an allotment. It calms the mind."*

## Maintain relationships

Feeling connected to other people is an important part of staying well. It can help you to feel valued, confident and more able to face difficult times.

Feeling [lonely](#) or isolated could make your symptoms worse. If you don't feel you have strong connections with people or you'd like to make more, it could help to explore [support services](#) and [peer support](#).

## Use peer support

When you have schizophrenia it can sometimes feel like no one understands. You might find it very helpful to talk to other people who have the same diagnosis or a related one, such as [schizoaffective disorder](#) or [psychosis](#).

A great way to do this can be [peer support](#), which can help you:

- feel more positive about the future
- increase your [self-esteem](#)
- find friends
- recognise patterns in your experiences
- develop and discuss ways of coping
- identify early signs of crisis
- take active steps to manage your situation.

Various organisations run peer support. The [Hearing Voices Network](#) hosts groups across the UK for people who hear, see or sense things that others don't.

To find peer support you could:

- see our list of [useful contacts](#)
- use our [peer support directory](#)
- ask if your [local Mind](#) runs peer support
- try an online peer support community like [Side by Side](#).

If you don't feel ready to try peer support but need to talk to someone, many national and local organisations run helplines that you can call in a crisis, such as [Samaritans](#) or [SANEline](#). Talking to a trained listener could give you some support and help you make sense of what you're feeling and what's happening.

*"My recovery has been gradual and in stages... No matter how bad I feel, I can now manage my worst days until I get to a better place mentally."*

## What treatments are there?

Experiences of schizophrenia will vary from person to person, as will the treatments that work best for them.

In this section you can find information on:

- [Talking therapies](#)
- [Medication](#)
- [Arts and creative therapies](#)
- [Family intervention](#)

### Can I recover from schizophrenia?

There isn't currently a cure for schizophrenia. Some people find many of their symptoms get better with treatment, while others find that they stop for long periods or never come back. For other people schizophrenia is something they learn to live with long-term.

## Talking therapies

The main type of talking therapy recommended for the treatment of schizophrenia is [cognitive behavioural therapy \(CBT\)](#), which helps you identify and change any negative thoughts or behaviour that is making your life hard. CBT aims to help you:

- cope with symptoms of [psychosis](#) such as delusions or hearing voices
- ease [stress](#) so your symptoms don't get worse

- manage any [side effects](#) from medication
- cope with other problems like [social anxiety](#) and [depression](#), which people with schizophrenia may also experience.

Talking therapies for schizophrenia should focus on helping you cope with your symptoms, rather than trying to convince you that your beliefs or experiences are wrong.

With all types of counselling or psychotherapy, the most important thing is the quality of the relationship you develop with your therapist. Therapy is far more likely to be successful if you find your therapist supportive and helpful.

Some research suggests that schizophrenia is caused by [trauma](#) at a young age, so it may also be worth exploring the option of [psychodynamic therapy](#). This type of therapy will help you to understand deep-rooted or unconscious thoughts.

For more information see our information on [talking therapy and counselling](#), which includes advice on [how to find a therapist or counsellor](#).

*"A lot of people want help with understanding why they are experiencing their symptoms and want help to live their lives without distress. The goal isn't always to eradicate symptoms but to understand them, tolerate distress and address any deeper problems."*

## Medication

If you are first diagnosed during a psychotic episode, you are likely to be offered medication. Doctors usually prescribe [antipsychotic drugs](#) (also known as neuroleptic drugs or major tranquilisers) to help with schizophrenia.

Medication for schizophrenia affects people in different ways. Some people find it helps reduce symptoms of psychosis, while others don't feel much better.

When taking antipsychotics for schizophrenia, you may find that you:

- have [side effects](#) – it's best to tell your doctor about these
- need to try more than one type of medication before you find what works for you
- take them for a short time only, or need to be on them long-term.

See our information on [antipsychotics](#) for more information.

Medication really helps some people but isn't right for others. Before deciding to take any drug, it's important to make sure you have all the facts you need to make an informed choice. See our information on [things to consider before taking medication](#) and [your right to refuse medication](#) for more information.

## If you want to stop taking medication

Some people find antipsychotics unhelpful or want to stop taking medication because they feel better. It's important not to stop suddenly as this can cause withdrawal symptoms. Reducing your dose slowly is important.

It's best to speak to your doctor or care team if you want to stop taking medication, even if you don't think you need it any more. See our information on [coming off psychiatric medication](#) for more information about coming off medication.

It's also a good idea to talk to your care team about any over-the-counter medicines or complementary therapies you want to try, in case they interfere with your medication.

## Arts and creative therapies

[Art, music, dance or drama therapies](#) may help you express how you are feeling, especially if you find it difficult to talk about things or feel distant from your feelings.

They can also help you come to terms with [traumatic events](#) that you may have experienced in the past and which might be contributing to your psychotic experiences.

As with all treatments, different things work for different people at different times in their lives - it's not easy to predict which type of therapy you will find useful. The [National Institute for Health and Care Excellence \(NICE\)](#) recommends that doctors consider arts therapies for everyone with a diagnosis of schizophrenia and similar problems like [schizoaffective disorder](#) and [psychosis](#).

See our information on [arts and creative therapies](#) for more information.

*"I think medicine can help with short term psychotic issues, but the underlying issues and depression side of things has been better dealt with through therapy and lifestyle changes."*

## Family intervention

[Family intervention](#) focuses on helping family members talk to each other about what helps, solve problems and plan for a crisis. Your GP or [community mental health team \(CMHT\)](#) will be able to find out if this is available in your area.

For more information on treatment for schizophrenia, including a list of questions you might want to ask your doctor, see [NICE's schizophrenia treatment guidelines](#).

*"I've had one major and three minor episodes but am able to lead a pretty normal life. I've made good friends through my experience but am more distant with others. I'd say to others that you can get through the worse times and to always have hope."*

## How can friends and family help?

This information is for the friends and family of someone who has been diagnosed with schizophrenia.

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.

This section offers some suggestions on how you can:

- [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 difficult times](#)
- [Look after yourself](#)

### Ask how you and others can help

Ask what help they would find useful. This might include helping with everyday things like shopping or housework, taking them to appointments or reminding them to take their [medication](#) if they struggle to remember on their own.

See our information on [how to help someone with schizoaffective disorder](#), which is similar to schizophrenia, for more practical tips.

### If someone doesn't want help

People who experience schizophrenia may not realise they are unwell until they get treatment. It can be hard to persuade someone to see a doctor if they don't want to, or if they don't think anything is wrong.

Our information on [supporting someone else to seek help for a mental health problem](#) has some suggestions on things you could try.

### Focus on feelings, not experiences

You might feel unsure what to say or do when someone sees or believes something you don't – but it's important to remember that their experiences feel real to them.

It can help if you focus on how they are feeling, rather than talking about what is real or true. Instead of denying their experience it can help to say something like "That sounds really frightening, is there somebody you could talk to about it?".

*"If someone turns round and says it's not real, it just makes you feel more alone than ever."*

## Notice what's going well

It can be hard seeing someone close to you experience schizophrenia. They might find it hard to think clearly, have problems understanding what is real, stop taking care of themselves or avoid seeing people.

Try to notice positive things too. It can help to set small, realistic goals to aim for rather than focusing on what they can't do. It's also important to remember that losing interest and motivation are part of having schizophrenia and not something the person is choosing to do.

## Find out more about schizophrenia

It could help to learn about the [symptoms](#) they might experience and the coping strategies they could find useful. You may find it helpful to read [personal stories](#) or speak to others in the same situation. See our [useful contacts](#) section for organisations that can help with this.

## Getting advice from professionals

If you are caring for someone with schizophrenia, you should be able to talk to their doctor, care team or other professionals involved in their care.

Even if someone doesn't want medical details to be shared with you, it should still be possible for you to ask for advice and information. They should also talk to you about [your needs as a carer](#).

You might find it helpful to think about what questions you particularly want to ask. The National Institute for Health and Care Excellence (NICE) has a list for family members and carers of [useful questions to ask doctors about schizophrenia](#).

## Plan ahead for difficult times

When your friend or relative is feeling well, it can be helpful to discuss with them how you can help if a crisis happens, or if they are at the start of another episode.

You could:

- encourage them to write a [crisis plan](#)
- discuss which symptoms you can look out for
- get to know their triggers and plan how to cope with them.

This can help them to avoid crises or manage them differently in future where possible. When having these conversations, make sure you also think about how much you can cope with and try to only offer support that you feel able to give. It is important to look after yourself too.

For more information see our information on [planning for a crisis](#), [helping someone else seek help](#), [advocacy](#) and [advance decisions](#).

*"Lonely, confused, isolated, scared, prejudiced against. That's how family members feel."*

## Look after yourself

It can be distressing when someone you are close to experiences schizophrenia symptoms. It's important to invest energy into looking after yourself too.

You may find it helpful to get support coping with your feelings, either through [peer support](#), where you can talk to other people with similar experiences, or [talking therapy and counselling](#). This support may be available at a [local Mind](#) or other carers' groups, such as [Carers UK](#).

See our information on [coping when supporting someone else](#) and [looking after your wellbeing](#) for more about taking care of yourself.

## Useful contacts

### Mind's services

- [Helplines](#) – our Infolines provide information and support by phone, email and text.
- [Local Minds](#) – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- [Side by Side](#) – our supportive online community for anyone experiencing a mental health problem.

### Other organisations

#### Carers UK

[0808 808 7777](tel:08088087777)

[carersuk.org](http://carersuk.org)

Advice and support for people caring for someone else.

#### Hearing Voices Network

[hearing-voices.org](http://hearing-voices.org)

Information and support for people who hear voices or have other unshared perceptions, including local support groups.

#### National Paranoia Network

[nationalparanoianetwork.org](http://nationalparanoianetwork.org)

Information and support for people who experience paranoid thoughts.

#### Rethink Mental Illness

[0300 5000 927](tel:03005000927)

[rethink.org](http://rethink.org)

Provides support and information for anyone affected by mental health problems, including local support groups.

## Royal College of Psychiatrists

[rcpsych.ac.uk](http://rcpsych.ac.uk)

Professional body for psychiatrists. Includes information about mental health problems and treatments.

## Samaritans

[116 123](tel:116123) (freephone)

[jo@samaritans.org](mailto:jo@samaritans.org)

Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

[samaritans.org](http://samaritans.org)

Samaritans are open 24/7 for anyone who needs to talk. You can [visit some Samaritans branches in person](#). Samaritans also have a Welsh Language Line on 0808 164 0123 (7pm–11pm every day).

## Time to Change

[time-to-change.org.uk](http://time-to-change.org.uk) (England)

[timetochangewales.org.uk](http://timetochangewales.org.uk) (Wales)

National campaign to end stigma and discrimination against people with mental health problems in England and Wales.

---

© Mind November 2020

To be revised in 2023.

References are available on request.