Schizophrenia

Introduction

Misconceptions about schizophrenia

Split personality

It is commonly thought that people with schizophrenia have a split personality, acting perfectly normally one minute and irrationally or bizarrely the next - this is not true.

Violent behaviour

Some people mistakenly equate schizophrenia with violent behaviour, but people with the condition are rarely dangerous.

Any violent behaviour is usually sparked off by illegal drugs or alcohol, which is the same for people who don't have schizophrenia.

Schizophrenia is a long-term mental health condition that causes a range of different psychological symptoms, including:

hallucinations - hearing or seeing things that do not exist

delusions - unusual beliefs not based on reality which often contradict the evidence

muddled thoughts based on the hallucinations or delusions

changes in behaviour

Doctors often describe schizophrenia as a psychotic illness. This means sometimes a person may not be able to distinguish their own thoughts and ideas from reality.

Why does schizophrenia happen?

The exact cause of schizophrenia is unknown. However, most experts believe the condition is caused by a combination of genetic and environmental factors.

It is thought certain things make you more vulnerable to developing schizophrenia, and certain situations can trigger the condition.

Who is affected?

Schizophrenia is one of the most common serious mental health conditions. About 1 in 100 people will experience schizophrenia in their lifetime, with many continuing to lead normal lives.

Schizophrenia is most often diagnosed between the ages of 15 and 35. Men and women are equally affected.

There is no single test for schizophrenia. It is most often diagnosed after an assessment by a mental health care professional, such as a psychiatrist.

It is important that schizophrenia is diagnosed as early as possible, as the chances of recovery improve the earlier it is treated.

How is schizophrenia treated?

Schizophrenia is usually treated with a combination of medication and therapy appropriate to each individual. In most cases, this will be antipsychotic medicines and cognitive behavioural therapy (CBT).

People with schizophrenia will usually receive help from a community mental health team (CMHT), which will offer day-to-day support and treatment.

Many people recover from schizophrenia, although they may have periods when symptoms return (relapses). Support and treatment can help reduce the impact of the condition on your life.

Living with schizophrenia

If schizophrenia is well managed, it is possible to reduce the chances of severe relapses. This can include:

recognising signs of an acute episode

taking medication as prescribed

talking to others about the condition

There are many charities and support groups offering help and advice on living with schizophrenia. Most people find it comforting to talk to others with a similar condition.

Symptoms of schizophrenia

Psychosis

A first acute episode of psychosis can be very difficult to cope with, both for the person who is ill and for their family and friends.

Drastic changes in behaviour may occur, and the person can become upset, anxious, confused, angry or suspicious of those around them. They may not think they need help, and it can be hard to persuade them to visit a doctor.

Changes in thinking and behaviour are the most obvious signs of schizophrenia, but people can experience symptoms in different ways.

The symptoms of schizophrenia are usually classified into one of two categories: positive or negative.

Positive symptoms represent a change in behaviour or thoughts, such as hallucinations or delusions.

Negative symptoms represent a withdrawal or lack of function which you would usually expect to see in a healthy person. For example, people with schizophrenia often appear emotionless, flat and apathetic.

The condition may develop slowly. The first signs of schizophrenia, such as becoming socially withdrawn and unresponsive or experiencing changes in sleeping patterns, can be hard to identify. This is because the first symptoms often develop during adolescence and changes can be mistaken for an adolescent 'phase'.

People often have episodes of schizophrenia, during which their symptoms are particularly severe, followed by periods where they experience few or no positive symptoms. This is known as acute schizophrenia.

If you are experiencing symptoms of schizophrenia, see your DOCTOR as soon as possible. The earlier schizophrenia is treated, the more successful the outcome tends to be.

Positive symptoms of schizophrenia

Hallucinations

A hallucination is when a person experiences a sensation but there is nothing or nobody there to account for it. A hallucination can involve any of the senses, but the most common is hearing voices.

Hallucinations are very real to the person experiencing them, even though people around them cannot hear the voices or experience the sensations. Research using brain-scanning equipment shows changes in the speech area of the brain in people with schizophrenia when they hear voices. These studies show the experience of hearing voices as a real one, as if the brain mistakes thoughts for real voices.

Some people describe the voices they hear as friendly and pleasant, but more often they are rude, critical, abusive or annoying. The voices might describe activities taking place, discuss the hearer's thoughts and behaviour, give instructions or talk directly to the person. Voices may come from different places or one place in particular, such as the television.

Delusions

A delusion is a belief held with complete conviction, even though it is based on a mistaken, strange or unrealistic view. It may affect the way people behave. Delusions can begin suddenly or may develop over weeks or months.

Some people develop a delusional idea to explain a hallucination they are having. For example, if they have heard voices describing their actions, they may have a delusion that someone is monitoring their actions. Someone experiencing a paranoid delusion may believe they are being harassed or persecuted. They may believe they are being chased, followed, watched, plotted against or poisoned, often by a family member or friend.

Some people who experience delusions find different meanings in everyday events or occurrences. They may believe people on TV or in newspaper articles

are communicating messages to them alone, or that there are hidden messages in the colours of cars passing in the street.

Confused thoughts (thought disorder)

People experiencing psychosis often have trouble keeping track of their thoughts and conversations. Some people find it hard to concentrate and will drift from one idea to another. They may have trouble reading newspaper articles or watching a TV programme. People sometimes describe their thoughts as ‘misty’ or ‘hazy’ when this is happening to them. Thoughts and speech may become jumbled or confused, making conversation difficult and hard for other people to understand.

Changes in behaviour and thoughts

Behaviour may become more disorganised and unpredictable, and appearance or dress may seem unusual to others. People with schizophrenia may behave inappropriately or become extremely agitated and shout or swear for no reason.

Some people describe their thoughts as being controlled by someone else, their thoughts are not their own, or that thoughts have been planted in their mind by someone else. Another recognised feeling is that thoughts are disappearing, as though someone is removing them from their mind. Some people feel their body is being taken over and someone else is directing their movements and actions.

Negative symptoms of schizophrenia

The negative symptoms of schizophrenia can often appear several years before somebody experiences their first acute schizophrenic episode. These initial negative symptoms are often referred to as the prodromal period of schizophrenia.

Symptoms during the prodromal period usually appear gradually and slowly get worse. They include becoming more socially withdrawn and experiencing an increasing lack of care about your appearance and personal hygiene.

It can be difficult to tell whether the symptoms are part of the development of schizophrenia or caused by something else. Negative symptoms experienced by people living with schizophrenia include:

losing interest and motivation in life and activities, including relationships and sex

lack of concentration, not wanting to leave the house and changes in sleeping patterns

being less likely to initiate conversations and feeling uncomfortable with people, or feeling there is nothing to say

The negative symptoms of schizophrenia can often lead to relationship problems with friends and family because they can sometimes be mistaken for deliberate laziness or rudeness.

Causes of schizophrenia

The exact causes of schizophrenia are unknown, but research suggests that a combination of physical, genetic, psychological and environmental factors can make people more likely to develop the condition.

Current thinking is that some people may be prone to schizophrenia, and a stressful or emotional life event might trigger a psychotic episode. However, it is not known why some people develop symptoms while others do not.

Increased risk

Things that increase the chances of schizophrenia developing include:

Genetics

Schizophrenia tends to run in families, but no individual gene is responsible. It is more likely different combinations of genes might make people more vulnerable to the condition. However, having these genes does not necessarily mean you will develop schizophrenia.

Evidence the disorder is partly inherited comes from studies of identical twins brought up separately. They were compared with non-identical twins raised separately and the general public. For identical twins raised separately, if one twin develops schizophrenia, the other twin has a one in two chance of developing it. In non-identical twins, who share only half of each other's genetic make-up, when one twin develops schizophrenia, the other twin has a one in seven chance of developing the condition.

While this is higher than in the general population (where the chance is about one in a 100), it suggests genes are not the only factor influencing the development of schizophrenia.

Brain development

Many studies of people with schizophrenia have shown there are subtle differences in the structure of their brains or small changes in the distribution or number of brain cells. These changes are not seen in everyone with schizophrenia and can occur in people who do not have a mental illness. They suggest schizophrenia may partly be a disorder of the brain.

Neurotransmitters

These are chemicals that carry messages between brain cells. There is a connection between neurotransmitters and schizophrenia because drugs that alter the levels of neurotransmitters in the brain are known to relieve some of the symptoms of schizophrenia.

Research suggests schizophrenia may be caused by a change in the level of two neurotransmitters, dopamine and serotonin. Some studies indicate an imbalance between the two may be the basis of the problem. Others have found a change in the body's sensitivity to the neurotransmitters is part of the cause of schizophrenia.

Pregnancy and birth complications

Although the effect of pregnancy and birth complications is very small, research has shown the following conditions may make a person more likely to develop schizophrenia in later life:

bleeding during pregnancy, gestational diabetes or pre-eclampsia

abnormal growth of a baby while in the womb, including low birth weight or reduced head circumference

exposure to a virus while in the womb

complications during birth, such as a lack of oxygen (asphyxia) and emergency caesarean section

Triggers

Triggers are things that can cause schizophrenia to develop in people who are at risk. These include:

Stress

The main psychological triggers of schizophrenia are stressful life events, such as a bereavement, losing your job or home, a divorce or the end of a relationship, or physical, sexual, emotional or racial abuse. These kinds of experiences, though stressful, do not cause schizophrenia, but can trigger its development in someone already vulnerable to it.

Drug abuse

Drugs do not directly cause schizophrenia, but studies have shown drug misuse increases the risk of developing schizophrenia or a similar illness.

Certain drugs, particularly cannabis, cocaine, LSD or amphetamines, may trigger some symptoms of schizophrenia, especially in people who are susceptible. Using amphetamines or cocaine can lead to psychosis and can cause a relapse in people recovering from an earlier episode.

Three major studies have shown teenagers under 15 who use cannabis regularly, especially ‘skunk’ and other more potent forms of the drug, are up to four times more likely to develop schizophrenia by the age of 26.

Diagnosing schizophrenia

There is no single test for schizophrenia. The condition is usually diagnosed after assessment by a specialist in mental health.

If you are concerned you may be developing symptoms of schizophrenia, see your DOCTOR as soon as possible. The earlier schizophrenia is treated, the more successful the outcome tends to be.

Your DOCTOR will ask about your symptoms and check they are not the result of other causes, such as recreational drug use.

Community mental health team (CMHT)

If a diagnosis of schizophrenia is suspected, your DOCTOR will probably refer you to your local community mental health team (CMHT).

CMHTs are made up of different mental health professionals who support people with complex mental health conditions.

A member of the CMHT team, usually a psychologist or psychiatrist, will carry out a more detailed assessment of your symptoms. They will also want to know your personal history and current circumstances.

To make a diagnosis, most mental healthcare professionals use a 'diagnostic checklist', where the presence of certain symptoms and signs indicate a person has schizophrenia.

Schizophrenia can usually be diagnosed if:

You have at least two of the following symptoms: delusions, hallucinations, disordered thoughts or behaviour or the presence of negative symptoms, such as a flattening of emotions.

Your symptoms have had a significant impact on your ability to work, study or perform daily tasks.

You have experienced symptoms for more than six months.

All other possible causes, such as recreational drug use or depression, have been ruled out.

Related illnesses

Sometimes, it might not be clear whether someone has schizophrenia. If you have other symptoms at the same time, a psychiatrist may have reason to believe you have a related mental illness.

There are several related mental illnesses similar to schizophrenia. Your psychiatrist will ask how your illness has affected you so they can confidently confirm you have schizophrenia and not another mental illness, such as:

Bipolar disorder (manic depression). People with bipolar disorder swing from periods of mania (elevated moods and extremely active, excited behaviour) to periods of deep depression. Some people with bipolar disorder also hear voices or experience other kinds of hallucinations or may have delusions.

Schizoaffective disorder. Schizoaffective disorder is often described as a form of schizophrenia because its symptoms are similar to schizophrenia and bipolar disorder. But schizoaffective disorder is a mental illness in its own right. It may occur just once in a person’s life or may recur intermittently, often when triggered by stress.

Getting help for someone else

Due to their delusional thought patterns, people with schizophrenia may be reluctant to visit their DOCTOR if they believe there is nothing wrong with them.

It is likely someone who has had acute schizophrenic episodes in the past will have been assigned a care co-ordinator. If this is the case, contact the person's care co-ordinator to express your concerns.

If someone is having an acute schizophrenic episode for the first time, it may be necessary for a friend, relative or other loved one to persuade them to visit their DOCTOR. In the case of a rapidly worsening schizophrenic episode, you may need to go to the accident and emergency (A&E) department where a duty psychiatrist will be available.

If a person who is having an acute schizophrenic episode refuses to seek help and it is believed they present a risk to themselves or others, their nearest relative can request a mental health assessment is carried out.

After diagnosis

If you (or a friend or relative) are diagnosed with schizophrenia, you may feel anxious about what will happen. You may be worried about the stigma attached to the condition, or feel frightened and withdrawn. It is important to remember that a diagnosis can be a positive step towards getting good, straightforward information about the illness and the kinds of treatment and services available.

Treating schizophrenia

Schizophrenia is usually treated with an individually tailored combination of therapy and medication.

Good schizophrenia care

The National Institute for Health and Clinical Excellence (NICE) has produced guidelines for how people with schizophrenia should be cared for. NICE recommends anyone providing treatment and care for people with schizophrenia should:

develop a supportive relationship with patients and their carers

explain causes and treatment options to everyone, keep clinical language to a minimum, and provide written information at every stage of the process

enable easy access to assessment and treatment

work with patients, and their families and carers if they agree, to write advance statements (see below) about their mental and physical healthcare

take into account the needs of the patient's family or carers and offer a carers' assessment.

encourage patients and their families and carers to join self-help and support groups

Community mental health teams

Most people with schizophrenia are treated by community mental health teams (CMHTs). The goal of the CMHT is to provide day-to-day support and treatment while ensuring you have as much independence as possible.

A CMHT can be made up of and provide access to:

social workers

community mental health nurses (a nurse with specialist training in mental health conditions)

pharmacists

counsellors and psychotherapists

psychologists and psychiatrists (the psychiatrist is usually the senior clinician in the team)

Care programme approach (CPA)

People with complex mental health conditions, such as schizophrenia, are usually entered into a treatment process known as a care programme approach (CPA). A CPA is essentially a way of ensuring you receive the right treatment for your needs.

There are four stages to a CPA.

Assessment - your health and social needs are assessed.

Care plan - a care plan is created to meet your health and social needs.

Appointment of a care co-ordinator - a care co-ordinator, sometimes known as a keyworker, is usually a social worker or nurse and is your first point of contact with other members of the CMHT.

Reviews - your treatment will be regularly reviewed and, if needed, changes to the care plan can be agreed.

Not everyone uses the CPA. Some people may be cared for by their DOCTOR and others may be under the care of a specialist.

You will work together with your healthcare team to develop a care plan. Your care co-ordinator will be responsible for making sure all members of your healthcare team, including your DOCTOR, have a copy of your care plan. The care plan may involve an advance statement or crisis plan, which can be followed in an emergency.

Acute episodes

People who have serious psychotic symptoms as a result of an acute schizophrenic episode may require a more intensive level of care than a CMHT can provide.

These episodes are usually dealt with by antipsychotic medication (see below) and special care.

Crisis resolution teams (CRT)

One treatment option is to contact a crisis resolution team (CRT). CRTs treat people with serious mental health conditions who are currently experiencing an acute and severe psychiatric crisis. Without the involvement of the CRT, these people would require treatment in hospital.

The CRT will aim to treat a person in the least restrictive environment possible, ideally in or near the person's home. This can be in your own home, in a dedicated crisis residential home or hostel, or in a day care centre.

CRTs are also responsible for planning aftercare once the crisis has passed to prevent a further crisis from occurring.

Your care co-ordinator should be able to provide you and your friends or family with contact information in the event of a crisis.

Voluntary and compulsory detention

More serious, acute schizophrenic episodes may require admission to a psychiatric ward at a hospital or clinic. You can admit yourself voluntarily to hospital if your psychiatrist agrees it is necessary.

People can also be compulsorily detained at a hospital under the Mental Health Act (2007). However, this is rare. It is only possible for someone to be compulsorily detained at a hospital if they have a severe mental disorder, such as schizophrenia, and if detention is necessary:

in the interests of the person's own health

in the interests of the person's own safety

to protect others

People with schizophrenia who are compulsorily detained may need to be kept in locked wards.

All people being treated in hospital will stay only as long as is absolutely necessary to receive appropriate treatment and arrange aftercare.

An independent panel will regularly review your case and your progress. Once they feel you are no longer a danger to yourself and others, you will be discharged from hospital. However, your care team may recommend you remain in hospital voluntarily.

Advance statements

If it is felt there is a significant risk of future acute schizophrenic episodes occurring, you may want to write an advance statement.

An advance statement is a series of written instructions about what you would like your family or friends to do in case you experience another acute schizophrenic episode. You may also want to include contact details for your care co-ordinator.

Antipsychotics

Antipsychotics are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode. Antipsychotics work by blocking the effect of the chemical dopamine on the brain.

Antipsychotics can usually reduce feelings of anxiety or aggression within a few hours of use, but may take several days or weeks to reduce other symptoms, such as hallucinations or delusional thoughts.

Antipsychotics can be taken orally (as a pill) or given as an injection (known as a 'depot'). Several 'slow release' antipsychotics are available. These require you to have one injection every two to four weeks.

You may only need antipsychotics until your acute schizophrenic episode has passed. However, most people take medication for one or two years after their first psychotic episode to prevent further acute schizophrenic episodes occurring and for longer if the illness is recurrent.

There are two main types of antipsychotics:

Typical antipsychotics are the first generation of antipsychotics developed during the 1950s.

Atypical antipsychotics are a newer generation of antipsychotics developed during the 1990s.

Atypical antipsychotics are usually recommended as a first choice because of the sorts of side effects associated with their use. However, they are not suitable or effective for everyone.

Both typical and atypical antipsychotics can cause side effects, although not everyone will experience them and their severity will differ from person to person.

The side effects of typical antipsychotics include:

shaking

trembling

muscle twitches

muscle spasms

Side effects of both typical and atypical antipsychotics include:

drowsiness

weight gain, particularly with some atypical antipsychotics

blurred vision

constipation

lack of sex drive

dry mouth

Tell your care co-ordinator or DOCTOR if your side effects become severe. There may be an alternative antipsychotic you can take or additional medicines which will help you deal with the side effects.

Do not stop taking your antipsychotics without first consulting your care co-ordinator, psychiatrist or DOCTOR. If you do, you could have a relapse of symptoms.

Psychological treatment

Psychological treatment can help people with schizophrenia cope better with the symptoms of hallucinations or delusions.

They can also help treat some of the negative symptoms of schizophrenia, such as apathy or a lack of enjoyment.

Common psychological treatments include:

Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) aims to help you identify the thinking patterns that are causing you to have unwanted feelings and behaviour, and learn to replace this thinking with more realistic and useful thoughts.

For example, you may be taught to recognise examples of delusional thinking in yourself. You may then receive help and advice about how to avoid acting on these thoughts.

Most people will require 8-20 sessions of CBT over the space of 6-12 months. CBT sessions usually last for about an hour.

Your DOCTOR or care co-ordinator should be able to arrange a referral to a CBT therapist.

Family therapy

Many people with schizophrenia rely on family members for their care and support. While most family members are happy to help, caring for somebody with schizophrenia can place a strain on any family.

Family therapy is a way of helping you and your family cope better with your condition.

Family therapy involves a series of informal meetings over a period of around six months. Meetings may include:

discussing information about schizophrenia

exploring ways of supporting somebody with schizophrenia

deciding how to solve practical problems that can be caused by the symptoms of schizophrenia

If you think you and your family could benefit from family therapy, speak to your care co-ordinator or DOCTOR.

Arts therapy

Arts therapies are designed to promote creative expression. Working with an arts therapist in a small group or individually can allow you to express your experiences with schizophrenia. Some people find expressing things in a non-verbal way through the arts can provide a new experience of schizophrenia and help them develop new ways of relating to others.

Arts therapies have been shown to alleviate the negative symptoms of schizophrenia in some people.

Living with schizophrenia

Most people with schizophrenia make a recovery, although many will experience the occasional return of symptoms (relapses).

With support and treatment, you may be able to manage your condition so it doesn't have a big impact on your life.

Spotting the signs of an acute schizophrenic episode

Learning to recognise the signs you are becoming unwell can help you manage your illness. These can include losing your appetite, feeling anxious or stressed

or having disturbed sleep. You may also notice some milder symptoms developing, such as feeling suspicious or fearful, worrying about people's motives, hearing voices quietly or occasionally, or finding concentration difficult. You may also want to ask someone you trust to tell you if they notice your behaviour changing.

Recognising initial signs of an acute schizophrenic episode can be useful, as it may be prevented through the use of antipsychotic medicines and extra support.

If you have another acute episode of schizophrenia, your written care plan should be followed, particularly any advance statement or crisis plan. Your care plan will include the likely signs of a developing relapse and the steps to take, including emergency contact numbers

Avoiding drugs and alcohol

While alcohol and drugs may provide short-term relief from your symptoms of schizophrenia, they are likely to make your symptoms worse in the long run. Alcohol can cause depression and psychosis, while illegal drugs may make your schizophrenia worse.

Drugs and alcohol can also react badly with antipsychotic medicines.

If you are currently using drugs or alcohol and finding it hard to stop, ask your care co-ordinator or DOCTOR for help.

Taking your medication

It is important to take your medication as prescribed, even if you start to feel better. Continuous medication can help prevent relapses. If you have questions or concerns about medication you are taking or any side effects, talk to your DOCTOR or care co-ordinator.

It may also be useful to read the information leaflet that comes with the medication about possible interactions with other drugs or supplements. It is worth checking with your healthcare team if you plan to take any over-the-counter remedies, such as painkillers, or any nutritional supplements. This is because these can sometimes interfere with your medication.

Regular reviews

As part of the care programme approach, you will be in contact with your healthcare team regularly. A good relationship with the team means you can easily discuss your symptoms or concerns. The more the team knows, the more it can help you.

Self-care

Self-care is an integral part of daily life. It means you take responsibility for your own health and wellbeing with support from those involved in your care.

Self-care includes things you do each day to stay fit, maintain good physical and mental health, prevent illness or accidents, and effectively deal with minor ailments and long-term conditions.

People living with long-term conditions can benefit enormously if they have support for self-care. They can live longer, have less pain, anxiety, depression and fatigue, have a better quality of life and are more active and independent.

Keep healthy

As well as monitoring your mental health, your healthcare team and DOCTOR should monitor your physical health. A healthy lifestyle, including a balanced diet with lots of fruits and vegetables and regular exercise, is good for you and can reduce your risk of developing cardiovascular disease or diabetes.

Avoid too much stress and get a proper amount of sleep.

You should have a check-up at least once a year to monitor your risk of developing cardiovascular disease or diabetes. This will include recording your weight, checking your blood pressure and any appropriate blood tests.

Stop smoking

Rates of smoking in people with schizophrenia are three times higher than in the general population. If you are a smoker, you are at a higher risk of developing cancer, heart disease and stroke.

Stopping smoking has both short- and long-term health benefits

Who is available to help me?

In the course of your treatment for schizophrenia, you will be involved with many different services. Some are accessed through referral from your DOCTOR, others through your local authority. These services may include the following:

Community mental health teams (CMHTs) provide the main part of local specialist mental health services and offer assessment, treatment and social care to people living with schizophrenia and other mental illnesses.

Early intervention teams provide early identification and treatment for people with the first symptoms of psychosis. Your DOCTOR may be able to refer you directly to an early intervention team.

Crisis services allow people to be treated at home, instead of in hospital, for an acute episode of illness. They are specialist mental health teams that help with crises that occur outside normal office hours.

Acute day hospitals are an alternative to inpatient care in a hospital, where you can visit every day or as often as necessary.

Assertive outreach teams deliver intensive treatment and rehabilitation in the community for people with severe mental health problems. They provide rapid help in a crisis situation. Staff often visit people at home, act as advocates and liaise with other services, such as your DOCTOR or social services. They can also help with practical problems, such as helping to find housing and work, and daily tasks, such as shopping and cooking.

Advocates are trained and experienced workers who help people communicate their needs or wishes, get impartial information, and represent their views to other people. Advocates can be based in your hospital or mental health support groups, or you can find an independent advocate to act on your behalf, if you wish.

Talk to others

Many people find it helpful to meet other people with the same experiences for mutual support and to share ideas. It is also an important reminder that you are not alone.

Charities and support groups allow individuals and families to share experiences and coping strategies, campaign for better services and provide support.

What can family, friends and partners do to help?

Friends, relatives and partners have a vital role in helping people with schizophrenia recover and make a relapse less likely.

It is very important not to blame the person with schizophrenia or tell them to "pull themselves together", or to blame other people. When dealing with a friend or loved one's mental illness, it is important to stay positive and supportive.

As well as supporting the person with schizophrenia, you may want to get support to cope with your own feelings. Several voluntary organisations provide help and support for carers.

Friends and family should try to understand what schizophrenia is, how it affects people, and how best they can help. They can provide emotional and practical support, and can encourage people to seek appropriate support and treatment. As part of the treatment, you may be offered family therapy. This can provide information and support for the person with schizophrenia and their family.

Friends and family can play a major role by monitoring the person's mental state, watching out for any signs of relapse, encouraging them to take their medication and attend medical appointments.

If you are the nearest relative of a person who has schizophrenia, you have certain rights that can be used to protect the patient's interests. These include requesting that the local social services authority ask an approved mental health professional to consider whether the person with schizophrenia should be detained in hospital.

Depression and suicide

Many people with schizophrenia experience periods of depression. Do not ignore these symptoms. If depression is not treated, it can worsen and lead to suicidal thoughts.

Studies have shown that people with schizophrenia have a higher chance of commiting suicide.

If you have been feeling particularly down over the last month and no longer take pleasure in the things you used to enjoy, you may be depressed. See your DOCTOR for advice and treatment.

Immediately report any suicidal thoughts to your DOCTOR or care co-ordinator.

The warning signs of suicide

The warning signs that people with depression and schizophrenia may be considering suicide include:

making final arrangements, such as giving away possessions, making a will or saying goodbye to friends

talking about death or suicide. This may be a direct statement such as, "I wish I was dead," or indirect phrases such as "I think that dead people must be happier than us" or "Wouldn't it be nice to go to sleep and never wake up?"

self-harm, such as cutting their arms or legs or burning themselves with cigarettes

a sudden lifting of mood, which could mean that a person has decided to commit suicide and feels better because of their decision

Helping a suicidal friend or relative

If you see any of these warning signs:

Get professional help for the person, such as from a crisis resolution team (CRT) or the duty psychiatrist at your local A&E department.

Let them know that they are not alone and that you care about them.

Offer your support in finding other solutions to their problems.

If you feel that there is an immediate danger of the person committing suicide, stay with them or have someone else stay with them and remove all available means of suicide, such as sharp objects and medication.