

## Schizophrenia

Schizophrenia is a complex brain disorder, which affects about one in a 100 or between 150,000 and 200,000 Australians. The illness is characterised by disruptions to thinking and emotions, and a distorted perception of reality. It usually begins in late adolescence or early adulthood and does not spare any race, culture, class or sex.

About 20 to 30 per cent of people with schizophrenia experience only a few brief episodes. For others, it is a chronic condition. Ten per cent of people with schizophrenia commit suicide.

### Symptoms of schizophrenia

Symptoms include:

- Hallucinations
- Delusions
- Thought disorder
- Social withdrawal
- Lack of motivation
- 'Blunted' emotions
- Inappropriate responses
- Impaired thinking and memory
- Lack of insight.

Not all people affected by schizophrenia have all these symptoms. Some symptoms appear only for short periods or 'episodes'.

### Hallucinations, delusions and thought disorder

Hallucinations and delusions are psychotic symptoms. Hallucinations can involve hearing, seeing, tasting, feeling or smelling something that does not exist, but which the sufferer believes is real. Similarly, delusions are unfounded beliefs, for example, of persecution, guilt or grandeur that seem utterly real to the person experiencing them. Thought disorder manifests as disconnected, illogical speech.

### Social isolation – a major problem

While these psychotic symptoms are more alarming, other symptoms reinforce the alienation of people with schizophrenia. They are often unable to participate in normal social events or conversations, and lack sufficient motivation for simple activities like bathing or cooking. In addition, sufferers lack the insight to recognise how their inappropriate behaviour appears to others.

### Schizophrenia is not a split personality

There are many myths about schizophrenia. Sufferers do not have 'split personalities' and they are not intellectually disabled. While aggression may occur among a minority of patients during an untreated acute episode, it is uncommon and not like that portrayed in the media of serial killers or 'psychopaths'.

### Current treatments for schizophrenia

Medication, hospital care and rehabilitation are the best forms of treatment. Admission to hospital is only necessary during crises; normal living can resume once symptoms subside. Effective antipsychotic medications enable many people with schizophrenia to lead full and productive lives.

Antipsychotic drugs help stabilise some symptoms, but do not cure the disease and are frequently associated with side effects. Most people need to stay on medication to prevent relapse.

## Carers, guardianship and rights

Some people with schizophrenia may be unable to manage their own affairs and their carers may take out a power of attorney. In some situations, applications may be made to the Guardianship List of the Victorian Civil and Administrative Tribunal (VCAT) for a Guardianship Order concerning finances, medical treatment, accommodation and other related issues.

If there are concerns about the appropriateness of treatment, the Health Services Complaints Commission, the Office of the Public Advocate or the Equal Opportunity Office may provide help.

## Current research

Schizophrenia is highly complex. The exact cause of the illness is not yet known, although research to date has yielded several valuable 'leads'. Several lines of research are currently being pursued at the Mental Health Research Institute. Some of these include:

- Molecular research aims to develop new antipsychotic medications.
- A protein that appears altered in people with schizophrenia has been identified – this may be relevant to the development of future drug treatments.
- Structural changes have been found in the hippocampus (a brain region involved in memory and thinking) after the onset of psychotic symptoms. This suggests that brain changes are actively occurring during the period of transition to illness. This may help researchers find ways to prevent or reduce the impact of schizophrenia. Clinical studies have shown reduced cognitive (thought) processes are associated with reductions in volume of the right hippocampus; these deficits increase during the illness.
- Research looking at the protective effect of oestrogen in schizophrenia may help with delaying the onset of illness and treating negative symptoms.
- Information about the behavioural, thought, hearing and structural brain abnormalities related to auditory hallucinations, or 'hearing voices', has provided new insights into the nature of auditory hallucinations. Researchers are developing techniques to help people cope with 'the voices'.
- Clinical research has led to the development of resources for professionals to support families where children are living with mentally ill parents.
- Clinical researchers are collecting data as part of an international study of families in which there is a clearly inherited pattern of the illness. This may help them to learn more about genetic links in the illness.

## Where to get help

- Your doctor
- The Richmond Fellowship of Victoria Tel. (03) 9455 7900
- The Mental Illness Fellowship of Australia Tel. (08) 8272 1018
- SANE Australia Helpline Tel. 1800 187 263

## Things to remember

- Schizophrenia is a complex brain disorder, which affects between 150,000 and 200,000 Australians.
- Sufferers do not have 'split personalities' and they are not intellectually disabled.
- The cause of the illness is not yet known, but research has yielded several important clues. Researchers are actively investigating different aspects of this disease.
- Antipsychotic medications treat the psychotic symptoms, but do not cure the disease.

**This page has been produced in consultation with, and approved by:**

Mental Health Research Institute

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