

ENCOURAGEMENT
UNDERSTANDING HOPE
INSPIRATION RELAXATION
SCHIZOPHRENIA
FREEDOM PLEASURE RELIEF
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CONFIDENCE EXHILARATION
ACCOMPLISHMENT
STIMULATING LIGHTENING
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PRIORY

Schizophrenia is the name given to a group of related mental illnesses. This leaflet aims to help you understand schizophrenia, its causes and symptoms. It also describes the way the illness usually develops and how it may be affected by treatment.

What is schizophrenia?

You may have heard that people who suffer from schizophrenia have a split personality. This is misleading. Schizophrenia is a name that defines a group of mental illnesses with several shared symptoms. There is quite a lot of variation in the course and outcome of the illnesses.

What are the symptoms of schizophrenia?

The symptoms of schizophrenia are usually described under the headings of 'positive' and 'negative'. The positive symptoms are most obvious in the active or acute stages of illness. These acute phases usually last for a period of a few weeks or months, and are times when the symptoms are more obvious and you are more obviously unwell. The negative symptoms are most noticeable in the less acute phases of illness, periods of remission, when the patient is coping and functioning fairly well.

What are the positive symptoms?

You may have some but not necessarily all of the positive symptoms, which include delusions, ideas of reference, passivity feelings and hallucinations.

Delusions are fixed beliefs in things that aren't real or true. They can be frightening and sometimes bizarre. A typical example might be you believe that a group of people, including perhaps your friends, want to harm you. With time, these false beliefs become more complicated as new beliefs develop.

Ideas of reference are symptoms where you feel that some external event refers to or connects to you in a way that is not apparent to anyone else. For example, you might watch a television programme and know it is really about your life. Other people will not be able to understand or recognise these connections.

Passivity feelings develop when you believe people or things are able to control your feelings or behaviour. This control feels as if it is through some form of direct influence by way of such things as x-rays, radio beams or telepathic thoughts.

Auditory hallucinations are imagined voices that sound like normal voices so you think that they are real. Often there's more than one voice talking about you and the conversation is generally personal, showing an intimate knowledge of your habits. They are usually unpleasant. Sometimes the voices give a running commentary on your thinking or actions, and will then be heard to say things like "She's crossing the road".

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What are the negative symptoms?

The negative symptoms are evidence of a gradual change in personality. There is a gradual loss of ambition, so even when working at simple jobs you may turn up late or take days off. A lack of commitment may also affect personal relationships, leading to increasing isolation. Sufferers with the worst negative symptoms drop out of everyday life and are at risk of becoming homeless, which is why it is so important to get treatment at an early stage and have family and social support.

Who gets schizophrenia?

Schizophrenia usually affects people for the first time when they are in early adulthood, from their late teens to early thirties. It is equally common in men and women.

What causes schizophrenia?

We don't know what causes this illness at the moment, but there is strong evidence of structural changes in a sufferer's brain, suggesting that it's not a learned behaviour or caused by purely psychological factors. This is supported by the fact that the number of people suffering from schizophrenia throughout the world, around 1 in 100, is remarkably consistent in different countries.

There does seem to be a genetic link to schizophrenia. If a person has a parent or brother or sister with this illness, the risk of them developing the illness increases to about 10%. This seems to be true even if they are parted at birth from their biological family and adopted.

Is my upbringing to blame?

There is no evidence to support the old belief that a sufferer's upbringing has caused the illness. However, some sufferers seem to lead healthier lives when they don't try to live with their families as the stresses that families can create may trigger further episodes.

How does a schizophrenic illness progress?

Schizophrenia is an illness in which usually there are shorter periods of acute illness followed by longer periods of relative improvement. The pattern that may best describe how often the acute phases will happen and how long the periods of remission may last is quite variable and is influenced by treatment. It will take at least two years before the pattern becomes obvious for any individual.

Your mood may change at different stages, and it's common to find a patient who is about to relapse into an acute phase becoming more anxious and tense.

During the acute phase, you may feel elated and have a lot of energy. You may also develop a strange disconnection between reality and feelings, so that sad events, for example, may produce indifference or even giggling. It's this symptom that leads people to use the term split personality, describing a split between logic and emotions.

During the acute phase, other people may notice puzzling conversations, answers to questions drifting past the point or, in rare cases, bizarre new words being made up.

As the more acute period settles down, some patients may become low and may develop symptoms of a depressive illness. These include not only a low mood and feelings of hopelessness, but also anxiety and a range of physical changes to their sleep pattern, appetite and sex drive. Some people may feel so hopeless that they have thoughts of suicide.

What are the affects of the acute stage?

When severe, the acute symptoms of schizophrenia are terrifying for the sufferer, creating a threatening world that feels out of control. No-one around them seems to understand what they're experiencing, so sufferers become frightened, withdrawn and unable to care for themselves. Behaviour becomes unpredictable and, in rare cases, you may feel so physically threatened you use violence to protect yourself from these threats.

Will I need to go into hospital?

You may need to go into hospital during the acute phase. Sufferers are often unable to recognise that they're ill, so it is then hard to persuade them to accept treatment that will help them. As a result of resisting admission, they may deteriorate until treatment needs to be enforced under the Mental Health Act.

How can my family help?

Families can play a vital role, but it can be a frustrating one. When you are first allowed home after being in hospital, you're likely to need considerable support from those around you. Medication may make you feel depressed and unmotivated. You may lack confidence, ignore your physical health or find it difficult to carry out normal activities such as shopping. You may need help with personal hygiene and need to be accompanied when going outside the home. At this stage, going to a day hospital or day centre can provide structure to your life.

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Our overall aim is to support your independence and try to improve the quality of life while recognising, and then learning to avoid, those things that trigger the symptoms.

What triggers schizophrenia?

It's likely that a trigger that has led to illness in the past will also cause future relapses, so it is important to identify and avoid this trigger. Illegal drugs, especially hallucinogenic drugs, are the most common triggers. Even cannabis, which is often considered fairly safe, frequently triggers a relapse. Alcohol also doesn't mix well with any medication used to treat the illness, so you should try to avoid it completely. Finally, stress can cause a relapse so it helps to have a stable working and social life. Family life that is calm and does not have too many dramatic outbursts is also helpful for maintaining stability.

What treatment is available?

Treatment may include medication, counselling and therapy. These will be prescribed according to your need as the illness progresses.

What medication will I have to take?

During an acute phase you will be given antipsychotic drugs. These tend to be sedative and may cause tremors and other unwanted muscle movements. However, side effects can be reduced by handling the dose carefully and using newer, less sedative drugs. You are also quite likely to be offered anti-depressants, mood stabilising drugs and sedatives as necessary. Once the acute phase has passed, medication will be reduced and simplified. Most patients will need some medication for a year or longer after an acute phase to reduce the risk of relapse.

Why use counselling?

Counselling may be helpful with as few as 10 sessions. It helps you to cope with day-to-day issues, separates real life from imaginary, and encourages you to relearn life skills, helping you to return to normal life as soon as possible.

Why use cognitive therapy?

This has become more popular over the past few years. It can reduce symptoms by identifying, challenging and changing the automatic thoughts that create negative and distorted assumptions.

Why use family therapy?

Most families benefit from family therapy aimed at understanding, supporting and managing some of the many difficulties that arise during this sort of illness. Family work may take place with or without you, depending on your ability to cope.

Finding help

Contacting your GP is often the easiest, and should be the first, route to help and further treatment. He or she may refer you to a specialist for further assessment. This may lead to outpatient treatment or, if more serious, day or inpatient treatment.

If you're worried about talking to your GP, you can:

- consider writing down your concerns and questions;
- take a friend or family member with you;
- see another doctor in the practice; or
- consider joining a new GP practice.

The type of professional support offered will depend on the services that are available in your area, or the arrangements that your primary care trust (PCT) have with other health authorities or private providers. Treatment for schizophrenia is also available privately through the Priory Group.

If you feel that you or a close relative are affected by schizophrenia and would like help or more information, you can ask your GP or contact any of the following organisations.

Rethink	0845 456 0455 (www.rethink.org)
NHS Direct (England and Wales)	0845 4647 (www.nhsdirect.nhs.uk)
NHS 24 (Scotland)	08454 242424 (www.nhs24.com)
The Samaritans	08457 90 90 90 (www.samaritans.co.uk)
Priory	0845 4 PRIORY 0845 4 774679 (www.priorygroup.com)

Recommended reading

'Surviving Schizophrenia' – a manual for families, consumers and providers' by E Fuller Torrey (Robinson)

If you are interested in receiving treatment from us, your GP will be able to refer you.

If you or your relative have private medical insurance, your insurer will probably insist that your GP refers you to us.

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Why should I choose Priory?

Our service

At Priory, our committed and professional staff provide the highest standards of care, understanding and service for everyone. This service brings hope and confidence, allowing our patients to take control of their lives within a safe and secure environment.

Expertise and innovation

Through our close links with the public and private sectors, we've developed the expertise and innovation to offer consistent and successful treatment. And, as Europe's leading independent provider of specialist mental health, neuro-rehabilitation and special education services, we bring experience and an excellent reputation.

This document has been written by
Dr Peter Rowan MBBS MRCPsych,
with the help of Plain English Campaign (www.plainenglish.co.uk).

The Crystal Mark applies to wording only.



**RELIEF HOPE
CONFIDENCE**

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The Priory Hospital Brighton & Hove
14-18 New Church Road, Hove, East Sussex, BN3 4FH
Phone: 01273 747 464 Fax: 01273 727 321

The Priory Hospital Bristol
Heath House Lane, Stapleton, Bristol, BS16 1EQ
Phone: 0117 952 5255 Fax: 0117 952 5552

The Priory Hospital Chelmsford
Stump Lane, Springfield Green, Chelmsford, Essex, CM1 7SJ
Phone: 01245 345 345 Fax: 01245 346 177

The Priory Hospital Glasgow
38-40 Mansionhouse Road, Glasgow, G41 3DW
Phone: 0141 636 6116 Fax: 0141 636 5151

The Priory Hospital Hayes Grove
Prestons Road, Hayes, Bromley, Kent, BR2 7AS
Phone: 020 8462 7722 Fax: 020 8462 5028

The Priory Hospital North London
Grovelands House, The Bourne, Southgate, London, N14 6RA
Phone: 020 8882 8191 Fax: 020 8447 8138

The Priory Clinic Nottingham
Ransom Road, Nottingham, NG3 5GS
Phone: 0115 9693 388 Fax: 0115 9693 381

The Priory Hospital Preston
Rosemary Lane, Bartle, Preston, Lancashire, PR4 0HB
Phone: 01772 691 122 Fax: 01772 691 246

The Priory Hospital Roehampton
Priory Lane, Roehampton, London, SW15 5JJ
Phone: 020 8876 8261 Fax: 020 8392 2632

The Priory Hospital Southampton
Hythe Road, Marchwood, Southampton, SO40 4WU
Phone: 023 8084 0044 Fax: 023 8020 7554

The Priory Ticehurst House
Ticehurst, Wadhurst, East Sussex, TN5 7HU
Phone: 01580 200 391 Fax: 01580 201 006

The Priory Hospital Woking
Chobham Road, Knaphill, Woking, Surrey, GU21 2QF
Phone: 01483 489 211 Fax: 01483 797 053

Woodbourne Priory Hospital
21 Woodbourne Road, Edgbaston, Birmingham, B17 8BY
Phone: 0121 434 4343 Fax: 0121 434 3270

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