

What is schizophrenia?



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A person with schizophrenia typically experiences changes in behaviour and perception, and disordered thinking that can distort their sense of reality. This is referred to as psychosis.

Schizophrenia is a mental illness with much stigma and misinformation associated with it. This often increases the distress to the person and his/her family.

Schizophrenia usually first appears when people are aged between 15 and 25 years, although it can appear later in life. The prevalence of schizophrenia is about one percent in the general population.

About one third of people with schizophrenia experience only one or a few brief episodes in their lives. For others, it may remain a recurrent or life-long health condition.

The onset of illness may be rapid, with acute symptoms developing over several weeks, or it may be slow, developing over months or even years.

During onset, the person often withdraws from others, gets depressed and anxious, and develops unusual ideas or extreme fears. Noticing these early signs is important for early access to treatment.

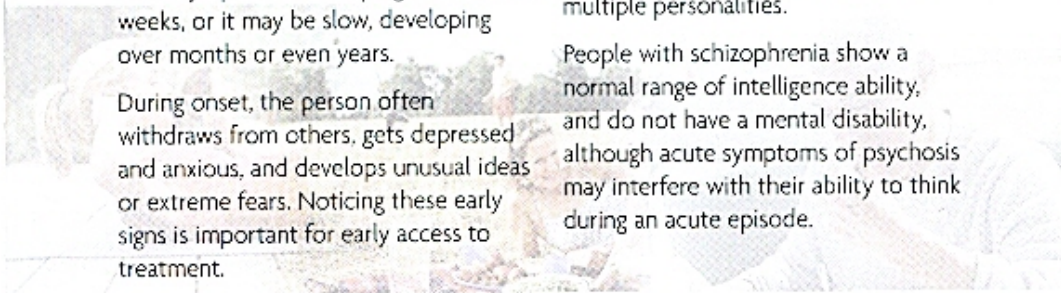
Early recognition and effective early treatment is vital to the future well-being of people with schizophrenia.

Many misunderstandings surround schizophrenia, which contribute to the stigma, isolation and discrimination that can be experienced by people with schizophrenia and their families and carers.

A common myth is that people with schizophrenia are dangerous. They are seldom dangerous, especially when receiving appropriate treatment and support. Very occasionally, a small minority of people with schizophrenia may become aggressive during an acute untreated episode of psychosis, because of their fears or delusions. Most often the aggressive behaviour is directed toward the self, and the risk of suicide can be high.

Schizophrenia is often mistakenly referred to as a 'split personality'. This is not true; people with schizophrenia may have delusions and a distorted sense of reality, but they do not have multiple personalities.

People with schizophrenia show a normal range of intelligence ability, and do not have a mental disability, although acute symptoms of psychosis may interfere with their ability to think during an acute episode.



What are the symptoms of schizophrenia?

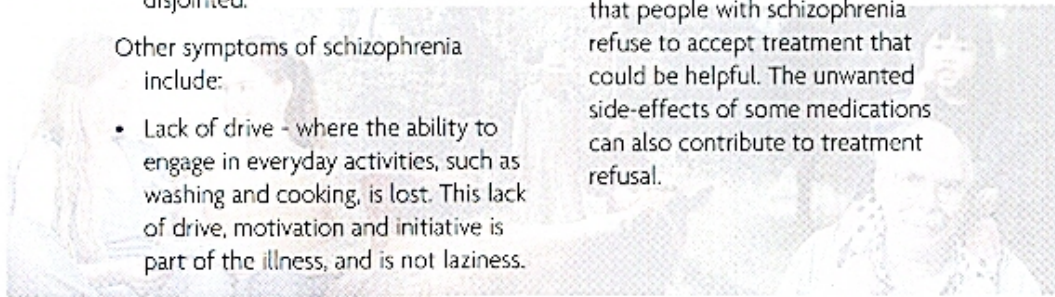
The major symptoms of schizophrenia include:

- Delusions - false beliefs of persecution, guilt or grandeur, or being under outside control. People with schizophrenia may describe plots against them or think they have special gifts and powers. Sometimes they withdraw from people or hide to avoid imagined persecution.
- Hallucinations - most commonly involve hearing voices. Other less common experiences can include seeing, feeling, tasting or smelling things that to the person are very real, but that are not actually there.
- Thought disorder - where speech may be difficult to follow with no logical connection. Thoughts and speech may be jumbled and disjointed.

Other symptoms of schizophrenia include:

- Lack of drive - where the ability to engage in everyday activities, such as washing and cooking, is lost. This lack of drive, motivation and initiative is part of the illness, and is not laziness.

- Thinking difficulties - a person's concentration, memory, and ability to plan and organise may be affected. This makes it more difficult to reason, communicate, and complete daily tasks.
- Blunted expression of emotions - where the ability to express emotion is greatly reduced. This is often accompanied by an inappropriate response to happy or sad occasions.
- Social withdrawal - this may be caused by a number of factors including the fear that someone is going to harm them, or a fear of interacting with other people because of a loss of social skills.
- Lack of insight - because some experiences, such as delusions and hallucinations, are so real, it is common for people with schizophrenia to be unaware that they are ill. This can be very distressing for family and carers. Lack of awareness can be a reason that people with schizophrenia refuse to accept treatment that could be helpful. The unwanted side-effects of some medications can also contribute to treatment refusal.



What causes schizophrenia?

No single cause of schizophrenia has been identified, but several factors have been shown to be associated with its onset.

Men and women have an equal chance of developing this mental illness across the lifespan, although the onset for men is often earlier.

Genetic factors

A predisposition to schizophrenia can run in families. In the general population, only one percent of people develop it over their lifetime, but if one parent has schizophrenia, the children have a 10 percent chance of developing the condition - and a 90 percent chance of not developing it.

Biochemical factors

Certain biochemical substances in the brain are believed to be involved in schizophrenia, especially a neurotransmitter called dopamine. One likely cause of this chemical imbalance is the person's genetic predisposition to the illness. Complications during pregnancy or birth that cause structural damage to the brain may also be involved.

Family relationships

No evidence has been found to support the suggestion that family relationships cause the illness. However, some people with schizophrenia are sensitive to any family tension, which for them may be associated with recurrent episodes.

Stress

It is well recognised that stressful incidents often precede the onset of schizophrenia. These may act as precipitating events in vulnerable people.

People with schizophrenia often become anxious, irritable and unable to concentrate before any acute symptoms are evident. This can cause problems with work or study and relationships to deteriorate. Often these factors are then blamed for the onset of the illness when, in fact, the illness itself has caused the stressful event. It is not, therefore, always clear whether stress is a cause or a result of schizophrenia.

Alcohol and other drug use

Harmful alcohol and other drug use, particularly cannabis and amphetamine use, may trigger psychosis in people who are vulnerable to developing schizophrenia. While substance use does not cause schizophrenia, it is strongly related to relapse.

People with schizophrenia are more likely than the general population to use alcohol and other drugs, and this is detrimental to treatment.

A considerable proportion of people with schizophrenia have been shown to smoke, which contributes to poor physical health.

What treatment is available?

The most effective treatment for schizophrenia involves medication, psychological therapy and support with managing its impact on everyday life.

Education about the illness and learning to respond effectively to the early warning signs of an episode are important.

The development of anti-psychosis medications has revolutionised the treatment of schizophrenia. Now, most people can live in the community rather than be hospitalised. Some people are never hospitalised and their health care is delivered entirely in the community.

Medications work by correcting the chemical imbalance in the brain associated with the illness. Newer, but well-tested, medications promote a more complete recovery and have fewer side effects.

Schizophrenia is an illness, like many physical illnesses. Just as insulin is a lifeline for a person with diabetes, anti-psychosis medications can be a lifeline for a person with schizophrenia. As with diabetes, some people will need to take medication indefinitely to keep symptoms under control and prevent recurrent episodes of psychosis.

Lifestyle changes, such as reducing harmful alcohol and other drug use and other triggers of episodes, can assist people to recover.

Although there is no known cure for schizophrenia, regular contact with a doctor or psychiatrist and possibly a multidisciplinary team (that might comprise mental health nurses, social workers, occupational therapists and psychologists) can help people to manage their symptoms and live full and productive lives.

Peer support can also be a valuable source of support, useful information and hope.

Sometimes, specific therapies directed towards symptoms, such as delusions, can be helpful. Physical health problems also need to be attended to.

Psychiatric disability rehabilitation services and support can help with problems related to work, finances, accommodation, social relationships and loneliness.

The family and friends of people with schizophrenia can often feel confused and distressed. Support and education, as well as better community understanding, are an important part of treatment.

Where to go for help

- Your general practitioner.
- Your community health centre.
- Your community mental health centre.

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on **13 11 14**. Lifeline can also supply you with contacts, further information and help.

More information is available at:

www.sane.org.au

www.mifa.org.au

www.ranzcp.org

About this brochure

This brochure is part of a series on mental illness funded by the Australian Government under the National Mental Health Strategy.

Other brochures in this series include:

- *What is mental illness?*
- *What is an anxiety disorder?*
- *What is bipolar mood disorder?*
- *What is a depressive disorder?*
- *What is an eating disorder?*
- *What is a personality disorder?*

Free copies of all brochures are available from Mental Health and Drug Treatment Division of the Australian Government Department of Health and Ageing:

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Fax 1800 634 400

www.health.gov.au/mentalhealth

Insert local contact details here



All information in this document is correct as at August 2009.

www.health.gov.au