

Schizophrenia



Office of
Mental Health

Schizophrenia

What is schizophrenia?

Schizophrenia is a chronic, yet treatable disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as though they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships.

What are the symptoms of schizophrenia?

It's important to recognize the symptoms of schizophrenia and seek help as early as possible. People with schizophrenia are usually diagnosed between the ages of 16 and 30, after the first episode of psychosis. Starting treatment as soon as possible following the first episode of psychosis is an important step toward recovery. However, research shows that gradual changes in thinking, mood, and social functioning often appear before the first episode of psychosis. Schizophrenia is rare in younger children.

Schizophrenia symptoms can differ from person to person, but they generally fall into three main categories: psychotic, negative, and cognitive.

Psychotic Symptoms

Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world. People with psychotic symptoms may lose a shared sense of reality with others and experience the world in a distorted way. For some people, these symptoms come and go. For others, the symptoms become stable over time. Psychotic symptoms include:

Hallucinations: When a person sees, hears, smells, tastes, or feels things that are not actually there. Hearing voices is common for people with schizophrenia. People who hear voices may hear them for a long time before family or friends notice a problem.

Delusions: When a person has strong beliefs that are not true and may seem irrational to others. For example, individuals experiencing delusions may believe that people on the radio and television are sending special messages that require a certain response, or they may believe that they are in danger or that others are trying to hurt them.

Thought disorder: When a person has ways of thinking that are unusual or illogical. People with thought disorder may have trouble organizing their thoughts and speech. Sometimes a person will stop talking in the middle of a thought, jump from topic to topic, or make up words that have no meaning.

Movement disorder: When a person exhibits abnormal body movements. People with movement disorder may repeat certain motions over and over.

Negative Symptoms

Negative symptoms include loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, difficulty showing emotions, and difficulty functioning normally. Negative symptoms include:

- Having trouble planning and sticking with activities, such as grocery shopping
- Having trouble anticipating and feeling pleasure in everyday life
- Talking in a dull voice and showing limited facial expression
- Avoiding social interaction or interacting in socially awkward ways
- Having very low energy and spending a lot of time in passive activities. In extreme cases, a person might stop moving or talking for a while, which is a rare condition called catatonia.

These symptoms are sometimes mistaken for symptoms of depression or other mental illnesses.

Cognitive Symptoms

Cognitive symptoms include problems with attention, concentration, and memory. These symptoms can make it hard to follow a conversation, learn new things, or remember appointments. A person's level of cognitive functioning is one of the best predictors of their day-to-day functioning. Cognitive functioning is evaluated using specific tests.

Cognitive symptoms include:

- Having trouble processing information to make decisions
- Having trouble using information immediately after learning it
- Having trouble focusing or paying attention

Risk of Violence

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the illness to be harmed by others. For people with schizophrenia, the risk of self-harm and of violence to others is greatest when the illness is untreated. It is important to help people who are showing symptoms to get treatment as quickly as possible.

Schizophrenia vs. Dissociative Identity Disorder

Although some of the signs may seem similar on the surface, schizophrenia is not dissociative identity disorder (which used to be called multiple personality disorder or split personality). People with dissociative identity disorder have two or more distinct identities that are present and that alternately take control of them.

What causes schizophrenia?

Several factors may contribute to a person's risk of developing schizophrenia, including:

- **Genetics.** Schizophrenia sometimes runs in families. However, just because one family member has schizophrenia, it does not mean that other members of the family also will have it. Studies suggest that many different genes may increase a person's chances of developing schizophrenia, but that no single gene causes the disorder by itself.
- **Environment.** Research suggests that a combination of genetic factors and aspects of a person's environment and life experiences may play a role in the development of schizophrenia. These environmental factors may include living in poverty, stressful or dangerous surroundings, and exposure to viruses or nutritional problems before birth.
- **Brain structure and function.** Research shows that people with schizophrenia may be more likely to have differences in the size of certain brain areas and in connections between brain areas. Some of these brain differences may develop before birth. Researchers are working to better understand how brain structure and function may relate to schizophrenia.

How is schizophrenia treated?

Current treatments for schizophrenia focus on helping individuals manage their symptoms, improve day-to-day functioning, and achieve personal life goals, such as completing education, pursuing a career, and having fulfilling relationships.

Antipsychotic Medications

Antipsychotic medications can help make psychotic symptoms less intense and less frequent. These medications are usually taken every day in a pill or liquid form. Some antipsychotic medications are given as injections once or twice a month.

If a person's symptoms do not improve with usual antipsychotic medications, they may be prescribed clozapine. People who take clozapine must have regular blood tests to check for a potentially dangerous side effect that occurs in 1% to 2% of patients.

People respond to antipsychotic medications in different ways. It is important to report any side effects to a health care provider. Many people taking antipsychotic medications experience side effects such as weight gain, dry mouth, restlessness, and drowsiness when they start taking these medications. Some of these side effects may go away over time, while others may last.

You should not stop taking a medication without talking to your health care provider first. Your health care provider will work with you to adjust your treatment plan in a safe and effective way. Some people may need to try several medications before finding the one that works best for them, so it is important to continue with treatment and to stay hopeful.

You can find the latest information on warnings, patient medication guides, or newly approved medications on the U.S. Food and Drug Administration (FDA) website at <https://www.fda.gov/drugsatfda>.

Psychosocial Treatments

Psychosocial treatments help people find solutions to everyday challenges and manage symptoms while attending school, working, and forming relationships. These treatments are often used together with antipsychotic medication. People who participate in regular psychosocial treatment are less likely to have symptoms reoccur or to be hospitalized.

Examples of this kind of treatment include cognitive behavioral therapy, behavioral skills training, supported employment, and cognitive remediation interventions.

Family Education and Support

Educational programs can help family and friends learn about symptoms of schizophrenia, treatment options, and strategies for helping loved ones with the illness. These programs can help friends and family manage their distress, boost their own coping skills, and strengthen their ability to provide support.

Coordinated Specialty Care

Coordinated specialty care (CSC) programs are recovery-focused programs for people with first episode psychosis, an early stage of schizophrenia. Health professionals and specialists work together as a team to provide CSC, which includes psychotherapy, medication, case management, employment and education support, and family education and support. The treatment team works collaboratively with the individual to make treatment decisions, involving family members as much as possible.

Compared with typical care, CSC is more effective in reducing symptoms, improving quality of life, and increasing involvement in work or school.

Assertive Community Treatment

Assertive Community Treatment (ACT) is designed to help individuals with schizophrenia who are likely to experience multiple hospitalizations or homelessness. ACT is usually delivered by a team of health professionals and specialists who work together to provide care to patients in the community.

Treatment for Drug and Alcohol Misuse

It is common for people with schizophrenia to have problems with drugs and alcohol. A treatment program that includes treatment for both schizophrenia and substance use is important for recovery because substance use can interfere with treatment for schizophrenia.

How can I find help?

If you're not sure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist who has experience treating schizophrenia.

How can I help a friend or relative with schizophrenia?

It can be difficult to know how to help someone who is experiencing psychosis. Here are some things you can do:

- Help them get treatment and encourage them to stay in treatment
- Remember that their beliefs or hallucinations seem very real to them
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior
- Look for support groups and family education programs, such as those offered by the National Alliance on Mental Illness at: <https://www.nami.org>

Finding Help

New York State Mental Health Program Directory

The Mental Health Program Directory provides information on all programs in New York State that are operated, licensed or funded by the State Office of Mental Health (OMH). This site includes three search options: Basic Search, Advanced Search, and Full Directory. Definitions for all programs are available under the Support tab, along with directory help and information on program data collection.

Find services close to you at: <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages#report>

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness.

Find a facility in your state at: <https://findtreatment.samhsa.gov/>

For Immediate Help

- If you are in crisis, experiencing emotional distress, or worried about someone you know: Call or text the Suicide and Crisis Lifeline at 988 or chat at 988lifeline.org/chat. You can also text the Crisis Text Line (GOT5 to 741741). These services are available 24/7 to anyone and are completely confidential.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

If a loved one is considering suicide:

- Do not leave them alone
- Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 988
- Remove access to firearms or other potential tools for suicide, including medications

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

2023

For questions or complaints regarding mental health services anywhere in New York State please contact:

New York State
Office of Mental Health
Customer Relations
44 Holland Avenue
Albany, NY 12229
(800) 597-8481 (toll-free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Central New York Field Office
545 Cedar Street, 2nd Floor
Syracuse, NY 13210-2319
(315) 426-3930

Hudson River Field Office
10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601
(845) 454-8229

Long Island Field Office
998 Crooked Hill Road
Building #45-3
West Brentwood, NY 11717-1087
(631) 761-2508

New York City Field Office
330 Fifth Avenue, 9th Floor
New York, NY 10001-3101
(212) 330-1650

Western New York Field Office
737 Delaware Avenue, Suite 200
Buffalo, NY 14209
(716) 533-4075



Office of
Mental Health

In Crisis?
We've got time to listen.
Text Got5 to 741741



**Call/Text 988 or
Chat at 988lifeline.org**

Are you in crisis, experiencing
emotional distress, or worried
about someone you know?

24 hrs/day, 7 days/wk

Connect with OMH



www.facebook.com/nysomh



[@nysomh](http://www.twitter.com/nysomh)



www.youtube.com/user/nysomh



For additional information regarding
this publication please contact:

NYS OMH Community Outreach
and Public Education Office
44 Holland Avenue
Albany, NY 12229
(800) 597-8481 (toll free)
www.omh.ny.gov