CONDITION

Schizophrenia

Schizophrenia is a long-term mental health condition that can affect perception, thinking, emotions, and daily functioning.

WHAT IT IS
Long-term condition affecting perception, thinking, emotions, and function

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Hallucinations, delusions, disorganised thinking, reduced motivation

WHAT CAUSES IT
Genetic and environmental factors; exact cause unknown

HOW IT IS DIAGNOSED
Psychiatric assessment over time, with other causes excluded

MAIN TREATMENT
Antipsychotic medicines, psychological therapy, and practical support

CAN IT BE CURED?
No, but symptoms can be managed

IS IT AN EMERGENCY?
Sometimes, with immediate danger or severe inability to function

LONG-TERM OUTLOOK
Many improve with treatment; some need lifelong support

Overview

Schizophrenia is a long-term mental health condition. It affects how a person understands reality, organises thoughts, expresses emotions, and manages everyday life.

During an episode, a person may experience psychosis. Psychosis means losing some contact with shared reality. This can include hearing voices, strongly believing something that others do not believe, or having thoughts and speech that become difficult to organise.

Schizophrenia can also reduce motivation, emotional expression, concentration, and social interest. These changes may continue even when hallucinations or delusions have improved.

Schizophrenia is not the same as having a "split personality." It also does not mean that someone is violent. Most people with schizophrenia are not violent and are more likely to be

harmed, excluded, or taken advantage of than to harm someone else.

The condition can interfere with education, work, relationships, housing, and physical health. Early, consistent care can reduce symptoms and help a person regain stability and independence.

Symptoms

Symptoms differ from person to person and may change over time. They can develop gradually or become noticeable during a first episode of psychosis.

Psychotic symptoms can include:

Other symptoms are sometimes called negative symptoms because usual abilities or responses are reduced. They include:

Problems with attention, memory, planning, and decision-making are also common. These are sometimes called cognitive symptoms. They can make studying, working, managing money, or following a treatment plan harder.

Depression, anxiety, disturbed sleep, and substance use may occur alongside schizophrenia. A person may not recognise that their experiences are symptoms. This reduced awareness is part of the condition for some people, rather than stubbornness or denial.

- Hallucinations: hearing, seeing, feeling, smelling, or tasting something that other people do not. Hearing voices is the most common type.
- Delusions: firmly held beliefs that do not fit the available evidence or the person's culture. Someone may believe they are being watched, followed, controlled, or sent special messages.
- Disorganised thinking or speech: losing track of a conversation, moving between unrelated ideas, or speaking in a way that is hard to follow.
- Unusual or disorganised behaviour: behaviour that seems out of context, unpredictable, or difficult to understand.
- Low motivation or difficulty starting tasks
- Less facial expression or emotional response
- Speaking less than before
- Withdrawing from other people
- Reduced enjoyment or interest

- Difficulty keeping up with washing, meals, or household tasks

Causes and risk factors

There is no single cause of schizophrenia. It appears to result from a combination of inherited vulnerability, brain development, and environmental experiences.

Schizophrenia can run in families, but it is not caused by one gene. Having a relative with the condition raises risk, but most relatives do not develop it. A person can also develop schizophrenia without any known family history.

Researchers have found differences in brain signalling and development, including systems involving the chemical messenger dopamine. These findings do not provide a simple brain scan or chemical test for schizophrenia.

Factors associated with a higher risk include complications during pregnancy or birth, severe childhood adversity, and some patterns of substance use. Frequent use of high-potency cannabis is linked with a higher risk of psychosis, especially in people who are already vulnerable. Cannabis can also worsen symptoms or increase the chance of another episode.

Stress may contribute to the timing of an episode, but stress alone does not explain the condition. Schizophrenia is not caused by poor parenting, weak character, or lack of effort.

Diagnosis

There is no blood test, brain scan, or questionnaire that can confirm schizophrenia on its own. Diagnosis is based on a detailed mental health assessment and how symptoms develop over time.

The assessment usually covers hallucinations, beliefs, thoughts, mood, behaviour, substance use, physical health, medicines, daily functioning, and family history. Information from a trusted relative or friend can be useful, with appropriate consent.

A clinician may perform a physical examination and arrange blood tests, urine testing, or brain imaging when needed. These tests look for other explanations, such as substance effects, medicine reactions, thyroid problems, seizures, infections, or other neurological conditions.

Several conditions can cause similar symptoms. These include bipolar disorder, severe depression with psychosis, post-traumatic stress disorder, substance-induced psychosis, and schizoaffective disorder. Sleep loss and some physical illnesses can also cause short-lived psychotic symptoms.

Diagnostic criteria require a pattern of characteristic symptoms and impaired functioning over time. A first episode may initially be described simply as psychosis while the pattern becomes clearer. Diagnosis should be reviewed if the symptoms, timing, or circumstances change.

Treatment and management

Treatment aims to reduce symptoms, prevent further episodes, support recovery, and protect physical health. Care is usually provided by a mental health team and should reflect the person's goals and preferences.

Antipsychotic medicines are the main medical treatment for psychotic symptoms. They can reduce hallucinations, delusions, and disorganised thinking. Finding a suitable medicine may take time because benefits and side effects differ between people.

Possible side effects include sleepiness, restlessness, stiffness, shaking, sexual problems, weight gain, and changes in blood sugar or cholesterol. Regular checks may include weight, blood pressure, blood tests, and assessment for movement problems.

Some antipsychotics like olanzapine or risperidone are available as long-acting injections given at scheduled intervals. These can be useful for people who prefer not to take a tablet each day or who have difficulty remembering medicine.

Clozapine is an option for schizophrenia that has not improved enough after adequate trials of other antipsychotics. It requires specific blood monitoring because it can cause serious side effects in a small number of people.

Psychological and social treatments are also important. They may include:

During a severe episode, hospital care may be needed to maintain safety, restore sleep and nutrition, or begin treatment. Whenever possible, decisions should be explained and made collaboratively.

Antipsychotic medicine should not be stopped suddenly without clinical guidance. Sudden stopping can lead to withdrawal effects or a return of symptoms. Concerns about side effects deserve a prompt treatment review rather than silent discontinuation.

- Cognitive behavioural therapy adapted for psychosis
- Family education and therapy
- Support with education, employment, housing, and finances
- Help with substance use, sleep, and physical health
- Training in social and everyday living skills

- A written plan for recognising and responding to relapse signs

Complications

Schizophrenia can make it harder to work, study, maintain relationships, or manage housing and money. Social isolation, stigma, and discrimination may add to these difficulties.

Depression and substance use are common complications. The risk of self-harm and suicide is higher than in the general population, particularly during severe depression, after a recent episode, or when someone feels hopeless. Suicidal thoughts should always be taken seriously.

Physical health also needs attention. People with schizophrenia have higher rates of heart and circulation problems, diabetes, and smoking-related illness. The condition, barriers to healthcare, lifestyle factors, and some medicines may all contribute.

Movement problems, weight gain, and metabolic changes can occur with antipsychotic treatment. Monitoring helps identify these problems early so that treatment options and health support can be reviewed.

Prevention

There is no proven way to prevent schizophrenia completely. Genetic vulnerability and early brain development cannot be changed, and having risk factors does not mean the condition will develop.

Avoiding cannabis and other drugs that can trigger psychosis may lower risk, especially for someone with previous psychotic symptoms or a strong family vulnerability. However, this cannot guarantee prevention.

For someone already diagnosed, regular treatment can help prevent relapse. Helpful measures include taking agreed medicine, attending follow-up, protecting sleep, reducing substance use, and acting early when warning signs appear.

Early warning signs may include sleeping less, becoming unusually suspicious, withdrawing from others, neglecting daily tasks, or noticing voices and unusual beliefs returning. A personal relapse plan can state who to contact and what support has helped before.

Living with it and what to expect

The course of schizophrenia is different for each person. Some people have one or several

episodes followed by long periods with few symptoms. Others have symptoms that continue and need ongoing treatment and support.

Improvement often happens gradually over months rather than all at once. Hallucinations and delusions may respond before motivation, concentration, or confidence return. Rebuilding routines, relationships, study, or employment can take longer.

Some people continue to hear voices while learning ways to reduce their distress and impact. Recovery does not always mean that every symptom disappears. It can mean having greater control, stable housing, meaningful activities, supportive relationships, and a life shaped by personal goals.

Relapses can happen, particularly after stopping treatment, using substances, or experiencing major sleep disruption or stress. A relapse does not mean that recovery has failed. It may show that the care plan needs to be reviewed.

Routine follow-up usually includes discussion of symptoms, side effects, sleep, mood, substance use, and daily functioning. Physical checks remain important even when mental health symptoms are stable.

Many people with schizophrenia study, work, form relationships, and live independently. Others need long-term help with daily tasks, treatment, or housing. Support needs may increase or decrease over the years.

When to get medical help

Arrange a routine or prompt mental health review if:

Seek urgent help if someone is becoming severely confused, cannot care for basic needs, has gone without food or fluids, or is responding to voices that tell them to do dangerous things.

Call your local emergency number or go to an emergency department if there is immediate danger, a suicide plan or attempt, serious threats, extreme agitation, or severe unresponsiveness.

Fever, marked muscle stiffness, confusion, and heavy sweating while taking an antipsychotic can signal a rare but serious reaction. This needs emergency medical assessment.

If you are helping someone in crisis, stay calm, reduce noise and confrontation, and focus on immediate safety. Do not argue aggressively about whether a belief or voice is real.

- Hallucinations, suspiciousness, or unusual beliefs are returning
- Sleep, self-care, concentration, or daily functioning is getting worse

- Medicine side effects are troubling or affecting treatment
- Doses have been missed or treatment has been stopped
- Depression, anxiety, alcohol use, or drug use is increasing

Common questions

Is schizophrenia a split personality?

No. Schizophrenia affects perception, thinking, and functioning. A split or multiple personality refers to a different condition called dissociative identity disorder.

Can schizophrenia go away completely?

Some people have long periods with few or no symptoms, while others continue to need treatment and support. Schizophrenia is generally considered a long-term condition, so follow-up often continues after symptoms improve.

Are people with schizophrenia dangerous?

Most are not. A person with schizophrenia is more likely to experience harm, neglect, or victimisation than to harm someone else. Risk may rise during an untreated crisis involving severe fear, substance use, or commands to act dangerously, which calls for urgent help.

Can someone with schizophrenia work or live independently?

Yes, many people can, although support needs differ. Treatment, stable housing, workplace adjustments, vocational services, and help with routines can make employment and independent living more manageable.

Do antipsychotic medicines have to be taken for life?

Not everyone follows the same treatment course. The decision is based on previous episodes, current symptoms, relapse risk, benefits, side effects, and personal preferences. Any reduction should be gradual and clinically supervised because symptoms may return.

Can cannabis cause schizophrenia?

Cannabis does not have the same effect on everyone, but frequent or high-potency use is associated with a greater risk of psychosis. It can bring on symptoms earlier in vulnerable people and can worsen an existing psychotic condition.

Sources



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