

Schizophrenia - your guide

This guide provides information and advice about schizophrenia in young people and adults.

It has been produced by psychiatrists – medical doctors who are experts in mental health – with input from consumers and carers. It is based on up-to-date scientific evidence.

This guide is for:

- people who have been diagnosed with schizophrenia
- people who think they might have symptoms of schizophrenia
- their family and friends.

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Key facts

- Schizophrenia is a mental illness that affects how the brain works.
- People with schizophrenia experience psychosis, which means they can have serious problems with thinking clearly, emotions, and knowing what is real and what is not.
- It can make it difficult to be with other people and get on with everyday life. Exactly what causes schizophrenia isn't yet known.
- Common symptoms include:
 - hallucinations (such as hearing voices of people who are not there)
 - delusions (false beliefs, often based on hallucinations)
 - being unable to think and speak clearly
 - acting unusually
 - being unable to enjoy things
 - being unable to feel emotions normally
 - losing interest in other people.
- The diagnosis of schizophrenia is best made by a psychiatrist – a doctor with special training in mental illness.
- When someone with schizophrenia gets the right treatment, they can think and act like themselves again.
- Treatment usually combines medication, education, rehabilitation, and support.
- Treatment for schizophrenia is almost always long term.
- People with schizophrenia have the best chance of recovering when they and their families have a good working relationship with their health-care team.

About schizophrenia

What is schizophrenia?

Schizophrenia is a mental illness that affects how the brain works. People with schizophrenia experience psychosis, which means they can have serious problems with thinking clearly, emotions, and knowing what is real and what is not.

This can include hearing or seeing things that are not there (hallucinations), and having very strange beliefs that are abnormal or not true (delusions).

Having psychosis often makes a person want to keep away from other people. They may have problems understanding other people's emotions, and may feel depressed or irritable.

Other illnesses similar to schizophrenia include schizoaffective disorder and schizophreniform disorder.

Many people in the community do not understand what schizophrenia is. Other people's attitudes and behaviour can cause extra distress for people with schizophrenia and their families.

Myths about schizophrenia

Myth: Schizophrenia means you have multiple personalities.

Fact: A person with schizophrenia does not have multiple personalities.

Myth: People with schizophrenia are dangerous.

Fact: Having schizophrenia does not mean that a person will be violent or out of control. When the illness is treated effectively, they think and act like themselves again. Someone with schizophrenia might become agitated and feel a need to defend themselves when they are frightened by hallucinations or unusual beliefs. More often, people with schizophrenia are the victims of violence from other people.

What causes schizophrenia?

The causes of schizophrenia are not yet fully understood.

Some things that make it more likely that someone will develop schizophrenia are:

- having particular genes
- physical injuries to the brain
- traumatic experiences
- using drugs such as cannabis.

Like many other illnesses, schizophrenia runs in families. People with a parent, brother or sister who has schizophrenia have a higher chance of developing schizophrenia. However, most people who have a family member with schizophrenia will not develop the illness themselves.

Who gets schizophrenia?

Schizophrenia is seen in all countries and cultures.

Schizophrenia usually begins when people are aged between 15 and 25, but it can also start later in life. In rare cases it can start in childhood.

Schizophrenia is slightly more common in men than women. Men tend to show symptoms of schizophrenia earlier than women do.

Symptoms of schizophrenia

Symptoms vary from person to person, and commonly include:

- hearing or seeing things that are not real (hallucinations)
- having very strange beliefs (delusions)
- unusual thinking and speech
- having problems thinking clearly
- not being able to make decisions and having trouble making plans
- having trouble interpreting other people's emotions and motives
- suicidal thoughts.

Some symptoms are described as 'positive' and others as 'negative'.

Common 'positive' symptoms are hallucinations and delusions. (These are called 'positive' because they are extra experiences that are not part of normal experience).

Common 'negative' symptoms are: a loss of enjoyment of things, being unable to feel emotions, loss of interest in being with other people, and not being bothered to do anything. (These are called 'negative' because something is missing).

Pattern of symptoms

Times when symptoms worsen are called relapses. When symptoms improve or disappear, it's called remission.

When delusions and hallucinations occur or get worse, the person may have trouble with everyday tasks, thinking clearly, solving problems or making decisions. They may be unable to control their emotions or to get on normally with family, friends or other people, including their health-care team.

What are the first signs?

Before the signs of psychosis become obvious and schizophrenia can be diagnosed, most people have early-stage symptoms. Symptoms can include:

- changes in normal behaviour, such as work or schoolwork getting worse
- no longer wanting to spend time with friends
- dropping out of normal activities
- beginning to have unusual beliefs

hearing sounds that other people can't hear.

Schizophrenia cannot be diagnosed this early, but it means the person is at high risk of developing schizophrenia.

The early stage is like a warning – not everyone who has these symptoms will go on to develop a psychosis such as schizophrenia. Some people with the same symptoms may go on to develop another mental illness such as bipolar disorder or anxiety, or be at increased risk of self-harm.

It is important to recognise something is not right and get help. Early treatment can delay symptoms of psychosis.

Why it's important to get help early

Early medical care is vital to a good recovery. The sooner you get help, the more chance you have of getting the correct diagnosis and getting effective treatment and help to manage your problems.

Where to get help

Australia

- Your GP (family doctor) can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your local mental health service – assessment and treatment at public mental health centres is free.

📌 [headspace](#), Australia's National Youth Mental Health Foundation

headspace.org.au

New Zealand

- Your GP (family doctor) can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your District Health Board.

Further information and support

📌 More about mental health support services yourhealthinmind.org/support

How is schizophrenia diagnosed?

Psychiatrists diagnose schizophrenia based on a person's symptoms and behaviour. They will only make a diagnosis after they have spent time with the person, carefully collected information and considered other possible causes.

Getting the correct diagnosis can be difficult and take time. Having hallucinations or delusions does not mean a person definitely has schizophrenia. Other medical conditions and other mental illnesses can cause similar symptoms.

There is no test for schizophrenia and no special sign that proves someone has it.

Tests such as brain scans are sometimes needed, to make sure the symptoms are not caused by other brain problems or medical conditions.

Can a person recover from schizophrenia?

If a person with schizophrenia gets the right treatment and the support they need, they can manage their symptoms. Many people can lead full lives, even if they still have symptoms or relapses from time to time.

While there is currently no cure for schizophrenia, it can be treated effectively with medication and psychological treatment.

It is not possible to predict how schizophrenia will affect someone's life, because the symptoms, severity and pattern of illness over time differ widely between people. The impact of the illness also depends on the treatment and support they get to recover and stay well. The risk of being unable to work or live independently is higher when schizophrenia remains untreated for a long time or when a person does not get support to continue friendships and normal activities.

About one in seven people with schizophrenia recover almost completely. Some people with schizophrenia only ever have one episode of psychosis and then recover well. Many have more than one episode, with good recovery or at least some recovery after each episode.

Other health problems for people with schizophrenia

People with schizophrenia often have other problems with their mental health and physical health. These can include:

- anxiety and depression
- problems with drug and alcohol use
- health problems caused by smoking
- physical health problems.

People with schizophrenia have high rates of smoking and many use other drugs of addiction. This may be part of the illness. Treatment for schizophrenia helps people deal with these problems.

People with schizophrenia often neglect their physical health because they (and the people around them) tend to concentrate on their mental health problems. They need support and encouragement to stay healthy and avoid preventable illnesses like heart disease and diabetes.

Suicide is one of the main causes of death for people with schizophrenia. This is mainly because they can experience severe depression, especially in the early stages of the illness. Treatment aims to overcome depression and keep the person safe.

Treatment of schizophrenia

Why should I get treatment?

Effective treatment can help you:

- overcome psychotic symptoms (e.g. delusions, hallucinations)
- get back in control of your thoughts, emotions and behaviours
- get back to school, study or work
- keep your friendships and social life stay healthy.

What works?

People with schizophrenia do best if they have:

- medication and psychological treatment together – not just one or the other
- medications to manage depression or anxiety, if needed
- education about their illness (individual psychoeducation)
- a supportive partner, family member or friends involved in their care
- access to 24-hour crisis support
- a mental health professional who takes care of planning and coordinating their individual care (case management)
- support to find and keep a job or continue education
- somewhere safe and affordable to live
- support to maintain a healthy lifestyle.

How is schizophrenia treated?

The best treatment for schizophrenia is a combination of medication, psychological treatment and community support.

To plan your treatment, your health-care team need to know all about your situation. As well as checking your symptoms and physical health, they will need to understand about your home, finances, and social life.

When should treatment start?

Getting help as soon as possible gives you the best chance of a good recovery, at **any** stage, including:

- at the first signs of ongoing emotional distress or significant changes in behaviour (e.g. becoming socially withdrawn, thinking about suicide or attempting suicide)
- a first episode of psychosis – if you have hallucinations or delusions, even if you have never had psychosis before
- during a relapse – when symptoms come back after you have been treated for schizophrenia.

Specialised programs for first-episode psychosis

If you or someone you care for is experiencing a first episode of psychosis, it is important to get specialised care as soon as possible.

Ask your doctor what special programs or services for people with first-episode psychosis are available in your area. A private psychiatrist or a self-help group may also be able to help you get into a suitable program.

Medication for schizophrenia

Most people with schizophrenia will need medication as part of their treatment. Medication works best when it is combined with psychological treatment.

Antipsychotic medications (also called antipsychotics) are the main type of medication used to treat schizophrenia.

Examples of antipsychotic medications are amisulpride, olanzapine, quetiapine and risperidone. There are several different brand names for most of these medications.

Clozapine is another antipsychotic medication, which is used to treat people who haven't had good results from other medications.

When you are starting any new medication, your doctor should explain the expected benefits. They should also explain the possible side effects, and make sure you understand.

Facts about medications for schizophrenia

- Antipsychotic medications work well for managing hallucinations and delusions.
- Antipsychotic medications may also be helpful for anxiety and agitation, and problems with mood, thinking and socialising.
- Taking antipsychotic medication will not change your personality.
- Most people will only need to take one medication, but some people may need several.
- Most antipsychotic medications are tablets, capsules or liquid taken every day.
- Some antipsychotic medications are available as an injection. You would go to a clinic each week or month for an injection by a doctor or nurse.
- Antipsychotic medications are not addictive.

How long will I have to keep taking medication?

How long you need to take antipsychotic medication for depends on your symptoms. Some people need to keep taking it long term. If you have only had one psychotic episode and you have recovered well, you would normally need to continue treatment for 1–2 years after recovery.

If you have another psychotic episode, you may need to take antipsychotic medication for longer, up to five years. This is because the risk of schizophrenia symptoms recurring (relapse) is high for the first few years after a psychotic episode.

People who have had several psychotic episodes may need to keep taking antipsychotic medication for most of their life.

Getting the most out of your schizophrenia medication

- Take every dose of your medication at the time recommended by your psychiatrist.
- When starting an antipsychotic medication, give it time to start working properly.
- Never stop or change your medication unless you and your psychiatrist talk about it and agree to change your treatment plan.
- If you have symptoms that you think could be side effects of medications, tell your doctor as soon as possible.
- It can take time to find the right type and dose of medication to manage your symptoms. Work with your doctor to find what works best for you.
- When you take an antipsychotic medication, your doctor should check your weight and do blood tests for diabetes and cholesterol levels. These checks should be done when you start taking the medication, several times during the first year, then once each year after that.
- If you take clozapine you need to be in a special program for regular health checks.

What are the side effects?

Antipsychotic medications can sometimes cause side effects.

Side effects differ between antipsychotic medications and between people. Ask your doctor or pharmacist to explain the possible side effects, and ask for a printed leaflet.

If you have side effects that bother you, speak to your doctor about them. They might be able to reduce the side effects by changing the dose of medication or switching to a different medication. Some side effects can be treated with other medications.

Side effects can include:

- **weight gain.** This is more common with olanzapine or clozapine. Putting on too much weight can increase your risk of other health problems, such as diabetes or heart disease. Some people can control their weight gain by healthy eating and physical activity. Other people need extra help or a change of medication. Your doctor might be able to refer you to a dietitian or weight management clinic.

- **drowsiness, sleepiness.** This is more common with quetiapine, olanzapine and clozapine. This can be less of a problem if the medication is taken at night.
- **constipation.** If constipation is not severe, it can be managed by drinking more water, eating plenty of foods that are rich in fibre, and occasional use of mild laxatives.
- **increased levels of blood fats and sugars, and high blood pressure.** This is more common with medications that cause weight gain. Your GP can do regular check-ups to catch these problems early, so they can be treated.
- **breast problems.** Problems can include breast swelling or unusual secretion of breast milk.
- **sexual problems.** For example, problems getting aroused, or problems with erections and ejaculation. Speak to your doctor about these important side effects – there are ways of managing them.
- **dizziness or light-headedness.** This is more common with sedating antipsychotic medications (e.g. chlorpromazine, clozapine). These problems normally happen after getting up from lying down or sitting.
- **problems with nerves and muscles.** These problems can include trembling, muscle stiffness, muscle spasm, tremor, slowed-down movement, restlessness, or a feeling of being unable to sit still.
- **dry mouth.**

What if the medication doesn't work for me?

If you have tried one or two antipsychotic medications and your symptoms have not improved, you will need a thorough review.

First, your doctor will check that you have remembered to take the medication regularly, check that the dose was correct, and check for other possible causes, such as medical problems or cannabis use.

Your doctor may suggest other treatments, such as:

- psychological treatment
- adding another medication
- trying a depot (injection) medication
- switching to clozapine.

Clozapine sometimes works when other medications have not. If you need to take clozapine, you will need regular check-ups, including blood tests.

Questions to ask about your medication

- What is the name of the medication?
- How will it help me?
- What dose am I on? Can this be increased or decreased if necessary?
- When and how often do I take it?
- What are the side effects?
- Can I have beer, wine or other alcoholic drinks while I am on medication?
- Can I take the medication with other medications that I am taking?
- What should I do if I forget to take the medication?
- How long will I have to take the medication?
- How will I know if the medication is working or not?
- What is the cost of the medication?

Taking antipsychotic medication every day

Many people with schizophrenia find it hard to keep taking their medications.

If you have trouble remembering to take your medication, or you are taking several different medications, ask your pharmacist to package your tablets in containers with compartments for each day. They might use a blister pack (sometimes called a Webster-Pak or Medico Pak) or a plastic container (called a dosette box). You may decide that a depot injection would be best for you.

It is a good idea to always go to the same pharmacy so they can keep track of all your medications and give advice about them when needed.

Can I be forced to take my medication?

You can be given treatment without your consent if you are at risk of harming yourself or others. This is called involuntary treatment. If the risks are very severe you may have to spend time in hospital while you receive treatment.

If this happens, your doctor should give you a booklet that explains your rights. If you don't get a booklet, ask for it.

Involuntary treatment can only continue while it is necessary to keep you safe. You, and your family or carers, have the right to have the decision reviewed by an independent authority, such as a court or tribunal.

Pregnancy and breastfeeding

For many antipsychotic medications, we don't yet know if they're safe for pregnant women to take. Some medications could harm an unborn baby, but stopping antipsychotic medication during pregnancy is risky for the mother.

If you are planning to get pregnant, discuss this with your doctor. It's best if you plan how to keep yourself and your baby safe before you get pregnant.

If you are already pregnant, talk to your doctor as soon as possible about keeping yourself and your baby safe during pregnancy and breastfeeding.

Other medication

As well as your antipsychotic medication, your GP or psychiatrist may prescribe other medications to manage your symptoms.

Common examples include:

- anti-anxiety medications
- anti-depressant medications
- medications to manage abnormal mood changes, such as lithium, carbamazepine or sodium valproate (mood stabilisers)
- sleeping tablets
- medications to treat the side effects of antipsychotic medications.

It is also a good idea to take fish oil supplements – ask your pharmacist which is the best one.

Psychological treatment

Psychological treatment (talking therapy) helps you live with schizophrenia and have the best possible quality of life.

For psychological treatment to work well, you need a good working relationship with your doctor or other therapist. You need to be able to trust them and stay hopeful about your recovery.

Types of psychological treatment for schizophrenia include cognitive behavioural therapy (usually called CBT), psychoeducation and family psychoeducation.

Cognitive behavioural therapy (CBT)

CBT is a type of psychological treatment that can help you:

- feel less distressed about your psychotic experiences
- feel less depressed and anxious
- reduce alcohol and drug use

- deal with suicidal thoughts
- overcome feelings of hopelessness.

Cognitive remediation

If you find you have problems with thinking, there are programs that can help. Cognitive remediation programs can help you improve your attention, memory and organisation skills. There are also programs that help you work on the way you interact with other people.

Psychoeducation

Psychoeducation helps people with schizophrenia (and their partner or family) understand the illness. Psychoeducation programs explain about symptoms, treatment options, recovery, and services that can help.

You can have psychoeducation individually or in groups. It can include written information, videos, websites, meetings, or discussions with your case manager or psychiatrist.

Your family can help you understand your diagnosis and support you in your treatment. Family psychoeducation programs help the person with schizophrenia and their family communicate better and solve problems. Family psychoeducation is also good for family members. It can be very upsetting to see someone you love become unwell with schizophrenia.

➤ More about psychological treatments
yourhealthinmind.org/psychological

Electroconvulsive therapy (ECT)

ECT is a safe and effective treatment. It can be effective when symptoms of schizophrenia are very severe.

If ECT is recommended as a treatment for you, your doctor should explain how it works and answer all your questions. You should be given written information explaining what will happen, how it feels, and your rights.

➤ More about electroconvulsive therapy
yourhealthinmind.org/ect

Will I have to go to hospital?

People with schizophrenia usually don't need long-term hospital treatment. Your treating team may be able to visit you at home, and can support you during a crisis. If you are in recovery or remission, you can have treatment at regular appointments at a public hospital or a clinic.

There are some times when you may need a short stay in hospital:

- if you are at risk of harming yourself or others
- if you are extremely distressed by your symptoms
- if you need a place away from things that cause stress and cause your symptoms
- when your medication needs to be changed
- if you need treatments that can only be given in hospital.

You may be frightened about going to hospital. You have the right to be treated with respect and to have things explained to you in a way you understand.

You can ask for a family member or friend to stay with you while you are admitted and settled in. While you are staying in hospital, your family and friends can visit you there and spend time with you.

Who can help with schizophrenia?

Your health-care team

You and your family will need to understand who provides which type of care in the region where you live.

A range of mental health professionals might be involved in your care, including:

- GP (family doctor)
- psychiatrist
- case manager
- treatment team
- mobile assertive outreach team.

➤ More about mental health workers
yourhealthinmind.org/who

If you are Māori, Aboriginal or a Torres Strait Islander you may want to ask your health-care team to work with a cultural advisor or Indigenous health worker (e.g. Māori health worker or Aboriginal and/or Torres Strait Islander health worker).

If you are deaf or hard of hearing, an experienced mental health Auslan/NZSL interpreter can be provided.

Psychiatrists: their role in treating schizophrenia

Psychiatrists are medical doctors who are experts in mental health. They are specialists in diagnosing and treating people with schizophrenia.

Psychiatrists have a medical degree plus extra mental health training. They have done at least 11 years of university study and medical training.

Psychiatrists often lead teams of other mental health workers. The team will work with you to decide how you will be treated.

➤ What is a psychiatrist
yourhealthinmind.org/what

Working with your health-care team

- Tell them if anything is worrying or frightening you.
- Try to be honest with them.
- If they say anything you don't understand, ask them to explain.

Costs of treatment

Ask about how much your treatment, including medication, will cost. If you are referred to a private psychiatrist, ask your GP to explain about fees.

- More about the cost to see a psychiatrist

yourhealthinmind.org/cost

- More about using private health insurance to pay for mental health care

yourhealthinmind.org/insurance

Questions to ask about your health-care team and your treatment

- Who is the main doctor who will manage my schizophrenia?
- Who else is involved and what are their roles?
- How will my GP be involved?
- If my GP needs information about my treatment or my illness, who should they contact?
- Who will prescribe medication and check it is working?
- What is our plan for what to do if my symptoms come back or get worse? (Sometimes called a relapse recovery plan).
- Do all my health-care team have a copy of my treatment plan?
- Do all my health-care team have a copy of my relapse recovery plan?
- Will my information be kept confidential from other people? Can I choose who my information can be shared with (e.g. a trusted family member)?

What to do if you believe your treatment is not good enough

You should receive care from health professionals who are up to date in their knowledge of psychosis and schizophrenia.

If you do not think you are getting the level of care you need, tell someone – don't keep quiet.

- Visit our complaints about psychiatrists page for information on what you can do if you believe your treatment is not good enough.

yourhealthinmind.org/complaints

Confidentiality

Your health-care team will make sure that information about you is kept confidential. Sometimes they will need to share information with other health-care professionals, to keep you safe and support you better.

It is important for family and carers who support you to be given enough information to be able to help you properly. This does not mean that everything about you will be shared with other people – only the information that is really necessary to provide safe care and support you.

Self-care for schizophrenia

Try to have a good relationship with the professionals involved in your care. Be honest and open. This will make it easier for them to understand and help you.

When you and your doctor have found the medication and dose that works best for you, keep taking it – don't skip doses or give up.

Learn to recognise the signs that you could be having a relapse. Pay attention to changes in your body and in your thinking. Tell your mental health team or psychiatrist as soon as possible if you think something is going wrong.

Ask your case manager or psychiatrist to help you make a plan about how to deal with early signs of relapse. You can ask your close friends and family to help you if this happens.

It is very important that you attend all of your appointments. You will need to have health check-ups and screening tests to help you look after your physical health.

Keep in touch with your friends. Nurture all the positive relationships in your life.

Be optimistic about your future. You can live with schizophrenia, and live well as you recover.

Looking after your body

- Try to keep up healthy eating habits and do regular physical exercise. Your health-care team can give you advice on how to do this.
- If you smoke, try to stop. Smoking can interfere with your medications and stop them working properly. There are a range of programs to help people quit, so ask your doctor or case manager about what is available in your local area. Usually people need many attempts before they finally quit, so keep trying.
- If you use alcohol, drink sensibly. Heavy drinking makes living with schizophrenia even harder. It can make it hard to remember to take your medication and look after your physical health.
- Avoid illegal drugs. Heavy cannabis use can affect your recovery. It can also lead to relapse. Stimulant drugs like methamphetamine (including 'ice') or cocaine can trigger a psychotic episode and make symptoms worse.
- Don't have too much caffeine.
- Get regular sleep.

- Learn stress management techniques. If you have a case manager they may be able to help, or your GP can refer you to a psychologist to help with this.

How your family can help

Family members can:

- keep giving you love and emotional support
- help you solve problems
- help you get through your daily routine when things are hard
- help you identify early warning signs
- help you get the best care
- help you get back to your social life, study or work
- help you explain to your health-care team what is important to you and what you need to be well
- help you keep track of your symptoms and any side effects of medication. Sometimes another person can see improvements or problems that you cannot see. This can help you and your health-care team work out which treatment is most effective for you.

Help with work or study

People with schizophrenia can find it hard to stay in paid work. It can be very hard to look after yourself and meet employers' expectations at the same time.

Programs may be available to help you get back into work or study. These could include training for work, or work programs (supported employment). Supported employment programs are very successful in helping people get and keep a job. These programs can help you find a suitable job or course of study, and then help you keep working.

Ask your case manager or psychiatrist if a program is available near where you live.

Coping with bad times

Suicidal thinking is usually only temporary, but it is dangerous to try to cope with it on your own.

Your treatment plan should include information about who to call if you need help, including when your normal doctors are not available.

Public mental health crisis assessment teams (sometimes called CAT teams) are trained mental health professionals linked to your local health service. In a crisis, you can call them to speak about your situation, treatment and symptoms.

If necessary, they can visit you or arrange follow-up with your own treatment team. Ask your case manager for the phone number, and make sure you have it with you.

Steps to surviving depression and suicidal thoughts

- Tell someone – your doctor, case manager, relatives, or friends.
- Get help – your doctor or case manager can help you manage your emotions.
- Don't be alone – try to stay around people and keep active.

Help with living arrangements

Many people with schizophrenia have problems finding and keeping a suitable place to live.

Local services and support organisations can help – ask your health-care team or support worker for more information.

Help with social skills

Social rehabilitation programs can help you get back to mixing comfortably with other people.

Ask your case manager or psychiatrist if a program is available near where you live.

Group activities

If you are living with schizophrenia, it can help to take part in group activities. It is harder and slower to recover when you are lonely.

People in groups can benefit from each other's experiences. They are also an opportunity to make new friends.

The friendly support you get from your group reminds you that you are not alone – other people have mental illnesses and are coping with many of the same problems as you.

Mental health workers or local community groups sometimes organise group activities for people with mental illness. These activities could help you:

- get reliable information
- learn how to cope with your mental illness
- be more active and keep fit
- make friends
- become more independent
- become more confident
- cope with problems
- with your study or work
- have fun
- feel less alone by sharing experiences with people who are also living with mental health issues.

Ask your case manager or psychiatrist if group activities are available near where you live.

Counselling

Talking to someone is an important part of treatment.

Your case manager and psychiatrist can provide general counselling and support during and after an episode of psychosis.

- Visit our [Mental health: first steps to get help](#) page for a list of counselling services that can help.

yourhealthinmind.org/first

Internet and phone apps

Mental health treatments on the internet work best when your psychiatrist is involved.

- The OnTrack Get Real program is an online treatment for people who are having odd experiences, and are worried they may be getting out of touch with reality. It is mainly for young people in the early stages of psychosis.

www.ontrack.org.au

Some of the information about mental health on the internet is not correct or helpful. If you are not sure or can't find what you are looking for, talk to your health-care team.

Helping someone with schizophrenia

Is it an emergency?

Get help immediately if the person:

- has deliberately injured themselves
- talks about suicide or killing someone else (read our factsheet on helping a suicidal person)
- is disorientated (does not know who they are, where they are, or what time of day it is)
- has hallucinations (hearing or seeing things that are not real) or delusions (very strange beliefs, often based on the content of the hallucinations)
- is confused or not making sense.

If the person has any of these symptoms, call 000 in Australia or 111 in New Zealand, or visit the emergency department at your nearest hospital.

Schizophrenia doesn't just affect the person with the illness. It also affects their family and friends.

Often people who are close to the person with schizophrenia are confused and unsure about the illness and their role in helping the person recover. They may be afraid of accidentally doing something that could make things worse.

How to help someone with schizophrenia

If you are the family, friend or carer of someone with schizophrenia, these are some things you can do to help:

- Focus on the person's strengths – the things they enjoy or are good at.
- Keep reminding them that they have a role as a member of their family and community.
- Consider doing a family psychoeducation program. This is a chance to learn about the illness, how to communicate better and how to deal with problems. Ask someone from the health-care team about psychoeducation programs near you.
- If you cannot join a psychoeducation program, consider making an appointment with a psychologist to learn more about schizophrenia and how you can help the person.
- Learn to recognise the early warning signs of a psychotic episode and have a plan for what to do.
- Learn motivational techniques to encourage the person to do things for themselves.
- Keep track of their health-care visits and help make sure they don't miss them.

- Encourage them to choose someone (e.g. a friend, their partner or another family member) who will help and support them for as long as they need help. It is very important to have someone they trust who will keep trying to help them. Sometimes when a person with schizophrenia is unwell they may turn against people they are normally close to.
- Encourage them to participate in one-to-one activities, for example card games, chess, jigsaw puzzles, walking.
- Don't leave them alone after a hospital visit. When someone with schizophrenia has been in hospital, the first week back at home can be very hard emotionally. During this time, people need lots of support to stay safe.

➡ More about caring for someone with a mental illness

yourhealthinmind.org/caring

Things that don't help

Do not constantly remind them to take medication. Instead make a mutual plan to work together to overcome forgetfulness, and to set up a routine to follow.

What happens if the person doesn't want help?

Generally an adult has the right to refuse treatment. But they can be treated without their consent to reduce the risk of serious harm to themselves or others, or if there is a risk that their health will seriously deteriorate.

Looking after yourself

Caring for someone with schizophrenia can be emotionally and physically exhausting.

It can be helpful to:

- Find reliable information and support if you feel you need to – for yourself and other family members.
- Join a self-help group for carers of people with a mental illness so you can talk about your thoughts and feelings with others who truly understand.
- Look out for psychological symptoms of your own that may be caused by the situation (e.g. depression), and get treatment. Your GP can refer you to someone who can help.

Organisations that provide support and information for families

Australia

Mental health carers helpline 1300 554 660

SANE helpline 1800 187 263

New Zealand

Supporting families in mental illness 0800 732 825

More information and support

👉 Visit our website about mental health
yourhealthinmind.org

How this guide was prepared

The information in this guide is based on the RANZCP clinical practice guideline for psychiatrists and other health professionals who care for people with schizophrenia. The full RANZCP clinical practice guidelines for the management of schizophrenia is available at www.ranzcp.org/guidelines.

Disclaimer

This is a general guide only, and does not replace individual medical advice. Please speak to your doctor for advice about your situation. The RANZCP is not liable for any consequences arising from relying on this information.

About us

Psychiatrists are doctors who specialise in mental health. The Royal Australian and New Zealand College of Psychiatrists:

- trains and supports psychiatrists
- advocates for better mental health for our communities
- sets standards in psychiatry.

Source

Australian and New Zealand schizophrenia guidelines: Galletly C, Castle D, Dark F, Humberstone V, Jablensky A, Killackey E, Kulkarni J, McGorry P, Nielsen O, Tran N. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. *Australian and New Zealand Journal of Psychiatry* 2016; 50: 410–472.

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